**Overview of UNCRPD Article 23 in Ireland Respect for home and the family**

**September 2025**



Contents

[Background to the UNCRPD Article Review Papers 4](#_Toc207618213)

[Introduction 5](#_Toc207618214)

[Text of Right 5](#_Toc207618215)

[Type of Right 6](#_Toc207618216)

[Key Data and Research 6](#_Toc207618217)

[Relationships 6](#_Toc207618218)

[Family Planning 9](#_Toc207618219)

[Parenting 11](#_Toc207618220)

[Child Protection and Support for Home and Family Life 12](#_Toc207618221)

[Legislation 14](#_Toc207618222)

[Constitution 14](#_Toc207618223)

[The Assisted Decision Making (Capacity) Act 2015 15](#_Toc207618224)

[Criminal Law (Sexual Offences) Act 2017 15](#_Toc207618225)

[Child Care Act 1991 (as amended) 16](#_Toc207618226)

[Child and Family Agency Act 2013 16](#_Toc207618227)

[Policies 17](#_Toc207618228)

[The National Human Rights Strategy for Disabled People 2025-2030 17](#_Toc207618229)

[Young Ireland: The National Policy Framework for Children and Young People 2023-2028 17](#_Toc207618230)

[First 5: A Whole-of-Government Strategy for Babies, Young Children, and their Families 2019-2028 19](#_Toc207618233)

[Supporting Parents: A National Model of Parenting Support Services 2022-2027 21](#_Toc207618234)

[National Carers Strategy 22](#_Toc207618235)

[Other 23](#_Toc207618236)

[Supports for Family Carers 23](#_Toc207618237)

[Agencies 24](#_Toc207618238)

[HSE and Tusla 24](#_Toc207618239)

[National Advocacy Service 27](#_Toc207618242)

[Ombudsman for Children 27](#_Toc207618243)

[Conclusion 28](#_Toc207618244)

[References 30](#_Toc207618245)

Background to the UNCRPD Article Review Papers

The National Disability Authority (NDA) is developing a [series of in-depth papers](https://nda.ie/publications/series-of-papers-on-individual-united-nations-convention-on-the-rights-of-persons-with-disabilities-uncrpd-articles) on selected Articles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). These papers detail the main data available relevant to specific Articles and provides an overview of key policies, programmes, services, supports and data that exist in the Irish context. They are not a critique of what is currently in place but rather a record of what exists. Nevertheless, there are instances where certain gaps or concerns are highlighted, including those advised by the NDA or other stakeholders.

These papers were primarily developed through desk research. However, the papers were also informed by the NDA’s own work, updates and discussions at relevant committees. They were also informed by interactions with persons with disabilities, particularly through participation on a range of working and advisory groups across Government Departments on a wide range of areas, including the National Human Rights Strategy for Disabled People. Given their factual nature, a more direct consultation process with persons with disabilities was not conducted. However, the NDA conducts periodic consultations on issues related to articles of the UNCRPD and seeks to include the lived experience of persons with disabilities individually and through their representative bodies in our work. Furthermore, each year the NDA’s annual conference focuses on a specific article of the UNCRPD. The theme for 2025 is UNCRPD Article 23.

The purpose of the papers are multiple. They were developed initially to support the development of the State Party report to the UNCRPD Committee. In line with the NDA’s new statutory function under the UNCRPD, they are also intended to support the development by the Irish Human Rights and Equality Commission (IHREC) of the State’s parallel report to the UNCRPD Committee. They will also be used internally as reference papers within the NDA. The NDA has published these documents on our website to make them available to a wider audience to support any work underway to develop shadow reports on implementation of the UNCRPD in Ireland.

Due to the changing nature of policies, programmes, services, supports and data these reports will date, and we will endeavour to update them periodically to reflect any changes. The papers are not intended to be exhaustive but seek to provide a broad overview of the main issues of relevance to each article.

Introduction

The NDA notes that there is a considerable legal framework to protect the right to home and family for persons with disabilities. This includes an article on family within the Irish Constitution. Children and parents are protected by numerous pieces of legislation, including the Child and Family Agency Act 2013 and the Child Care Act 1991. Ireland ratified the UNCRPD in 2018, which includes Article 23. Ireland also ratified the UNCRC in 1992. Please note that the NDA has published a separate paper on UNCRPD Article 7, Children with disabilities, so the focus of this one will be on data related to children in the context of family and relationships.

Following the Convention text below, this paper then examines the situation of families where a family member has a disability in Ireland, using key data and research, policies, legislation, and then looking at some work carried out by specific agencies which share this remit. Please note that in the interest of brevity, the NDA has given primary consideration to those aspects which impact families with disabilities directly, as opposed to more general provisions. The sections will incorporate the key themes of relationships, family planning, parenting and respect for home and family life, as well as addressing child protection concerns.

Text of Right

**Article 23**

1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood, and relationships, on an equal basis with others, so as to ensure that:

a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized.

b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;

c) Persons with disabilities, including children, retain their fertility on an equal basis with others.

2. States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.

3. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

4. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.

5. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

Type of Right

The UNCRPD includes economic, social, cultural, civil and political rights. States which ratify the Convention commit themselves to immediate delivery of civil and political rights to people with disabilities, and to progressive realisation of social and economic rights. Article 23 contains elements of both types of rights.

Key Data and Research

The primary source of data on persons with disabilities and their families comes from the Central Statistics Office (CSO).[[1]](#footnote-1) Examples include the Census of Population, the Growing Up in Ireland study and the National Disability Survey 2006(1,2).

Relationships

Data from the Census of Population 2022 shows that 21.5% of the Irish population has a disability or long-lasting health condition/difficulty and 19.7% of family units have a person with a disability (Table 1).

