Updated National Standards for Residential Services for Disabled People

Public Consultation Feedback form 04 June 2026

The Health Information and Quality Authority (HIQA) is holding a six-week public consultation to give people an opportunity to provide feedback on the updated National Standards for Residential Services for Disabled People.

These standards are an update to the *National Standards for Residential Services for Children and Adults with Disabilities,* first published in 2013. They apply to designated centres[1] that provide residential services for disabled people, both adults and children. This includes residential services and residential respite services in the Republic of Ireland, whether they are operated by public, private or voluntary bodies or organisations.

Your views are very important to us, and we will carefully assess all feedback received and use it to help develop the final standards, for research purposes and to inform further reports and publications.

Please note: the focus for this consultation is the content of the updated standards.

Before you complete this consultation feedback form, please read the instructions for submitting feedback on the following pages.

[1] Designated centre: a designated centre is defined in Part 1, Section 2 of the Health Act 2007 as an institution at which residential services are provided by the Health Service Executive (HSE) or other service providers including residential services run by public, private and voluntary organisations.

The updated standards have been informed by stakeholder engagement, including convening an Advisory Group. To further inform the development of the standards, HIQA has also conducted an evidence review.

The public consultation closes at 5pm on 17 July 2026.

Data Protection and Freedom of Information (FOI)

This consultation is being conducted in accordance with data protection law, including the GDPR and Data Protection Act 2018.

HIQA will only collect and store personal information during this consultation for the purposes of verifying your feedback. For further information on how HIQA uses personal information, please see our Privacy Notice available here. If you have any concerns regarding your personal information, please contact HIQA's Data Protection Officer on dpo@hiqa.ie

Following the consultation, HIQA will publish a report summarising the responses received, which will include the names and types of organisations that submitted feedback. For that reason, it would be helpful if you could explain if you regard your response as confidential or commercially sensitive.

Please note that HIQA is subject to the Freedom of Information (FOI) Act 2014 and the statutory Code of Practice for Public Bodies in relation to FOI.

Instructions for submitting feedback

- If you are commenting on behalf of an organisation, please combine all feedback from your organisation into one submission form. We will request a name and contact number for a designated representative from your organisation, in case we need to verify the authenticity of your submission.
- When commenting on a specific section of the document, please identify either the page number, standard statement number or feature number that you are commenting on.
- Please spell out any abbreviations that you use.
- Please do not paste other tables into the boxes already provided — type directly into the box, as the box expands.
- You can carry out the survey online or alternatively, download a Word version of the consultation feedback form and send the completed form to us by email or post.
- Hard copy: If you are handwriting responses, please feel free to use additional paper.
- Qualtrics survey: Please ensure that you click through all pages of the form. You will know you have reached the end of the questionnaire when you click the complete survey button.
- The questions are not intended in any way to limit your feedback, and other comments relating to the updated standards are welcome.

1. About you

1.1 Are you providing feedback as:

☐ an individual

☐x on behalf of an organisation (for verification purposes, please provide your name, your role in the organisation and your contact details).

Name of the organisation	Irish Association of Social Workers.
Your name	Caroline Strong
Your role	Chief Operations Officer
Your contact details	coo@iasw.ie +353 89 426 4139

1.2. If answering as an individual:

Which of the following best represents you?

☐ a person who has used or is currently living in residential services or respite services for disabled people

☐ a family member of a person who has used or is currently living in residential services or respite services for disabled people

☐ a person working in residential services or respite services for disabled people

☐x other health and social care staff

☐ a member of the public

☐ other (please specify).

If selected "**other**" above, please give details here:

Submission prepared by members of the Irish Association of Social Workers Social Workers in Disability Special Interest Group.

2. Feedback on the updated National Standards for Residential Services for Disabled People

In this section, we would like to find out what you think of the content of the updated standards. This section focuses on the four principles, standard statements and features in the updated standards.

Structure of the updated standards

The updated standards consist of principles, standards and features which are intended to work together. Collectively they describe how residential services for disabled people can provide safe, consistent and high-quality, person-centred care and support.

The updated standards are underpinned by four principles:

- a human rights-based approach
- safety and wellbeing
- responsiveness
- accountability.

Each standard is comprised of two elements:

- A statement written from the perspective of the person living in or using residential services, stating the outcomes they should expect.
- A statement setting out the arrangements that a service provider must have in place to achieve these outcomes.

The features demonstrate what a person (living in or using residential services for disabled people) should expect from a service that is meeting the national standards and demonstrates how a service provider may meet this standard. The features detailed under each standard are not exhaustive and the service provider may meet the requirements in other ways.

