

National Ability Supports System (NASS)

NASS Regional Bulletin for CHO 2-Galway, Mayo, Roscommon, 2022

Research. Evidence. Action.

1 Background

This bulletin is based on validated data extracted from the National Ability Supports System (NASS) at the end of December 2022 for Community Healthcare Organisation (CHO) area 2. NASS is a national database that records information about current Health Service Executive (HSE) disability-funded¹ services and services required in the next 5 years. Disability-funded services can be required as a result of an intellectual disability (ID); developmental delay, physical, sensory, neurological,² learning, and speech and/or language disabilities; or autism. Mental health is only recorded on NASS where an individual is in receipt of a HSE disability-funded service.

The purpose of NASS is to gather information from service providers in order to aid the planning, development, and organisation of HSE disability-funded services. A person is eligible to be registered on NASS if they receive or require (either currently or within the next 5 years) a HSE disability-funded service as identified by their service provider.

There are some 18 year olds who have moved to adult services while others remain in children's services until they finish secondary school. In this bulletin, 'children' includes service users aged 18 years and under who are engaging with children's disability services, and 'adults' refers to those engaging with adult disability services.

This bulletin presents an overview of the information recorded on NASS for people engaging with disability services in CHO 2. In total, 7,245 people are included in this bulletin, of which 4,018 are children and 3,227 are adults.

¹ 'HSE disability -funded' refers to the budget the HSE uses to fund services for people with disabilities. In 2022, the overall budget for disability services was €2.4 billion. See https://www.gov.ie/en/press-release/59a35-minister-anne-rabbitte-announces-disability-services-budget-for-2023/

² A neurological disability can include epilepsy, spina bifida, Alzheimer's disease, multiple sclerosis, acquired brain injury, and Parkinson's disease. This term applies to impairments of the nervous system.

1.1 Data collection

Information on NASS is captured under four headings:

- Service user details
- Primary carer details
- Disability type and diagnosis, and
- Services.

A primary disability should be recorded by the service provider for every person on NASS. There is also an option for reporting additional disability type(s). A primary disability refers to the disability which most restricts a person's ability to take part in daily life and/or the disability that gives rise to using/needing the most disability-funded services.

Within the Services heading, NASS captures 77 service options across 6 service types:

- Residential setting
- Day services
- Day respite
- Overnight respite
- Supports for daily living (for example, home support, a personal assistant, or community support), and
- Specialist supports (for example, physiotherapy, speech and/or language therapy, or occupational therapy).

Service providers record information about current services funded through the HSE disability budget and services identified as being currently required or that will be required within the next 5 years.

1.2 Limitations of the data

It is important to note that the data returned for children by the newly established Children's Disability Network Teams (CDNTs) are less complete than the data provided by service providers for adults accessing HSE disability-funded services. Overall, a significant increase in the number of children registered on NASS was achieved in 2022. However, the data are largely incomplete for most of these children. Work is ongoing with our partners in the HSE to improve the completeness of these data.

2 Profile of children engaging with children's disability services in CHO 2

2.1 Number of children registered on NASS in CHO 2 in 2022

In 2022, there were 4,018 children registered on NASS as receiving their main service in CHO 2.

2.2 Demographic profile

Information on sex at birth was available for 3,974 children (99%). There were more male (2,736; 69%) children than female (1,238; 31%) children registered on NASS in CHO 2.

Over two-fifths of children were aged 5-12 years (43%; 2,165), 39% (978) were aged 13-17 years, 16% (767) were aged 0-4 years and 2% (108) were aged 18 years (Table 1).

Table 1 Number of children registered on NASS for children's disability services in CHO 2 by age group and sex, 2022

		Male		Female	Data on s pr	sex not ovided		Total
Age groups	n	%	n	%	n	%	n	%
0-4 years	501	12.5	259	6.4	7	0.2	767	15.9
5-12 years	1545	38.5	601	15.0	19	0.5	2,165	43.2
13-17 years	618	15.4	343	8.5	17	0.4	978	38.6
18 years	72	1.8	35	0.9	1	0.0	108	2.3
Total	2,736	68.1	1,238	30.8	44	1.1	4,018	100.0

2.3 Reported disabilities

Primary disability type was recorded for 3,661 children (91%). Where primary disability type was known, the most frequently reported primary disability type was ID (1,027; 28%), followed by autism (913;25%) and, physical (355; 10%) (Table 2).

