



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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

Office of the Head of Operations,
Disability Services/Community Operations,
31-33 Catherine Street, Limerick.

T: 00353 (0) 61 483369

Suíomh Gréasáin/Website: <http://www.hse.ie>

29th September 2021

Deputy David Stanton,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: david.stanton@oireachtas.ie

Dear Deputy Stanton,

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 45066/21

To ask the Minister for Health the current situation with respect to respite care services; 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 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 is acutely aware of the impact the absence of respite service provision can have on family life.

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.

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.

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. The number of respite overnights operated at just over 50% of the NSP target for 2020; while the number of day only sessions operated at 62% of 2020 target. This was mainly due to necessary precautions to maintain physical distancing and to adhere to infection prevention and control requirements. Throughout the pandemic, staff and resources associated with closed or curtailed services were redeployed where possible to support residential provision and to provide for targeted in-home, community and tele-/online supports for service users and families based on prioritised needs.

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. The funding provided for the equivalent of 12 new houses, 1 in each CHO, and 3 in the Greater Dublin area together with the development of alternative models of respite such as summer camps, evening and Saturday clubs.

In-home Supports

In addition, the HSE committed to provide 144 intensive transitional support packages for children and young people with complex / high support needs, to include planned residential respite interventions and access to planned extended day / weekend and summer day based activities. However, at end of December 2020, a total of 857 intensive home support packages were developed across the 9 CHOs. The significant increase on the NSP target is indicative of the requirement for additional in-home services to compensate for the reduction in the delivery of traditional respite services. Children with special needs also benefitted from traditional Home Support Services, the provision of which remained steady during 2020.

2021 Developments

The need for increased respite facilities for people with disabilities is acknowledged and the HSE continues to work with agencies to explore various ways of responding to this need. In accordance with the National Service Plan 2021, the HSE will provide nine additional centre-based respite services, providing some 10,400 additional respite nights along with a range of alternative respite projects including Saturday clubs, breakaway schemes, and summer schemes. In addition, the HSE will provide 214 intensive respite support packages to children and young adults.

In addition, to address the growing requirement for respite services, the current estimates process is proposing €10million in investment and targeted alternative models of respite provision such as extended days, weekends, in-home and overnight respite (away from home).

Yours sincerely,



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



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service