



**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,

23<sup>rd</sup> October 2024

Deputy David Cullinane,  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.-  
E-mail: [david.cullinane@oireachtas.ie](mailto:david.cullinane@oireachtas.ie)

Dear Deputy Cullinane,

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

**PQ: 39670/24**

*To ask the Minister for Children; Equality; Disability; Integration and Youth the number of people on disability service waiting lists for each service type, excluding children's disability network teams, at the end of each quarter of each year 2019-2024, inclusive, in tabular form; and if he will make a statement on the matter.*

**HSE Response**

The HSE provides and funds a range of community services and supports to enable each individual with a disability to achieve his or her full potential and maximise independence, including living as independently as possible. Services are provided in a variety of community and residential settings in partnership with service users, their families and carers and a range of statutory, non-statutory, voluntary and community groups. Services are provided either directly by the HSE or through a range of voluntary service providers. Voluntary agencies provide the majority of services in partnership with and on behalf of the Health Service Executive.

Services provided include Residential, Respite, Day Services and Rehabilitative Training, Assisted Living Services (PA and Home Support), and Children's Disability Services.

There is no centrally maintained waiting list for these services. The local HSE CHO 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.

This means that 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 July 2024.**

The 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	End of July 2024
	776	1033	1158	1205	1296	1,414

**Applications for Non Residential Services**

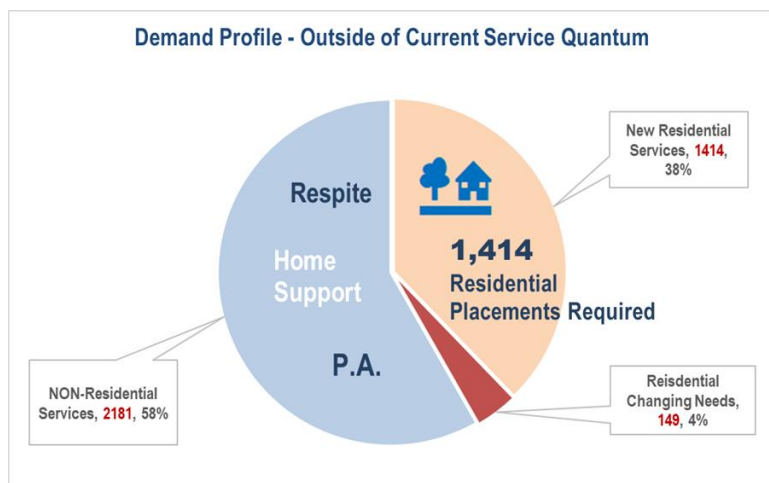
Total Applicants: Personal Assistance and Home Support Services and Day Respite Services	Mid. Yr. 2019	Mid. Yr. 2020	Mid. Yr. 2021	Mid. Yr. 2022	Mid. Yr. 2023	End of July 2024
	1117	1619	1903	2142	2492	2,181

The pie chart below, provides an overview of the demand for services – outside of current service quantum.

Just to note that 149 applications are linked to applications on behalf of existing persons in residential services in which there is significant changing need due to ageing, mental health, behavioural presentation etc., and there is a required need for additional funded supports on a recurring basis within the designated centres.

Such requirement for additional resource is also frequently an outcome of regulatory escalation by the HIQA Disability Inspectorate.

**Demand Summary – end of July 2024**



## Future Planning

With regard to 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 since 2007/2008.

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.

The Capacity Review 2021 has projected a need for 600 additional persons requiring funded day services outside of current quantum and 3,000 enhanced day service requirement

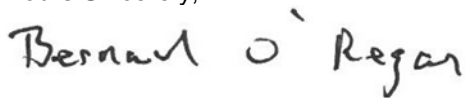
With regard to centre based respite, the Disability Capacity Review informs of up to €10 million in additional provision per year is required (20% additional quantum – 26,200 approx. additional overnights per year).

In addition, the Capacity Review advises that up to €15 million per year by 2032 – equivalent to 600,000 additional hours @ €25 per hour is required to meet the requirements for Personal Assistants and Home Support.

The recently published Action Plan for Disability Services 2024 – 2026, sets out a three year programme designed to tackle the deficits highlighted in the Capacity Review, while taking a strategic approach to reforms to achieve greater impact. 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 emergency residential placements, giving greater flexibility and control when planning services.

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.

Yours Sincerely,



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

