



Inclusion Ireland

The National Association for People
with an Intellectual Disability.

Inclusion Ireland's submission to the
Department of Children, Disability and
Equality's public consultation on the
National Policy Framework for
Alternative Care

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Abbreviations

ACC – Augmentative and Alternative Communication

AON – Assessment of Needs

CAMHS – Child and Adolescent Mental Health Services

CDNT – Children’s Disability Network Teams

CRA – Children’s Rights Alliance

EPIC – Empowering Children in Care

ESRI – Economic and Social Research Institute

HIQA – Health Information and Quality Authority

HSE – Health Service Executive

OCO – Office of the Children’s Ombudsman

SEA – Special Emergency Arrangements

UNCRC – United Nations Convention on the Rights of the Child

UNCPD – United Nations Convention on the Rights of Persons with
Disabilities

Executive Summary

- **Crisis is preventable but prevention is underfunded:** With 56% of families reporting no access to information across core areas including communication and sensory needs, situations escalate to care that could be avoided. Inclusion Ireland calls for named family support workers, resourced CDNTs, and a clear early intervention pathway.
- **Foster carer shortfalls and regulatory gaps are pushing children into inappropriate placements:** Inclusion Ireland calls for a workforce and capacity plan across Tusla and disability services, and a time-bound trajectory, with interim safeguards while they persist.
- **Placement instability is breaking continuity of care:** Inclusion Ireland calls for care planning that integrates disability supports with accountability for continuity across placement changes, including consistent implementation of the Tusla–HSE Joint Protocol.
- **Children are entitled to an Assessment of Needs but not to the therapies it identifies:** Inclusion Ireland calls for this legal gap to be closed as part of the Disability Act review, with therapy entitlements placed on a statutory footing.
- **Children with intellectual disabilities are excluded from decisions about their own lives:** Inclusion Ireland calls for a statutory representative advocacy service – accessible as of right, without professional referral – and for Easy Read and AAC to be embedded as standard across all care processes.
- **The transition to adulthood is a structural cliff edge, and system accountability is non-existent.** Inclusion Ireland calls for planned continuity of housing and supports from care into adulthood, statutory interagency governance with a duty to cooperate, and a public outcomes dashboard reported regularly to the Oireachtas.

What is going well in Ireland’s alternative care system?

Inclusion Ireland’s engagement with families shows a consistent picture of what “good support” looks like for children with intellectual disabilities. It includes clear pathways to professionals, as well as practical, day-to-day support around the child and family. In our nationwide *1,000 Voices* consultation, respondents highlighted three core ingredients: therapies/professionals (36.4%), home support/respite (33.3%), and advocacy/information/peer support (30.3%)¹. For children with intellectual disabilities in or on the cusp of alternative care, these same ingredients matter – stable relationships, trusted adults who listen, and clear access to advocacy and information.

HIQA’s overview report on children’s services in 2024 provides an external benchmark that these fundamentals are achievable in practice. It found children living in statutory residential care, foster care, and special care settings were receiving good quality, safe care, with child-centred practice and safeguarding evident across service types², despite significant system pressures.

Recent inspection findings also show mechanisms that strengthen children’s voice. In one Tusla foster care service, a children-in-care forum prompted the development of a ‘Guide to Me’ booklet and a child-friendly pack on rights, advocacy and feedback/complaints routes³. These are the kinds of concrete, deliverable measures that help ensure children with intellectual disabilities are not invisible in care planning, reviews and transitions.

¹ [Inclusion Ireland \(20th June 2025\), 1,000 Voices, One Message: Invest in Our Rights! – Inclusion Ireland’s Pre-Budget Submission 2026, pg. 10](#)

² [Health and Quality Information Authority \(2nd December 2025\), Overview report on the monitoring and regulation of children’s social care services – 2024, pgs. 52 and 77](#)

³ [Health and Quality Information Authority \(January 2026\), Regulation Directorate Monitoring Inspection of Foster Care Services: Mid-West Focused Inspection, 23-25 and 30 September 2025, Fieldwork ID: MON-0047877, pg. 13](#)

What is not going well in Ireland’s alternative care system?

Inclusion Ireland’s engagement with families shows recurring gaps that can push situations into crisis for children with intellectual disabilities. In our *1,000 Voices* findings, 56% of respondents reported having no access to information across core areas (including communication and sensory needs), with families describing “constant guesswork” in trying to meet their child’s needs⁴. Where families lack supports, information, and advocacy, problems escalate; once a child is in care, instability can deepen those harms.

