

Budget 2022

Children in Hospital Ireland Analysis



**Children
In Hospital**
Ireland (CIH)

Making hospital a happier place through play and advocacy

#Budget2022



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Children in Hospital (CIH) – Budget 2022 Analysis

Children in Hospital Ireland (CIH) welcome many of the measures introduced in Budget 2022. We also renew our call for increased investment in primary care, mental health services, and the provision of targeted supports for children in hospital and their families. Swift implementation of the commitments contained within the budget is now required.

We welcome

- Domiciliary care allowance and carer's allowance to be paid for up to six months when a child is in hospital, rising from three months.
- Free GP care for six and seven year olds.
- Expanded GP access to diagnostics, to reduce waiting lists and promote early intervention.
- Creation of two additional CAMHS hubs.
- Increases in the earnings and capital disregards to qualify for Carer's Allowance.

We renew our call for

- A new social protection payment to support parents with the non-medical financial costs associated with the prolonged and/or repeated hospital care of a child.
- Access to Domiciliary Care Allowance for children who require hospitalisation from birth
- Extension of entitlement to Domiciliary Care Allowance to those aged sixteen and seventeen.
- Adequate provision of psycho-social support to children and their families throughout the engagement with the healthcare system.
- Removal of hospital parking charges for parents of children in hospital.
- Free access to GP and primary care for all children.

Background

The situation in the Irish children's healthcare system, in advance of Budget 2022, is one of poor access, lengthy waiting lists, and limited supports for families.

i. Access to Healthcare

Waiting Lists

Ireland was ranked 22nd out of 35 European countries in the 2018 Health Consumer Powerhouse (HCP) study, but was ranked last for accessibility. This stems from lengthy waiting

lists, a situation which has been exacerbated by the impact of Covid-19 and the HSE cyberattack.

According to August 2021 figures from the National Treatment Purchase Fund (NTPF), there are 98,328 children on waiting lists for treatment, assessments, and tests. This includes

- 29,273 children awaiting outpatient care for over 18 months.
- 1,796 children awaiting inpatient care for over 18 months.
- 12,050 children awaiting outpatient ear, nose, and throat treatment.

Since August 2019, the number of children on waiting lists has increased significantly.

- 182% increase in children awaiting inpatient care for over 18 months[^].
- 189% increase in children awaiting outpatient care for over 18 months.

Accessing care in the Community

Ireland is unique among countries in Western Europe – most people do not have access to general practice (GP) and primary care services free of charge. Children without free access visit their GP significantly less than those covered by medical or GP visit cards. Cost is a barrier to accessing primary care, with 29% of respondents to a household survey reporting that they had unmet medical needs due to the financial expense associated with visiting a GP. Comparisons with GP access in Northern Ireland (where there is universal free access) further underlines the impact of primary care access charges – 18.9% of study participants in the south went without GP care due to the cost, compared with 1.8% in the north^{^^}.

The implementation of free GP care for children has been repeatedly delayed, with only those under six benefitting prior to Budget 2022. The automatic entitlement to a medical card for all children receiving the Domiciliary Care Allowance (DCA) has been a welcome initiative in recent years.

Mental Health Services

Using the most recent data, from the HSE Management Data Report in December 2020, 2,736 children were waiting on support from Child and Adolescent Mental Health Services (CAMHS), up 17% from the previous year. 266 were waiting more than 12 months, up 25% from the previous year.

There are 98 CAMHS beds nationally, based in Dublin, Cork, and Galway, compared to 713 adult beds. The CAMHS units generally do not take out-of-hours admissions, with children in crisis only able to access an emergency department, a children's hospital, or an adult inpatient unit*. The implementation of CAMHS services, as initially set out in the *Vision for Change* recommendations, has not reached its targets. There is a shortfall of 118 psychologists** and 71 CAMHS teams, far below the target of 129.

[^] Children's Health Ireland data only

^{^^} https://www.euro.who.int/__data/assets/pdf_file/0006/260088/Health-system-responses-to-financial-pressures-in-Ireland.pdf

* <https://www.mhcirl.ie/sites/default/files/2021-06/MHC-Annual-Report-2020.pdf>

** <https://www.mentalhealthreform.ie/wp-content/uploads/2021/09/FINAL-Pre-Budget-Submission.pdf>

ii. Financial Supports for Children and their Families

Non-Medical Financial Costs of Hospital Care

Research carried out by CIH and published in its report, *Childhood Illness, Financial Stress (2020)* provides compelling evidence of the range of non-medical costs that may be incurred by parents whose child requires prolonged and/or repeated hospital care.

Parents are required to be almost constantly present with their child in hospital, restricting their ability to participate in paid employment and compounding the financial difficulties they experience. This was clearly evident in the findings of the CIH study.