**Table 1: Total population and family units by disability[[2]](#footnote-2)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total Population** | **Persons without disability** | **Persons with disability** |
| **Total Population****(%)** | 5,149,139 | 4,039,582(78.5%) | 1,109,557(21.5%) |
| **Total Family Units****(%)** | 3,945,950 | 3,166,838(80.3%) | 779,112(19.7%) |

Table 2 provides a breakdown of family type by whether the family had a person with a disability or not. Married couples without children had the highest proportion of households with a disabled person at 31%. This was followed by single parent families where over a quarter of both single mother (25.6%) and single father (26.4%) households had a disabled person.

**Table 2: Family type by disability**

|  |  |  |
| --- | --- | --- |
| **Family type** | **Persons without disability** | **Persons with disability** |
| **Married couple without children** | 406,365(68.2%) | 189,655(31.8%) |
| **Cohabitating couple without children** | 140,498(77.9%) | 39,810(22.1%) |
| **Married couple with children** | 1,937,915(84.5%) | 355,813(15.5%) |
| **Cohabitating couple with children** | 269,853(84.1%) | 50,961(15.9%) |
| **Single parent (mother)**  | 355,309(74.4%) | 122,459(25.6%) |
| **Single parent (father)** | 56,898(73.6%) | 20,414(26.4%) |

Thirteen percent of Irish children were reported as having a disability in Census of Population 2022, with approximately one-third of these receiving unpaid care from one or both parents. The latest census showed that 4,759 children under the age of 15 were young carers. This figure represents 2% of that population. (3)

Data from the Census of Population 2022 also shows that persons with disabilities are over-represented within children’s homes (35%) and hospitals (42%). Overall, 35.8% of people in communal establishments on census night were persons with disabilities. The largest number of these were in a residential facility for persons with an intellectual and/or physical disability. (4)

There is a lack of disability-specific data on marriage, parenting and family life for persons with disabilities. However, findings from The Irish Longitudinal Study on Ageing (TILDA) Intellectual Disability Supplement found that participants with intellectual disabilities were much less likely than their peers to be married/partnered (1%) or to have children (2%).(5)

At present, there is a gap in the provision of sex education for children and young people in special schools with an emphasis on personal care and relationships, rather than sexual education. As highlighted by disability organisations such as Inclusion Ireland, the curriculum has not been adapted to provide for older children with special educational needs attending special schools. (6) Special schools teach are designated as primary schools, which means that older children in special schools may not access the same age-appropriate RSE (Relationships and Sexuality Education) or SPHE (Social Personal Health Education) curriculum as their peers in a mainstream secondary school.(6)

The National Council for Curriculum and Assessment (NCCA) has published considerations for teaching the RSE curriculum to children with special educational needs.(7) They identify the importance of a whole-school approach, using multi-sensory learning methods, in partnership with parents. (7) Similarly, the NCCA have published considerations for planning for a diversity of learners in SPHE.(8) Both documents reiterate the need to consistently use correct language in relation to the body. This ties in with guidance on teaching children with special educational needs the concepts of public and private.(9)

Research from the Health Service Executive (HSE) also indicates that there is a lack of consistent formal sexual education provided to persons with intellectual disabilities attending Adult Day Services.(10)

Deffew et al. conducted research with staff from adult intellectual disability services, which found that those who were older, who had a lower level of education and those who practised religion were more likely to have conservative attitudes about supporting service users in terms of sexuality and relationships. (11) Staff indicated frustration at the lack of training which meant they could not confidently support service users. Staff noted that service providers often retained a conservative ethos, which made the issue especially taboo for LGBTQI+ service users. It was also noted that service providers took a reactive approach to combatting behaviours that were perceived as inappropriate, rather than providing sex education.(11)

Findings from the 2025 Being LGBTQI+ in Ireland report demonstrate that members of this community are more likely to have a disability or long-term condition. For example, a psychological or mental health difficulty was 10.3 times more frequent within the survey sample compared with Census 2022. Some respondents with disabilities noted issues with regard intimacy or dating, including stigma around HIV+ status.(12)

Research from the Inclusive Research Network in Trinity College Dublin about relationships conducted in 2012 found that persons with disabilities felt they were treated like children in this regard. They indicated that they needed more support from their families and staff in order to develop and maintain relationships, including following a break-up. Persons with disabilities also highlighted that access to public transport and having their own accommodation were important factors in being able to build relationships.(13)

Family Planning

The Re(al) Productive Justice Project was a four-year research project exploring the lived experience of disabled people in relation to pregnancy and birth, parenting, abortion, fertility and contraception. The project was conducted at the University of Galway and was completed in 2023.

Wards of court are individuals who were declared unable to make decisions about their property, money or everyday affairs by the High Court under the Lunacy Regulation (Ireland) Act 1871.[[3]](#footnote-3) The majority of them have some type of disability. The Re(al)Productive Justice Project identified some examples where the High Court made decisions in relation to the use of contraception by wards of court (most people in adult wardship have a disability).(14)

The Working Group on Access to Contraception was set up by the Minister for Health. Their report, published in 2019, identified persons with an intellectual disability among the marginalised groups for whom specific issues around contraception exist. (15) Flynn et al. suggest that training around supported decision-making mechanisms under the Assisted Decision Making (Capacity) Act would help staff and families to understand and discontinue coercive practices.(14)

Following the repeal of the 8th amendment of the Constitution, the Health (Regulation of Termination of Pregnancy) Act 2018 came into force allowing all women in Ireland to access abortion services in certain circumstances. However, research from the National Women’s Council indicates that women with disabilities are significantly more likely to experience barriers when accessing abortion care. These include poverty, prejudiced attitudes, poor communication and access to information, as well as inaccessible transportation. It also suggested that disabled women may be disproportionately affected by the 12 week time limit.(16)

Under Irish legislation, termination is allowed up to 24 weeks in situations where there is a fatal foetal anomaly. In 2024, there were 108 terminations of pregnancy reported for this reason.(17) However, some couples will travel abroad to access termination where the foetus has been diagnosed with impairment in utero after 12 weeks. In 2022, the master of the Rotunda Hospital noted that despite non-directive counselling from medical professionals, approximately 95% of patients chose to access termination services outside the jurisdiction where Down Syndrome was concerned.(18)

