



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
Treigh, 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.

24th October 2025

Deputy Catherine Ardagh,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: catherine.ardagh@oireachtas.ie

PQ: 56853/25

To ask the Minister for Children; Disability and Equality the average waiting time for a child to access respite services in each CHO; the way in which these figures have changed since 2020; and if she will make a statement on the matter.

PQ: 56855/25

To ask the Minister for Children; Disability and Equality the number of new respite referrals which have been refused in the past 12 months; the primary reasons given for refusal; and if she will make a statement on the matter.

Dear Deputy Ardagh,

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.



The following table shows Respite Services activity levels from 2019 – 2025:

	2019	2020*	2021*	2022	2023	2024	Scheduled 2025
Respite Overnights	158,441	87,177	94,606	133,572	151,123	160,952	164,059
Respite Day only Sessions	35,861	21,175	16,306	28,587	45,424	64,162	65,151
People in receipt of Respite	6,040	3,604	5,399	6,006	6,137	6,640	7,460

* In 2020/21, the delivery of Respite Services continued to operate during the pandemic, albeit at a reduced capacity; some centres remained open, while others were temporarily re-purposed as isolation facilities.

The level of activity shows that pre COVID-19, the number of Respite Overnights provided by the HSE and its partner Provider Agencies was running at around 158,000 Overnights each year. The delivery of services was significantly impacted by the onset of the pandemic in 2020/21. The number of respite overnights operated at just over 50% of the NSP target for 2020, due mainly to necessary precautions to maintain physical distancing and to adhere to infection prevention and control requirements.

Since the pandemic, there has been increased investment in Respite Services that included additional allocation in successive National Service Plans. However, there has also been increased costs due to more stringent infection prevention and control measures and an overall increase complexity of presenting need.

Respite has been and continues to be a key priority area for the HSE for people with disabilities and their families and this significant investment in respite services over the last few years has resulted in an increase in the number of respite overnights each year since COVID-19. We can see this growth in particular in 2025, with the level of activity scheduled to deliver 164,059 respite overnights and 65,151 Day Only Sessions to 7,460 people. This represents a significant increase of 82% on the pre-covid levels for Day Sessions and a 24% increase on the number of people in receipt of respite services during the period 2019 to 2025.

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 2 2025, we delivered 82,609 overnight sessions and 33,966 day only respite sessions to 7,460 people with disabilities. (Please note that the figures are adjusted for non return of data). These day respite sessions include alternative respite provision such as in-home respite support hours, home sharing short breaks and group-based targeted services such as summer camps and evening sessions.

Referrals and 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.

Data is not collated nationally regarding applications refused. 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 2 2025.

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	Mid Yr. 2024	Mid Yr. 2025
	776	1033	1158	1205	1296	1,466	1,389

Table 2: Applications for Non Residential Services Q4 2024

Total Applicants: Personal Assistance and Home Support Services and Day Respite Services	2019	2020	2021	2022	Mid. Yr. 2023	Mid Yr. 2024	Mid Yr. 2025
	1117	1619	1903	2142	2492	2,227	2,407

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.

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.

Budget 2026

Budget 2026, announced on Tuesday the 7th October 2025, secured €3.8 billion for the delivery of disability services in partnership with the HSE which was an a 20% increase on 2025 funding.

While this includes funding for day, overnight respite and expanding home sharing services as a viable respite alternative, the specific details regarding the allocation of 2026 funding will not be clarified until the HSE receives the 2026 Letter of Determination or the written/agreed 2026 National Service Plan.

Yours Sincerely,

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