



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

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18<sup>th</sup> August 2025

Deputy Cian O Callaghan,  
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**PQ: 41910/25**

*To ask the Minister for Health the proportion of day respite and night respite places available in the integrated health areas of Dublin north and Dublin north city and west, compared to other integrated health areas, in tabular form; and if she will make a statement on the matter.*

**PQ: 41911/25**

*To ask the Minister for Children; Disability and Equality the number of day-only and nighttime respite places available for children in the integrated health areas of Dublin north, and Dublin north city and west compared to other integrated health areas, in tabular form; the steps she is taking to increase those places; and if she will make a statement on the matter.*

Dear Deputy O Callaghan,

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.

Respite Services data is reported on quarterly – one month in arrears. Please see the Table 1 below which provides the most recent information on the number of day-only and overnight respite places accessed by people with a disability(ID/Autism and Physical and Sensory Disability )in the Regional Healthcare Areas (RHA) in Quarter 1 2025. Information is given for IHA s Dublin North City and Dublin North County. Data for children is not collated or reported on separately.

**Table 1. Respite Services data at end of Q1 2025**

RHA Data for Quarter 1 2025	No. of overnights (with or without day respite) accessed by people with a disability(ID/Autism and Physical and Sensory Disability)	No of day only respite sessions accessed by people with a disability(ID/Autism and Physical and Sensory Disability)
HSE Dublin & Midlands	6,902	699
HSE Dublin & North East	7,904 (Of which: Dublin North City and West = <b>1,949</b> Dublin North County = <b>1,911</b> )	4,444 (of which Dublin North City and West = <b>514</b> Dublin North County= <b>3,371</b> )
HSE Dublin & South East	5,514	3,201
HSE Mid West	3,933	667
HSE South West	3,503	926
HSE West & North West	8,934	5,210
<b>Total</b>	<b>36,690</b>	<b>15,147</b>

### 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,

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Dr Aoife O'Donohue,  
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