

Children and Youths with acquired brain damage

Children and youths with acquired brain damage is a small target-group. It places special demands on how one organizes the effort, when it is about retraining and rehabilitation.

Children and youths with acquired brain damages have gotten injuries in the brain at some point, where it is not yet fully developed. Thus, it is a significant academic challenge that the child/the youth gets treatment and rehabilitation efforts, which is designed to recover lost functions. At the same time, the common development should be supported in the best way possible.

The group of children and youths with acquired brain damages often has an extensive rehabilitation need within both the health, social and education field. There is therefore need for more efforts at the same time. The group also has an increased risk to develop mental difficulties. It underlines the need for a coordinated and coherent effort.

Children and youths with acquired brain damage in numbers

The data basis for, how many retraining plans prepared for children and youths are currently incomplete. It does not reflect the overall need in the target-group.

The total number of hospitalisations is relatively stable on around 1550 children and youths per year. For a part of the target-group there are very few hospitalisations per year, and it is therefore difficult to say something safe about the development in the number of process within each type of brain damage.

Generally there are more boys or girls, who are hospitalised. The gender difference is most pronounced within traumatic brain damage and brain damage, which has arisen as a result of lack of oxygen, poisoning or other harmful effects (encephalopathy). In both groups there are approx. 50 percent more boys than girls.

In rough numbers, which is subject to great uncertainty, approx. 125-375 children and youths have need for retraining and rehabilitation after discharge.

The calculations do not include children as with concussion, where consciousness has been affected to such a degree that the child has been tumultuous or maybe unconscious. These children can be discharged without visible consequences, where it later may appear that the brain nevertheless has taken damage.