



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

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6<sup>th</sup> December 2022

Deputy David Cullinane,  
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Kildare Street,  
Dublin 2.  
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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: 57783/22**

*To ask the Minister for Health the number of persons on disability service waiting lists for each service type, excluding children's disability network teams for October 2022, in tabular form; and if he will make a statement on the matter.*

**HSE Response**

In 2022, Disability Services has been allocated c. €2.3 billion to provide a range of services throughout the country and is spent in line with nationally agreed policy for disability services, whilst at the same time endeavouring to maximise value.

The HSE funds a range of community services and supports to enable each individual with a disability to achieve his or her full potential and maximise independence, including living as independently as possible. Services are provided in a variety of community and residential settings in partnership with service users, their families and carers and a range of statutory, non-statutory, voluntary and community groups. Services are provided either directly by the HSE or through a range of voluntary service providers. Voluntary agencies provide the majority of services in partnership with and on behalf of the Health Service Executive.

Services provided include Residential, Respite, Day Services and Rehabilitative Training, Assisted Living Services (PA and Home Support), and Children's Disability Services.

While there is no centrally maintained waiting list for these services, the local HSE CHO areas would be aware of the need and requirements in their respective areas and would work with the local Service Providers with a view to responding to the level of presenting needs within the resources available.

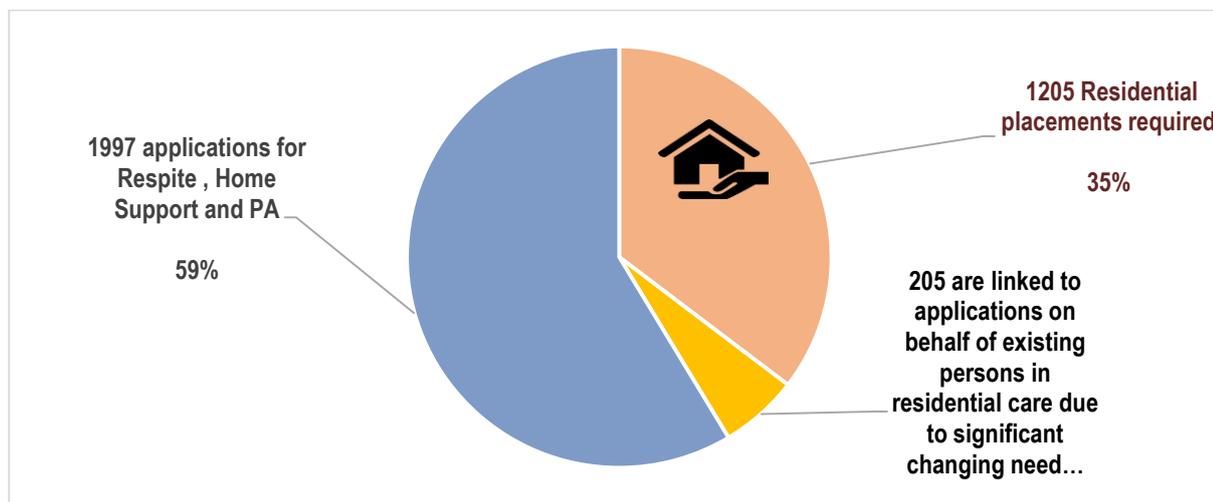
The HSE Disability Services has introduced a system called the Disability Support Application Management Tool (DSMAT), which enables Community Healthcare Organisation (CHO) areas to record and manage requests for support and to ensure that the application process is equitable and transparent. The DSMAT 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 graph below illustrates demand profile, outside of current service quantum, for new Residential Services and for non-residential services, such as PA, Home Support and Respite Services.



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 December 2022, there are 1,205 Residential Placements applications, of which 315 are classified as emergencies.

Non-Residential Services demand accounts for 1,997 applications. Please note that Non-Residential comprises demand for either Respite, Personal Assistance (P.A.) or Home Support Hours. Frequently, the required service response may be a mixture of support hour and centre-based respite.

Finally, 205 applications are linked to applications on behalf of existing persons in residential services in which there is significant changing need due to ageing, mental health, behavioural presentation etc, and there is a required need for additional funded supports on a recurring basis within the designated centres. Such requirement for additional resource is also frequently an outcome of regulatory escalation by the HIQA Disability Inspectorate.

It is important to note that the DSMAT figures illustrated above do not represent a chronological waiting list, but rather an indicator of need.

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.

Yours Sincerely,

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

