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10<sup>th</sup> March 2022

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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 question, which was submitted to this department for response.

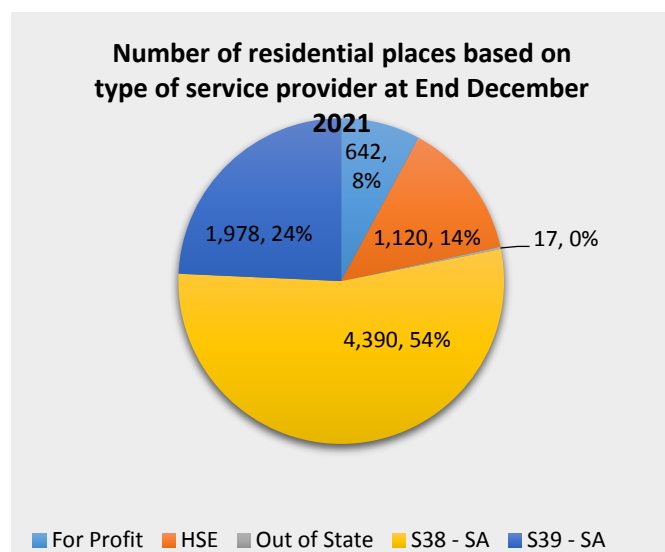
#### **PQ 10681/22**

*To ask the Minister for Health the number of persons with disabilities who are waiting for a placement in full time residential placements or settings by county, by CHO and by wait times.*

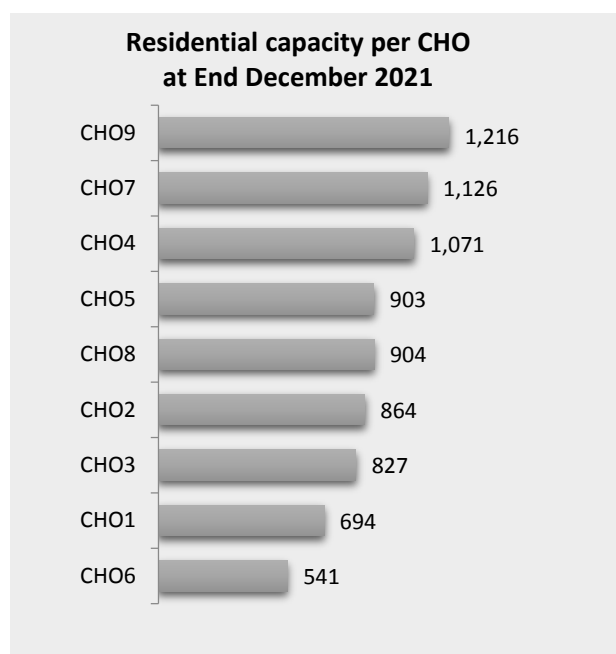
#### **HSE Response**

Residential services make up the largest part of the Disability funding disbursed by the HSE – over 60% of the total budget of €2.2 billion in 2021.

Approximately 90 service providers provide residential services to over 8,000 individuals throughout the country. The bulk of these are provided by the 50 highest funded agencies (comprising both Section 38 & Section 39 organisations) – some 6,368 places, or 78%. The HSE itself provides 1,120 or 14% of the places. While 642 places or 8% are provided by Private-for-Profit agencies.



The HSE developed a Residential Capacity Database to capture the number of residential placements / contract capacity per the service arrangement between the nine CHO area and the service provider agencies. The end of year position indicates that there were 8,146 residential places for people with a disability in December 2021, which is 0.2% (16) more than the 8,130 profiled target in NSP 2021. A number of new emergency residential places have been added to the residential base, which results in a capacity increase. However, it should also be noted that Residential Capacity will also reduce during the year as a result of the loss of places in congregated settings due to RIPs, which could not be re-utilised. This is in keeping with Government policy, which is to move away from institutionalised settings (i.e. Time to Move On from Congregate Settings) where the state is actively implementing a policy that will have a bed reduction impact. In addition, “in-year” capacity (bed) levels will also be impacted negatively as a result of regulatory requirements; that is, where an inspection outcome leads to capacity being reduced.



HSE Disability Services has introduced a system called the Disability Support Application Management Tool (DSMAT), which enables Community Healthcare Organisation (CHO) areas to record and manage requests for support and to ensure that the application process is equitable and transparent.

The DSMAT provides a consistent listing process for each CHO Area by presenting a detailed profile of the individuals (Adults & Children) who require funded supports outside of the current service quantum.

It captures detailed information on home and family circumstances and a detailed presentation profile of the individuals, including specialised profiles of behavioural intensity, key diagnoses, and complex support needs due to the extent and intensity of intellectual and/or physical & sensory disability. It is important to note that in the absence of a statutory, legislative framework providing entitlement to services, the DSMAT is not a chronological waiting list. Rather, it is a support to the CHO area to feed into its decision making process around prioritisation of services subject to budgetary constraints. This means that services are allocated on the basis of greatest presenting need and associated risk factors.

The demand for full-time residential placements within designated centres is extremely high, and is reflective of the absence of multi-year development funding that has not been in place since 2007/2008.



