



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

Office of the Assistant National
Director, National Disability Team,
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Roselawn House, University Business
Complex, National Technology Park,
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31st July 2025

Deputy Seán Ó Fearghaíl,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: sean.ofearghaill@oireachtas.ie

PQ: 39820/25

To ask the Minister for Children; Disability and Equality the strategy to ensure services, care and accommodation for disabled people does not move in large measure to the private-for-profit sector as has happened with elder care services; and if she will make a statement on the matter.

Dear Ó Fearghaíl,

Thank you for your Parliamentary Question referenced above, which has been forwarded to me for direct reply.

Wherever possible, people with disabilities are supported to live in the community and to access mainstream health and social care services. Specialist disability services focus on providing supports to people with more complex disabilities, and to complement the mainstream health and social care services provided to people with disabilities alongside the rest of the population. The development of specialist services is underpinned by some key principles including:

- Rights-based services aligned with the United Nations Convention on the Rights of Persons with Disabilities
- Services provided in the community where people live
- Early intervention to maximise people's capacities
- Person-centred services supporting people's choice and control
- A strengths-based approach, recognising and supporting the inherent abilities of people with disabilities
- Coherent and integrated services and supports
- Services that are equitable and consistent
- Prioritisation on the basis of assessed need
- Services provided by interdisciplinary teams, networked regionally with other teams, and supported by enhanced services and supports where necessary.

The principle of 'mainstream first' requires that HSE-led services are developed in the context of supporting actions by Government departments in the areas of housing, transport, education, including higher education, employment and social protection.

The HSE is endeavouring to ensure a more equitable approach to the delivery of key services and acknowledges that the needs of people with a disability extend well beyond health service provision. The health service participates fully with other Government departments and services in the development of cross-sectoral strategies to maximise access to services and supports for people with disabilities. In this context, there is a collective effort being made nationally and regionally to fundamentally reform how we deliver services for people with a disability and our commitment to uphold the UN Convention on the Rights of People with a Disability. Under the Transforming Lives policy, this has been a driving force of strong collaborative efforts over many years and where real progress has and continues to be made.



Governance of Disability Services Provided by Provider Organisations

The HSE works in partnership with organisations including Section 38, Section 39, Out of State and For Profit organisations to ensure the best level of service possible is provided to people with a disability and their families, within the available resources. The majority of specialised disability provision (80%) is delivered through non-statutory sector service providers funded by the HSE using allocated budget funding.

The HSE acknowledges the role and contribution of non-statutory agencies in the development and provision of health and personal social services and is committed to the development of effective working relationships as enacted by the Health Act 2004.

The HSE has over 1,045 Service Arrangements or Grant Aid Agreements with over 460 organisations providing a wide variety of disability services on behalf of the HSE.

Over 170 of these are private For Profit organisations.

As part of a HSE wide requirement to ensure appropriate governance arrangements that underpin the release of the funding of Agencies, a Governance Framework for Funded Agencies (Framework) has been developed which ensures a consistent approach in this regard.

The HSE must have in place appropriate contractual arrangements Service Arrangements (SA) and Grant Aid Agreements (GA) with all Agencies that have funding released to them for the provision of services.

To meet the needs of service users, services provided by non statutory Service Providers for the funding received, is agreed between the local HSE areas and the Provider within these governance frameworks.

The Service Arrangement and Grant Aid Agreement are contracts and operate on the principles of contract law. There is a requirement that they are renewed each year to support the transfer of the very significant sums of public money involved.

The Framework was introduced to implement the legislative provisions of the Health Act, 2004 and to reflect the requirements for public accountability where the HSE is legally obliged to account for all public expenditure on health and personal social services. In this regard, the SA is a key document which comprises of Part 1 and the HPSR documents.

The Framework seeks to provide a level of governance which links funding provided to a quantum of service and provides for these services to be linked to quality standards, with continuous monitoring to ensure equity, efficiency and effective use of available resources.

