



THE IRISH CEREBRAL PALSY PROGRAMME

PROGRESS REPORT 2025

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EXECUTIVE SUMMARY

OVERVIEW

Cerebral palsy (CP) is the most common lifelong physical disability arising in childhood. In Ireland, an estimated 3,000 children and adolescents and 9,500 adults live with CP, with approximately 125 children newly diagnosed each year.

There is currently no cure for CP, but early diagnosis, early intervention, and evidence-based best-practice care throughout the lifespan can significantly improve outcomes and quality of life.

Historically, care for individuals with CP in Ireland has been fragmented and inconsistent. Children were often diagnosed late, access to specialist services was uneven, and there was no national CP registry to guide planning or evaluate outcomes. The Irish Cerebral Palsy Programme was established to address these challenges.

Launched in 2023, the programme is a five-year national initiative to transform CP care in Ireland for children, adolescents and adults living with CP. The programme aligns with the Health Service Executive's Sláintecare strategy – providing the right care, in the right place, at the right time.¹

Working in partnership with maternity hospitals, Children's Health Ireland (CHI) and the HSE, the programme is led by three clinical and research centres:

- University College Cork (UCC)
- Trinity College Dublin (TCD)
- Royal College of Surgeons in Ireland (RCSI)

Senior clinicians and researchers guide the programme's development, supported by philanthropic funding, research grants and other funding. Individuals with CP and their families are central to the programme. Their experiences and insights inform priorities, shape service design, and ensure that improvements in care reflect the needs of those living with CP.



UCC lit up in green to support Cerebral Palsy Awareness day, 25th March 2024

1. Slaintecare report <https://about.hse.ie/our-work/slaintecare-our-strategy-for-improving-irelands-healthcare-system/>

This is the third annual report for the programme. Much has been achieved, and important foundations have been laid that will enable further progress over the coming years to 2028.

Key achievements since the programme was formally launched in 2023 include:

- **Established early detection pathways** for infants at high risk of CP in the four Level 3 maternity hospitals and in one of the four Level 2 maternity hospitals² reducing the average age of diagnosis from approximately 24 months to 6.5 months, enabling intervention during the critical first 1,000 days³ of brain development, when neuroplasticity (the brain's ability to change) is at its greatest.
- **Recruited approximately 1,000 infants** into early detection pathways nationally.
- **Launched the development of the Irish CP Registry**, which will provide accurate national data on CP prevalence, outcomes and service needs.
- **Achieved €10.6 million in research and other funding** (see Appendix 1). This includes €5 million from Research Ireland (formerly Science Foundation Ireland), and €2 million from Enterprise Ireland.
- **Launched the ELEVATE research programme** bringing advanced scientific approaches including artificial intelligence analysis of neonatal datasets and biomarker discovery to allow development of new methods of earlier CP detection and prediction of cognitive outcome.
- **Participated in international clinical trials** ensuring that infants and children in Ireland have access to innovative interventions and that Ireland contributes to global advances in CP research.
- **Developed programmes supporting adolescents and adults with CP** including the Ignition 2 transition programme and the CP-Excel exercise and education programme.
- **Published with this programme, 42 scientific papers in leading international journals.** Publications are listed in Appendix 2.
- **Created permanent leadership positions** in CP care and research at UCC, TCD and RCSI.
- **Established Cerebral Palsy Ireland** providing a national community for individuals with CP and their families.
- **Transitioned the programme to fully Irish-led leadership** recognising the important role of the Cerebral Palsy Foundation in the programme's early development.
- **Expanded international collaborations** to bring evidence-based best-practice protocols, interventions and expertise to Ireland while contributing to global CP care and research.

