



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

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

T: 00353 (0) 61 483369

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

9^h September 2022

Deputy Sean Canney,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: sean.canney@oireachtas.ie

Dear Deputy Canney,

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 41974/22

To ask the Minister for Health if he will provide support to families for the provision of respite in private settings in cases in which no respite service is available through the HSE; 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. Respite care provided is dependent on what inputs are required to meet the assessed needs of the individual, the environment and other available supports that may be available to that person.

In Disability Services, 80% of all service provision including respite services is through non-statutory service providers. Our relationship and engagement with these Providers, including Private Providers, is through the HSE's Governance Framework and the Service Arrangements Process.

The HSE strives to meet all respite care needs and as a result private providers are engaged to deliver services through this Governance Framework.

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.

In 2021, while services were operational in all areas, there was reduced capacity due to the ongoing pandemic and necessary infection prevention and control requirements. Nevertheless, the number of respite overnights operated at 94,606, 10.9% ahead of the target for the year of 85,336, which is reflective of the easing of restrictions during the second half of 2021. The number of day only sessions operated at 16,306, -22.2% below the target of 20,958 for 2021. This was mainly due to necessary precautions to maintain physical distancing and to adhere to infection prevention and control, as would be the case in day service provision. A further reason for the reduced number would have been the shift toward alternative forms of respite (i.e. preference for in-home supports). In addition, Day Respite typically accommodates larger groups than overnight respite and often takes place in a day centre in the evening and on Saturdays (especially for children), therefore, the effect of covid measures and physical distancing has significantly reduced capacity, particularly where services are working to the same staffing.

In 2022, up to end of quarter 2, the number of respite overnights (60,024) is 29.7% ahead of the target for the year of 92,552 which is reflective of the easing of restrictions in 2022. The number of day only sessions (11,622) is also ahead of the target of 11,245 for Quarter 2, 2022.

New 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 is endeavouring to 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. Most of these are already in place and the remainder will be in place by third quarter of 2022.

In accordance with the NSP 2022, the key priority areas in relation to Respite Services for people with disabilities and their families are:



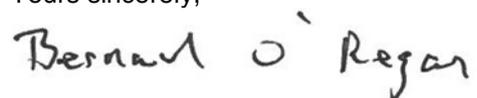
- Establish three additional specialist centre-based services to provide 4,032 nights to 90 children, one to be Prader-Willi appropriate and the other two to provide high-support respite for children and young adults with complex support needs, in addition to seven further respite services which will provide 9,408 nights to 245 children and adults in a full year.
- Provide additional intensive respite support packages to children and young adults.

This is a key priority area for the HSE in relation to Respite Services for people with disabilities and their families and follows on from the significant investment in respite services in 2021.

Each CHO is working to implement these developments, including tendering where necessary, identifying appropriate facilities, recruiting staff and securing registration with HIQA. This work will influence the location and timeframe for the delivery of the ten additional centre-based respite services in all of the nine Community Healthcare Areas.

CHO Areas also put in place a range of alternative respite activities, including Summer Camps, after-school respite services, Saturday Clubs and other community based respite support activities that are designed to meet the needs of children and families, particularly over the Summer Months. This also included family support and in-home respite support.

Yours sincerely,



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