# IRISH SOCIETY OF COMMUNITY AND PUBLIC HEALTH MEDICINE



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# **Letter to Minister Norma Foley**

Minister for Children, Disability, and Equality

**Subject: Urgent Action Required to Address Long Waiting Lists for Community Services** 

Dear Minister Foley,

I am writing on behalf of the Irish Society of Community and Public Health Medicine (ISCPHM), representing over 150 doctors dedicated to community medicine and public health. We wish to highlight the critical need for urgent action to address the persistent and growing delays in accessing disability services and other essential community services for children.

Community Medical Doctors (CMDs) carry out developmental and growth assessments for children under six years of age, based on referrals from Public Health Nurses (PHNs), General Practitioners (GPs), or other primary care therapists. Referrals are made when concerns arise regarding a child's growth or developmental progress. The majority of CMDs have extensive paediatric experience, and expertise in community preventative measures, often holding qualifications in General Practice, Paediatrics and Public Health. Many children with suspected Autism Spectrum Disorder (ASD) are first identified and assessed in CMD clinics. In 2023, CMDs nationally received approximately 23,000 referrals, with data from some counties indicating that 10% of these cases required further referral to Children's Disability Network Teams (CDNTs). Following the COVID-19 pandemic, we are seeing unprecedented numbers of children with complex needs and broader primary care requirements.

The prevalence of ASD in Ireland has risen from 1 in 59 children in 2018 to an estimated 1 in 20 in 2025. At present, 14,000 children are waiting for access to disability services, 15,000 children are waiting longer than six months for an Assessments of Needs — with that number expected to grow to 25,000 by the end of this year. In addition to thousands awaiting support in psychology, dietetics, physiotherapy, occupational therapy, and speech and language therapy. The wait time for an ASD assessment ranges from 18 to 84 months, resulting in missed opportunities for timely intervention. In Ireland, the average age of ASD diagnosis is 8 years—significantly later than the international average of 4 to 5 years.

Without timely intervention, these children are at risk of failing to reach their full potential. Furthermore, they are more exposed to bullying, low self-esteem, and poor school attendance. The delays for access to the service have serious consequences for these children, including increased developmental, educational, behavioural, and mental health challenges. These challenges affect not just the child but also

the family. Parents are at higher risk of mental health issues, strain and tension in family relationships, and undue financial burden. Delayed management for these children will create greater needs over time, requiring additional services, and increasing costs and public expenditure in the medium-to-long-term. Continuation of this problem may cause families to lose trust in local authorities and the healthcare, education, and welfare systems.

More than 50% of ASD diagnoses are currently obtained through private services, creating a stark inequity for families who cannot afford such access. This inequality will deepens the divide between the wealthier and more disadvantaged families.

Prevention is far more cost-effective than crisis management. Evidence shows that for every €1 spent on early intervention, up to €13 can be saved through reduced future demand on health, education, welfare, and the justice system.

Despite our Society, the ISCPHM, making repeated efforts to raise concerns—including a 2023 meeting with Ann Bourke and Mac McLaughlin, and written communication with David Walsh, HSE National Director of Community Operations—there has been no substantial improvement. Mr. Walsh acknowledged the challenges within the disability service, further highlighting the ongoing systemic issues.

To address this crisis, urgent resource reallocation is needed to recruit and train additional therapists and professionals who can help eliminate the backlog. CMDs, given their expertise, could play a valuable role in the diagnostic process if provided with appropriate training and support. Expanding the roles of CMD will help create a cohort of community doctors who can make the diagnosis in association with other Primary Care professionals. Each ASD diagnostic assessment takes approximately 10 hours; with proper resources, CMDs could significantly contribute to reducing wait times.

We therefore propose the following short-term and long-term actions:

### **Short-Term Measures:**

- Increased investment in community services.
- Expanding capacity in psychology, dietetics, physiotherapy, occupational therapy, and CMDs through targeted recruitment and improved working conditions, thereby enabling the HSE to compete with the private sector.
- Utilizing locum appointments and targeted funding to reduce waiting lists.
- Lifting the HSE embargo on hiring community staff.
- Implement as a matter of urgency the recommendations made by the Ombudsman for Children in their 2020 report, Unmet Needs: A Report on the Challenges Faced by Children in Ireland Who Require an Assessment of Their Needs.

# **Long-Term Measures:**

- Enhancing interagency collaboration across health, education, and social services.
- Supporting research into the rising prevalence of ASD—an initiative ISCPHM is willing to lead, pending resource allocation.
- Discussion with CMDs and other bodies regarding the possibility of developing and funding medical training programs to support CMDs' role expansion and involvement in the diagnostic process.

We welcome the opportunity to collaborate on solutions and contribute to addressing this urgent issue. Thank you for your time and consideration and we look forward to your response.

Your's sincerely,

Dr Hafi Saad (MD, MPH, and PhD) Honorary President/ISCPHM

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CC: Minister of Health, Jennifer Carroll Mc Neill

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