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2. Ireland's 19 maternity hospitals:
 - Four Level 3 maternity hospitals: Rotunda, National Maternity Hospital, Coombe, Cork University Maternity Hospital
 - Four Level 2 maternity hospitals: Drogheda, Waterford, Limerick, Galway.
 - Eleven Level 1 maternity hospitals: Cavan, Mullingar, Portlaoise, Kilkenny, Clonmel, Wexford, Tralee, Letterkenny, Mayo, Portlinculla, and Sligo
 3. The first 1,000 days is from conception to age two years. Morgan et al. Early Intervention for Children Aged 0 to 2 Years With or at High-Risk of Cerebral Palsy: International Clinical Practice Guideline Based on Systematic Reviews. JAMA Paediatr 2021;175(8):846-858. doi: 10.1001/jamapediatrics.2021.0878.

The programme has established clear goals to be achieved by 2028. These include:

- Establish **early detection pathways nationwide**.
- Develop and implement a **National Model of Care for CP** across all six health regions⁴ to ensure consistent delivery of evidence-based best-practice care across the lifespan.
- Establish and maintain a **National CP Registry** covering individuals with CP across the lifespan.
- Expand national capacity for **clinical trials and research** so that individuals with CP in Ireland can benefit from the latest scientific advances.
- Support the continued development of **Cerebral Palsy Ireland** as a strong national community and advocacy voice.
- Build a **national workforce with specialist expertise in CP** through education, training and professional networks.

Transforming care for individuals with CP in Ireland is an ambitious undertaking that requires strong collaboration among clinicians, researchers, families, the health system, and funding partners. The Irish Cerebral Palsy Programme represents the first coordinated national effort to deliver this change. Implementing this programme will ensure that Ireland becomes and remains a global leader in CP care and research. Individuals with CP in Ireland and their families deserve no less.

Programme goals, achievements to date and plans to end 2028 are detailed in Appendix 3.



Isabelle Dodeman-Lawless and Cathy Heeley participating in the **CP-Excel** exercise and education programme.

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4. The six health regions are:
- HSE Dublin and North East
 - HSE Dublin and Midlands
 - HSE Dublin and South East
 - HSE Mid West
 - HSE South West
 - HSE West and North West

ABOUT CEREBRAL PALSY

Cerebral palsy is a childhood-onset lifelong condition attributed to injury or malformation of the developing brain that occurs before birth, during birth or shortly after birth. It affects movement and posture and the effects vary between individuals.

Movement may be difficult because muscles have high tone or stiffness (spasticity), because of involuntary/uncontrolled movements (dyskinesia), or because of problems with muscle coordination and balance (ataxia). In addition to movement challenges, individuals with CP may also face difficulties with sensation, learning, communication, behaviour, and epilepsy.⁵

CP is not a single condition. Different patterns of brain injury or malformation result in different types of movement difficulty and different areas of the body being affected. The most common patterns include:

- Hemiplegia – affecting the limbs on one side of the body
- Diplegia – affecting the lower limbs more than the upper limbs
- Quadriplegia – affecting all four limbs and the trunk

The impact of CP varies widely from mild to severe.

Approximately half of all CP diagnoses happen in high-risk infants – that is infants who spent time in the Neonatal Intensive Care Unit (NICU) because they were born very prematurely (≤ 32 weeks gestation and weighing $\leq 1,500$ grams at birth) or in those with Neonatal Encephalopathy⁶ or with other risk factors.

The other half of CP diagnoses happen in infants and children who were not considered high-risk at birth and are typically identified in community health settings when they present with delays in motor (movement) development and meeting motor milestones.⁷



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5. Epilepsy involves repeated seizures caused by sudden changes in brain activity. It is much more common in children with CP than in those without it. This is largely because the same brain injury that causes CP can also affect how the brain handles electrical signals, making seizures more likely. Studies suggest that *between one-third and almost half of all children with CP develop epilepsy*. The risk of developing epilepsy is highest in infants who experience seizures shortly after birth, which often points to early brain injury. (Gong C et al. Prevalence and related factors of epilepsy in children and adolescents with cerebral palsy: a systematic review and meta-analysis. *Front Pediatr*. 2023 Jul 28;11:1189648).
 6. Neonatal Encephalopathy (NE)
 - Neonatal: this is the term used to describe the first 28 days after birth
 - Encephalopathy: Brain dysfunction/damageThe term NE is most commonly used for term or near-term infants (≥ 35 –36 weeks). The commonest cause is hypoxia-ischaemia (impaired oxygen delivery and blood flow) to the brain.
 7. Motor milestones are: sitting without support, standing with assistance, hands and knees crawling, walking with assistance, walking alone.

