



**Oifig an Cheannaire Oibríochtaí,**  
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,  
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Deputy Catherine Murphy  
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Leinster House,  
Kildare Street,  
Dublin 2.  
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Dear Deputy Murphy,

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 63105/21**

*To ask the Minister for Health the number of persons awaiting respite care by CHO area by the length of time they are waiting for same in tabular form showing the number of patients awaiting an allocation of actual respite care in increments of six months; 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 the impact the absence of respite service provision can have on other services being delivered.

With regard to respite provision, 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 Service Providers with a view to responding to the level of presenting needs within the resources available.

#### **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 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. 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.

In 2021, the restoration and continuity of Respite Services is underway in a safe way and while services are now operational in all areas, there is reduced capacity due to necessary infection prevention and control requirements.

Regarding the number of respite services which are currently closed, the HSE is aware that some centres are temporarily closed in some areas due to issues including the recent increase in COVID-19 case numbers and challenges in the recruitment and retention of staff. However, in the event of closure or curtailment of a respite service, the local CHO Areas and Service Providers will endeavour to ensure that alternative approaches to facilitate the individuals and families affected are put in place. This might include Saturday clubs, outreach supports or an alternate appropriate environment to deliver an overnight model of respite service.

However, in general, the HSE has exceeded the target for respite provision in the community with the number of respite overnights operated so far at 66,894, 4.5% ahead of the NSP target for 2021, for the first three quarters of the year. Full year figures will be available in early March.

## **2021 Developments**

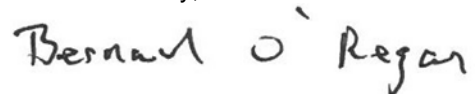
The need for increased respite facilities is acknowledged and the HSE continues to work with agencies to explore various ways of responding to this need. In accordance with the National Service Plan 2021, the HSE will provide nine additional centre-based respite services, providing some 10,400 additional 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.



The HSE and disability service providers recognise the critical need and importance of disability supports for people and their families. This includes respite care provision. The impact of COVID-19 on people's lives has and continues to be very significant. Our collective aim is to restore services and ensure continuity of services in a safe way and in line with the very significant investment made by the State and funded agencies.

In this context, we welcome the recent announcements from the Government of additional funding for Disability Services for 2022. The specific breakdown of this investment will be discussed as part of the normal service planning process and will be detailed in the National Service Plan. However, the HSE anticipates that significant funding will be allocated for the development of additional Respite Services.

Yours sincerely,

A handwritten signature in black ink that reads "Bernard O'Regan". The signature is written in a cursive style with a clear, legible font.

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