2.1. Please provide your feedback on the standard statements and features set out under Principle 1: A Human Rights-based Approach

The UN Convention on the Rights of the Child (UNCRC) recognises that children should grow up in a family environment and that family relationships are central to a child's well-being and development. Children with disabilities have the same right to family life as all other children and should be supported to remain connected to their parents, siblings and wider family. Articles 7, 9 and 18 recognise a child's right to be cared for by their parents wherever possible, to maintain family relationships, and confirm that parents have primary responsibility for their child's upbringing and development. The role of the State is to support families in this responsibility. While HIQA's disability standards focus appropriately on the rights of the child living in residential care, they could place greater emphasis on the importance of family relationships and the ongoing role of parents as key decision-makers and partners in their child's care. Even where a residential placement is necessary, every effort should be made to strengthen family connections and ensure parents remain at the centre of decisions affecting their child's life. Reunification with a child's family should remain a key consideration throughout child cantered care planning, where this is safe, achievable, and consistent with the child's best interests

2.2 Please provide your feedback on the standard statements and features set out under Principle 2: Safety and Wellbeing

Child focused assessments and care planning should not depend on whether a child is in Tusla care (page 12); it should be the standard for every child living in a residential disability service. Child Centred planning should involve the child, their parents or guardians, residential staff, schools, health and disability services, and all relevant professionals. Parents, as legal guardians, should be active partners in planning, review and decision-making. The Standards should also provide clear and consistent requirements for care plan reviews, with review frequency reflecting the child's age and developmental needs, similar to the approach taken in HIQA's standards for children in care. Regular, multidisciplinary reviews would help ensure that the child's changing needs, family relationships, education, wellbeing and future goals remain central to care planning and service delivery. This is particularly relevant to younger children, whose development can change rapidly; a more regular reviews are required to ensure care plan continues to meet the

child's developmental, social and emotional needs, and supports them to achieve their full potential.

Children with disabilities often receive support from multiple services, including Children's Disability Network Teams, hospitals, schools and community services. The Standards should require collaborative care planning involving the child, their parents or guardians, residential staff, schools and all relevant professionals. Care planning should take a holistic approach and should not be limited to goals related to the residential service. It should reflect all aspects of the child's life, including health, education, communication, emotional wellbeing, family relationships, friendships, community participation and future aspirations, ensuring a coordinated and child-centred approach across all services.

Maintaining strong family relationships supports a child's emotional wellbeing, sense of identity, belonging and security. Family involvement also provides continuity, advocacy and an additional safeguard for children living in residential services. A stronger emphasis on family relationships and reunification, where appropriate, would support both the wellbeing and safety of children and better reflect their right to family life.

The Standards should place greater emphasis on partnership with parents, recognising their legal and ongoing role in decision-making and supporting their child's wellbeing and best interests. Parents are a very important part of keeping children safe and well. They know their child best and can help make sure their needs, wishes and best interests are understood.

There is an opportunity to place a greater emphasis on community inclusion, friendships and belonging. Children living in residential services should be supported to build and maintain friendships, participate in local activities, and remain connected to their school and community. These experiences help children develop confidence, independence and a strong sense of who they are. Supporting children to be active members of their communities, rather than simply residents of a service, is important for their wellbeing, identity development and sense of belonging, particularly for those who spend long periods living away from home.

Consideration could be given to strengthening the Standards' focus on understanding and responding to the needs of children with all forms of disability, including through the promotion of neuroaffirmative practice. This could include staff training in disability awareness, neurodiversity, communication differences and sensory needs, supporting more individualised, respectful and inclusive care for children living in residential services

Consideration could be given to incorporating a recognised child participation framework, such as the Lundy Model of Participation, within the Standards. This would support staff to meaningfully engage children with disabilities, ensure their views are heard using appropriate communication methods, and demonstrate how those views influence assessment, care planning and decision-making.

2.3. Please provide your feedback on the standard statements and features set out under Principle 3: Responsiveness

The inclusion of children and adults within the same Standards risks overlooking the fundamental differences between children's and adults' rights, needs and care arrangements. Children with disabilities are children first, with the same rights to family life, parental care and protection as all other children. Separate standards for children would better reflect the UN Convention on the Rights of the Child and would align with HIQA's broader approach to children's residential services, where child-centred and family-centred practice are recognised as essential principles

The principle of responsiveness could be strengthened for children by placing greater emphasis on child-centred planning, regular reviews, parental involvement, multidisciplinary collaboration and support for family relationships, identity, belonging and community inclusion. This would ensure services are responsive not only to a child's care needs, but also to their development, wellbeing and changing circumstances.

The standards should include a clear requirement for planning the move from children's to adult services. Planning should start from age 16 and involve the young person, their family, and all relevant services. Where an adult residential placement is needed, efforts should be made to keep the person close to their family and community supports where possible.This approach is already expected for children with disabilities who are in Tusla/HSE care arrangements under the joint protocol. However, the same requirement is not clearly in place for all children accessing HSE-funded disability services. Including this in the standards would help ensure a consistent and responsive approach for all young people with disabilities as they move into adult services.