As of July 2021, there are 1158 Residential Placements applications, of which 79 applications (6.8%) are for children's residential, with the remainder for Adults.

Please see summary table below **as of July 2021** extract. The figures provided represent a "point in time" analysis and may not include applications received in to the CHO but not yet processed onto the DSMAT tool.

Total Applicants	2019	2020	2021
New Residential Service	776	1033	1158

Of which:

	2019	2020	2021
Emergency Residential Need	255	329	348

It should be noted that DSMAT is not a chronological waiting list. The allocation of service is made on the basis of presenting need and/or associated risk factors. Each CHO continues to actively manage applications for support from service users with high levels of acuity/ safeguarding risks, through lower-cost non-residential interventions such as in-home and Residential Respite, active case-management and inter-agency cooperation.

### **Emergency Residential Placements**

In previous years, funding has been allocated in the National Service Plan to provide for additional new emergency residential placements, as follows:

- The HSE responded to 474 "emergency places/cases" between 2014 and 2016.
- NSP 2017 made provision for 185 new emergency residential placements and new home support and in-home respite for 210 additional people who required emergency supports.
- NSP 2018 allocated funding for a further 130 new emergency places together with 255 new home support/in home respite supports for emergency cases.
- NSP 2019 provided for a €15m investment (90 Emergency Residential places) in respect of the provision of planned responses under this category.
- NSP 2020 provided for an additional 56 new emergency residential placements and eight appropriate residential places for people currently living in respite care as an emergency response to their needs, while also freeing up the vacated respite accommodation for future use – At end of December 2020, a total of 86 new emergency places were developed across the 9 CHOs.
- In accordance with the NSP 2021, the HSE has received funding to provide a total of 102 additional residential places comprising of 44 emergency places, 36 planned residential places, in response to current and demographic need, four adult transfers from Tusla and 18 places to support people with disability under the age of 65 to move from nursing homes to their own home in the community. At end of December 2021, 91 new emergency residential places were developed; a further 16 planned residential places also opened in 2021, while the 4 adult transfers to Tusla also took place. A further 14 people aged under 65 living in nursing homes were supported to move to homes of their choosing in the community, during the year.

Significant numbers of new emergency residential places have been added to the residential base over the last number of year, which results in a capacity increase. However, it should also be noted that Residential Capacity has also reduced over the years as a result of the loss of places in congregated settings due to RIPS and transfers to other more appropriate settings, which could not be



re-utilised. This is in keeping with Government policy, which is to move away from institutionalised settings (i.e. Time to Move On from Congregate Settings) where the state is actively implementing a policy that will have a bed reduction impact. In addition, “in-year” capacity (bed) levels will also be impacted negatively as a result of regulatory requirements; that is, where a HIQA inspection outcome leads to capacity being reduced.

A significant underlying challenge relates to the latent unmet need for residential and respite care, which exists in our services as a result of the absence of multi-annual investment during the economic downturn. As a result of this we are now experiencing a high annual demand for emergency residential places to respond to the most urgent cases on our waiting list.

### **Disability Capacity Review**

The HSE broadly welcomes the commitment in the Programme for Government to increase capacity across all aspects of care and to continue investment in healthcare infrastructure and equipment, together with the recommendations of the Capacity Review, in line with Project Ireland 2040.

The HSE has worked collaboratively with the Government in undertaking a Capacity Review of the Disability Sector to provide the framework within which services could develop over the coming decade. The Review accepts that significant investment across all health services over the coming 15-year period is required in tandem with a fundamental programme of reform.

In accordance with the HSE Corporate Plan 2021-2024, the HSE will develop and implement a multi-annual funded plan for the reform of the Disability sector in line with the UN Convention, and in collaboration with government departments and agencies and disability services stakeholders.

This will mean increased services to meet demographic needs identified in the Disability Capacity Review in the context of sector reform, focusing on:

- Significant increases in Personal Assistant and Home Support hours.
- Increased and improved day services and the implementation of a refreshed and responsive New Directions policy, seeking to ensure access to appropriate and innovative developmental services and social activities.
- More appropriate residential services with a focus on community-based and supported housing options.
- Expanding centre-based and alternative respite services (e.g. home-sharing and summer camps).
- Increasing therapy services with a particular focus on multi-disciplinary needs assessment and early intervention.
- Developing the structures to enable service users to become active participants in their care and support, not only through the use of personalised budgets but also in the co-design of their services.
- Providing more people with disabilities who are currently living in congregated settings with more person-centred homes in the community.

### **Developments in 2022**

In accordance with the National Service Plan 2022, the key priority areas in relation to Residential Services for people with disabilities and their families are:

- Provide a range of residential supports creating 106 additional places in response to current and demographic need through investment in 50 places responding to priority needs, 36 planned residential places, 10 supported living places and 10 intensive home support packages to support transitions and discharges from acute services and the National Rehabilitation Hospital;
- Provide 12 residential packages to support young adults ageing out of Tusla services;



- Commence a demonstration project in Community Healthcare West to develop planned access to residential services.

Yours sincerely

*Bernard O'Regan*

**Bernard O'Regan**  
**Head of Operations - Disability Services,**  
**Community Operations**