THE IRISH CEREBRAL PALSY PROGRAMME

In Ireland there are estimated to be:

3,000

Children and adolescents
living with CP

9,500

Adults living with CP

125

Children newly diagnosed
each year

These numbers are only estimates based on international data because up to very recently there was no registry for CP in Ireland, as there is for other conditions such as cystic fibrosis.

A **National CP registry** is important because it enables:

- Accurate measurement of CP prevalence, profile and trends.⁸
- The planning, development and implementation of a **National Model of Care for CP**.
- The monitoring of standards of care and outcomes against the **National Model of Care for CP**.

Indeed, the need for a National CP registry was highlighted in the Report of the Interdepartmental Working Group on the Rising Cost of Health-Related Claims.⁹

Unlike conditions such as cystic fibrosis,¹⁰ up to now there was no defined standard of care for CP within the Irish health system. This programme is addressing the gap by developing a National Model of Care for CP for the management of CP across the lifespan. A Model of Care is a structured framework that includes both:

- Evidence-based best-practice interventions (the “what”), and
- Care pathways (the “how”) i.e., how the interventions will be delivered.

8. Prevalence is how many people in a defined population have CP at a specific point in time. Profile is the type of CP people have. Trends are changes in prevalence and profile over time.

9. Department of Health. Interdepartmental Working Group on the Rising Cost of Health-Related Claims 2024, Report. Available at: [interdepartmental-working-group-on-the-rising-cost-of-health-related-claims-2024-repor.pdf](#)

10. National Clinical Programme for Cystic Fibrosis. [Cystic Fibrosis: A Model of Care for Ireland. 2019. Available at: CF-model-of-care-full-PDF_\(1\).pdf](#)

Historically, the absence of structured care for CP in Ireland resulted in many challenges:

- Delayed diagnosis – children being diagnosed late, at age 2-3 years, when already past the first critical 1,000 days
- Fragmented care pathways
- Limited access to evidence-based best-practice interventions
- Lack of structured musculoskeletal surveillance programmes
- Families travelling abroad for treatment
- Limited services for adults with CP

Addressing these challenges is a central aim of the Irish Cerebral Palsy Programme.

The programme operates within an **Academic Health Science System**¹¹ that integrates clinical care, research, policy and advocacy, and education and training. Clinical care guides research, and research drives improvements in clinical care. The four pillars work together as one integrated system, each informing and strengthening the other:

- **Clinical Care:** Ensuring evidence-based best-practice care is delivered consistently to infants, children, adolescents and adults with CP.
- **Research:** Generating knowledge to improve care and outcomes for individuals with CP across the lifespan.
- **Policy and Advocacy:** Securing the system-level support required for evidence-based best-practice care.
- **Education and Training:** Equipping health professionals and individuals with CP and their families with the knowledge and skills needed to support individuals with CP at every stage of life

The programme addresses CP care across three life stages:

- Infancy and early childhood
- Childhood and adolescence
- Adulthood



11. Chief Academic Officer Group (2021). Future of Irish Healthcare: Developing an Academic Health Science System to Underpin Slaintecare. Available at: [Future of Irish Healthcare Developing an Academic Health Science System to Underpin Slaintecare.pdf](#)

PROGRAMME LEADERSHIP AND GOVERNANCE

The success of the programme depends on the strength of the team behind it.