Tusla’s Annual Review on Adequacy 2024 describes concrete system pressures, including increasing use of SEAs when suitable foster or residential placements cannot be secured, often for children “with complex needs”⁵. The OCO similarly reports disabled children remaining in inappropriate settings beyond medical need because families cannot access adequate home supports⁶. For children with intellectual disabilities – particularly those who require predictable routines, reasonable accommodations, and consistent communication supports – emergency placements heighten the risk that needs go unmet and distress escalates. Foster carer recruitment and retention challenges are also driving greater reliance on residential care⁷.

The report highlights growing reliance on private providers, with 17% of children in care in private placements in 2024. For disabled children, a specific concern is “other” placements: 191 children are in this category⁸. Tusla also reports increasing placement instability, with 324 children in their third (or greater) placement within 12 months⁹, undermining continuity of care, relationships, and communication that are particularly important for children with intellectual disabilities.

⁴ Inclusion Ireland (20th June 2025), *1,000 Voices, One Message: Invest in Our Rights!* – Inclusion Ireland’s Pre-Budget Submission 2026, pg.9

⁵ [Tusla – Child and Family Agency \(1st August 2025\), Annual Review on the Adequacy of Child Care and Family Support Services Available – 2024, pg.114](#)

⁶ [Ombudsman for Children’s Office \(4th September 2023\), Nowhere to Turn – children with disabilities left with no support, pg.2](#)

⁷ *Ibid*, pg.92

⁸ *Ibid*, pg.125

⁹ Tusla – Child and Family Agency (1st August 2025), *Annual Review on the Adequacy of Child Care and Family Support Services Available – 2024*, pg.100

What needs to change now?

Families are clear that the urgent issue is service delivery now. In Inclusion Ireland's *1,000 Voices* findings, 75% of respondents identified access to therapies as their top priority for their child's supports¹⁰. For children with intellectual disabilities in alternative care, unmet supports increase crisis risk and, once in care, make placement stability harder to sustain.

Government pledges further point to what must change immediately. The National Human Rights Strategy for Disabled People promises better integration and access pathways for children and families and to increasing CDNT capacity to improve early intervention and therapy provision for children with additional needs¹¹; the Programme for Government likewise intends to increase staffing and training more therapists¹². These pledges should now be reflected in an immediate action plan for alternative care, particularly given the continued reliance on emergency arrangements and the increasing use of residential care for younger children¹³.

Immediate action should focus on three practical fixes that make rights real for children with intellectual disabilities at decision points:

- 1. Minimum staffing and competency requirements** in any placement supporting children with intellectual disabilities (disability-competent, trauma-informed practice; therapeutic support; supervision and escalation).
- 2. Accessible information and communication supports as standard** in reviews, placement changes, and aftercare planning (Easy Read; AAC/communication supports).
- 3. Independent advocacy without gatekeeping for children with intellectual disabilities** for care planning, placement decisions, complaints, and transitions.

¹⁰ Inclusion Ireland (20th June 2025), *1,000 Voices, One Message: Invest in Our Rights!* – Inclusion Ireland's Pre-Budget Submission 2026, pg.8

¹¹ [Department of Children, Disability and Equality \(3rd September 2025\), National Human Rights Strategy for Disabled People 2025–2030, pg.39](#)

¹² [Department of the Taoiseach \(23rd January 2025\), Programme for Government – Securing Ireland's Future, pg.92](#)

¹³ Tusla – Child and Family Agency (1st August 2025), *Annual Review on the Adequacy of Child Care and Family Support Services Available – 2024*, pg.105

These actions are implementable now and should be tracked through 6–12-month targets and regular public reporting.

What should Ireland’s alternative care system look like in the future?

Inclusion Ireland supports EPIC’s call for a whole-of-Government “corporate parent” approach, sharing responsibility for children in alternative care across health, education, housing and justice¹⁴. We also echo the CRA’s view that the Framework should take a rights-based “life-journey” approach across before care, in-care and aftercare, with clear accountability¹⁵. This model should be UNCRPD-aligned, including children’s participation in decisions¹⁶ and community inclusion¹⁷.

From an intellectual disability perspective, the test of any future model is whether it guarantees participation in practice. Inclusion Ireland’s research on representative advocacy highlights the risk that children with intellectual disabilities are excluded from decisions unless systems provide supports for will and preferences, communication, and reasonable accommodation¹⁸.

