



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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5th July 2019

Deputy Michael Moynihan
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: michael.moynihan@oireachtas.ie

Dear Deputy Moynihan

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 26214/19

To ask the Minister for Health if his attention has been drawn to the lack of respite facilities and opportunities for persons with disabilities nationally; and if he will make a statement on the matter.

PQ 26215/19

To ask the Minister for Health if he has access to the information collated at local area level for parents of children and adults requesting respite; if there is information on requests granted and refused; and if he will make a statement on the matter.

PQ 26217/19

To ask the Minister for Health the number of respite weeks provided in each of the past three years; and if he will make a statement on the matter.

PQ 26220/19

To ask the Minister for Health his views on the lack of respite hours being provided and the impact this is having on families of persons with disabilities particularly older parents; and if he will make a statement on the matter

PQ 26222/19

To ask the Minister for Health the funding allocation for providing respite care in 2019; the amount drawn down to date in 2019; if all funding will be utilised for providing respite care; 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. 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.



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Níos Fearr
á Forbairt

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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.

Allocation of respite hours is based on the individual's needs and circumstances. 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.

Respite Provision:

Respite data is gathered quarterly, 1 month in arrears. This data is gathered as follows:

- Number of overnights (with or without day respite) accessed by people with a disability.
- Number of day only respite sessions accessed by people with a disability

There is no distinction made in the gathered data between children and adults.

The table below outlines the number of overnight respite hours and day only respite sessions accessed by children and adults with a disability in the last three years. T

	No. of overnights (with or without day respite) accessed by people with a disability				No of day only respite sessions accessed by people with a disability		
	2016	2017	2018		2016	2017	2018
National Total	175,555	158,296	158,368		32,314	32,688	35,876
CHO 1	11,065	10,215	9,368		5,371	4,073	4,682
CHO 2	39,536	38,548	37,143		5,969	6,898	5,963
CHO 3	14,585	13,873	14,507		5,532	5,755	5,411
CHO 4	24,666	19,697	22,217		2,590	2,449	2883
CHO 5	13,155	10,386	11,414		1,926	2,227	1565
CHO 6	12,873	10,797	10,306		2,083	1,402	2925
CHO 7	25,696	22,878	18,934		5,469	5,250	6,444
CHO 8	17,965	16,312	17,810		1,076	1,334	1007
CHO 9	16,014	15,590	16,669		2,298	3,300	4996

Unmet Need and growing demand

The provision of residential respite services has come under increasing pressure in the past couple of years due to a number of impacting factors such as,

- 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;
- an increase in the age of people with a disability resulting in people presenting with "changing needs".

In addition, a significant number of respite beds have been utilised for long term residential placements due to the presenting complexity of the individual with a disability and also due to home circumstances, therefore, the numbers of people with disabilities in receipt of residential respite services and the corresponding number of respite nights has reduced when compared to previous activity.

A further impact to the delivery of respite has been in response to the regulation of service provision as set by the Health Information and Quality Authority regulatory and policy context. HIQA has established and set the way in which residential/respite services is provided requiring the Agencies comply with regulatory standards in order to meet regulation. 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 allowed 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.

Twelve new or additional centre-based respite centres have opened to date, 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.

Funding

Disability Services has been allocated €1.9 billion in 2019. This funding is providing Disability Services throughout the country across all CHO Areas and is spent in line with nationally agreed policy for disability services whilst at the same time endeavouring to maximise value.

- Over 65% of the resources available are allocated to provide a range of residential services to approximately 8,550 people with a disability.
- A further 20% is targeted at the provision of over 22,272 day places and supports in over 800 locations to over 27,000 people.
- The remaining 20% provides:
 - Respite Care Services to just over 6,500 people,
 - 4.7 million Personal Assistant and Home Support hours to 10,629 people,
 - Therapeutic Supports provided by 1,424 multi-disciplinary clinicians and other community services and supports.

Yours sincerely



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