Table 2 Primary disability among children registered for children's disability services on NASS by sex, 2022

		Male		Female		Total
Primary disability	n	%	n	%	n	%
Intellectual	671	65.3	356	34.7	1,027	28.1
Autism	673	73.7	240	26.3	913	24.9
Physical	233	65.6	122	34.4	355	9.7
Neurological	89	58.2	64	41.8	153	4.2
Developmental delay (children aged under 10 years only)	91	74.0	32	26.0	123	3.4
Speech and/or language	63	72.4	24	27.6	87	2.4
Hearing loss and/or deafness	12	52.2	11	47.8	23	0.6
Visual	12	54.5	10	45.5	22	0.6
Specific learning difficulty (other than intellectual)	~	~	~	~	~	~
Not verified*	657	68.8	298	31.2	955	26.1
Total	2,053	68.4	1,158	31.6	3,661	100.0

^{*} Not verified- Where the type of disability has not been verified for an individual by an appropriate healthcare professional.

2.4 Additional disabilities

A total of 758 children had at least one additional disability along with their primary disability recorded. The most commonly reported additional disability was a physical disability (364), followed by a speech and/or language disability (264) and autism (88).

 $^{^{\}sim}$ In order to protect against the risk of indirect identification of individuals, values less than 5 have been suppressed.

3 Profile of adults engaging with adult disability services in CHO 2

3.1 Number of adults registered on NASS in CHO 2 in 2022

In 2022, there were 3,227 adults engaging with adult disability services in CHO 2.

3.2 Demographic profile

There were more male (1,687; 52%) adults registered in CHO 2 compared with females (1,540; 48%). Table 3 shows the age and sex breakdown of adults in CHO 2.

Table 3 Number of adults registered in adult disability services in CHO 2 by age group and sex, 2022

		Male		Female		Total
Age groups	n	%	n	%	n	%
18-24 years	314	9.7	194	6.0	508	15.7
25-39 years	470	14.6	348	10.8	818	25.3
40-59 years	585	18.1	620	19.2	1,205	37.3
60-69 years	204	6.3	249	7.7	453	14.0
≥ 70 years	114	3.5	129	4.0	243	7.5
Total	1,687	52.3	1,540	47.7	3,227	100.0

3.3 Occupational status

Information on occupational status was available for 87% (2,797) of the 3,227 adults accessing or requiring an adult HSE disability-funded service in 2022, in CHO 2, of whom:

- One-half (50%; 1,400) were unable to work due to a disability.
- One-quarter (25%; 685) were in a training or day programme.
- Seven percent (208) were unemployed.
- Six percent (169) were in paid employment.
- Five percent (131) were retired.
- Four percent were students (123).
- The remaining 3% had 'other occupational status' recorded (2%;61) or were engaged in home duties (1%; 20).

3.4 Ethnicity or cultural background

Where ethnicity or cultural background information was known (2,032;63% of the total), 94% (1,912) of adults were Irish. A total of 4% (74) were from any other white background.

3.5 Living arrangements

Information on living arrangements was available for 92% (2,957) of the 3,227 adults accessing or requiring adult HSE disability-funded services in CHO 2, of whom:

- Three-fifths (60%; 1,776) were residing with family members.
- Over one-quarter (27%; 798) were living in a residential setting.
- Over one-in-ten were living alone (11%; 324).
- The remaining 2% (59) were living with non-relatives.

3.6 Reported disabilities

The most frequently reported disability amongst adults in CHO 2 was an ID (2,091; 65%), followed by a neurological disability (581; 18%) and autism (241; 8%) (Table 4).

Table 4 Primary disability among adults registered for adult disability services on NASS by sex, 2022

		Male		Female		Total
Primary disability	n	%	n	%	n	%
Intellectual	1,192	57.0	899	43.0	2,091	64.8
Neurological	188	32.4	393	67.6	581	18.0
Autism	185	76.8	56	23.2	241	7.5
Physical	43	34.1	83	65.9	126	3.9
Visual	38	40.9	55	59.1	93	2.9
Hearing loss and/or deafness	19	33.3	38	66.7	57	1.8
Mental health*	14	51.9	13	48.1	27	0.8
Specific learning difficulty (other than intellectual)	~	~	0	0.0	~	~
DeafBlind (dual sensory)	~	~	~	~	~	~
Not verified**	5	71.4	~	~	~	~
Total	1,687	52.3	1,540	47.7	3,227	100.0

^{*} All those with a primary disability of mental health had a secondary disability type eligible for HSE disability-funded services.

^{**} Not verified- Where the type of disability has not been verified for an individual by an appropriate healthcare professional.

[~] In order to protect against the risk of indirect identification of individuals, values less than 5, or where individuals may be identified, have been suppressed.

3.7 Additional disabilities

A total of 1,171 adults had at least one additional disability along with their primary disability recorded. The most commonly reported additional disability was a physical disability (431), followed by a speech and/or language disability (389), and a visual disability (224).

3.8 Primary carer

Of adults registered on NASS who do not live in a residential setting (2,429; 75%), three-fifths (60%; 1,450) reported having a primary carer; almost all of these individuals live with their primary carer (95%; 1,374).

