



**Children  
In Hospital**  
Ireland (CIH)

**Pre-Budget Submission  
2025**

Children in Hospital Ireland (CIH Ireland) is a national organisation that works to support and advocate for the well-being of children, young people and their families before, during, and after hospitalisation.

Children in Hospital Ireland's core recommendation for Budget 2025 is to provide financial assistance to help families cope with the non-medical costs of child healthcare. Overall, there are four key areas which need to be addressed to ensure children and their families receive the highest quality of care and are fully supported before, during and after hospitalisation.

## **Budget 2025 recommendations**

- 1 Introduce a new social protection payment to assist parents with the non-medical financial costs arising from the prolonged or frequent hospital care of a child.**
- 2 As an immediate step, allocate a capped fund to subsidise the travel, accommodation, food, and childcare costs for families with children in hospital.**
- 3 Invest in Health Play Services. Health Play Specialists to be available in all paediatric units in hospitals across Ireland**
- 4 Address waiting lists and wait times so children have timely access to healthcare. Particular emphasis on mental health care and the need for additional resources**

# 1

## Introduce a new social protection payment to assist parents with the non-medical financial costs arising from the prolonged or frequent hospital care of a child

CIH Ireland is calling for Budget 2025 to prioritise the investment to support the non-medical financial costs associated with the hospital care of a child. This will ensure that childhood illness does not contribute to poverty, disadvantage or social exclusion for the sick child, their siblings, or their family.

***"While your child is in hospital your weekly budget basically doubles. It is like running two households at once"***

**Quote from parent**

The existing statutory financial supports available through the social protection system do not adequately respond to the unique situation faced by parents whose child requires prolonged and/or repeated hospital care. While some families may be in receipt of domiciliary care allowance (DCA) and carer's benefit/carers allowance, these payments are intended to assist parents with the costs of caring for children with additional needs at home. When a child requires prolonged hospitalisation access to carer's benefit/carers allowance, and domiciliary care allowance is restricted, as it is held that the cost of caring for the child is covered by the State. This fails to recognise the significant additional costs that parents are faced with in travelling to be with their child, additional child care for other children and many other expenses.

Children in Hospital Ireland's research and report; Childhood Illness, Financial Stress (2020), provides compelling evidence of the range of non-medical financial costs which may be incurred by parents whose child requires prolonged and/or repeated hospital care. Significant costs faced by parents include travel, parking, food, accommodation, childcare for other children, and mental health supports.

The impact of these costs for families with a child that requires hospitalisation was further confirmed by the Northern Ireland Children's Health Coalition, who carried out research and published *The Hidden Costs of Having a Child in Hospital in Northern Ireland* [2]. *"Caregivers reported significant financial ramifications of having a child who experienced inpatient care."* NI Children's Health Coalition (2023).

To alleviate this, we recommend the development of a social protection payment to support parents and guardians with the non-medical costs that arise with long-term or frequent hospital care of a child. Parents should be entitled to the payment on a week-by-week basis. If a child requires a stay of more than four consecutive days their parents should be eligible for the payment for that week, with that entitlement being extended if the child remains in hospital for additional weeks. Furthermore, the payment should also be accessible to families that require frequent visits for ongoing

treatment as these families are also impacted by significant costs. Applications could be made by parents to the Department of Social Protection with a medical sign-off required from the child's consultant.

## 2

### **Allocate a capped fund to subsidise the non-medical costs for families with children in hospital**

As an immediate measure, we recommend allocating a capped fund to provide immediate assistance to families, which has proven to be a successful method of support within the UK. In 2021, the Scottish Government launched the Young Patients Family Fund [3]. The fund provides financial support for the families of inpatients from birth up to the age of 18 and covers costs such as food, travel and overnight accommodation where necessary. Claims can be made on a weekly basis when a child is in hospital or for up to three months after discharge. The Northern Ireland Children's Health Coalition has also called for a £4 million fund to assist families with a child that requires hospitalisation in the UK and Ireland [5]. In line with the UK and Northern Ireland, we recommend allocating an initial €9.5 million for families to claim non-medical expenses incurred on a receipt basis.

