

Straitéis agus Pleanáil Oifig na Míchumas, 31-33 Sráid Chaitríona, Luimneach.

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27th October 2020

Deputy Paul Murphy Dail Eireann, Leinster House, Kildare Street, Dublin 2.

E-mail: paul.murphy@oireachtas.ie

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 30519/20

To ask the Minister for Health the number of children under 18 years of age that have acquired brain injury; the person or body that records data on children that have ABI; if the national strategy is for rehabilitation of children who have ABI; his plans to implement the national strategy; if such a strategy exists for children that have ABI; and if he will make a statement on the matter.

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.



The National Strategy & Policy for Neurorehabilitation Services in Ireland 2011-2015 and its supporting implementation framework addresses the needs of adults with neurological conditions who require neuro-rehabilitation.

There is no equivalent strategy for children specific to neurorehabilitation, however, there are a number of chapters in the Model of Care of the National Clinical Programme for Paediatrics and Neonatology, specifically the chapter on Specialist Rehabilitation which describes the continuum of care for children with acquired brain injury (and other conditions) which includes reference to the need for a coordinated approach from referral stage through to discharge and integration with community services.

Yours sincerely,

Bernard O'Regan,

Head of Disability Strategy and Planning