The majority (77%; 1,115) of primary carers were parents, 10% (146) were siblings, 8% (110) were a wife/husband/partner and 2% (29) were a daughter/son. The remaining 3% were either a non-relative (2%;32) or another relative (1%; 16). Age was recorded for 87% (1,261) of primary carers; 42% (524) of whom were aged 60 years and over.

4 Services

NASS collects information on the HSE disability-funded services people with disabilities use and/or will require in the next 5 years, as reported by their service providers, in the following categories:

- Residential and home support services
- Day services
- Day and overnight respite, and
- Support services (including personal assistant (PA), multidisciplinary, and specialised disability supports).

The information presented in this section represents whether a service was recorded as:

- Current services: The number of places accessed in the reporting year.
- Enhancement required to current services: The number of places accessed which require an enhancement in the next 12 months; for example, additional hours/days or additional support.
- New services required: The number of new places required for those not in receipt of that service but who require it now or will require it within the next 5 years.

This section reports on children and adults engaging with disability services. Information on residential services, respite (day and overnight) services, and supports for daily living is presented for the full cohort of people. Information on specialist supports for children is incomplete; therefore, these data are only presented for adults.

Individuals may access one or more services within our broad categories of services outlined e.g. a person can access both centre based day respite and day respite in their own home over the calendar year.

4.1 Current service provision

The following outlines 2022 data for current service provision in CHO 2.

- A total of 806 people were recorded as living in a residential setting in CHO 2.
 - o The majority (99%; 803) were adults.
 - A community group home with five to nine residents was the most commonly accessed residential service (381), followed by a house in the community (380) and a residential centre on campus (32).
 - Of the 806 people living in a residential setting, 23% (182) require an enhancement to their current service.
- There were 347 people accessing home support.
 - o Of these, 115 were children and 232 were adults.
 - Of the 347 people accessing home support, 21% (73) required an enhancement to their current service.
- A total of 2,205 adults accessed at least one day service.
 - A day programme was the most commonly accessed (1,967; 89%) type of day service.
 - Rehabilitative training was received by 216 adults and neuro-rehabilitative training was accessed by 46 adults.
 - Of the 2,205 adults accessing a day service, 14% (300) of their day services require an enhancement to their current service.
- Overall, 78 people accessed day respite in CHO 2.
 - o Of these, 15 were children and 63 were adults.
 - Of the day respite places provided, 66 were centre-based respite, 8
 accessed day respite through a home sharing arrangement.
 - Of the 78 people accessing day respite, 18% (14) required an enhancement to their service.

- A total of 366 people accessed 374 overnight respite places.
 - o Of these, 30 were children and 336 were adults.
 - The most commonly accessed type of overnight respite was a house in the community or a dedicated respite centre (331), followed by accessing overnight respite through a home sharing arrangement (38).
 - A total of 20,335 nights of overnight respite were received in CHO 2.
 Children accessed 1,319 nights and adults accessed 19,016 nights in 2022.
 - Of the 366 people accessing overnight respite, 66% (241) require an enhancement to their current service.
- There were 404 people in receipt of community support. Of these, 251 were children and 153 were adults.
- Additionally, 277 people accessing the services of a PA, of which 226 were adults.
- Of the 4,018 children registered on NASS in CHO 2, 99% (3,958) were assessed and found to require the support of a multidisciplinary CDNT.
- 1,337 adults accessed 2,246 specialist supports.
 - The most commonly accessed specialist support services were social work (442), key worker (272), physiotherapy (220) and speech and language therapy (220).
 - Of the 1,337 adults accessing specialist support services, 24% (320) required an enhancement to at least one of their specialist supports.

4.2 New services required for 2022–2027

As outlined in Section 1, NASS collects information on the HSE disability-funded services that people with disabilities currently use and/or will require in the next 5 years. New services required are the number of new places that service providers have identified as being required by people who are not yet in receipt of a particular type of service but who need it now or will need it within the next 5 years.

The following outlines data regarding new services required for 2022-2027, as identified by service providers in CHO 2.

- A total of 223 people were identified by service providers as requiring a residential service.
 - o Of these, 220 were adults.
 - Of the residential services required, 85% (190) are for a place in a house in the community with four or fewer residents.
- Home support was required for 41 people, all of whom were adults.
- Overall, 21 adults require a day service, of which 11 require rehabilitative training and 10 require a day programme.
- A total of 11 people require a day respite service.
- Overall, 132 people require overnight respite.
 - o Of these, 18 were children and 114 were adults.
 - Overnight respite in a house in the community or a dedicated house in the community is the most commonly required (102), followed by a home sharing arrangement (19).
- Community support is required by 63 people, of whom 6 were children and 57 were adults.
- A personal assistant was required by 40 people, 38 of whom were adults.
- Overall, 426 adults require a specialist support.
 - The specialist supports most commonly required are speech and language therapy (213), social work (90) and occupational therapy (88).