Ireland’s first UNCRPD report refers to the law on forced abortion. As mentioned within, performing any medical procedure without consent is assault, punishable under the Non-Fatal Offences Against the Person Act 1997.(19) The HSE’s National Consent Policy states that a person should not be assumed to lack capacity to make a decision solely because of their disability.(20)

Ireland is party to the Rome Statute of the International Criminal Court, which forbids forced sterilisation, along with other crimes against humanity.(21) However, in their 2022 report, the European Disability Forum highlighted that exceptions may occur where it is an urgent or therapeutic measure.(22) This issue has also been raised by the CEDAW Committee (Convention on the Elimination of All Forms of Discrimination Against Women) in their concluding observations on Ireland’s eighth periodic report. They recommended that Ireland explicitly criminalise the forced sterilisation of women with disabilities, ensuring that sterilisation is only carried out where free, informed consent has been given.(23)

Questions have also been raised in the Oireachtas about medical practices which have led to the “de-facto sterilisation” of children with disabilities,(24) more specifically, those who failed to receive timely urology surgery at Children’s Health Ireland.[[4]](#footnote-4)

Flynn et al. noted the lack of statistics with regard to the number of disabled people who become pregnant and go on to parent or become parents through fostering or adoption.(14)

The Re(al) Productive Justice Project created a number of toolkits for professionals working with disabled women in relation to fertility and contraception, abortion, pregnancy and birth, parenting. (25)

 In 2005, the Commission on Assisted Human Reproduction noted the implications of the Equal Status Act, with the conclusion that denial of AHR to a person with a disability would not constitute discrimination “where the disability was such that the person could cause harm to any child conceived as a result of the provision of AHR services.”(26)

In 2017, the Assisted Human Reproduction Bill was subject to pre-legislative scrutiny. This report highlighted the need for clarity on the provision relating to the welfare of the child. (27) This was echoed by reproductive justice advocate Selina Bonnie, who felt it was essential for disabled people to participate in the process.(28) Flynn et al. indicated that the General Scheme, coupled with the inherent ableism of existing fertility services, could lead to parents with disabilities being deemed ineligible for treatment.(14)

The Health (Assisted Human Reproduction) Act 2024 makes some reference to disability. Service providers can provide AHR to avoid illness or serious disability in a child. Part 6 refers to pre-implantation genetic testing, for the detection of any genetic disease which confers a high risk of having a serious physical or intellectual disability. Section 90 contains provision “to prevent harm or neglect to, and ensure the welfare of, any child born as a result of AHR treatment.” However, this provision is related to surrogacy agreements generally.

Research from the NDA showed that 6.8% of respondents to the National Maternity Survey in October/November 2019 had a disability. Over half of these women had a mental health, psychological or emotional condition. The data shows that there were many similarities in the experiences of women with and without disabilities across the maternity care pathway. However, women with disabilities reported less positive experiences overall. (29)

Parenting

Stack et al. conducted research into the parenting experiences of those living with mental health challenges in Ireland published in 2025. The study found that 83% of participants rated parenting challenges as always or sometimes more difficult due to their mental health. The study found that it was important to discuss their parenting role in the conversations around medication, with 54% of respondents indicating that they did not experience this.(30) Common barriers to seeking support included stigma and fear of judgement. Notably, 61% of parents had not had the opportunity to connect with others who had mental health challenges. However, for those that had, 75% found it to be a positive experience. Parents indicated the importance of being able to talk openly and receive support from compassionate, knowledgeable people.(30)

Parents tended to indicate that their children did not know (41%) or were maybe aware (24%) of their mental health challenges. Some children were deemed too young, while others worried about over-burdening their children or causing them to doubt their capability as a parent. Respondents indicated that it would be useful to have guidance on how to discuss their mental health challenges in an age-appropriate way.(30)

Flynn et al. highlighted that many barriers exist for parents with disabilities, including discrimination, unsupportive health professionals, inaccessible parenting spaces and a lack of advocacy for parents subject to child care proceedings.(14) The research also highlighted the poor visibility of disabled parents and the lack of positive role models. Findings from the Re(al) productive Justice Project indicated the heavy burden of self-advocacy for parents with disabilities seeking support. (14)

In 2018, the former Special Rapporteur for Child Protection Dr. Geoffrey Shannon called for appropriate and specific supports for parents with intellectual disabilities. He recommended that Tusla develop guidance to ensure that information is tailored to parents, enabling them to understand and apply it. The report also recommended that a personalised approach should be taken, which accounts for individual circumstances, including level of disability. It was noted that generic or standardised programmes were inappropriate and unlikely to result in improved parenting capacity.(31)

Child Protection and Support for Home and Family Life

The Child Law Project was established to examine and report on judicial childcare proceedings at a district level and beyond. Their report from 2021-2024 shows that 28% of cases related to parents with disabilities. Mental health featured in 62% of disability-related cases, or 21.5% of cases overall. The category of “cognitive impairment” represented 38% of disability-related cases, or 13% of cases overall. There was also concern about high levels of children with disabilities within the legal system; in the district courts and within special care proceedings. (32)

The Child Law Reporting Project previously noted that their statistics around disability were likely to be an under-representation, “as in some cases where alcohol abuse, drug abuse or severe neglect dominated the proceedings, undiagnosed cognitive disability was likely to have featured also.”(33)

Previously, the Child Law Reporting Project made a recommendation that where concerns are raised about a parent’s capacity to engage with services, a cognitive capacity assessment must be carried out prior to a parenting capacity assessment. This would aim to ensure that tailored supports and services were provided. (33)

The CEDAW Committee has also raised concerns about reports of discrimination against women with disabilities in child custody cases without systematic evaluation. Their concluding observations on Ireland’s eighth periodic report called for measures to address this.(23)

