Oifig an Stiúrthóir 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.

18th August 2025

Deputy Sinéad Gibney,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: sinead.gibney@oireachtas.ie

PQ: 44116/25

To ask the Minister for Children; Disability and Equality if she will consider collecting and publishing data on the average number of overnight respite beds and a record of respite bed waiting lists for greater transparency in relation to available respite resources; and if she will make a statement on the matter.

Dear Deputy Gibney,

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

The HSE's Performance Profile (PP) provides an overall analysis of key performance data across care groups, such as Acute Services, Mental Health, Disability Services, Primary Care, Older Persons, Health and Wellbeing as well as Finance and Human Resources. The activity data reported is based on Performance Activity and Key Performance Indicators outlined in the current National Service Plan.

The Business Information Unit Community Health Care - collates the HSE's Performance Reports (PP), which provide an overall analysis of key performance data from Community Services. The activity data reported is based on Performance Activity and Key Performance Indicators outlined in the National Service Plan.

The latest reports are available are on this page.

https://www.hse.ie/eng/services/publications/performancereports/management-data-report-may-2025.pdf

Key Performance Indicator Metadata are completed for all National Service Plan metrics and provide the most up to date information relating to KPIs.

Disability Services data is reported and collated nationally by the HSE Business Information Unit. The metrics are reported monthly and quarterly. Respite data is reported quarterly, one month in arrears.

It is important to note that respite services are not always centre-based and are provided in a number of ways, e.g. Centre based; In-Home; Home-to-Home; Family Support, etc. In that context, Respite beds are not reported on nationally as KPIs. In addition, a respite bed in a centre may yield several respite places depending on the centre, the requirements of people availing of respite services and their families, compatibility with other service users and other considerations such as infection control/ health and safety.

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.

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.

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 local health a 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.

Yours sincerely,
.

Dr Aoife O'Donohue,
Stiúrthóir Náisiúnta Cúntóir, Seirbhísí Mhíchumas, Rochtain agus Imeascadh,
Assistant National Director, Disability Services, Transformation & Programme Coordination, Access & Integration