Consider strengthening the standard to emphasise that services have access to the appropriate clinical and professional supports needed to understand and respond to the individual needs of each child. A responsive service should ensure that children's communication, sensory, behavioural, developmental and health needs are appropriately assessed and understood, and that staff are supported by relevant professionals to meet those needs effectively. Access to specialist advice, guidance and training can help ensure care plans are personalised, responsive and aligned with each child's strengths, preferences, wellbeing and support requirements.

Consider strengthening the standard to emphasise the importance of a neuroaffirmative approach to understanding and responding to behaviour. Given the disproportionately high number of children with Autism Spectrum Disorder (ASD) and intellectual disabilities living in residential care, it is essential that

behaviours of concern are understood in the context of a child's communication, sensory, emotional and support needs, rather than solely as behaviours to be managed.

2.4. Please provide your feedback on the standard statements and features set out under Principle 4: Accountability

Consider strengthening the standard to reflect shared accountability for the care and welfare of children living in disability residential services. Accountability should extend beyond the residential provider and include meaningful involvement of parents, families, guardians, statutory services and other professionals with responsibility for the child's care, planning and oversight.

It is also important to recognise that, unlike children with disabilities who are in Tusla care and have access to independent social work oversight and statutory care planning processes, many children with disabilities in HSE-funded residential services do not have the same level of independent oversight. As a result, an important layer of governance, advocacy and review is absent, despite both groups of children being dependent on the State to safeguard their welfare and ensure their needs are met.

Consideration should therefore be given to strengthening the standards to ensure robust independent oversight, care planning and review arrangements for all children living in disability residential services, regardless of whether they are placed through Tusla or HSE disability services. This would promote greater accountability, consistency and assurance that children's rights, welfare and outcomes are being appropriately monitored and reviewed

Children living in State-funded residential services should have equitable oversight and safeguards, regardless of which statutory pathway led to their placement

3. General feedback

3.1 Is the language used in the updated standards clear, easy to follow and easy to understand?

☐ Yes ☐ No ☐ Unsure

Any additional comments:

The term *person-centred* may be too broad to fully reflect the needs of children with disabilities. Consider using more child-centred language that recognises children's rights, developmental needs, family involvement and the additional safeguards they may require.

Consider developing separate standards for children and adults. Children with disabilities are children first and should be recognised as such. The standards should reflect their right to be seen and supported as children in care, not solely through the lens of disability.

While families are mentioned throughout the standards the is an absence of parent and/guardian in respect of children.

3.2 Is the content and structure of the updated standards clear, easy to follow and easy to understand?

☐ Yes ☐ No ☐x Unsure

Any additional comments:

3.3 Are there any other comments or suggestions on the updated standards that you would like to make?

For example, comments on areas covered in the introductory section, interaction with other standards and regulations, glossary or key terms used.

3.4 Do you think there will be challenges implementing these standards in services? If so, please describe:

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 for children.
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.

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 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.

3.5 What do you think is working well in residential services for disabled people now, that would help to implement these standards?

Many children in disability residential services are supported by caring and dedicated staff who work hard to meet their needs and build positive relationships with them. The current HIQA Standards for Residential Services for Children and Adults with Disabilities provide an important framework for promoting safe, quality care and accountability.

However, children with disabilities living in residential services should have the same level of standards, safeguards and oversight as children in Tusla residential care. This would help ensure that their rights, welfare and best interests are consistently protected, that their voices are heard, and that they benefit from the same level of care planning, review and advocacy as other children in the care of the State. Children with disabilities are children first and should have equal access to these protections and supports. These children are not in state care under a care order they are supported by the state with their families to provide for their needs including a residential service

3.6 What additional tools, guidance or educational materials do you think are needed to support the implementation of these standards in the service you live in, use or work in?

Please be as specific as you can (for example, what type of guidance or educational materials and for what setting or group)

Lundy model of Child Participation.
HSE /Tusla Joint protocol of transitions

Thank you for taking the time to give us your views on the updated National Standards for Residential Services for Disabled People

There are several ways to tell us what you think:

1. You can complete and submit the online consultation feedback form available on the HIQA website here
2. Your comments can be submitted by downloading and completing the consultation feedback form and emailing it to standards@hiqa.ie
3. You can print off a copy of your completed consultation feedback form, available on the HIQA website here, or print it off and complete it by hand, then post it to us at:

Health Information and Quality Authority

Updated National Standards for Residential Services for Disabled People Consultation

Head Office Cork

Unit 1301

City Gate

Cork

T12 Y2XT

If you have any questions on this document, or if you would like to submit your feedback in another format you can email **standards@hiqa.ie** or call **(01) 814 7400** and ask for a member of the Standards team to contact you.

Please ensure that you return your form either by email or post by 5pm on 17 July 2026.