Furthermore, the UNCRC Committee (Convention on the Rights of the Child) raised similar concerns in their concluding observations on the fifth and sixth periodic report of Ireland. (34) They called for measures to address the over-representation of children with disabilities in child and family law proceedings. The Committee also recommended that sufficient resources be allocated to foster care and adoption and specialised support for children with disabilities, to reduce the number of children in voluntary or informal care agreements.(34)

The former Special Rapporteur for Child Protection, Dr Geoffrey Shannon also called for Tusla to introduce guidance on parents in childcare proceedings, where disability is an issue. He recommended that social workers ensure that parents have sufficient capacity to agree to any proposals, and that their consent is fully informed.(31)

TUSLA data shows that almost half of children in care were voluntarily admitted. (35) Research from the Voluntary Care in Ireland Study suggests that professionals have serious concerns about the capacity of persons with disabilities to accept voluntary care agreements. It has been questioned whether parents with intellectual disabilities or mental health problems can necessarily give informed, free consent; they may be making decisions under duress to avoid court proceedings, often without access to legal advice or independent advocacy services. (36)

Data from TUSLA indicates that as of 2021, 8% of children in the care of the Child and Family Agency had a disability. That is, some 457 individuals.[[5]](#footnote-5)

In their final report from 2015, The Child Law Reporting Project found that one in four children in the care system have some type of disability.(33) Similarly, a study carried out by EPIC (Empowering People in Care) in 2012, found that 25% of young people leaving care in North Dublin had a diagnosed learning disability.(37)

The Mental Health Commission recorded a total of 323 admissions of children and young people to approved centres in 2023. This includes admissions to Child Adolescent Mental Health Services (CAMHS) and 14 admissions to 11 adult units.(38)

Wardship for minors remains under the jurisdiction of the High Court, as children are not covered under the Assisted Decision-Making (Capacity) Act 2015. This newly commenced legislation mandates that adult wards of court transition to a new system of supported decision-making options, including decision-making representatives.(39)

The Court Service annual report 2024 indicates that the Office of the General Solicitor for Minors and Wards of Court continues to manage 192 minor wardship cases.(40) The most common reason for a child to be a Ward of Court is where they have received a personal injuries award from a Court.(39)

Within their final report published in 2021, the Mother and Baby Homes Commission acknowledged that a mother’s mental illness or a child’s intellectual disability may have delayed or prevented adoption in some cases, contrary to the best interests of the child. However, they found no evidence of systematic discrimination against mothers or children with a disability.(41)

Legislation

Constitution

As a constitutional republic, the most fundamental rights of the Irish people are enumerated in Bunreacht na hÉireann. Within Article 41, the family is recognised as “the natural primary and fundamental unit group of society…a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law.”[[6]](#footnote-6) The family is seen as “the necessary basis of social order…indispensable to the welfare of the nation.”[[7]](#footnote-7) It is worth noting that within the Constitution, the concept of family is undefined. With no distinction between parents and child, the rights of the two groups are reconciled as one in Article 41. As such, the State has a responsibility to preserve the family as far as possible, for the sake of all members.

The Constitution was amended via referendum in 2012. This resulted in the insertion of clauses to Article 42 relating to children’s rights and State responsibility in terms of child protection issues. Article 42 A refers to “exceptional cases” noting that the State must endeavour to take the place of the parents, acting as the “guardian of common good” in situations where the safety of welfare of any child is likely to be negatively impacted by a parent’s failure to carry out their duties.[[8]](#footnote-8)

The Assisted Decision Making (Capacity) Act 2015

The ADM Act (as amended) came into force in April 2023. The legislation reflects the harmonisation of national law with Article 12 (Equal Recognition Before the Law) of the UNCRPD. Under the 2015 Act, supporters such as decision-making assistants, co-decision makers or decision-making representatives can be appointed. The decisions they support or make are limited to certain areas, for example, helping with personal welfare or finances. Their remit under the 2015 Act does not include decisions about sex or relationships. They cannot consent to marriage on behalf of someone with a disability

Before the commencement of the 2015 Act, persons with disabilities in wardship, including those with mental health difficulties, or intellectual disabilities, who wished to marry were prevented from doing so solely on the basis of their impairment. The commencement of this part of the Assisted Decision-Making (Capacity) Act in January 2021 repealed the Marriage of Lunatics Act 1811. Therefore, wards of court are no longer automatically disbarred from entering a marriage and those who have the capacity to marry can do so.(42)

The Civil Registration Act 2004 is clear that there is an impediment to a marriage if one or both of the parties to the proposed marriage lacks the capacity to consent to the marriage. A person who wishes to lodge an objection with a registrar on grounds that one or both of the parties lacks the capacity to consent to a marriage must show that either the Circuit Court has made a declaration confirming same or provide a copy of an application to the Circuit Court under Part 5 of the 2015 Act which relates to the capacity of one or both of the parties to consent to marriage.

Criminal Law (Sexual Offences) Act 2017

This Act repealed Section 5 and Section 6 (2) of the Criminal Law (Sexual Offences) Act 1993 which rendered it an indictable offence for a person to have or attempt to have sexual intercourse or, “an act of buggery” with a person “who is mentally impaired”. The new legislation does not refer to mentally impaired persons. Instead, Section 3 (21) refers to “protected persons”. This is defined as a person who lacks capacity to consent to a sexual act by reason of a mental or intellectual disability, or a mental illness, who is incapable of understanding consequences, evaluating information, or communicating their consent. This functional test of capacity means that it is no longer illegal to engage in (consensual) sexual activity with an adult who may have a certain type of disability.

Child Care Act 1991 (as amended)

This is the primary piece of legislation governing child protection within the Irish State. This Act underpins the provision of voluntary care, as well as care orders, including interim or emergency care orders, or special care orders. The Child Care Act 1991 has been amended on several occasions, most recently through the Child Care (Amendment) Act 2024.(43)

Under Section 18 of the Child Care Act 1991, a child may be subject to a care order if their welfare has been or is being jeopardised through assault, ill treatment, neglect, or sexual abuse. The legislation applies where there is or has been a case of neglect or impairment. Similarly, it will apply if the child’s “health, welfare, or development is likely to be avoidably impaired or neglected.” This indicates an intervention threshold, one that must apply to parents with parents with disabilities and their children on an equal basis with others.