For further information please see:

<https://www.hse.ie/eng/services/publications/non-statutory-sector/section-39-documentation.html>

Residential Services

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 8,777 individuals throughout the country. The bulk of these are provided by the 50 highest funded agencies (comprising both Section 38 & Section 39 organisations) – some 6,371 places, or 73%. The HSE itself provides 1,079 or 12% of the places. While 1,305 places or 15% are provided by Private-for-Profit agencies. (End of June 2025 data)



Investment in Residential Services for Persons with Disabilities

Since 2021, the HSE with considerable investment from Government and in conjunction with our partner Service Provider agencies has put in place in excess of 800 new residential places for people with disabilities.

The table below provides an estimate of the funding for residential services over the last 7 years:

Service area	2018 Funding €000	2019 Funding €000	2020 Funding €000	2021 Funding €000	2022 Funding €000	2023 Funding €000	2025 Funding €000
Residential Places	1,111,110	1,185,355	1,254,923	1,312,414	1,368,021	1,486,347	1,666,363

Emergency Residential Placements

In previous years, funding has been allocated in the National Service Plan to provide for additional new emergency residential placements, as follows:

- The HSE responded to 474 “emergency places/cases” between 2014 and 2016.
- NSP 2017 made provision for 185 new emergency residential placements
- Between 2018 and 2020, the HSE developed a total of 252 new emergency places across the 9 CHOs.
- In accordance with the NSP 2021, 91 new emergency residential places were developed; a further 25 planned residential places also opened in 2021; 4 adult transfers to Tusla also took place. A further 19 people aged under 65 living in nursing homes were supported to move to homes of their choosing in the community, during the year.
- In accordance with the NSP 2022, the HSE developed 103 new emergency residential places together with 11 Planned Residential places and 18 new intensive support packages and 19 new supported living packages.
- The CHO Areas indicated that 22 people transitioned from Nursing Homes to homes of their choosing in the community and 32 packages to support adults ageing out of Tusla services were put in place.
- In accordance with the NSP 2023, the HSE was allocated funding to provide 43 additional residential places in response to current need. In addition, in line with the Winter Plan, 27 people received new residential places with 3 further receiving home care packages. A further 25 residential care packages were developed for young people ageing out of Tusla services in line with the Joint Protocol. At end of 2023, 160 Priority 1 (Emergency) Residential Places were developed. This was significantly in excess of the NSP target of 43 places based on funding allocation and reflects the increased demand for residential services throughout the country and the need to respond to changing/ unmet service user need (Including clinical/ safeguarding risks).
- In the National Service Plan 2024, the HSE was tasked to provide in the region of an additional 100 Priority 1 residential placements for immediate occupation. At end of December 2024, 220 new Priority 1 residential places had been developed and 610 intensive support packages provided for Priority 1 cases.

Priority 1 Residential Places and Intensive Support Packages

In accordance with NSP 2025, Specialist Disability Services committed to developing 70 new Priority 1 residential placements and 575 intensive support packages for priority 1 cases; this includes 560 packages delivered in 2024 which have been maintained in 2025. At end of June 2025, 98 new Priority 1 residential places were developed.

In addition, The HSE has also developed 21 residential care packages to young adults ageing out of Tusla services in line with the Joint Protocol.



Planning for services for people with disability into the future

National Ability Support System (NASS)

Future service need is captured as part of the National Ability Support System (NASS).

In 2019 NASS replaced the National Intellectual Disability Database (NIDD, established 1995) and the National Physical and Sensory Disability Database (NPSDD, established 2002). NASS is one of four national health information systems managed by the HRB's National Health Information Systems Unit and hosted on the Unit's web-based platform, LINK.

The purpose of NASS is to gather information to aid the planning, development, and organisation of HSE funded disability services. A person is eligible to be registered on NASS if they receive or require (either currently or within the next five years) a HSE funded disability service as identified by their service provider.