Inclusion Ireland recommends four linked features of a future system:

- 1. Prevention and family support:** resource early intervention, respite and family resilience before crisis. Where children face long waits for therapies and situations escalate, families should have a named family support worker/advocate to help navigate health, education and social care, reduce

¹⁴ [Empowering Children in Care – EPIC \(December 2025\), Submission to the Department of Children, Disability and Equality on the Development of a National Alternative Care Strategy](#), pg.3

¹⁵ [Children’s Rights Alliance \(5th February 2026\), Submission to the Department of Children, Disability and Equality on Alternative Care National Policy Framework](#), pg.6

¹⁶ [United Nations \(13th December 2006\), Convention on the Rights of Persons with Disabilities, Article 7 – Children with disabilities](#)

¹⁷ [Ibid, Article 19 – Living independently and being included in the community](#)

¹⁸ [Burns, E. et al. \(26th February 2025\), Exploring the Need for a Representative Advocacy Service for Children with Intellectual Disabilities in Ireland](#), pg.iv

burnout, and support parents to secure entitlements (including education supports).

2. **Stable placements with integrated supports:** care planning includes therapies, behaviour support and communication supports, with clear interagency responsibility for delivery.
3. **Participation as standard:** establish a statutory, fully resourced representative advocacy service for children with intellectual disabilities.
4. **End the “care cliff”:** aftercare is planned early and coordinated across Government, so support does not fall away at 18.

What specific actions or commitments should be in the National Policy Framework for Alternative Care?

Inclusion Ireland recommends that the Framework include the following commitments, grounded in children’s rights^{19 20} and disabled children’s rights²¹, with named leads and public reporting:

1. **Statutory whole-of-government governance:** Inclusion Ireland supports EPIC’s and CRA’s call for a statutory interagency governance structure with a duty to cooperate monitoring adherence to Tusla–HSE and Tusla–Garda protocols, and annual reporting to the Oireachtas.
2. **Representative advocacy for children with intellectual disabilities:** Inclusion Ireland reiterates our calls for a statutory, fully resourced service, grounded in an individual right to access a representative advocate where needed.
3. **Accessible decision-making:** Reflecting the NDA’s emphasis on disability-inclusive design²² and the Public Sector Equality and Human Rights Duty²³, embed

¹⁹ [United Nations \(29th November 1989\), Convention on the Rights of the Child, Article 3 – Best interests of the child](#)

²⁰ *Ibid*, Article 12 – Right to be heard and participate

²¹ [United Nations \(13th December 2006\), Convention on the Rights of Persons with Disabilities, Article 7 – Children with disabilities](#)

²² [National Disability Authority \(December 2025\), NDA Submission on the National Policy Framework on Alternative Care, pgs.9–10](#)

²³ [Irish Human Rights and Equality Commission Act 2014, s.42](#)

Easy Read/AAC and other communication supports in care planning, reviews, complaints and transitions.

4. **Integrated disability supports with clear accountability:** commit to named leads and timelines so children do not lose access to therapies or mental health supports when placements change.
5. **End the “care cliff” for disabled young people:** Inclusion Ireland echoes EPIC’s call for aftercare reform, including flexible aftercare and coordinated pathways into adult disability services, housing and education.
6. **Outcomes and disaggregated data:** publish an outcomes dashboard (including disability/communication needs) to track stability and the use of “other” placements (including disability units), using Tusla’s metrics as the baseline.

What do children in care and care experienced young people need to reach their full potential?

Children in care reach their full potential when they have stable relationships, continuity of supports, and real influence over decisions, especially at key transition points. Inclusion Ireland’s research on representative advocacy found that families want support at moments such as school moves and transition to adult services, and that both children and families would benefit from practical advocacy before and during meetings²⁴. For children with intellectual disabilities in alternative care, this translates into trusted adults who understand communication and support needs, can secure reasonable accommodations consistently across placement moves, and can help the child prepare for meetings in ways that are accessible (including Easy Read/AAC where needed).

Education and transitions are a pressure point. Joint ESRI–EPIC research highlights the “double transition” of leaving care and leaving school, where young people can face exam pressure alongside decisions about accommodation, finances, and next steps; often

²⁴ Burns, E, et al. (26th February 2025), Exploring the Need for a Representative Advocacy Service for Children with Intellectual Disabilities in Ireland, pg. 19

without the informal family supports their peers rely on²⁵. HIQA's standards for children's residential care also emphasise a child-centred approach where children are listened to and supported to participate in decisions that affect them²⁶.

