



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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31<sup>st</sup> July 2020

Deputy David Cullinane,  
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Dublin 2.  
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Dear Deputy Cullinane,

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 19979/20**

*To ask the Minister for Health the estimated cost of increasing funding for respite care by 10%.*

**PQ 19980/20**

*To ask the Minister for Health the position regarding waiting lists for respite care; the estimated cost to clear the backlog; the estimated cost of delivering required in the home hours; the number of hours required; the estimated cost of delivering required overnight care; the number of hours required; and if he will make a statement on the matter.*

**HSE Response**

**Respite Services**

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.

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.

Please see Table below which outlines the number of overnight respite hours and day only sessions accessed by around 6,000 children and adults with a disability to end of 2019.

**No of day only respite sessions**

No. of overnights (with or without day respite) accessed by people with a disability		accessed by people with a disability	
<b>National Total</b>	<b>158,441</b>		<b>35,861</b>
<i>CHO 1</i>	6,040		6,887
<i>CHO 2</i>	36,484		6,491
<i>CHO 3</i>	14,598		6,246
<i>CHO 4</i>	21,780		2,827
<i>CHO 5</i>	11,688		3,021
<i>CHO 6</i>	12,019		3,095
<i>CHO 7</i>	22,489		2,378
<i>CHO 8</i>	19,033		1,290
<i>CHO 9</i>	14,310		3,626

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.

### Waiting List for Respite Services

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.

### 2020 Developments

The need for increased respite facilities is acknowledged and the HSE continues to work with agencies to explore various ways of responding to this need. Prior to the public health emergency with regard to COVID-19 and in accordance with the National Service Plan 2020, the HSE was committed to provide 33,712 day only respite sessions and 166,183 nights (with or without day respite) to people with disabilities in 2020. In addition, the HSE will provide 144 intensive transitional support packages for children and young people with complex / high support needs, which will include planned residential respite interventions and access to planned extended day / weekend and summer day based activities.

## Cost of increasing respite care service provision

The manner in which funding is allocated/distributed allows for a distinction between broad categories of funding such as services for older people, primary care and disabilities in general. Disability services are provided based on the needs of an individual rather than by the actual type of disability or service required. Funding allocated to respite services is not routinely collated and aggregated into a statistical profile, however, 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. This resulted in an additional 6,455 bed nights delivered to 763 people.

Alternative respite in the form of summer camps, evening and Saturday clubs were also put in 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.

Approximately €54 million was spent on respite services in 2018, providing around 160,000 overnight respite and 36,000 day only respite sessions to 6,500 people with a disability. To increase this level of service provision by 10% would cost approximately €5.5million. However, it should be noted that this was prior to the onset of the COVID-19 pandemic; the HSE, in conjunction with Service Providers are currently working on service resumption plans and will have more information in respect of revised costs when that process is complete.

## Roadmap for Reopening

In relation to Respite Services specifically, we know that a number of Respite Centres continued to operate during the pandemic, albeit at a reduced capacity; while others were temporarily re-purposed as isolation facilities.

Processes are underway in order to plan for the reintroduction of non-Covid services. In that regard the HSE has now developed a number of important guidance documents to assist disability services. These are now available on the website below and are as follows:

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/>

1. Framework for Resumption of Adult Day Services;
2. Reshaping Disability Services From 2020 & Beyond

The above web-link also contains a range of guidance material that was developed to support people with disabilities, families and staff including:

- Alternative Models of Care (Non-Residential)
- Frequently Asked Questions for People with Disabilities and Carers.
- Streamlined Health Passport for people with disabilities who are admitted to hospital
- Guidance on Use of PPE in Disability Services
- Guidance for supporting adults in a community residence/at home
- Guidance of supporting children in a community residence/at home
- Support coordination in a pandemic; practical checklist to avoid stressors for service users

The FAQ, in particular, explains the pathway for supports for family carers and includes dedicated guidance and advice on a range of issues relating to COVID-19 together with a list of local and national helpline numbers.

The HSE and disability representative bodies recognise that people with disabilities want their services resumed as quickly as possible. However, it may not be possible to restore services in exactly the same way as they operated previously, because of the unpredictable nature of COVID-19 and the need to continue to protect people from infection risk. As services resume, providers are making changes to ensure social distancing. For the time being, this will have an inevitable impact on service capacity. There is also a requirement to ensure strict infection prevention and control measures across services. Where possible, services are working to continue to utilise innovative measures such as tele-health or providing consultations on phone or on video calls, where possible. We are also mindful that any return to services is planned and managed in a manner that is safe for people with disabilities, their families and staff.

It is important to note that the all guidance is interim and subject to change in line with the overall management of the Covid-19 pandemic and in accordance with contemporary Public Health Guidance.

CHOs and S38/39 agencies continue to work together at a regional level in order to plan and co-ordinate efforts.

The HSE continues to plan the re-establishment of vital non-covid supports and services including Respite Services. This includes very careful and detailed work on the part of the Disability Sector with national guidance and will result in directing how all funded agencies can deliver services on a medium to long-term basis. Plans have to comply with guidance as set out by the National Public Health Emergency Team as well as Public Health specialists in the HSE. In this context, further guidance specifically on the provision of Respite Services is currently being prepared and will shortly be posted to the web-link above.

In addition, the Disability Sector is re-establishing a number of structures including the National Consultative Forum as well as other operational structures that will co-ordinate and support the sector as we continue to navigate this pandemic and make every effort to deliver supports and services in line with Public Health Guidance.

### **HSE led Summer Programme (Covid-19 measures) for Children with Significant Complex Needs**

The HSE and its children's disability service providers will aim to provide a summer programme in each community healthcare network in collaboration with Disability funded organisations and the Education sector. Notably, the Department of Education has worked with the health sector on the basis of a voluntary temporary reassignment scheme to facilitate Special Needs Assistants (SNAs)

The programme seeks to deliver activities over a 6 week period;

- Provision of short respite breaks for children with complex needs and their families
- Facilitate children with complex needs to begin the transition from their homes to re-engaging with their communities and schools
- Provide safe opportunities for children with complex needs to engage with their peers

Staff in children's disability services will provide direction and support for SNAs to deliver the programme. The input of these teams will ensure that the activities are tailored to the needs of the children. As of 03 July 2020, 425 SNAs have volunteered to participate in the HSE led summer programme. It is important to note that the programme will conclude before end August in order to ensure SNAs have had an opportunity to have a break and in advance of resumption of school based education commencement. Please note also that the number of SNAs may rise as contacts are being made on a continuous basis.

Yours sincerely,



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

## Community Operations



Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service