



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
31-33 Sráid Chaitríona, Luimneach.

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14th February 2019

Deputy Margaret Murphy O'Mahony,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: margaret.murphyomahony@oireachtas.ie

Dear Deputy Murphy O'Mahony,

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 5246/19

To ask the Minister for Health the action he is taking to address the disparity in the provision of respite care nationwide; 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 various lengths of time, depending on the needs of the individual service user, the family and according to available resources. Respite is not always centre-based and can be provided in a number of ways, e.g. Centre based; In-Home; Home-to-Home; Family Support, etc. As a vital part of the continuum of services for families, respite potentially helps prevent out-of-home full-time residential placements, preserves the family unit, and supports family stability with the service users at the centre.

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.

Unmet Need and growing demand

The provision of residential respite services has come under increased pressure in the past couple of years.

There are a number of factors impacting on the increased demand for respite:

- an increase in the number of children and adults who are seeking access to respite as a reflection of general population increase;
- increasing levels of complexity across the sector due to better and improved health care;
- and an increase in the age of people with a disability resulting in people presenting with "changing needs".

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.

Further to the above, and within the Health Information and Quality Authority regulatory and policy context, the way in which residential/respite services is provided has also changed as Agencies comply with regulatory standards. Standards specify a requirement for personal and appropriate space impacting on the capacity and Statement of Purpose for a Designated Centre. This has had a direct impact on capacity where respite beds are no longer available within a residential setting e.g. vacated by residents who go home at weekends or for holidays, can no longer be used for respite. Implementation of the national policy on congregated settings (Time to Move on from Congregated Settings Policy) is also affecting capacity.

Targeted actions to improve supply

In 2018, the Minister for Health announced an additional €10 million for the HSE, specifically to enhance respite care in the disability sector. In accordance with the National Service Plan for 2018, the HSE committed to providing:

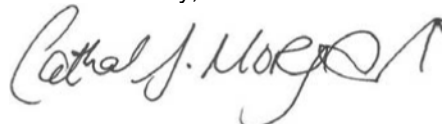
- An additional respite house in each of the nine CHO areas which will support 450 individuals in a full year and 251 in 2018 (€5m).
- Three additional respite houses in the greater Dublin areas (CHOs 7, 8 and 9) to support a further 225 individuals in a full year and 143 in 2018 (€3m).
- Alternative models of respite to support 250 individuals with disability (€2m).

The funding provided for the equivalent of 12 new houses, 1 in each CHO, and 3 in the Greater Dublin area.

Ten new or additional centre-based respite centres have opened to date with two additional Centres due to open in Quarter 1 2019, resulting in an additional 6,455 bed nights delivered to 763 people.

Alternative respite is working well locally, with good examples of summer camps, evening and Saturday clubs having taken place, benefiting hundreds of adults and children. Community-Based, alternative respite projects delivered 15,144 'in home' Respite Hours, to 400 users and 1,296 Saturday/Evening/Holiday Club 'sessions' to 1,500 people.

Yours sincerely,



**Dr. Cathal Morgan,
Head of Operations - Disability Services,
Community Operations**