Trained users within HSE and non-HSE organisations who provide HSE disability-funded services record information about their service users and the services they receive or require in the web-based system. Each user record is reviewed annually.

To ensure that information is accurate and up to date Providers of Disability Services consult and engage with the parents and families of people with a disability and their representative bodies.

There were 34,652 adults on NASS accessing or requiring a disability service in 2024. There was a 9% increase in the number of adults reviewed on NASS in 2024, compared to 2023 (34,652 in 2024 and 31,698 in 2023).

Using information provided by NASS, the Health research Board has identified the new services required for 2024–2029 (identified for adults only)

- One-tenth (10%; 3,422) of adults require at least one support service from either a multidisciplinary team or a specialised disability service.
- The support services most commonly required are occupational therapy (742), physiotherapy (735), and speech and language therapy (609), and clinical psychology (558).

For further information please see:

<https://www.hiqa.ie/areas-we-work/health-information/data-collections/national-ability-supports-system-nass>

And

https://www.hrb.ie/wp-content/uploads/2025/06/Overview_engaging_disability_services_bulletin_2024.pdf

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.



It is important that the family/ carers of individuals with an intellectual disability that they are supporting to live in the local community, engage and collaborate with the local HSE Disability Services/ or Service provider to discuss and plan for the future care needs and requirements of the individual with an intellectual disability.

Information regarding local HSE Disability Services can be obtained at:

<https://www.hse.ie/eng/services/list/4/disability/>

Disability Capacity Review to 2032 - A Review of Disability Social Care Demand and Capacity Requirements up to 2032

The capacity review emphasises the importance of a planned approach to meeting current and future requirements and the critical need for a multi-annual current and capital funding programme to secure effective and timely delivery, at the most reasonable cost. The HSE strongly welcomes this recommendation and agrees that detailed forward planning underpinned by multi-annual investment is required to ensure that services become available where and when they are needed.

The capacity review provides detailed evidence of the extent of demographic and unmet need and provides detailed estimates of service and expenditure requirements for:

- residential care
- adult day services
- personal assistance and home support
- multidisciplinary therapies
- respite, and other community services and supports.

The Review accepts that significant investment across all health services over the period up to 2032 is required in tandem with a fundamental programme of reform.

The Disability Capacity Review Report shows that, overall, the disability population is expected to grow up to 2032, with a change in the overall age structure that will affect demand for disability services. The central projection forecasts that the number of adults with a disability would grow by around 10% to 2027 and by 17% in 2032 over the 2018 level.

Critically, the number of older adults is set to rise, driving up demand for full-time residential services when parents or natural support networks are no longer in a position to continue to care at home.

The fastest growth will be for young adults (up a third by 2032) and over 55s (up a quarter by 2032). The importance of early intervention and effective services for children and young people is important in this context to meet their needs now and to mitigate the requirement down the line of increasingly complex need coming through in young adults including earlier residential service, which is also seen in current DSMAT figures.

As the future course of birth rates is unknown, projecting the future size of child population is an uncertain exercise. The Disability Capacity Review considered the Central Statistics Office's analysis of population projection called M2F2 and indicated that:

- There will be a steady decline to 2032 in the number of under-6s and projects a 15% drop to 2032 relative to 2018
- A small increase of about 3% for those aged 6 -17 years in the mid-2020s, declining to around 91% of the 2018 level by 2032
- The school leavers age group of 18-19 year olds od projected to rise steadily by about 20% of 2018 levels to the late 2020s and then to decline to about 15% above the 2018 level. This reflects the baby boom of the first decade of the millennium.



This change in demographics, increased life expectancy and changing needs for those with both a physical and sensory disability, and an intellectual disability has led to a significant increase in the need for disability services across all settings. This includes day supports, residential and respite services, personal assistant and home support services

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

Yours sincerely,

Tom McGuirk,
General Manager, Disability Services, Access & Integration