



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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21st September 2021

Deputy David Cullinane,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: david.cullinane@oireachtas.ie

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 41743/21

To ask the Minister for Health the estimated cost of doubling existing respite hours; and the number of hours or days and nights that this would provide.

PQ 41746/21

To ask the Minister for Health the estimated cost of an additional respite hour, day and night, respectively.

PQ 41747/21

To ask the Minister for Health the estimated capital cost of an additional respite house; the estimated cost of running it and the staffing requirements; and the number of hours or days and nights that an additional house would provide.

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 and their family or carer, 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 and the impact the absence of respite service provision can have on other services being delivered.

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.

In 2020, funding allocated to respite services amounted to approximately €70 million and represents about 3% of total funding. 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.

However, it should be noted that this was prior to the onset of the COVID-19 pandemic. The delivery of Respite Services continued to operate during the pandemic, albeit at a reduced capacity; some centres remained open, while others were temporarily re-purposed as isolation facilities. Respite provision operated at 40 to 60 percent occupancy levels due to necessary precautions to maintain physical distancing and to adhere to infection prevention and control requirements.

With the Government's announcement regarding “Reframing the Challenge” on August 31st, the HSE, in conjunction with Service Providers, is currently working on fully restoring respite services.

As the respite service provided is based on each individual's (child or adult) specific requirements, care needs and unique circumstances, combined with the various models of respite care provided, it is difficult to give the estimated cost of providing one hour/day/night of traditional respite for a child or adult.

With regard to an additional respite house, the HSE estimates that it would cost approximately €600,000 in annual revenue funding to develop a planned Respite Service, which would support approximately 50 individuals and provide approximately 500-600 bed nights in a full year. Please note that additional once-off capital funding would be necessary to purchase/construct/refurbish/equip a suitable premises.

It is also important to note the recent publication of the Department of Health's “Disability Capacity Review to 2032 -A Review of Disability Social Care Demand and Capacity Requirements up to 2032”. The Capacity Review provides detailed evidence of the extent of demographic and unmet need and provides detailed estimates of service and expenditure requirements for:

- residential care
- adult day services
- personal assistance and home support
- multidisciplinary therapies
- respite, and other community services and supports.

The Capacity Review emphasises the importance of a planned approach to meeting current and future requirements and the critical need for a multi-annual current and capital funding programme to secure effective and timely delivery, at the most reasonable cost. The HSE strongly welcomes this recommendation and agrees that detailed forward planning underpinned by multi-annual investment is required to ensure that services become available where and when they are needed.

Yours sincerely,



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