- A large majority had experienced a fall in income, with their partners also faced with reduced earnings. The average weekly loss in income among respondents was €605, with partners losing a further €366 per week on average.
- One-third of parents surveyed had given up work to care for their sick child.
- 58% of parents reported a strong or extreme negative financial impact due to their child being in hospital.
- The majority indicated that they had serious concerns about their finances.
- 61% of parents reported taking on debt to meet non-medical costs, with 49% borrowing from friends or family.

Financial Supports for Parents

Currently, parents are entitled to a monthly child benefit payment of €140 per child. For children with additional care needs, further supports are available including carer's benefit, carer's allowance, domiciliary care allowance (DCA), and the annual carer's support grant. Children in receipt of DCA are also automatically entitled to a medical card.

When a child requires prolonged hospitalisation access to carer's benefit, carer's allowance, and domiciliary care allowance is restricted.

- If a child is hospitalised for more than thirteen weeks, their parents are no longer eligible for these payments.
- Parents who apply for these payments when their child enters hospital, or if they require hospitalisation from birth, cannot receive them until they leave.
- Children aged 16 and 17 are not entitled to access domiciliary care allowance.

Due to these restrictions, parents whose child requires prolonged hospitalisation are not able to access targeted state supports. The only other payment potentially available to parents is the Exceptional Needs Payment, designed to assist in meeting once-off, exceptional expenditure which cannot be covered by weekly income. CIH research indicates that this

scheme is rarely utilised by parents with children in hospital, stemming from the strict eligibility criteria.

CIH has called for a new payment to be introduced, as no element of the current social protection system currently adequately addresses the complex financial pressures which arise as a result of a child hospitalisation.

Budget 2022

The following measures are included in Budget 2022

Health

- Introduction of free GP care for children aged six and seven.
- Funding for two additional CAMHS hubs.
- Reduction in the Drug Payment Scheme threshold from €114 to €100 per month.
- Increased funding to expand GP access to diagnostics, to reduce waiting lists and promote early intervention.
- Phased measures to reduce hospital charges for children under 18.

Social Protection

- Domiciliary care allowance to be paid for up to 6 months when a child is in hospital, rising from 3 months.
- Carer's allowance to be paid for up to 6 months when a child is in hospital, rising from 3 months.
- €5 increase in the maximum weekly rate of Carer's Allowance (now €224) and Carer's Benefit (now €225).
- Increases in the earnings disregard to qualify for carer's allowance (now €350 for a single person, €750 for a couple).
- Increases in the capital disregard to qualify for carer's allowance (now €50,000, up from €30,000).

Children in Hospital Ireland (CIH) Response

Children in Hospital Ireland welcome the positive steps taken in Budget 2022 to promote the rights and welfare of children and their families before, during, and after hospitalisation.

i. Access to Healthcare

The allocations made in Budget 2022 point to a growing recognition of the importance of care in the community. The introduction of free GP care for six and seven years olds and expanded GP access to diagnostics should help to promote early intervention and reduce the number of children required to enter the hospital system. The creation of two additional CAMHS hubs and overall increase in funding for mental health services is to be welcomed.

We call for continued urgency to deliver on these commitments. We recognise that previous commitments to free GP and enhanced mental health supports have not been realised. The need is especially pressing given the rising demand for mental health services for children and young people.

ii. Financial Supports for Children and their Families

CIH have been calling for the removal of restrictions which prevent access to domiciliary care allowance and carer's allowance for some time. The three month extension is an encouraging step in the right direction. We also welcome the increases in the earnings and capital disregards to qualify for carer's allowance. These measures will make a positive difference for families, improving their financial well-being during an intensely challenging time.

The reduction in prescription charges thresholds and moves to reduce paediatric hospital charges are practical initiatives which will reduce the burden on families. Progress on this must continue in the coming years, until these charges are eliminated.

We reiterate our call that any restriction to accessing carer's benefit, carer's allowance, and domiciliary care allowance should be removed.

- Parents whose child requires a hospital stay of longer than six months should continue to be able to access these payments. The financial cost would be minimal, as only a very small number of children have a hospital stay of that length.
- Parents whose child requires hospitalisation from birth should be able to access these payments immediately and not be required to wait until the child is discharged.
- Children aged 16 and 17 should be entitled to access domiciliary care allowance.

We renew our call for

- A new social protection payment to support parents with the non-medical financial costs associated with the prolonged and/or repeated hospital care of a child.
- Adequate provision of psycho-social support to children and their families throughout the engagement with the healthcare system.
- Removal of hospital parking charges for parents of children in hospital.

Additional Material

Childhood Illness, Financial Stress Research - https://childreninhospital.ie/wp-content/uploads/2021/09/Children-in-Hospital-Report_1-FINAL.pdf

https://childreninhospital.ie/wp-content/uploads/2021/09/Children-in-Hospital-Report_1-FINAL.pdf

Hidden Costs Campaign - <https://childreninhospital.ie/hiddencosts/>

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