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Deputy Róisín Shortall,  
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Dear Deputy Shortall,

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 8060/22**

*To ask the Minister for Health the basis upon which eligibility for personal assistant support for a disabled person is determined; the current statutory basis for this eligibility; if a person requires a medical card or must satisfy a means test in order to qualify for personal assistant support; the eligibility criteria that applies in relation to whether or not the person is cohabiting with another person; and if he will generally set out any qualifying rules that apply.*

#### **HSE Response**

The Personal Assistant service in Ireland is over 25 years old and was pioneered by the Centre for Independent Living as the EU – funded research programme INCARE. However, the independent living movement was active in the United States of America in the 1960s and 1970s with the first well known Centre for Independent Living (CIL) established at Berkeley at Boston University in 1972. The Personal Assistant service involves the employment of personal assistants (PAs) by people with physical disabilities to enable them to live as independent a life as possible.

The HSE provides a range of assisted living services including Home Support and Personal Assistant services to support individuals to maximise their capacity to live full and independent lives. Home Support services are provided under Section 61 of the 1970 Health Act which states that “a health board may make arrangements to assist in the maintenance at home of a sick or infirm person or a dependant of such a person.” The Act specifies “may” and therefore the provision of Home Support Services is discretionary.

In June 1992 the Minister for Health established a Review Group on Health and Personal Social Services for People with Physical and Sensory Disability to examine the existing provision of health care to people with physical or sensory disabilities and to consider how they should be developed to meet more effectively their needs. The report of the Review Group, *Towards an Independent Future*, was presented to the Minister in December 1996 and contained 92 recommendations around the development of services to facilitate people with a physical or sensory disability living as independently as possible in the community. The Report identified three different levels of personal assistance from a person with a disability being the employer, to assistance being given for specific tasks to other forms of assistance primarily to offer respite to the carer.

Great significance was attached by the Group to integrating services for people with disabilities into mainstream services, where possible and it was recommended that priority be assigned to the provision of more day care, respite care, nursing and therapy services, personal assistants and residential



accommodation. While the resources for the provision of assisted living services available are substantial they are finite.

The role of a Personal Assistant (PA) is to assist a person with a disability to maximise their independence through supporting them to live in integrated settings and to access community facilities. The PA works on a one to one basis, in the home and/or in the community, with a person with a physical or sensory disability. A vital element of this personalised support is the full involvement of the individual (service user) in planning and agreeing the type and the times when support is provided to them, supporting independent living must enhance the person's control over their own life. Article 19 of the UN Convention states that people with a disability should live where they wish and with whom they wish. That they should enjoy a range of community support services including personal assistance. That they should enjoy community life and its opportunities on an equal basis to people without a disability and they should not be subject to isolation or segregation.

### **Access to PA Services**

Services are accessed through an application process or through referrals from public health nurses or other community based staff. Individual's needs are evaluated against the criteria for prioritisation for the particular services and then decisions are made in relation to the allocation of resources. Resource allocation is determined by the needs of the individual, compliance with prioritisation criteria, and the level of resources available. As with every service there is not a limitless resource available for the provision of PA services and while the resources available are substantial they are finite. In this context, services are subject to an assessment and the number of hours granted is determined by the available resources and other support services already provided to the person/family.

In the normal course of service delivery, there will be ongoing reviews throughout the year to ensure that if needs change the service provided will address this change within available resources. An individual's PA hours may be adjusted following a service review where service demand can result in one individual's service being reduced in order to address priority needs of other people with disabilities within that community.

At present each Community Healthcare Area (CHO) has a process to manage application and referral for PA Services. In general, services are accessed through an application process or through referrals from public health nurses or other community based staff, although an individual may also contact the CHO Area personally. Individuals' needs are evaluated against the criteria for prioritisation for the particular services and decisions are made in relation to the allocation of resources. Resource allocation is determined by the needs of the individual, compliance with prioritisation criteria, and the level of resources available.

The HSE has introduced a Disability Supports Application Management Tool (DSMAT), which is used by a number of CHO Areas to govern the application and referral process for people awaiting services including personal assistant services. The DSMAT provides governance procedures, and has a process in place for the escalation, acceptance and sign off of business cases. The HSE is encouraging all CHO Areas to adopt the DSMAT tool.

The HSE acknowledges the valuable role of PA Services in supporting the person with a disability to realise the entitlements set out in Article 19 of the UN Convention on the Rights of Persons with Disabilities (UNCPRD). As Ireland has now ratified the UN Convention, it will be necessary to have a policy on the provision of PA services with an agreed definition, criteria for accessing the service, assessment process and an indication of the level of support that can be provided.

The HSE will develop a protocol for the eligibility and allocation of personal assistant services based on a universally agreed definition, in collaboration with DCEDIY, people with disabilities and service providers.

The HSE is committed to protecting the level of Personal Assistant (PA) and Home Support Services available to persons with disabilities. The table below provides data for PA & Home Support Services delivered to people with a disability from 2014 - 2020. The HSE has consistently, year on year, increased the number of hours of PA and Home Support Services delivered to people with a disability.



### Figures for PA and Home Support Services Delivered to People with a Disability 2014-2020

	2014	2015	2016	2017	2018	2019	2020
PA Services – Number of Hours	1,335,759	1,482,492	1,510,116	1,516,727	1,639,481	1,652,030	1,781,310
PA Services –No. People availing of service	2,224	2,369	2,427	2,470	2,535	2,551	2,673
Home Support – Number of Hours	2,614,967	2,777,569	2,928,914	2,930,000	3,138,939	3,036,182	2,939,541
Home Support – No. People availing of service	7,312	7,219	7,323	7,492	7,522	7,321	6,792

### COVID-19 Public Health Emergency

Prior to COVID-19, the HSE was committed to protecting the level of Personal Assistant (PA) and Home Support Services available to persons with disabilities. In the 2020 National Service Plan, the HSE's priority was continue to deliver high quality PA and Home Support to approximately 10,000 people with disabilities including 1.67 million PA hours and 3.08 million Home Support hours.

In preparing for and responding to COVID-19 and to fully align with Public Health guidance as recommended via the NPHE, the HSE and its partner service providers put in place a range of measures, which included the prioritisation of vital Residential and Home Support/PA services whilst curtailing or closing certain services such as day services, respite services, and certain clinical & therapeutic supports.

The number of people in receipt of PA and Home Support services remained steady throughout the pandemic. The number of PA hours exceeded the NSP 2020 target by 6.7%, despite the COVID-19 pandemic, mainly as a result of additional PA hours being provided in lieu of other services.

During 2021, the HSE's priority was to continue to deliver high quality PA and Home Support Services to 10,000 people with disabilities including 1.74 million PA hours and over 3 million Home Support Hours. This includes the allocation of an additional 40,000 PA hours in accordance with the NSP 2021.

### New Developments for 2022

In accordance with the National Service Plan 2022, the HSE will deliver 120,000 additional hours of personal assistant supports and 30,000 additional hours of home supports to expand and enhance supports for people to live self-directed lives in their own

Yours sincerely



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