



Oifig an Stiúirthóir Cúnta Náisiúnta,
Foireann Míchumais Náisiúnta,
An Chéad Urlár - Oifigí 13, 14, 15,
Àras Phlásóg na Rós, Coimpléasc Gnó na hOllscoile,
Páirc Náisiúnta Teicneolaíochta,
Caladh an Treoigh,
Luimneach.

Office of the Assistant National Director,
National Disability Team,
First Floor- Offices 13, 14, 15,
Roselawn House, University Business Complex,
National Technology Park,
Castletroy,
Limerick.

16th July 2024

Deputy Jennifer Carroll MacNeill,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: jennifer.carrollmacneill@oireachtas.ie

Dear Deputy Carroll MacNeill,

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: 29917/24

To ask the Minister for Children; Equality; Disability; Integration and Youth the standard emergency plan that exists to accommodate adults in need of residential care if their carer, usually a family member, falls ill or unexpectedly dies; and if he will make a statement on the matter.

PQ: 29918/24

To ask the Minister for Health the number of adults currently waiting on a residential bed, by county; and if he will make a statement on the matter.

HSE Response

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. The demand is exceeding the available capacity and resources and the local CHO Areas are reporting increased demand for residential services where the current placements are breaking down. Of particular concern is the increased demand for residential services for people in circumstances where their families are no longer able to maintain the level of support they have been providing, even when additional supports are being provided.

The HSE funds and works in partnership with organisations including Section 38, Section 39, Out of State and For Profit Agencies (Agencies) to ensure the best level of service possible is provided to people with a disability, and their families, within the available resources.



Residential services make up the largest part of the Disability funding disbursed by the HSE – almost 60% of the total budget – and approximately 90 service providers provide residential services to 8,494 individuals throughout the country. The bulk of these are provided by the 50 highest funded agencies (comprising both Section 38 & Section 39 organisations) – some 6,365 places, or 75%. The HSE itself provides 1,068 or 13% of the places. While 1,043 places or 12% are provided by Private-for-Profit agencies.

A number of new emergency residential places have been added to the residential base, which results in a capacity increase. However, it should also be noted that Residential Capacity will also reduce during the year as a result of the loss of places in congregated settings due to deaths, which cannot be re-utilised. This is in keeping with Government policy, which is to move away from institutionalised settings (i.e. Time to Move On from Congregate Settings) where the State is actively implementing a policy that will have a bed reduction impact. In addition, “in-year” capacity (bed) levels will also be impacted negatively as a result of regulatory requirements; that is, where an inspection outcome leads to capacity being reduced.

The majority of people availing of Priority 1 Emergency Residential Placements would be moving from the family home, where their families are no longer able to maintain the level of support they have been providing, even when additional supports are being provided. This would largely be due to demographic challenges associated with the increase in age and life expectancy and the changing needs of people with a disability.

With regard to the question asked regarding an emergency plan to accommodate adults in need of residential care if their care giver is no longer able to continue, it is important to ensure that the service user and his/her circumstances are known to the local disability services in the local CHO area.

Disability services are provided based on the needs and requirements of the individual. The provision of non residential supports such as Home Support and Respite Services may also be explored depending on the unique circumstances of the individual service user and their family/ support system.

Waiting List

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)

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 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.

Please see tables below- National Aggregation for 2019 to 2023.

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.

Residential Services

Total Applicants New Residential Service	2019	2020	2021	2022	Mid. Yr. 2023	End of Q1 2024
	776	1033	1158	1205	1296	1,414



Applications for Non Residential Services

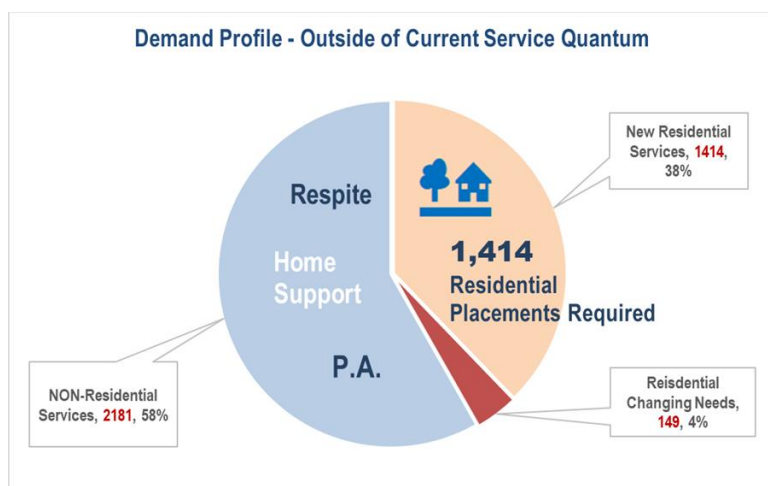
Total Applicants: Personal Assistance and Home Support Services and Day Respite Services	Mid. Yr. 2019	Mid. Yr. 2020	Mid. Yr. 2021	Mid. Yr. 2022	Mid. Yr. 2023	End of Q1 2024
	1117	1619	1903	2142	2492	2,181

The pie chart below, provides an overview of the demand for services – outside of current service quantum.

Just to note that 149 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.

Demand Summary – Q1, 2024



Future Planning

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.

The Department of Health's 2021 Disability Capacity Review has projected a need for a minimum of an additional 1,900 residential places by 2032 under a minimum projection and an extra 3,900 in order to return to levels of provision prior to the beginning of the 2008 recession.

Action Plan for Disability Services 2023-2026

The Action Plan for Disability Services 2024-2026, sets out a three year programme designed to tackle the deficits highlighted in the *Disability Capacity Review to 2032*, which identified the demand for specialist community-based disability services arising from demographic change, and considerable levels of unmet need.

Specifically, the Disability Capacity Review projected a need for a minimum of an additional 1,900 residential places by 2032 under a minimum projection and an extra 3,900 in order to return to levels of provision prior to the beginning of the 2008 recession. Moreover, the central projection of the Capacity Review suggests that adults with intellectual disabilities requiring specialist services will increase by a sixth between 2018 and 2032, with fastest growth for young



adults (up a third by 2032) and over 55s (up a quarter). These projections include an average of approximately 90 new residential places that will be needed each year from 2020 to 2032 to accommodate changes in the size and age structure of the disability population.

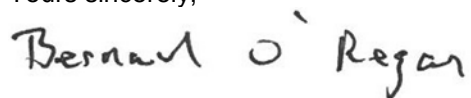
The Action Plan is designed to provide additional funding for developments that will help build capacity within services, so that the benefits of these funding increases will be felt directly by the service user. This will also help the HSE in dealing with some of the key cost-drivers in service delivery, such as high-cost emergency residential placements, giving greater flexibility and control when planning services.

The headline service improvements which are planned over the 2024-26 period are:

Residential

- Around 900 additional residential care places to tackle unmet needs and ensure supply keeps pace with demographic change;
- 500 new community-based residential care places to replace disability care in large institutional and campus-based settings, with a view to ending that form of provision by 2030;
- Continued expansion of respite services, including alternative residential option

Yours sincerely,



Bernard O'Regan
Assistant National Director
National Disability Team

