



**Oifig an Cheannaire Oibríochtaí,**  
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,  
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27<sup>th</sup> June 2023

Deputy Pauline Tully,  
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Dublin 2.  
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Dear Deputy Tully,

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: 28420/23**

*To ask the Minister for Children; Equality; Disability; Integration and Youth further to Parliamentary Question No. 635 of 9 May 2023, the reason that funding for respite services is not collated by CHO area and is not broken down into respite and residential respite respectively; if applications for non-residential services are disaggregated between personal assistance, home support and respite services; and if he will make a statement on the matter.*

**PQ: 28421/23**

*To ask the Minister for Children; Equality; Disability; Integration and Youth further to Parliamentary Question No. 1596 of 26 April 2022, the reason that funding for respite services is not routinely collated and aggregated into a statistical profile; and if he will make a statement on the matter.*

**PQ: 28422/23**

*To ask the Minister for Children; Equality; Disability; Integration and Youth further to Parliamentary Question No. 133 of 16 February 2023, the reason that there is no centrally maintained waiting list for respite services; if he has plans to commence the collection and publication of this information; 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 table below provides information on the funding for respite services over the last 5 years:

<b>Respite</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Funding for Respite Service Provision as per National Service Plan across disability services	€53,595,000	€56,212,000	€70,677,000	€87,423, 000	€96,465,000

Funding for respite services is not collated by CHO area and is not broken down into respite and residential respite respectively.

Community Healthcare Areas allocate funding to agencies for the provision of services. In addition to other services, many organisations may offer residential respite, non residential respite and alternative respite services. Service Users may avail of residential and non residential respite services. It is not possible to disaggregate the funding between residential respite and non residential respite services.

### **Disability Support Application Management Tool (DSMAT)**

While there is no centrally collated information on applications for respite and residential respite services, the HSE Disability Services has introduced a system called the Disability Support Application Management Tool (DSMAT), which provides a list and detailed profiles of people (Adults & Children) who need additional funded supports in each CHO.

DSMAT captures detailed information on home and family circumstances and a detailed presentation profile of the individuals. This enables Community Healthcare Organisation (CHO) areas to record and manage requests for support and to ensure that the application process is equitable and transparent.

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 areas 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.

Applications for services entered into the DSMAT tool by CHO areas are primarily categorised as Residential or Non-Residential. In this regard, the breakdown of Non-Residential requests (which may include Respite, Home Support Hours, Personal Assistance or combinations thereof) for the past number of years is as follows:

	<b>MID-YEAR 2023</b>	<b>MID-YEAR 2022</b>	<b>MID-YEAR 2021</b>	<b>MID-YEAR 2020</b>
<i>NON-RESIDENTIAL SERVICES</i>	2492	2142	1903	1619

Entries are then given a priority designation by the CHO area or either “Emergency” (P1), “Contingency” (P2) or “Future Needs” (P3). In this regard, the 2023 midyear national aggregation of CHO DSMATs for non-residential is as follows:

- Non- Residential Priority 1: 402
- Non- Residential Priority 2: 367
- Non- Residential Priority 3: 1723

Applications for non-residential service can include elements of some or all of services available and is not always stated explicitly which specific non-residential services are being requested/required given that at any point of time an individual’s record may be at different stages of local CHO-level case management practices. This is particularly the case for those entries designated as P3.



Notwithstanding the foregoing, we can extract those records where a specific non-residential service request has been entered at the point in time at which the national data aggregation has occurred.

	<b>Priority 1</b>	<b>Priority 2</b>	<b>Priority 3</b>	<b>Total</b>
<b>Respite</b>	126	91	312	<b>529</b>
<b>Home Support Hrs</b>	186	113	308	<b>607</b>
<b>P.A.</b>	160	80	128	<b>368</b>

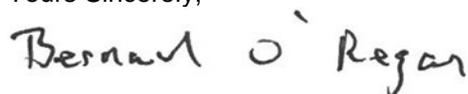
### **Increased investment in Respite Service**

There has been increased investment in Respite Service over the last number of years that includes additional allocation in successive National Service Plans to develop:

The following shows how this increased investment has impacted positively on the level service delivered in successive years:

- **2020 - 87,177 overnights were accessed by people with a disability** (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; while the number of day only sessions operated at 62% of 2020 target. 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.)
- **2021 – 94,606 overnights and 16,306 day only sessions were accessed by people with a disability** (the number of respite overnights operated at 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.)
- **2022 - 131,057 overnights and 28,369 day only sessions were accessed by people with a disability** (the number of respite overnights was 41.6% ahead of the target for the year of 92,555, and which is reflective of the gradual return to pre-pandemic levels of service.) The number of day only sessions (28,369) was also significantly ahead of the target of 22,474 for 2022.
- **2023 (Quarter 1) - 33,233 overnights and 8,853 day only sessions were accessed by people with a disability in Q1** (the number of respite overnights is 2.7% ahead of the target for the year of 32,353 and 20.9% up on activity for same period last year; while the number of day only sessions (8,853) is 44.7% up on the target of 6,118 for Quarter 1, 2023). This shows that the upward trend has continued into 2023.

Yours Sincerely,



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

