12th May 2017

Deputy Thomas P. Broughan,
Dail Eireann,
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Dublin 2.
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Dear Deputy Broughan,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary question, which was submitted to this department for response.

PQ 20205/17

To ask the Minister for Health the steps he is taking to address the shortage of respite beds for persons with disabilities in a service provider in Fingal; the way he will address the cuts and serious loss of respite places throughout the country generally; and if he will make a statement on the matter.

HSE Response

The HSE and its funded agencies provide respite care to children and adults with disabilities. Respite can occur in a variety of settings for any length of time, depending on the needs of the family and available resources. It is not always centre-based and can be provided in a number of ways, e.g. Out-of-Home; In-Home; Home-to-Home; Home Support; Family Support etc. As a vital part of the continuum of services for families, respite helps prevent out-of-home placements, preserves the family unit, and supports family stability.

The HSE is very much aware of the importance of respite service provision for the families of both children and adults with disabilities, including the impact the absence of respite service provision can have on other services.

As referenced in the Social Care Operational Plan 2017, 6,320 people with a Disability are expected to avail of residential centre-based respite services, utilising 182,506 bed nights. A further 41,100 day only respite sessions were accessed by people with a disability.

As a result of a significant number of respite beds being utilised for long term residential placements, the numbers of people with disabilities in receipt of residential respite services and the corresponding number of respite nights are down against previous activity. This reflects new models of respite care that are now being delivered (home respite, extended day care etc.).

In addition to the centre-based respite services outlined above, between 2,000 and 2,500 persons availed of non-centre based respite services such as holiday residential placement, occasional respite with host family, overnight respite in the home, and summer camps, allowing people to continue living with their families and in their communities.
In the HSE’s National Service Plan (NSP) for 2017, provision for 185 new emergency residential placements and new home support and in-home respite for 210 additional people who require emergency supports has been allocated.

The Social Care Division, in its 2017 Operational Plan has also committed to further developing home sharing as a person centered and community inclusive type of support for people with disabilities involving the development of an Implementation Plan in 2017 which will address the priority recommendations of the National Expert Group Report on Home Sharing published in 2016. This will be led by the national designated disability lead in this area.

Unmet Need and growing demand

The provision of residential respite services has come under increased pressure in the past couple of years. There is an increase in the number of children and adults that are seeking access to respite, and there is also increasing levels of “changing needs” due to the increase in the age of the disability population.

Within this general context, the way in which residential/respite services is provided has also changed as agencies comply with HIQA standards and the national policy on congregated settings. In some situations this means that beds are no longer available e.g. vacated beds for residents, who go home at weekends or for holidays, can no longer be used for respite.

No additional funding had been provided for these services to the HSE since 2008 and as a result waiting lists are not maintained as a matter of course. However in line with the information available from the National Intellectual Disability Database (NIDD) approximately 2,133 individuals require a residential support service (respite service) between the years 2016 – 2020; the majority of this group (89.9%) live at home or independently in the community.

The need for increased respite and residential facilities is acknowledged and the HSE continues to work with agencies to explore various ways of responding to this need in line with the budget available. In this regard, an eHealth resource for providers such as an online case management system that facilitates the effective management and tracking of all residential and home support/ emergency respite services across all CHOs is being developed. This will provide a detailed inventory/ bed register/ map of current service capacity.

Each of the nine CHOs will have in place Residential Care/Executive Management Committees that will have the overarching responsibility of managing and co-ordinating residential placements and supports (including emergency placements) within their respective CHOs. These management committees will be led by the CHO Head of Social Care on behalf of the Chief Officer and will include senior management participation by funded relevant section 38 and 39 residential providers.

The national social care division will have in place guidance and supports for the operation of the above committees based on clear operating principles, including effective resource management as well as collaborative and partnership working/ clear lines of accountability.

The shortage of respite beds for persons with disabilities in a service provider in Fingal

Since February 2017, Donabate Children's Respite also known as Donabate 1 (run by St Michael's House) has had to significantly limit the availability of respite breaks due to a crisis situation involving a child who has been residing there. St. Michael's House (SMH) is continuing to work proactively with the HSE in developing a solution.

In the meantime, SMH is creating an additional space in Donabate Adult Respite (Donabate 2) bringing its total to six respite beds each night and with the support of staff from Donabate 1 will begin offering respite breaks to groups of children, as well as adults, from June 2017. As children cannot be placed in the company of adult service users, Donabate 2 will operate as a dual service, with equitable splits between adult and children groups throughout the months.
This may have an effect on the current level of adult respite available, but will significantly improve the situation with children's respite. SMH will endeavour to continue to provide respite in an equitable and fair manner, but are currently not in a position to guarantee specific or ongoing monthly requests. However, as soon as the situation in Donabate 1 is resolved, children's respite will relocate back and normal services will resume.

Yours sincerely,

[Signature]

Dr. Cathal Morgan,
Head of Operations,
Disability Services, Social Care Division