



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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29th July 2025

Deputy Barry Heneghan,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: barry.heneghan@oireachtas.ie

PQ: 42675/25

To ask the Minister for Children; Disability and Equality the number of new residential disability places that have been created since the publication of the disability capacity review to 2032, in tabular form by year;; and if she will make a statement on the matter.

Dear Deputy Heneghan,

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

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)

A number of new Priority 1 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 HSE developed a Residential Capacity Database to capture the number of residential placements / contract capacity per the service arrangement between the nine CHO areas and the service provider agencies.

Please see the table below which provides information on the number of residential places at the end of December each year from the end of 2020 up to the end of June 2025.

Table 1

Year	December 2020	December 2021	December 2022	December 2023	End of November 2024	End of June 2025
Residential places	8,139	8,146	8,282	8,400	8,648	8,777



Investment in residential services for persons 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.



Demand for Residential Places.

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 for a number of years from 2007/2008.

The HSE acknowledges that 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. 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.

A significant underlying challenge relates to the latent unmet need for residential and respite care, which exists in our experiencing a high annual demand for Priority 1 residential places to respond to the most urgent cases.

While 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 mentioned previously. 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.

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.

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 chronologically based 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.

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.

The National Housing Strategy 2022 to 2027 places responsibility for the provision of housing with the Department of Housing and it is the responsibility of the HSE to provide additional supports related to care needs. The HSE and Local Authorities are required to work together to map the need and to develop plans for delivering housing to people with disabilities.

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.



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 Priority 1 residential placements, giving greater flexibility and control when planning services. While very significant additional funding has been provided to the sector, pay awards in particular across HSE, Section 38s and 39s has absorbed a significant proportion of that additionality.

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,

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