



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,
First Floor- Offices 13, 14, 15,
Roselawn House, University Business
Complex, National Technology Park,
Castletroy, Limerick.

18th September 2025

Deputy Roderic O'Gorman,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: roderic.ogorman@oireachtas.ie

PQ: 45166/25

To ask the Minister for Children; Disability and Equality the commitments or guarantees that will be put in place for community or voluntary providers of new residential care beds that the HSE will take up those beds thus allowing the community or voluntary provider make the necessary upfront investment in providing new beds.

PQ: 45168/25

To ask the Minister for Children; Disability and Equality the plans in place to increase capacity for residential care outlined in the NASS database for 2000 individuals with immediate need and for 1200 individuals misplaced in nursing homes; and if she will make a statement on the matter.

Dear Deputy O'Gorman,

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

The HSE works in partnership with organisations including Section 38, Section 39, Out of State and For Profit organisations to ensure the best level of service possible is provided to people with a disability and their families, within the available resources. The majority of specialised disability provision (80%) is delivered through non-statutory sector service providers funded by the HSE using allocated budget funding.

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 8,794 individuals throughout the country. The bulk of these are provided by the 50 highest funded agencies (comprising both Section 38 & Section 39 organisations) – some 6,376 places, or 73%. The HSE itself provides 1,077 or 12% of the places. While 1,318 places or 15% are provided by Private-for-Profit agencies. (Most recent data available - end of July 2025 data).

The HSE acknowledges the role and contribution of non-statutory agencies in the development and provision of health and personal social services and is committed to the development of effective working relationships as enacted by the Health Act 2004.

Governance of funding provided to organisations for the provision of services

The HSE has over 1,045 Service Arrangements or Grant Aid Agreements with over 460 organisations providing a wide variety of disability services, including residential services, on behalf of the HSE.

As part of a HSE wide requirement to ensure appropriate governance arrangements that underpin the release of the funding of Agencies, a Governance Framework for Funded Agencies (Framework) has been developed which ensures a consistent approach in this regard.

The HSE must have in place appropriate contractual arrangements Service Arrangements (SA) and Grant Aid Agreements (GA) with all Agencies that have funding released to them for the provision of services.

To meet the needs of service users, services provided by non statutory Service Providers for the funding received, is agreed between the local HSE areas and the Provider within these governance frameworks.



The Service Arrangement and Grant Aid Agreement are contracts and operate on the principles of contract law. There is a requirement that they are renewed each year to support the transfer of the very significant sums of public money involved.

The Framework was introduced to implement the legislative provisions of the Health Act, 2004 and to reflect the requirements for public accountability where the HSE is legally obliged to account for all public expenditure on health and personal social services. In this regard, the SA is a key document which comprises of Part 1 and the HPSR documents.

Under Part 1 of the Service Arrangement, regarding the provision of the services, the Provider shall, within the limits of the funding, develop and deliver services consistent with the Executive's National Service Plan and Corporate Plan as may be prepared by the Executive.

In addition, if the Executive and the Provider agree in advance that any additional services are to be provided by the Provider under the terms and subject to the conditions of the Arrangement, the amount and timing of any payment(s) due in respect of and the specification(s) for such additional service(s), shall be agreed in writing between the Provider and the Executive prior to the commencement of provision of those services.

Under The Service Agreement, the funding provided is payable for the provision of the Services only. Any other services provided by the Provider, that have not been authorised in advance in writing by the Executive, shall be outside the scope of the Service Arrangement ("Non-Scope Services") and the costs of the Non-Scope Services and all responsibilities, obligations and liabilities relating to or arising in connection with the Non-Scope Services shall be the sole responsibility of the Provider.

For further information please see:

<https://www.hse.ie/eng/services/publications/non-statutory-sector/section-39-documentation.html>

In addition, it is important to note that the HSE works on an annual vote and in that context, it is difficult for the HSE in the absence of commitment for multi-annual funding to commit to new service developments in coming years. It is however, our very strong desire to work with the community and voluntary sector to be providers of choice for new developments.

Congregated Settings

The HSE continues to support individuals currently residing in congregated settings, to move into more appropriate community and residential settings. At the end of July 2025 there were 20 transitions; the target is to facilitate the movement of 21 people from congregated to community settings in 2025. We now have just under 1,300 individuals remaining in the HSE tracked congregated settings.

Work remains on-going to address the key challenges arising in relation to the procurement of appropriate housing in a buoyant housing market, the ongoing challenges recruiting staff across a range of disciplines and grades, and the undertaking of necessary works to ensure HIQA compliance – which must be secured before any new facility can become operational. It is important to acknowledge that due to varying reasons including personal health, medical reasons and end of life care, there continues to be a small number of admissions to congregated settings each year. It is equally important to acknowledge, as a result of an ageing population within Congregated Settings, that there continues to be a number of RIPs each year.

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 working together in a number of areas to map the need and to develop plans for delivering housing to people with disabilities.

People under 65 in Nursing Homes

With regard to the reference to individuals with disabilities misplaced in nursing homes, the HSE is co-ordinating a programme of work at both the Health Regions (HRs)/CHO operational and at national levels, to progressively address the Ombudsman's Wasted Lives Report review and implement the report's recommendations for which the HSE has accountability.

As of May 2025, based on Nursing Homes Support Scheme/Fair Deal (NHSS) data there were 1,227 U65 residents in NHs. At the end of July 2025, 10 people under the age of 65, who were residing in nursing homes, were supported to move into more appropriate community settings.



In addition, based on the data we have from the U65 Operational Tracker, there has been in total 107 transitions since the project commenced.

A further 154 individuals who need to continue in their NH placement have benefitted from Enhanced Quality of Life Supports (EQLS) funded by the U65 programme. These supports include: Personal devices, Transport, Social Care, Vocational, Therapeutic supports and PA hours.

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.

Key Challenges and Actions Plans for Residential Services

There has been year on year growth in residential supports particularly emphasised in recent years. While the growth is not fully in line with numbers identified as required on a self-reported basis on the NASS, it is approaching the targets in the Disability Action Plan, particularly in the area of funding and spend.

In an effort to address the demand for residential places, the HSE is delivering on a number of initiatives ongoing with the voluntary and private providers. These include as follows:

- Engagement with the Service Providers through the Umbrella Bodies, to reopen the Section 38 and 39 sector for planned, appropriate and affordable residential provision sustaining the sector, sharing examples of good practice, addressing Organisational Development and Transformation requirement and upscaling development quickly and effectively.
- Some progress with Housing & Housing Agencies on delivery of the Housing Strategy for Disabled persons and particularly, the delivery of a stream of living options for a place to call home through local authorities starting with housing adaptations for disabled persons in their own home; the provision of standard disability housing and the design and provision of more specialist housing requirement for specific cohorts.
- A request to DCDE to do a policy review around key areas, aging, autism, dementia and inherent jurisdiction within the Decongregation Policy to continue to meet housing requirement in a practical responsive manner.
- Better oversight of residential capacity with a review of data around our residential register; HIQA register and NASS capacity for better oversight and a more complete process for the management of vacant places.
- Delivery of an output from the National Placement and Oversight Review Team processes of high-cost placements to ensure best outcomes and cost effectiveness.
- A Procurement Process for Private for-Profit Placements framework.
- We will continue to use intensive support packages to reduce the need for early year's residential services particularly to sustain children to stay in their family homes.



.Future Planning

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.

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 options.

Yours Sincerely,

Gerry Tully,
Assistant National Director, Adult Disability Services, Access & Integration