



Oifig an Stiúirthóir Cúnta Náisiúnta,
Foireann Míchumais Náisiúnta,
An Chéad Uirlár - 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.

5th February 2025

Deputy Peadar Toibin,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: peadar.toibin@oireachtas.ie

Dear Deputy Toibin,

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: 1167/25

To ask the Minister for Children; Equality; Disability; Integration and Youth if he is aware of any instances where home care agencies outsourced from the HSE are requesting that persons with a disability who have a live in carer to provide food and cover other living expenses for their carer; if so, if any such policy is decided by the HSE or by the agency; and if he will make a statement on the matter. -

HSE Response

Wherever possible, people with disabilities are supported to live in the community and to access mainstream health and social care services. Specialist disability services focus on providing supports to people with more complex disabilities, and to complement the mainstream health and social care services provided to people with disabilities alongside the rest of the population. The development of specialist services is underpinned by some key principles including:

- Rights-based services aligned with the United Nations Convention on the Rights of Persons with Disabilities
- Services provided in the community where people live
- Early intervention to maximise people's capacities
- Person-centred services supporting people's choice and control
- A strengths-based approach, recognising and supporting the inherent abilities of people with disabilities
- Coherent and integrated services and supports
- Services that are equitable and consistent
- Prioritisation on the basis of assessed need
- Services provided by interdisciplinary teams, networked regionally with other teams, and supported by enhanced services and supports where necessary.



The principle of 'mainstream first' requires that HSE-led services are developed in the context of supporting actions by Government departments in the areas of housing, transport, education, including higher education, employment and social protection.

The HSE is endeavouring to ensure a more equitable approach to the delivery of key services and acknowledges that the needs of people with a disability extend well beyond health service provision. The health service participates fully with other Government departments and services in the development of cross-sectoral strategies to maximise access to services and supports for people with disabilities. In this context, there is a collective effort being made nationally and regionally to fundamentally reform how we deliver services for people with a disability and our commitment to uphold the UN Convention on the Rights of People with a Disability. Under the Transforming Lives policy, this has been a driving force of strong collaborative efforts over many years and where real progress has and continues to be made.

Disability Service Provision

The HSE provides and funds a wide range of specialist disability services to those with physical, sensory, intellectual disability and autism. Services focus on supporting and enabling people with disabilities to maximise their full potential, as independently as possible.

The HSE provides a range of assisted living services including Personal Assistant and Home Support Services to support individuals to maximise their capacity to live full and independent lives.

PA and Home Support Services are provided either directly by the HSE or through a range of voluntary service providers. The majority of specialised disability provision (80%) is delivered through non-statutory sector service providers.

Services are accessed through an application process or through referrals from public health nurses or other community based staff. Individuals' needs are evaluated against the criteria for prioritisation for the particular services and then decisions are made in relation to the allocation of resources. Resource allocation is determined by the needs of the individual, compliance with prioritisation criteria, and the level of resources available. As with every service there is not a limitless resource available for the provision of home support services and while the resources available are substantial they are finite. In this context, services are discretionary and the number of hours granted is determined by other support services already provided to the person/family.

With regard to the specific question asked, local Community Health Care Area (CHO) have Service Arrangements in place for the provision of services to Service Users. Some CHO/ LHO areas inform that there is 24 hour support being provided via agency in service users own home.

Some CHO areas report that they do not operate under that model of service provision by their Provider Agencies as outlined in the question, however, individual service user's may have a private arrangement in place where a live in carer resides and is provided with food, accommodation and living expenses, however, the HSE are not involved in this process.

Other CHO areas report that in an effort to look at all options and provide services to services users, they are having exploratory discussions with the service user, families and agencies to explore if this model of service provision would be acceptable or of interest to them. This would also include discussion regarding the primary Service User's provision of basic facilities including food for the live in carer.

Cork/Kerry Community Healthcare Area (CHO 4) are aware of one such arrangement where a client is supported with a live-in care arrangement. A contract exists between the client and the provider with agreement that CKCH Disability Services are the identified funder.

Provided below is an outline of the live-in care agreement under which the client has the following responsibility:

- Provide a separate room for the caregiver to sleep in including bedding.
- Provide wifi
- Provide a television
- Provide 3 meals a day- this does not include snacks or alcohol
- Only ask your Caregiver to work as defined in your care plan and within hours agreed
- Understand that Caregivers are not to act as signatories or witnesses to legal documents

The HSE recognises that this model of service will not suit everyone and it will be life changing for others. The choice to accept or decline this particular model of support is unequivocally with the service user.



It is important to note that any concerns that the service users/ their families have should be brought to the attention of their local HSE Disability Services.

Information regarding local HSE Disability Services can be obtained at:

<https://www.hse.ie/eng/services/list/4/disability/>

Yours Sincerely,

Bernard O'Regan

Bernard O'Regan
Assistant National Director, National Disability Team