A strong system should therefore ensure:

1. Stable placements and consistent key relationships.
2. Continuity of therapies, mental health, and disability supports across placement moves.
3. Accessible decision-making and independent advocacy.
4. Care-aware, trauma-informed education supports.
5. Early, planned aftercare in line with Tusla's statutory duties and assessed needs, including continuity of housing and supports through transition to adulthood.

What can the Government do and what can society do to make this a reality?

To make this a reality for children with intellectual disabilities, Government and society must ensure supports are continuous, accessible, and coordinated across care and aftercare. Inclusion Ireland shares the NDA's view that disability inclusion must be explicit in all care and aftercare settings through a rights-based, child-centred and coordinated approach.

Government can act by:

- Funding and delivering a workforce and capacity plan across Tusla, disability services, and CAMHS.
- Commissioning integrated disability supports for children in care with named leads, timelines and escalation routes.

²⁵ [Economic and Social Research Institute and Empowering Children in Care \(23rd May 2025\), Care to college: An exploratory study on care-experienced students' educational journeys, pg.24](#)

²⁶ [Health and Information Quality Authority \(4th December 2018\), National Standards for Children's Residential Centres, pg.23](#)

- Standardising interagency delivery nationally (we echo the CRA’s concern that effective interagency fora vary and there is no consistent operational approach).
- Publishing an outcomes and data framework with disability and communication disaggregation, informed by placement instability.
- Delivering a statutory, properly resourced representative advocacy service for children with intellectual disabilities.
- Ensuring public communications and complaints routes meet the Public Sector Equality and Human Rights Duty in practice, including timely accessible formats.

Society can contribute by:

- Supporting foster/kinship recruitment and retention.
- Building inclusive local services that actively welcome disabled children and families.
- Challenging stigma and strengthening community inclusion.
- Creating education, training and employer pathways so care-experienced young people do not lose community connection when they leave care.
- Making all community supports – including family resource centres – accessible to children with intellectual disabilities.

Are there any particular areas which you think should be addressed in the framework?

In addition to the issues addressed above, Inclusion Ireland’s overall position is that the Framework must do more to prevent crisis: building an integrated support system across health, social care and education, simplifying access, and providing meaningful help early so families are not left alone navigating complex systems until burnout.

The Framework should also explicitly address the disability interface within alternative care, particularly where children are placed in non-standard arrangements and supports fall between agencies. Tusla’s reporting confirms that “other” care placements include disability units, psychiatric units, and SEAs, creating specific safeguarding and accountability risks for disabled children.

Priority areas to address include:

- **Joint Protocol and case management:** Inclusion Ireland echoes EPIC’s concerns about inconsistent implementation of the Tusla–HSE Joint Protocol, delays in assessment/referral, supports lapsing across placements, and unclear transition pathways into adult disability services.
- **Therapy entitlements and community supports:** as part of the Disability Act’s review, address the legal gap whereby children have a statutory right to an AON but no entitlement to the therapies identified.
- **SEAs and unregistered placements:** Inclusion Ireland supports CRA’s position that unregistered placements operate in a “legal vacuum”²⁷; set a clear trajectory to eliminate SEAs, with enforceable interim safeguards while they exist.
- **Special care and restrictive practices:** Inclusion Ireland supports CRA’s call for a statutory safeguarding framework with judicial oversight where restrictions are used, including accessible communication supports.
- **Data and accountability:** address the absence of disaggregated data on disabled children in care and communication needs, consistent with UNCRPD Article 31 priorities²⁸.

²⁷ Children’s Rights Alliance (5th February 2026), Submission to the Department of Children, Disability and Equality on Alternative Care National Policy Framework, pg.22

²⁸ [United Nations \(13th December 2006\), Convention on the Rights of Persons with Disabilities, Article 31 – Statistics and data collection](#)

About Inclusion Ireland

Inclusion Ireland is the national organisation advocating for the rights and inclusion of people with intellectual disabilities. We work to influence policy and practice through rights-based advocacy, accessible information, and direct engagement with people with intellectual disabilities, their families, and key decision-makers. Our work is grounded in the values of equality, dignity, and self-determination, guided by the principles of the UNCRPD. We are committed to building a society where people with intellectual disabilities can live independently, participate equally in community life, and enjoy the same rights and opportunities as everyone else.

Our work is supported by:



Rialtas na hÉireann
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