

National Ability Supports
System (NASS)

**NASS Regional Bulletin
for CHO 9-Dublin North,
Dublin North Central,
Dublin North West, 2022**

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 9. 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 9. In total, 9,818 people are included in this bulletin, of which 5,992 are children and 3,826 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 9

2.1 Number of children registered on NASS in CHO 9 in 2022

In 2022, there were 5,992 children registered on NASS as receiving their main service in CHO 9.

2.2 Demographic profile

Information on sex at birth was available for 5,957 children (99%). There were more male (4,267; 72%) children than female (1,690; 28%) children registered on NASS in CHO 9.

Three-fifths of children were aged 5-12 years (60%; 3,602), 22% (1,333) were aged 13-17 years, 16% (947) were aged 0-4 years, and 2% (110) were aged 18 years (Table 1).

Table 1 Number of children registered on NASS in child disability services in CHO 9 by age group and sex, 2022

Age groups	Male		Female		Data on sex not provided		Total	
	n	%	n	%	n	%	n	%
0-4 years	657	11.0	280	4.7	10	0.2	947	15.8
5-12 years	2,586	43.2	997	16.6	19	0.3	3,602	60.1
13-17 years	947	15.8	380	6.3	6	0.1	1,333	22.2
18 years	77	1.3	33	0.6	0	0.0	110	1.8
Total	4,267	71.2	1,690	28.2	35	0.6	5,992	100.0

2.3 Reported disabilities

Primary disability type was recorded for 5,219 children (87%). Where primary disability type was known, the most frequently reported primary disability type was ID (854; 16%) and autism (764; 15%).

Table 2 shows the breakdown of primary disability by sex.

Table 2 Primary disability among children registered for children's disability services in CHO 9 on NASS by sex, 2022

Primary disability	Male		Female		Total	
	n	%	n	%	n	%
Intellectual	571	66.9	283	33.1	854	16.4
Autism	604	79.1	160	20.9	764	14.6
Physical	236	57.4	175	42.6	411	7.9
Neurological	144	60.0	96	40.0	240	4.6
Visual	96	59.3	66	40.7	162	3.1
Developmental delay (under 10 years only)	28	63.6	16	36.4	44	0.8
Speech and/or language	28	66.7	14	33.3	42	0.8
Hearing loss/deafness	20	62.5	12	37.5	32	0.6
Specific learning difficulty (other than intellectual)	9	75.0	~	~	~	~
DeafBlind (dual sensory)	~	~	0	0.0	~	~
Mental health*	~	~	0	0.0	~	~
Not verified**	1,969	74.2	686	25.8	2,655	50.9
Total	3,708	71.0	1,511	29.0	5,219	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.

2.4 Additional disabilities

A total of 589 children had at least one additional disability along with their primary disability recorded. The most commonly reported additional disability was a speech and/or language disability (188), followed by a neurological disability (158), and a physical disability (136).

3 Profile of adults engaging with adult disability services in CHO 9

3.1 Number of adults registered on NASS in CHO 9 in 2022

In 2022, there were 3,826 adults engaging with adult disability services in CHO 9.

3.2 Demographic profile

There were more male (2,022; 53%) adults registered in CHO 9 compared with females (1,804; 47%). Table 3 shows the age and sex breakdown of adults in CHO 9.

Table 3 Number of adults registered in adult disability services in CHO 9 by age group and sex, 2022

Age groups	Male		Female		Total	
	n	%	n	%	n	%
18-24 years	479	12.5	244	6.4	723	18.9
25-39 years	529	13.8	349	9.1	878	22.9
40-59 years	669	17.5	694	18.1	1,363	35.6
60-69 years	276	7.2	352	9.2	628	16.4
≥ 70 years	69	1.8	165	4.3	234	6.1
Total	2,022	52.8	1,804	47.2	3,826	100.0

3.3 Occupational status

Information on occupational status was available for 79% (3,032) of the 3,826 adults accessing or requiring an adult HSE disability-funded service in 2022, in CHO 9, of whom:

- Over one-half (53%; 1,599) were in a training or day programme.
- Fourteen percent (418) were unable to work due to a disability.
- Over one in ten (12%; 360) were in paid employment.
- Seven percent (200) were unemployed.
- Six percent (190) were retired.
- Four percent (135) were students.
- The remaining 4% had either 'other occupational status' recorded (4%;120) or were engaged in home duties (<1%; 10).

3.4 Ethnicity or cultural background

Where ethnicity or cultural background information was known (1,738;45% of the total), 93% (1,621) of adults were Irish. A total of 3% (57) were from any other white background and 2% (29) were Black African.

