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Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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23rd May 2023

Deputy Thomas Gould,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: thomas.gould@oireachtas.ie

Dear Deputy Gould,

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.

21649/23

To ask the Minister for Health the funding given for respite services, by CHO, in each of the past five years, in tabular form.

21650/23

To ask the Minister for Health the funding given for residential respite services by CHO in each of the past five years, in tabular form.

21651/23

To ask the Minister for Health the funding given for the development of new respite services by CHO in each of the past five years, in tabular form.

21652/23

To ask the Minister for Health the number of applications made for respite services by CHO in each of the past five years, in tabular form.

21653/23

To ask the Minister for Health the number of applications made for residential respite services by CHO in each of the past five years, in tabular form.

HSE Response

Respite Services

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.

Please see the Table below which provides details of the respite services accessed by people with a disability in 2022. The delivery of Respite Services continued to operate during the pandemic, albeit at a reduced capacity due to infection prevention and control and physical distancing requirements. Nevertheless, the number of respite overnights (131,057) was 41.6% ahead of the target for the year of 92,555, which is reflective of the easing of restrictions in 2022. The number of day only sessions (28,369) was also significantly ahead of the target of 22,474 for 2022.

CHO	No. of overnights (with or without day respite) accessed by people with a disability	No of day only respite sessions accessed by people with a disability
	2022	2022
National Total	131,057	28,369
CHO 1	6,006	7,486
CHO 2	33,105	4,818
CHO 3	12,879	1,932
CHO 4	13,108	1,476
CHO 5	10,170	4,965
CHO 6	9,754	2,410
CHO 7	16,298	892
CHO 8	16,379	1,357
CHO 9	13,358	3,033

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 includes in-family support and in-home respite support.

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 to 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.

Funding

The table below provides information on the funding for respite services over the last 5 years. Funding is not collated by Community Healthcare Area (CHO) and is not disaggregated/ broken down into respite and residential respite. This includes additional funding allocated for respite services.

Respite	2018	2019	2020	2021	2022
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

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.

Please see tables below - National Aggregation for 2019 to 2022. (DSMAT was not in operation in 2018)

The figures below represent a "point in time" analysis and may not include applications received in to the CHO but not yet processed onto the DSMAT tool.

Non Residential Services

Total Applicants Personal Assistance and Home Support and Respite Services	2019	2020	2021	2022
	1117	1619	1903	1997

Please note the applications for Respite Services would include the requirement for overnight and day only respite services.

Respite Developments 2021

In accordance with the National Service Plan 2021, the HSE committed to developing 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. All but one of these services are now in place. Engagement is currently ongoing and the service will open in 2023.



Respite Developments 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.

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.

Respite Developments 2023

In accordance with the NSP 2023, the HSE will:

- Establish five additional respite services and increase one service from part time to full time opening to provide 7,872 additional nights to 278 people in a full year.
- Provide 27 additional in-home respite packages to children and young adults in a full year
- Provide 265 day-only respite packages to 180 people in a full year.

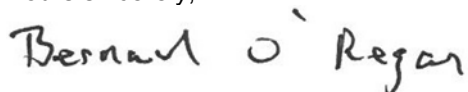
The HSE is very much aware of the importance of respite service provision for the families of both children and adults with disabilities and the impact the absence of respite service provision can have on people's lives. Respite is a key priority area for the HSE for people with disabilities and their families and we have seen significant investment in respite services in last few years. 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. The HSE also engages with the Department of Health during the Estimates process to highlight the growing need for respite services for people with a disability and to emphasise the need for additional funding to meet this need.

Future Planning

With regard to centre based respite, the Disability Capacity Review informs of up to €10 million in additional provision per year is required (20% additional quantum – 26,200 approx. additional overnights per year)

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