In accordance with amendments to Article 42 A of the Constitution, the views of the child must be heard and given due weight in accordance with their age and maturity. To this end, Section 35C of the Child Care Amendment Act 2022 sets out the role and functions of a *Guardian ad Litem* (GAL) to represent their best interests within proceedings.

A 2018 High Court case found that section 47 of the Child Care Act 1991 did not apply to carrying out a parenting assessment for a mother with an intellectual disability, as this would not be in the best interests of the child.(44)

Under existing legislation, the best interests of the child shall be paramount. This value is also reflected in The Guardianship of Infants Act 1964, which relates to the guardianship, custody, or upbringing of children. It is worth noting that Section 14 of the 1964 Act reserves the right of the courts to deny custody in situations where the child has been left in the care of the State or another individual for any period of time; under circumstances which demonstrate that “the parent was unmindful of his parental duties.”

Child and Family Agency Act 2013

This legislation sanctioned an organisation dedicated to improving wellbeing and outcomes for children. (45) Under Section 8, Tusla (the Child and Family Agency or ‘CFA’) is mandated to “encourage and support the effective functioning of families…Maintain and develop support services, including support services in local communities.” Within this role the CFA provides a number of targeted and universal supports. Another function of the CFA is to provide services which relate to “the effective functioning of families and the improvement of relationships between parents and children, including effective parenting.”

They provide parenting support for those with additional needs in the form of secondary prevention and early intervention. This category includes parents with disabilities and parents of children with disabilities but may also include those with a history of substance misuse, those experiencing bereavement or domestic abuse as well as other marginalised groups.(46) The services, policies and resources which underpin Tulsa’s remit in the context of UNCRPD Article 23 will be discussed in detail below.

Policies

The National Human Rights Strategy for Disabled People 2025-2030

This publication takes a cross-departmental approach to the implementation of the UNCRPD.(47) However, issues relating to families and relationships are not identified as an explicit priority for this strategy.

Young Ireland: The National Policy Framework for Children and Young People 2023-2028

This over-arching framework sets out to uphold the rights of children and youth in Ireland aged 0-24. The strategy builds on its predecessor, Better Outcomes, Brighter Futures,with five national outcomes to indicate wellbeing within Ireland; progress is tracked using the Children and Young People’s Indicator Set. Several actions support the development of an enabling environment to realise and respect the rights of children and youth.(48)

There are a number of areas which have been spotlighted within the strategy, that especially relate to children with disabilities and their families.

Child Poverty and Well-Being Programme Office

* Consolidate and integrate family and parental support, health, and well-being services

**Child and Youth Mental Health and Well-Being**

* Promotion, prevention, and early intervention
* Access and Equality
* Supporting Families

Disability Services

* Reduce waiting lists
* Increase capacity to enhance service delivery
* Tackle the demand for assessment of need in a timely manner
* Support children in care
* Education (including ELC and FHE)
* Social inclusion
* Pathways for school leavers
* Inclusive participation structures

More broadly, there are also a number of actions which relate to this group within the Young Ireland Framework:

* Ensure no child with a complex need, including a mental health issue, will be taken into State care as a consequence of insufficient service provision (**Action 25.1)[[9]](#footnote-9)**
* Survey children and young people who interact with a mental health service on their satisfaction with the service they receive and publish the results. **(Action 31.1)**
* Ensure that all children are supported to avail of inclusive education in mainstream schools by implementing the National Council for Special Education’s Inclusive Education Framework as well as recent Department of Education policies and guidance, strengthening inclusive education in initial teacher education and CPD, and ensuring adequate supports for integrated classes, acknowledging the need for special schools **(Action 33.1)**
* Review the in-school therapy pilot project in light of available resources and evaluation to date to explore the adaptation of the pilot to scale up therapeutic supports nationally. **(Action 33.2)**
* Ensure a dedicated Parenting Support Advisor role is established in all 17 Tusla areas, as part of an integrated response to the needs of children and families, in line with the agreed actions of Supporting Parents: A National Model of Parenting Support Services **(Action 45.2)**
* Increase access to services through continued investment in Prevention, Partnership and Family Support Programme (**A.2.2.2)**
* Continue to support the reconfiguration of services for children with disabilities in line with the Progressing Disability Services for Children and Young People programme. (**B.5.2.2.)**
* Reduce children’s waiting lists for primary care and early intervention, including waiting times. **(B.5.2.3)**
* Ensure priority is given to all children, young people, and their families in Sharing the Vision: A Mental Health Policy for Everyone and the National Mental Health Promotion Plan. (**B.6.2.2)**
* Improve the capacity of community Child and Adolescent Mental Health Services (CAMHS) and implement the revised operational guidelines. **(B.6.2.4)**
* Improve access to parental mental health services (including counselling and psychological services) that treat maternal depression, anxiety disorders and substance abuse and identify and address any gaps in mental health services for very young children. (**B.6.2.5)**
* Review current assessment and screening tools for babies, young children, and families, particularly those with additional support needs, to facilitate collaborative working across health and social care professionals and effective referral pathways. Ensure that these are consistently implemented nationally **(D.2.A.3)**

First 5: A Whole-of-Government Strategy for Babies, Young Children, and their Families 2019-2028

First 5 is a whole-of-Government strategy to improve the lives of babies, young children, and their families. It is Ireland’s first early years strategy, covering the first five years of a child’s life.(49) Strategy commitments[[10]](#footnote-10) which may be relevant to parents and/or children with disabilities:

