



**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.

2<sup>nd</sup> May 2024

Deputy Pauline Tully,  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.  
E-mail: [pauline.tully@oireachtas.ie](mailto:pauline.tully@oireachtas.ie)

Dear Deputy Tully,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary questions, which were submitted to this department for response.

**PQ: 17572/24**

*To ask the Minister for Children; Equality; Disability; Integration and Youth if he will detail, with regard to the findings of the Disability Capacity Review to 2032, the number of residential disability respite centres his Department is targeting to deliver by 2032.*

**PQ: 17573/24**

*To ask the Minister for Children; Equality; Disability; Integration and Youth if he will detail, with regard to the key objectives and actions of the Action Plan for Disability Services 2024 – 2026, the number of residential disability respite centres his Department is targeting to deliver over the lifetime of the plan.*

**HSE Response**

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 the age of people with a disability resulting in people presenting with “changing needs”;
- a significant number of respite beds 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 bed to other respite users;
- 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) is also affecting capacity.

## 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.

The Disability Capacity Review Report shows that, overall, the disability population is expected to grow up to 2032, with a change in the overall age structure that will affect demand for disability services. The central projection forecasts that the number of adults with a disability would grow by around 10% to 2027 and by 17% in 2032 over the 2018 level.

Critically, the number of older adults is set to rise, driving up demand for full-time residential services when parents or natural support networks are no longer in a position to continue to care at home.

The fastest growth will be for young adults (up a third by 2032) and over 55s (up a quarter by 2032). The importance of early intervention and effective services for children and young people is important in this context to meet their needs now and to mitigate the requirement down the line of increasingly complex need coming through in young adults including earlier residential service, which is also seen in current DSMAT figures.

As the future course of birth rates is unknown, projecting the future size of child population is an uncertain exercise. The Disability Capacity Review considered the Central Statistics Office’s analysis of population projection called M2F2 and indicated that:

- There will be a steady decline to 2032 in the number of under-6s and projects a 15% drop to 2032 relative to 2018
- A small increase of about 3% for those aged 6 -17 years in the mid-2020s, declining to around 91% of the 2018 level by 2032
- The school leavers age group of 18-19 year olds od projected to rise steadily by about 20% of 2018 levels to the late 2020s and then to decline to about 15% above the 2018 level. This reflects the baby boom of the first decade of the millennium.

This change in demographics, increased life expectancy and changing needs for those with both a physical and sensory disability, and an intellectual disability has led to a significant increase in the need for disability services across all settings. This includes day supports, residential and respite services, personal assistant and home support services

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

Yours Sincerely,

*Bernard O'Regan*

**Bernard O'Regan**  
**Assistant National Director**  
**National Disability Team**

