



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

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1st March 2023

Deputy Matt Carty,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: matt.carty@oireachtas.ie

Dear Deputy Carty,

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: 6871/23

To ask the Minister for Health the reason eligibility criteria in relation to respite care for children with disabilities varies across different regions.

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.

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.

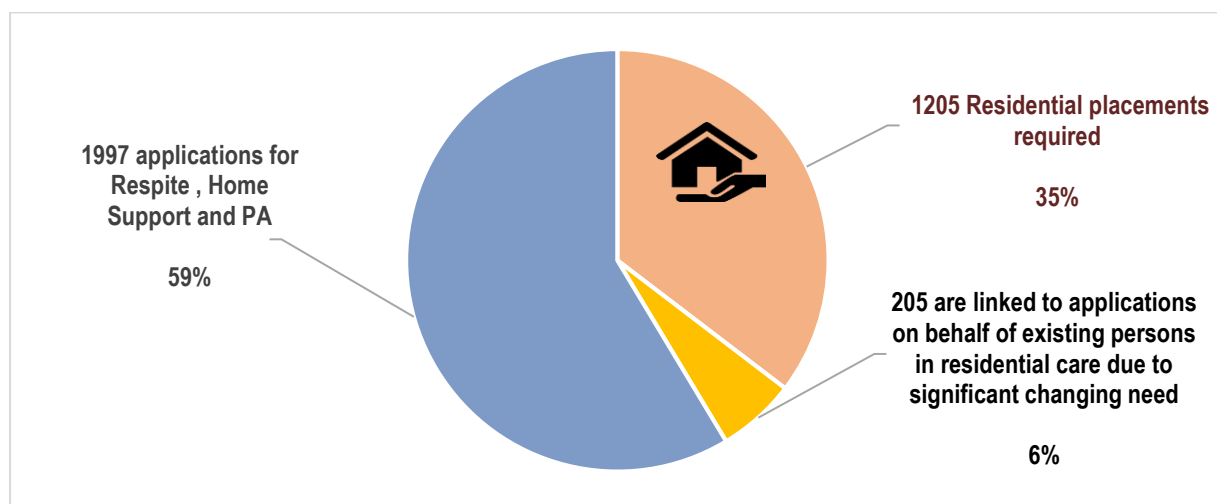
With regard to respite provision, there is no centrally maintained waiting list for respite services, however the local HSE areas are aware of the need and requirements in their areas and work with the local Service Providers with a view to responding to the level of presenting needs within the resources available.

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 pie chart 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.



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.

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.

2022 Respite Developments

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.

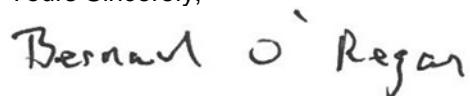
This is a key priority area for the HSE in relation to Respite Services for people with disabilities and their families and follows on from the significant investment in respite services in 2021.

Currently 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.

In addition, 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.

The HSE awaits the publication of the 2023 National Service Plan which will inform any further planned development of respite services.

Yours Sincerely,



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

