



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Straitéis agus Pleanáil Oifig na Míchumas,  
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Deputy Paul Murphy  
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Dear Deputy Murphy

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary question, which was submitted to this department for response.

#### **PQ 19280/20**

*To ask the Minister for Health the number of children under 18 years of age that have an acquired brain injury; the person or body that records data on children with the injury; the national strategy for the rehabilitation of children with the injury; and if such a national strategy exists, the steps being taken to implement the strategy for children with same.*

#### **HSE Response**

Acquired Brain Injury (ABI), which includes injury from traumatic and non-traumatic causes, is a leading cause of disability worldwide. Children with ABI often have lifelong and changing needs.

Figures from the UK suggest an incidence rate of 450 per 100,000 for all childhood head injury based on Emergency Department (ED) attendances, of which 40-50 per 100,000 (10%) will sustain a moderate to severe brain injury with temporary or lasting neurological sequelae (Yates et al, 2006).

These figures do not include children who sustain an ABI from non-traumatic origins and children who do not present to ED.

This detail is not gathered by the Disability Services at National Level. In Ireland this data is collected via HIPE (Hospital In-Patient Enquiry) for those who were admitted to acute hospitals.

Data for those who required rehabilitation post ABI would be reflected in the waiting list for the National Rehabilitation Hospital which is the only inpatient facility offering consultant led complex specialist rehabilitation for children. It offers an inpatient service and limited outreach services.

Paediatric rehabilitation uses generic principles of functional intervention but incorporates the essentials of growth and development. To ensure that the child/young person effectively moves through this continuum, a coordinated approach is required from referral stage through to discharge and integration with community services.

This requires a clear model of care for children with rehabilitation needs following acquired neurological conditions and a strong hub and spoke arrangement within the wider paediatric services.



Building a Better Health Service

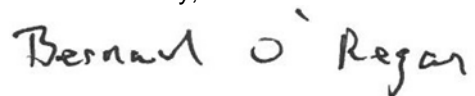
CARE COMPASSION TRUST LEARNING

This model is outlined in Chapter 44 of the National Model of Care for Paediatric Healthcare Services in Ireland which is available at:

<https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/paediatric-specialist-rehabilitation.pdf>

This describes what the rehabilitation journey should look like from acute hospital through to ongoing support in the community.

Yours sincerely,



**Bernard O'Regan,**  
**Head of Disability Strategy and Planning**