



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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30th July 2019

Deputy Sean Sherlock
Dail Eireann,
Leinster House, Kildare Street,
Dublin 2.
e-mail: sean.sherlock@oireachtas.ie

Dear Deputy Sherlock

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

PQ 33085/19

To ask the Minister for Health when he last met with chief executives and boards of section 38 and 39 organisations; if the issue of access to overnight respite care was raised at those meetings; and if so, his response.

PQ 33086/19

To ask the Minister for Health if persons with intellectual disabilities are expected to take up respite beds outside of their county; and if so, the furthest distance from the residence of the person considered to be appropriate.

PQ 33087/19

To ask the Minister for Health the number of families in each county waiting for overnight respite care for children and adults with intellectual disabilities; and the average length of waiting times in days, months and years

HSE Response

The HSE National Service Plan 2019 provides for a significant level of funding, at circa €1.9 billion, to deliver essential frontline services for people with a disability. These core services span a spectrum of essential interventions ranging from Clinical Therapeutic Supports, Rehabilitative Training / Day Services, Home Care Supports as well as Respite and Residential provision.

The HSE works in partnership with organisations including Section 38, Section 39 and For Profit organisations to ensure the best level of service possible is provided to people with a disability, and their families, within the available resources. The majority of specialised disability provision (80%) is delivered through non-statutory sector service providers.

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. Models of respite can be Centre based; In-Home; Home-to-Home and 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 and the impact the absence of respite service provision can have on other services being delivered.

The HSE acknowledges the role and contribution of non-statutory agencies in the development and provision of health and personal social services and is committed to the development of effective working relationships as enacted by the Health Act 2004. The HSE has established a Governance Framework to cover funding relationships with all Non Statutory Agencies. The framework was introduced in order to implement the legislative provisions of the Health Act, 2004 and to reflect the requirements for public accountability whereby the HSE is legally obliged to account for all public expenditure on health and personal social services.

In this context, the HSE regularly meets with Section 38 and 39 Service Providers to discuss issues relating to service delivery, including the provision of respite care services. This is done at local level through the CHO Areas and at national level, through the Office of the Head of Disability Operations.

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 Area, and 3 in the Greater Dublin area. The HSE worked closely with the Disability Service Providers to explore various ways of responding to the need for respite services, in line with the budget available. Twelve new or additional centre-based respite centres opened, resulting in an additional 6,455 bed nights delivered to 763 people.

Community-Based, alternative respite projects, including Summer Camps, evening and Saturday clubs, also took place in 2018, delivering 15,144 'in home' Respite Hours, to 400 users and 1,296 Saturday/Evening/Holiday Club 'sessions' to 1,500 people. The HSE is fully committed to maintaining the same level of service this year as in 2018. The programme to deliver on the €10 million additional funding will continue in 2019 and remains a high priority for the HSE.

Allocation of Respite Hours

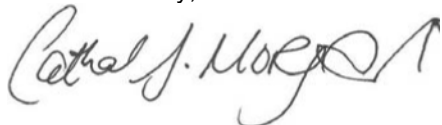
Allocation of respite hours is based on the individual's needs and circumstances. HSE Service Managers work with service users and their families as well as the Service Providers of respite services to ensure the provision of a client focused service, establish priority need and ensure best practice and maximization of funding and other resources.

Respite care is generally provided as close to the family home as possible and each CHO Area would have a number of Respite Centres within the geographic area. However, some of these facilities would cater for children and adults from areas outside of the geographic location of the Centre, while others, such as Cuisle Holiday Centre in Roscommon would have a national remit.

Waiting Lists

There is no centrally maintained waiting list for respite services, however the local HSE areas are aware of the need and requirements in their areas and work with the local Services Providers with a view to responding to the level of presenting needs within the resources available.

Yours sincerely,



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