* Through the Parenting Support Policy Unit, continue to consolidate, streamline, and strengthen parenting information resources. Ensure that consistent, high-quality, and accessible information is available and develop user-friendly, attractive, high quality information resources across multiple platforms including a Supporting Parents website. (**A.2.1.1)**
* Under the Practice Reform programme, the Family Support workstream will scope the potential for widening the front door to better incorporate the Family Support Pathway alongside other support pathways. (**A.2.3.3)**
* Continue to develop access to supports for children with disability/developmental delays through child-serving settings e.g., AIM, provision of nursing supports in ELC settings and schools for children with complex needs (**B.5.2.4)**
* Improve the Assessment of Need (AON) process in order to ensure timely access to appropriate services **(B.5.2.5)**
* Scope requirements for ELC services around psychological needs such as behaviour and trauma responses of children attending ELC services and develop systems to respond to those needs. (**B.6.2.3)**
* Provide for a structured response to critical incidents affecting children in ELC in partnership with NEPS. (**B.6.2.9)**
* Continue to roll out AIM to ensure the full inclusion of children with a disability in settings delivering the universal pre-school programme. Extend AIM on a phased basis to children outside of ECCE. Provide further CPD, information and advisory supports to services on integration of children into mainstream services, including autistic children. Extend universal AIM to encompass wider social inclusion and diversity supports consistent with the objectives of the equal participation model. **(C.8.3.2)**
* Provide information to parents in conjunction with key partners on the value and importance of participation of children with additional needs in mainstream settings with tailored supports through AIM. Undertake a communications campaign to highlight the significance of inclusive integrated services in supporting children's outcomes. (**C.8.3.7)**
* Develop an enhanced SNA service which delivers the best outcomes for children with additional care needs in schools **(C.9.3.2)**

Supporting Parents: A National Model of Parenting Support Services 2022-2027

Supporting Parents is a national model for parenting support services, which takes a whole-of-government approach to improve supports for parenting.(50) It was developed as part of an initial commitment[[11]](#footnote-11) within First 5 to “develop a tiered model of parenting support services, built on a foundation of universal provision, with extra support available for parents in line with their level of need on a progressive basis.” This was designed to account for parents and children in a range of contexts, including parenting children with additional needs, and parents living with an illness/disability.

Under the model, supports are provided in conjunction with State agencies, government departments, practitioners, community, and voluntary sector. Parenting support services are provided on a continuum of need.

1. All parents; universal services, information, and resources e.g., parenting talks, helplines.
2. Some parents: early intervention and additional services for parents with specific, one-off, or ongoing support needs e.g., parenting programmes.
3. Few parents: intensive support services for parents with complex support needs e.g., therapeutic services, safety plans
4. Very few parents; long-term intensive support e.g., alternative care, care plans

This strategy has several over-arching goals in relation to parenting supports with the aim of providing awareness of and access to parenting supports, as well as more inclusive parenting services, which are needs-led and evidence-informed.

Actions within the strategy are grouped under a number of themes, several of these may be particularly relevant to persons with disabilities and their families:

* Enhance signposting and increased access to parenting support services through universal services (education, health, family support, justice, etc.) by developing guidelines, online resources, and training for relevant practitioners. (**Action 6)**
* Establish an annual Parent Peer Support Fund to provide funding to organisations working with parents and/or children and young people to facilitate the development and support of parent peer support groups. (**Action 7)**
* Review different types of parenting support services that are currently available and seek to identify gaps in national and local provision of services for particular needs. Following the completion of the review/s, an agreed approach should be developed to facilitate more consistent provision of these services. (**Action 9)**
* Establish a cross-sectoral programme of research and evaluation addressing the parenting support needs and preferences of all parents and, in particular, groups that face additional barriers to accessing supports. (**Action 13)**

National Carers Strategy

Family members (disabled or otherwise) providing care and/or receiving care in the home are included within UNCRPD Article 23.

In 2012, the government published its first ever National Carers Strategy (NCS). This sets out government policy for those caring for older people, children or adults with an illness or disability.(51)

The strategy set out 4 over-arching goals and 42 objectives, with the aim of improving the lives of carers. The strategy was exhausted in 2018, after which it was decided that annual progress reports would no longer be produced. (52)

Family Carers Ireland elected to use the scorecard methodology developed by the National Carers’ Strategy Monitoring Group to score the 18 commitments for family carers identified within Our Shared Future. (53,54)

In 2020, the programme for government committed to review and update the National Carers Strategy. (53) However, carers’ organisations suggest that there has been no progress in this regard.(54)

In 2021, Care Alliance Ireland conducted a review of the National Carers Strategy. This showed relatively poor awareness of the NCS among family carers at just 30%. The survey also indicated that top priorities for family carers within the next strategy include income support, supports and services and respite. The survey of family carers and other stakeholders indicated that the 42 objectives were still relevant. However, many respondents felt there was scope for updates, particularly to strengthen the language used. (55)

Other

The National Maternity Strategy has been discussed in detail by the NDA in our briefing paper on Article 6, Women with disabilities.[[12]](#footnote-12) The NDA’s briefing paper on health provides an overview of the work of the Health Information and Quality Authority (HIQA) and their national standards.[[13]](#footnote-13) The HSE is undertaking work to develop evidence-based principles that will promote healthy relationships and sexuality for disabled people in Ireland.(56)

The National Sexual Health Strategy 2025-2035notes the importance of supporting sexual health and wellbeing across the spectrum of disability and neurodiversity. This was recognised as a key challenge due to the increased incidence of chronic conditions. (57) Goal 1 (Sexual Health Promotion and Education) commits to providing high-quality accessible resources in various formats.

