



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
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16th July 2025

Deputy Pa Daly,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: pa.daly@oireachtas.ie

PQ: 40035/25

To ask the Minister for Children; Disability and Equality the length of the waiting list for adult disability respite in each county in each of the past five years, in tabular form; the measures she is taking to increase respite capacity; and if she will make a statement on the matter. -.

PQ: 40036/25

To ask the Minister for Children; Disability and Equality the measures she is taking to increase respite capacity; and if she will make a statement on the matter

Dear Deputy Daly,

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

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 provision of residential respite services has come under increasing pressure in the past number 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 some cases in the age profile of people with a disability resulting in people presenting with “changing needs”;
- a significant number of respite places have been utilised on longer-term basis due to the presenting complexity of the individual with a disability and also due to home circumstances, which prevents availability of the service to other disabled persons who would normally avail of that respite.
- the regulation of service provision as set by HIQA, which requires Service Providers to comply with regulatory standards in order to meet regulation. Standards specify a requirement for personal and appropriate space which impacts 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) determines capacity.



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, which has impacted positively on the level of service delivered in successive years.

In 2024, we delivered **160,952 overnights** and **64,162 day only sessions** to around 6,975 people with a disability. A comparison of 2023 and 2024 activity data, shows an increase of 9,351 respite overnights, representing a growth rate of 6.2% and additional Day-Only Sessions of 19,721 and a growth rate of 43.4%.

At the end of Quarter 1 2025, we delivered 39,015 overnight sessions and 16,093 day only respite sessions to 7,000 people with disabilities.

Waiting List

There is no centrally maintained waiting list for respite services. The local HSE CHO/RHA 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 end of Quarter 4 2024.

The updated 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 Q4 2024
	776	1033	1158	1205	1296	1,558

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 Q4 2024
	1117	1619	1903	2142	2492	2,428

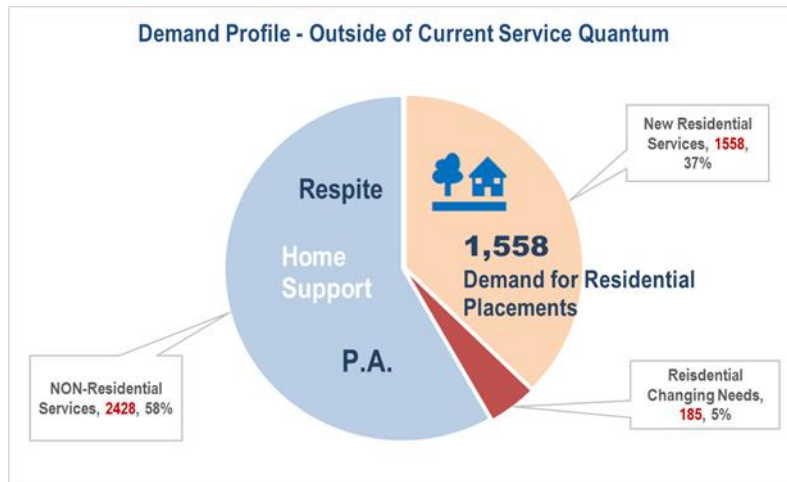
The pie chart below, provides an overview of the demand for services – outside of current service quantum. (most recent information available)

185 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 Q4 2024



58% of applications for Disability Services are for Respite and or/Home Support and /or PA services.

37% of applications for Disability Services are for new residential services.

Alternative Respite

Home Sharing In a funding environment of high cost respite services and the need to provide more alternative and person centred options for respite, Home Sharing is a specific, viable and low cost model of alternative respite, and strategically important moving forward. Home Sharing is an internationally recognised model of support for both children and adults with a disability, it is defined as the provision of care to people with a disability in the Home Sharing family's home. The uniqueness of Home Sharing is that for suitable individuals' and their families, Home Sharing offers a genuine person centred option, which places an individual in a family, in a community setting and with multiple placement options to suit their needs. Home Sharing is primarily delivered across section 38 and 39 service providers as part of the National Home-sharing and Short-breaks Network (NHSN).

Future Planning

There is significant unmet need currently and the projected changes in the size and age profile of the disability population will add to unmet need over the coming decade.

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).

The Action Plan for Disability Services 2024 – 2026, prepared by the Department of Children, Equality, Disability, Integration and Youth, details the mix of overnight and alternative respite that will be provided in the short term, and will aim to maximise the impact and reach of these services.

It is proposed to increase the level of respite provision by around a third, through a mix of:

- Provision of alternative respite options including in-home respite, after-school and day respite programmes, host families, summer programmes;
- Using existing overnight residential capacity to the maximum extent;
- Providing additional overnight respite capacity where this is needed.



In NSP 2025, additional allocation has been provided to increase the occupancy of existing respite capacity, where feasible, and alternative respite provision, including in-home respite support hours and group-based targeted measures such as summer camps and evening provision.

HSE Disability Services has been engaging with Department of Children, Disability, and Equality (DCDE) in relation to their draft Programme for Government Delivery Plan. This includes implementation of the Action Plan for Disability Services 2024-26, and resourcing and delivering on its targets as well as developing a new Vision for specialist disability supports and services for 2030 and a revised Capacity Review.

Specifically, in relation to respite service, the HSE is working in conjunction with DCDE to develop a working paper to examine provision to date, demand, and challenges to inform future respite provision. This will include a HSE Audit of the capacity & provision of respite services across all Health Regions.

Yours Sincerely,

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