3.5 Living arrangements

Information on living arrangements was available for 92% (3,533) of the 3,826 adults accessing or requiring adult HSE disability-funded services in CHO 9, of whom:

- Nearly three-fifths (59%; 2,077) were residing with family members.
- Nearly one-third (31%; 1,099) were living in a residential setting.
- Nearly one-in-ten were living alone (9%; 326).
- The remaining 1% (31) were living with non-relatives.

3.6 Reported disabilities

The most frequently reported disability amongst adults in CHO 9 was an ID (2,281; 60%), followed by a neurological disability (673; 18%) and a physical disability (319; 8%) (Table 4).

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

Primary disability	Male		Female		Total	
	n	%	n	%	n	%
Intellectual	1,194	52.3	1,087	47.7	2,281	59.6%
Neurological	338	50.2	335	49.8	673	17.6%
Physical	139	43.6	180	56.4	319	8.3%
Visual	122	50.8	118	49.2	240	6.3%
Autism	206	77.4	60	22.6	266	7.0%
Mental health*	10	62.5	6	37.5	16	0.4%
DeafBlind (dual sensory)	~	~	~	~	~	~
Specific learning difficulty (other than intellectual)	~	~	~	~	~	~
Hearing loss/deafness	0	0.0	~	~	~	~
Speech and/or language	~	~	0	0.0	~	~
Not verified**	~	~	7	63.6	~	~
Total	2,021	52.9	1,803	47.1	3,824	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 1,063 adults had at least one additional disability along with their primary disability recorded. The most commonly reported additional disability was a physical disability (433), followed by autism (191) and a speech and/or language disability (188).

3.8 Primary carer

Of adults registered on NASS who do not live in a residential setting (2,727; 71%), 64% (1,731) reported having a primary carer; almost all of these individuals live with their primary carer (92%; 1,596).

The majority (75%; 1,305) of primary carers were parents, 11% (188) were siblings, 9% (159) were a wife/husband/partner, 2% (29) were a son/daughter. The remaining 2% were either another relative (24;1%) or a non-relative (1%; 22). Age was recorded for 33% (578) of primary carers; 32% (182) 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 services
- Day services
- Day and overnight respite, and
- Supports for daily living (including home support and personal assistant (PA))
- Specialist supports (including 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 9.

- A total of 1,103 people were recorded as living in a residential setting in CHO 9.
 - The majority (99%; 1,091) were adults.
 - A community group home with five to nine residents (535) was the most common type of residential setting, followed by a residential house in the community (217) and a residential centre (194).
 - Of the 1,103 people living in a residential setting, 8% (90) require an enhancement to their current service.
- There were 805 people accessing home support.
 - Of these, 187 were children and 618 were adults.
 - Of the 805 people accessing home support, 54 people require an enhancement to their service.
- A total of 2,332 adults accessed at least one day service.
 - A day programme was the most commonly accessed (2,184; 94%) type of day service.
 - Rehabilitative training was received by 162 adults and neuro-rehabilitative training was accessed by 5 adults.
 - Of the 2,332 adults accessing a day service, 15% (350) of their day services require an enhancement to their current service.
- Overall, 182 people accessed day respite in CHO 9.
 - Of these, 28 were children and 154 were adults.
 - Of the day respite places provided, 161 were centre-based respite and 27 were home sharing arrangements.
 - Of the 182 people accessing day respite, 24% (43) required an enhancement to their service.

- A total of 447 people accessed 471 overnight respite places.
 - Of these, 100 were children and 347 were adults.
 - The most commonly accessed type of overnight respite was house in the community or a dedicated respite centre (358), followed by holiday respite in a centre or summer camp (99).
 - A total of 8,270 nights of overnight respite were received in CHO 9. Children accessed 2,658 nights and adults accessed 5,612 nights in 2022.
 - Of the 447 people accessing overnight respite, 9% (41) require an enhancement to their current service.
- There were 233 people in receipt of community support, of whom 218 were adults.
- Of the 5,992 children registered on NASS in CHO 9, 95% (5,666) were assessed and found to require the support of a multidisciplinary CDNT.
- 2,721 adults accessed 8,752 specialist supports.
 - The most commonly accessed specialist support services were social work (1,449), physiotherapy (1,129) and psychiatry (959).
 - Of the 2,721 adults accessing specialist support services, 46% (1,260) 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.

- A total of 229 people were identified by service providers as requiring a residential service
 - Of these, 9 were children and 220 were adults.
 - Of the residential services required, 99% (226) are for a place in a house in the community with four or fewer residents.
- Home support is required by 17 people.
- Overall, 22 adults require a day service, all of whom require a day programme.
- A total of 12 people require a day respite service.
- Overall, 76 people require overnight respite.
 - Overnight respite in a house in the community is the most commonly required (55).
- Overall, 146 adults require at least one specialist support.
 - The specialist supports most commonly required are occupational therapy (42), followed by chiropody (33) and dentistry (33).