**Can claim up to €700 as a once off payment once per year**

**Criteria can include:**

- Have spent 3 consecutive nights in hospital or
- Attended 10 outpatient appointments in the previous 6 months or
- Receive a diagnosis from medical professional who assesses the child will need at least 10 outpatient appointments in the coming year

The Fund could be administered by an existing charity with knowledge and experience in the children's health sector. Funding for administrative support to run the scheme should be allocated by Government.

# 3

## Invest in Health Play Services

CIH is calling on the Government to invest immediately in Health Play Services for all children in hospital. According to our 2024 research [4], there are currently 38 Health Play Specialists (many of whom are part time) in the Republic of Ireland. However, there are nine regional and specialist hospitals which have children's wards but have no Play Specialists. We are calling for this to be rectified immediately in order to ensure that a child's right to play according to the UNCRC [5], is upheld and also in recognition of the fact that by providing play in hospitals a child can recover more quickly, experience less trauma associated with procedures and treatment and also experience an element of normality during what can be a very stressful time.

In line with the proposed new policy on play which is scheduled for development by DCEDIY in 2025, we are asking the Government to take particular note of the need for play for children in hospitals and to resource this accordingly.

# 4

## Address wait lists and wait times so children have timely access to healthcare

Wait times can have a significant impact on a child and in cases, can lead to the deterioration of their condition and reduce their quality of life.

While there have been some improvements in waiting list statistics for children and young people to attend healthcare, there are still too many who are waiting beyond the Sláintecare targets. In February 2024, there were almost 10,000 children on inpatient waiting lists and 72% of those have been waiting more than 12 weeks. In addition, there were over 79,000 children on outpatient lists of whom 74% were waiting over 10 weeks. The risks of decreased positive outcomes for children waiting for hospital treatment are very serious due to the development stages of children and how their growth and development can change or add to the presentation of the medical condition.

In relation to mental health, the waiting lists for CAMHS services continue to cause concern. We welcome the appointment in 2023 of the new Clinical Lead for Youth Mental Health but continue to see a severe shortage in psychiatrists and other mental health staff to help ease the wait times for young people. There have been improvements in some areas of the country in terms of reducing wait lists but there are still areas where the lists are unacceptably long. The shortage of inpatient beds is very concerning and we urge the Government to make the re-opening of these beds a priority in order to ensure a safer a quicker recovery for those young people who need inpatient care.

Recent figures by the HSE have also shown a continuing shortage of child inpatient psychiatric beds with a 40% drop in admissions to the four public Child and Adolescent Mental Health Services (CAMHS) approved centres last year due to staff shortages. This is unacceptable [14]. We call on the Government in Budget 2024 to urgently allocate expenditure to address the shortage of beds, lack of adequate facilities and consultant and staff vacancies.

Every child and young person deserves and has a right to timely access to healthcare and Budget 2025 should consider the health of our young population to be a priority for investment.

[1] Childhood Illness, Financial Stress 2020. [https://childreninhospital.ie/wp-content/uploads/2021/08/Children-in-Hospital-Report\\_1-FINAL.pdf](https://childreninhospital.ie/wp-content/uploads/2021/08/Children-in-Hospital-Report_1-FINAL.pdf)

[2] [https://pure.ulster.ac.uk/ws/portalfiles/portal/121237275/Child\\_In\\_Hospital\\_Hidden\\_Costs\\_Report\\_v20.pdf](https://pure.ulster.ac.uk/ws/portalfiles/portal/121237275/Child_In_Hospital_Hidden_Costs_Report_v20.pdf)

[3] <https://www.mygov.scot/young-patients-family-fund>

[4] <https://childreninhospital.ie/wp-content/uploads/2024/06/Play-Infographic-v8.pdf>

[5] Convention on the Rights of the Child text | UNICEF <https://www.unicef.org/child-rights-convention/convention-text>

[6] [Ceisteanna ar Sonraíodh Uain Dóibh - Priority Questions – Dáil Éireann \(33rd Dáil\) – Thursday, 29 Feb 2024 – Houses of the Oireachtas](#)



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