



Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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28th March 2023

Deputy Peadar Tóibín,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: peadar.toibin@oireachtas.ie

Dear Deputy Toibin,

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: 13934/23

To ask the Minister for Children; Equality; Disability; Integration and Youth the number of persons with disabilities on waiting lists for residential placements in each county in the State, in tabular form.

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.

Approximately 90 service providers provide residential services to over 8,000 individuals throughout the country. The bulk of these are provided by the 50 highest funded agencies (comprising both Section 38 & Section 39 organisations) – some 6,389 places, or 78%. The HSE itself provides 1,112 or 14% of the places. While 681 places or 8% are provided by Private-for-Profit agencies.

There is no centrally maintained waiting list for residential 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.

Disability Support Application Management Tool (DSMAT)

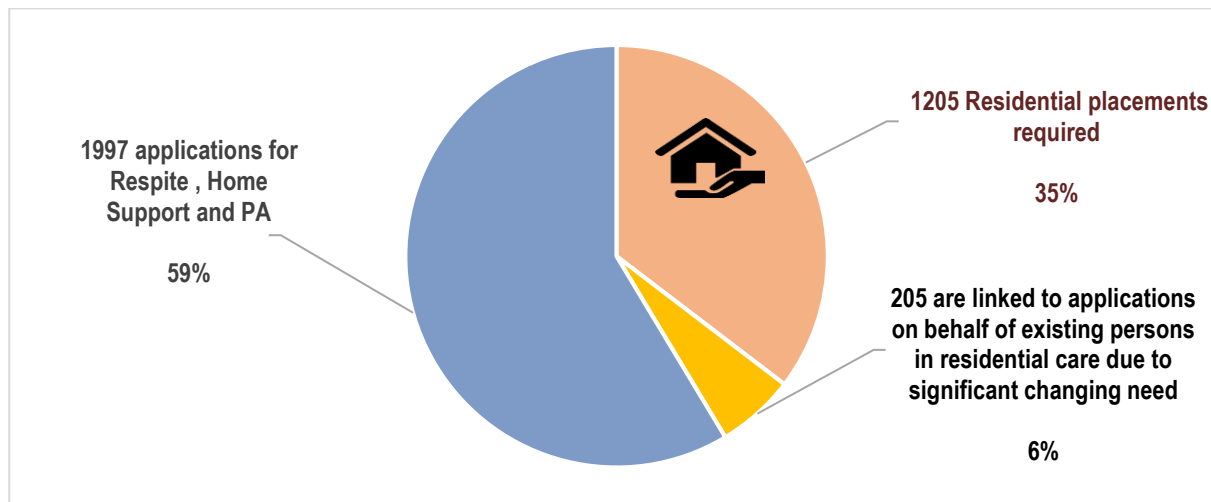
The HSE Disability Services has introduced a system called the Disability Support Application Management Tool (DSMAT), which enables Community Healthcare Organisation (CHO) areas to record and manage requests for support and to ensure that the application process is equitable and transparent. The DSMAT 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 the most recent information available, which is a 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.

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.

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