The National Standards for Residential Services for Children and Adults with Disabilities are relevant in the context of UNCRPD Article 23.(58) For adults with disabilities, Standard 1.4 refers to the development and maintenance of personal relationships and links with the community. This includes acknowledgement of an individual’s need for human intimacy. Within any residential service, adults must be supported “in a sensitive and appropriate ways, to develop and maintain intimate relationships with others in accordance with their wishes and preferences and in adherence with current legislation.”(58) In 2024, HIQA published a 10 year overview of the regulation of designated centres for persons with disabilities in Ireland. This recognised the role of staff training in supporting positive behaviour, including the management of residents’ sexual expression.(59)

Supports for Family Carers

There are a number of national organisations which offer programmes and networks to support the parents of children with disabilities. Some of these receive government funding through Pobal or the Dormant Accounts Fund. For example, the Disability Equality Specialist Support Agency (DESSA) offers training to parents in capacity-building. This aims to provide them with the knowledge and skills to advocate for their disabled children, including with regard to accessing health and education services. (60)

The Inclusion Ireland Family Supports Network brings together local, regional and national support groups for persons with intellectual disabilities. The network aims to provide information and enable families to engage with government departments, agencies and service providers with regard to disability policy and programmes.(61)

Family Carers Ireland offers Parents Plus Special Needs Programme. Designed in collaboration with parents, this evidence-based programme includes topics include supporting their child with additional needs, supporting siblings and their co-parent.(62)

Children’s Disability Network Teams (CDNTs) operate on a principle of family-centred practice. This aims to empower families through capacity building, with universal, targeted and direct supports, including support to identify and avail of natural supports in their family and community.(63)

The HSE has published guidance for parents on discussing sex and relationships with their children at different stages of their development. Their series entitled ‘Making the Big Talk many small talks’ includes considerations for the parents of children with physical and/or intellectual disabilities. Links to relevant resources are also provided.(64)

In terms of financial supports, there are a number of social welfare payments offered by the Department of Social Protection for families and carers of persons with disabilities. Domiciliary Care Allowance is provided to the carer of a child with a severe disability under the age of 16 years who needs additional care compared to children of the same age.(65)

Carer’s Allowance is a means-tested payment, while Carer’s Benefit is based on PRSI contributions.(66,67) The Carers’ Support Grant is an annual payment for eligible carers, in respect of each person they care for. The money can be used to pay for supports, including respite.(68)

Agencies

HSE and Tusla

Joint Protocol

In December 2020, the Health Service Executive (HSE) and the Child and Family Agency (Tusla) launched a joint protocol for interagency collaboration to promote the best interests of children and families.(69) This was developed to provide further clarity on the relationship between the two agencies and their shared responsibility towards children and young people with complex needs, including the funding of residential placements and the transition to adult services. This includes dispute resolution in relation to funding or case management, as well as the transition to adult services. The joint protocol is underpinned by the following principles, which are reflected in the Memorandum of Understanding (MoU) signed by both agencies:

* Accountability
* Accessibility
* Assessment
* Communication
* Early Intervention
* Managed transitions
* Maximise efficiencies
* Parental consent
* Person-centred and participation
* Prevention
* Prioritisation
* Service coordination
* Supported decision making
* Timely decision making
* Working together

The joint protocol outlines generic and agency-specific policies which will continue to operate as normal to support children and families. These include the following:

* Children First: National Guidelines for the Protection and Welfare of Children (70)
* Meitheal – A National Practice Model for all Agencies working with Children, Young People and their Families (71)
* Partnership Prevention and Family Support Service (PPFS) (72) [[14]](#footnote-14)
* HSE National Policy on Access to Services for Children and Young People with Disability and Developmental Delay (73)
* HSE Joint Working Protocol Primary Care, Disability and Child and Adolescent Mental Health Services (74)
* HSE Primary Care Strategy (75)
* HSE Progressing Disability Services for Children and Young People (63)
* Report of the Review of the Irish Health Services for Individuals with Autism Spectrum Disorders(76)[[15]](#footnote-15)
* Sharing the Vision: A Mental Health Policy for Everyone (77)
* Tusla National Aftercare Policy(78)

Communication, inter-agency working, information sharing, and confidentiality are key elements of the protocol. At the outset, a lead agency and coordinating professional must be identified for each individual case. The HSE and Tusla are required to engage with the different stages of the process from care planning and child in care review meetings to the aftercare planning process.(69)

The Joint Area Working Group (JAWG) works at CHO level[[16]](#footnote-16) followed by the HSE Chief Officer and Tusla Regional Service Director. Ultimately, complex cases can be brought to the HSE National Head of Operations, the Child and Family National Director of Services.

The Joint Protocol is also subject to an implementation plan, with evaluation and audit carried out by the National HSE/Tusla Oversight Group. (69)

In 2023, EPIC published a report which explored the experiences of children in care and care leavers with disabilities. They recommended that the HSE and TUSLA provide disaggregated data related to disability for children and young people in care and aftercare services. They also called for both organisations to develop flexibility in systems for children and young people with disabilities For example, improving the accessibility of all social services and ensuring that supports remain in place for young people transitioning to adult services.(79)

Child protection and Welfare

The updated Tusla Child Protection and Welfare Handbook identifies “specific risks” for children of parents with mental health issues and intellectual disability. For example, in relation to parents with an intellectual disability, the handbook states that there is a risk that the child may assume a caring responsibility for the parent. The handbook also highlights the context-specific nature of disability and the rights of parents with intellectual disabilities. This also recognises the impact of socio-economic factors and other issues, such as low self-esteem or isolation on parenting capacity and the need to recognise this in any assessment.(80)

TUSLA has published several documents to support their function in relation to children protection and welfare, under the Children First Act 2015 and its revised guidance. These include reporting guidelines and forms, guidance on child safeguarding and training.(81)

National Advocacy Service

The National Advocacy Service (NAS) is a free and confidential advocacy service for adults with disabilities. Their remit specifically includes persons with disabilities in vulnerable situations, including those who are isolated from their community, those who have communication needs, or those who lack formal or natural supports. NAS is funded by the Citizens Information Board (CIB) which has a mandate under Section 5 of the Citizens Information Act 2007 to provide advocacy to persons with disabilities. (82)

As highlighted above, NAS is an issue-based professional representation service, their remit includes parenting with a disability. Each of their annual reports contains an overview of statistics, including the percentage of cases where parenting was the primary issue.(83) Their annual case books contain case studies, with details of the context, actions taken by the advocate and the outcome. (84)

In 2022, the National Advocacy Service (NAS) reported that 21% of their caseload related to parenting with a disability. That is, an excess of 330 cases.(83)

