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Deputy Richard Boyd Barrett Dáil Eireann Kildare Street Dublin 2.

Dear Deputy Boyd Barrett,

PQ 45871/25: Impact delayed transfers of care on grounds of homelessness

To ask the Minister for Health her views on the impact delayed transfers of care on grounds of homelessness have on the capacity of the health system to treat new patients and for any research undertaken or commissioned in relation to this by her Department or any agencies under its remit (details supplied).

The number of Delayed Transfers of Care (DTOCs) is monitored weekly through the *Delayed Transfer* of Care National Report. Within the report categories, Type E category identifies: Homelessness/Housing supports/adjustments, it is important to note that only reasons DTOCE5—DTOCE9 ¹relate specifically to homelessness. The other reasons (DTOCE1—DTOCE4) concern housing supports or readjustments, where the individual has a home but cannot return until equipment or minor works are completed, or where additional supports are required to meet complex care needs.

As per the DTOC report from 9th September 2025, there were 38 individuals recorded under the Type E category (Housing/Homelessness), of which 15 were experiencing homelessness.

As the Deputy would be aware, any DTOC reduces the health system's capacity to admit and treat new patients, as it directly limits the availability of acute hospital beds. Where homelessness is a contributing factor, this can be particularly pronounced due to challenges in finding appropriate accommodation or supports.

DTOCE5 Homeless patient awaiting discharge to emergency accommodation/shelter

DTOCE6 Homeless patient whose needs escalated to the Local Authority or Voluntary Agency

DTOCE7 Homeless patient Entitled to accommodation from local authority, awaiting suitable accommodation (special needs awaiting access to specialist emergency accommodation/shelter, e.g. wheelchair accessible).

DTOCE8 Homeless patient - Not entitled to accommodation from local authority (entitled to accommodation with other LA, not entitled to housing in Ireland)

DTOCE9 Homeless patient - Foreign National (Not entitled to accommodation within Republic of Ireland)

¹ Overview of DTOC reasons related to Homelessness:

No official research has yet been undertaken on the effect of DTOCs due to homelessness on the health system's ability to treat new patients. However, we are currently documenting case studies across the country where DTOCs arise from homelessness, with a view to support development of strategic responses for patients experiencing homelessness and delayed transfers of care.

For the Deputy's information, the HSE has developed the *Protocol for the Transfer of Care for People Experiencing Homelessness* in the Dublin region. Its purpose is to support safe, coordinated hospital discharges and to avoid discharging people back into homelessness by putting in place treatment and support plans that address long-term health and social care needs. The protocol promotes collaboration between health services, homelessness providers, local authorities, and the Dublin Region Homeless Executive (DRHE) to ensure a package of care and accommodation is in place. While it does not directly address delayed transfers of care, effective implementation can help reduce them.

In addition, the HSE has supported delayed transfers of care across several health regions, including through public health nursing support in HSE Dublin and North-East region, outreach teams working between hospitals and the community in HSE Dublin and South-East region, and HSE Dublin and Midlands region.

The HSE's response to the health needs of people experiencing homelessness and other marginalised groups is supported by the development of Inclusion Health Services in a number of hospitals nationally. Inclusion Health Teams (IHTs), particularly Inclusion Health Social Workers, in collaboration with Social Inclusion services in the community, play a key role in patient flow and in implementing the homeless discharge protocol. They develop strong relationships with local authorities and ensure additional wraparound support through HSE Social Inclusion, HSE community services, and voluntary service providers.

Yours sincerely,

Joseph Doyle

National Lead, Social Inclusion