



Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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11th October 2022

Deputy Roisin Shortall,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: roisin.shortall@oireachtas.ie

Dear Deputy Shortall,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary questions, which were submitted to this department for response.

PQ 47563/22

To ask the Minister for Health the number of persons living with a disability who are currently supported by State-funded care packages to live in housing provided by private or for-profit organisations, as opposed to by Section 38/39 organisations.

PQ 47564/22

To ask the Minister for Health the amount spent on housing persons living with a disability in housing provided by private or for-profit organisations, as opposed to by Section 38/39 organisations; and the percentage of the annual residential budget that this equates to.; and if he will make a statement on the matter.

HSE Response

Residential services make up the largest part of the Disability funding disbursed by the HSE – over 60% of the total budget of €2.3 billion in 2022. The table below provides the total spend (outturn) on Residential Services (HSE provided, Voluntary Organisation provided and Private for Profit provided) for 2021. Overall, approximately 90 service providers provide residential services to over 8,000 individuals throughout the country.

Service area	2021 Funding €000
Residential Places	1,312,414

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 August position indicates that there were 8,192 residential places for people with a disability in August 2022.

The bulk of these are provided by Section 38 & Section 39 organisations) – some 6,372 places, or 78%.



The HSE itself provides 1,104 or 13% of the places. While 699 places or 9% are provided by Private-for-Profit agencies.

Currently, the average cost of a placement procured with private providers is approximately €356,000.

67% of the total expenditure in 2021 for all of the new emergency residential placements in 2021, was to Private Providers who provided 61% of the total number of new emergency placements procured.

The HSE acknowledges that demographic challenges associated with the increase in the number of people living with a disability, the increase in age and life expectancy and the changing needs of people with a disability have all led to the need for increased residential facilities. In this regard, the HSE continues to work with agencies to explore various ways of responding to this need in line with the budget available.

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 Support Application Management Tool (DSMAT)

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 2022 - National Aggregation: there are 1,243 Residential Placements required, of which 368 are classified by CHOs as emergency residential.

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.

The DSMAT is used in conjunction with the HSE Framework for the Management of Residential Supports (including Emergency Placements). The Disability Residential Budget is finite, particularly in the absence of multi-annual funding to increase capacity. Therefore, decisions in respect of allocation of residential placements is based on greatest presenting need and potential associated risk/safeguarding etc. and therefore not on the basis of a chronological waiting list.

This framework refers specifically to the management of residential supports and forms an essential structure to guide both resource allocation as well as streamlined decision making regarding the allocation of resources for residential intervention(s) in each CHO areas. The purpose of this framework is to ensure that:



- An equitable, transparent and consistent practice regarding the prioritisation of need of applicants for residential supports is implemented across and within each of the 9 CHO areas.
- Measures are put in place to ensure residential placements and supports are only considered when all other options such as respite and in home supports have been exhausted.
- A robust review and regular monitoring of the current configuration or delivery of services takes place.
- This document should assist in the strategic planning of residential resources.

Yours sincerely,

Bernard O'Regan

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