NAS has limited funding and substantial waiting lists for their services. As such, the need for advocacy far outstrips the capacity of the organisation. This is illustrated by the Child Law Report Project finding that only 25% of parents with disabilities involved in court proceedings had an advocate.(32)

In their submission for the consultation on the new National Human Rights Strategy for Disabled People, NAS noted the inaccessibility of the family law system and the fact that most people supported by NAS have their children taken into care. They called upon TUSLA to fund research into current specialist supports provided to parents with disabilities who come before the courts, as well as international best practice.[[17]](#footnote-17)

Ombudsman for Children

The Ombudsman for Children is an independent human rights institution which protects the rights of children and young people in Ireland. The organisation was established by the Ombudsman for Children Act 2002. They investigate complaints about services provided to children by public organisations.(85)

In relation to children with disabilities, research by the Ombudsman identified inadequate supports for parents as a barrier to the realisation of children’s rights.(86) The report indicated that respite services were critical for carers. The report also noted an overreliance on residential care and inadequate home placements, as well as the fact that children with disabilities are not explicitly mentioned within HIQA’s national standards for residential centres. Ultimately, recommendations were made in relation to legislative reform and other administrative measures, such as the allocation of resources and training/capacity building for foster parents.(86)

The Ombudsman also issued a number of reports on children with disabilities who had been failed by the HSE and Tusla in terms of upholding their right to a home and family. (87–89) Cases involving two children named ‘Molly’ and ‘Jack’ offered a number of recommendations, which have been partially or fully implemented. (90,91) Among them, the development of the above interagency protocol between the HSE and Tusla.

Conclusion

The NDA notes that there has been positive progress within Ireland in recent years regarding the right to home and family for persons with disabilities. As detailed above, this is cross-cutting right, which touches upon law and policy for disabled people of all ages. As such, there is a growing need to collect intersectional demographic data on families in Ireland.

In recent years, legislative changes have altered the landscape and allowed disabled people more freedom with which to engage in relationships, to marry and to found a family in line with UNCRPD Article 23.

There has also been an increase in the number of research projects which focus on the specific challenges faced by persons with disabilities, whether parents exercising their sexual and reproductive rights, disabled parents and/or children in the court system, or children with disabilities in receipt of alternative care from the State. This paper has highlighted various government-funded programmes and networks which support and empower parents of children with disabilities. Family carers can also avail of different types of payments from the Department of Social Protection.

With regard to the right to grow up in a family, several policy initiatives have been developed to provide universal and tiered support for young children and their families. There are also various programmes established by the Child and Family Agency to ensure that families receive timely early intervention.

Various considerations should be made in relation to the right to home and family, especially with regard to child protection and the best interest of the child principle. This paper has highlighted the role of advocacy organisations in ensuring that parents with disabilities can engage with the court system on an equal basis with others. This paper also highlights the role of independent bodies, such as the Ombudsman for Children in investigating complaints which relate to children with disabilities. Recent developments have seen a strengthening of interagency cooperation, with the aim of better case management and dispute resolution where children with complex needs are concerned.

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1. For analysis of data on women with disabilities and children, young people please see respective briefing papers on UNCRPD Articles 6 and 7. [↑](#footnote-ref-1)
2. This includes people with a long-lasting condition or difficulty to any extent. Data received from CSO via special tabulation in June 2024. [↑](#footnote-ref-2)
3. This law has now been superseded by the Assisted Decision-Making (Capacity) Act 2015. For more information, see the Decision Support Service website: <https://decisionsupportservice.ie/> [↑](#footnote-ref-3)
4. Please note that the report containing these findings has not been made public or viewed by the NDA. [↑](#footnote-ref-4)
5. Breakdown of children in care by placement type provided via email May 2024. This figure refers to children diagnosed by a clinical specialist with a moderate or severe disability. Excludes children placed in residential care and home sharing arrangements by the HSE. [↑](#footnote-ref-5)
6. Article 41.1.1 [↑](#footnote-ref-6)
7. Article 41.2 [↑](#footnote-ref-7)
8. Article 42.A.2 [↑](#footnote-ref-8)
9. This action is repeated in the area of co-operation (44.1) [↑](#footnote-ref-9)
10. Note that several actions have been transferred to Young Ireland in terms of monitoring and implementation under phase 2. See Appendix A of First 5 Implementation Plan 2023-2025 for more information. [↑](#footnote-ref-10)
11. This action can be seen in the original First 5 Strategy. It has since been merged with A.2.1.1in the First 5 2023-2025 Implementation Plan. See Appendix B of the First 5 Implementation Plan 2023-2025 for more information on closed actions. [↑](#footnote-ref-11)
12. For more information see NDA Review paper on UNCRPD Article 6: [Series of papers on individual United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) Articles - National Disability Authority](https://nda.ie/publications/series-of-papers-on-individual-united-nations-convention-on-the-rights-of-persons-with-disabilities-uncrpd-articles) [↑](#footnote-ref-12)
13. For more information see NDA Review Paper on UNCRPD Article 25: [Series of papers on individual United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) Articles - National Disability Authority](https://nda.ie/publications/series-of-papers-on-individual-united-nations-convention-on-the-rights-of-persons-with-disabilities-uncrpd-articles) [↑](#footnote-ref-13)
14. This includes not only Meitheal, but parenting supports, the Area Based Childhood (ABC) Programme, as well as Child and Family Support Networks (CFSN) and the National Childcare Scheme. For more information, please see <https://www.tusla.ie/services/family-community-support/prevention-artnership-and-family-support/> [↑](#footnote-ref-14)
15. The government has since released a new Autism Innovation Strategy. <https://www.gov.ie/en/publication/c5835-autism-innovation-strategy/> [↑](#footnote-ref-15)
16. Now reconfigured as six regional health areas. [↑](#footnote-ref-16)
17. National Disability Strategy submission received by NDA February 2024 [↑](#footnote-ref-17)