Programme leadership

- **Prof Deirdre Murray**, Chair in Early Brain Injury & CP, University College Cork
- **Prof Denise McDonald**, Associate Professor of CP, Trinity College Dublin
- **Prof Jennifer Ryan**, Director of CP-Life Research Centre, Royal College of Surgeons in Ireland



The programme leadership works closely with Cerebral Palsy Ireland,¹² the national community organisation for individuals with CP and their families.

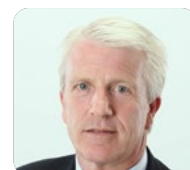
Programme collaborators

- **Prof Brian Walsh**, Professor of Neonatology, University College Cork
- **Prof Eleanor Molloy**, Chair of Paediatrics, Trinity College Dublin
- **Mr Enda Kelly**, Consultant Orthopaedic Surgeon, Children's Health Ireland



Programme Steering Group

- **Prof Geraldine Boylan**, Director of INFANT Research Centre, University College Cork
- **Prof Colin Doherty**, Head of School of Medicine, Trinity College Dublin
- **Gerry Dundon**, Business consultant
- **Lily Collison**, Healthcare Author & Editor



After the initial five-year programme funding period, the three universities will continue the leadership positions in perpetuity.

Leadership team appointments and affiliations are listed in Appendix 4.

12. www.cerebralpalsyireland.ie Cerebral Palsy Ireland is an Irish-led organisation dedicated to driving real change to improve the lives of people with CP across Ireland. It is an organisation rooted in the lived experience of individuals with CP and families, and informed by expert clinicians and researchers. Cerebral Palsy Ireland provides trusted, evidence-based information and a community of support, and is committed to ensuring every person with CP in Ireland has equal access and opportunity to thrive in life.

IMPACT AND FUTURE VISION

The Irish Cerebral Palsy Programme represents the first coordinated national effort to transform care for individuals with CP in Ireland. Since its launch in 2023, the programme has already demonstrated measurable impact. Early detection pathways have reduced the age of CP diagnosis by more than 18 months, enabling intervention during the critical early period of brain development. Significant research funding has been secured, national collaborations have been established, and new programmes supporting adolescents and adults with CP have been developed. Equally important has been the creation of a strong national community through Cerebral Palsy Ireland, ensuring that individuals with CP and their families are central to shaping future services and research.

Over the coming years the programme will focus on implementing a National Model of Care for CP, establishing the Irish CP Registry, expanding research and clinical trials, and strengthening education and training across the health system. Embedding the programme within Ireland's health system will secure its long-term sustainability and will ensure that individuals with CP receive consistent evidence-based best-practice care across the lifespan.

Together, these initiatives will position Ireland as a global leader in CP care and research.



APPENDICES

APPENDIX 1 RESEARCH AND OTHER FUNDING

Grant Name; Research Summary	Funder	Investigators	Years	Amount awarded
A National Model of Care for CP and Knowledge Translation Project	HSE	Jennifer Ryan & Denise McDonald	2026-2028	€699,000
Sophie: School-age Outcome Prediction using radiomic imaging algorithm in Hypoxic ischaemic encephalopathy To develop a predictive neonatal MRI biomarker algorithm that combines radiomic features associated with evolution of brain injury on School-age MRI scans, and qualitative neonatal MRI assessment, to predict School-age cognitive outcome following Neonatal HIE.	Children's Health Foundation	Brian Walsh & Deirdre Murray	2025	€787,000
Can-Vas Cell Therapy Platform: Unlocking life-changing treatments for neonatal brain injury The Phase 1b study will be the first-in-human clinical trial of the therapy which aims to decrease the risk of Cerebral Palsy and disability following newborn brain injury.	Enterprise Ireland	Deirdre Murray & Geraldine Boylan	2025-2028	€1,960,000
Exploring experiences and co-producing supports to promote mental wellbeing and improve access to mental health services for children with physical disabilities in Ireland	Health Research Board/ Central Remedial Clinic	Jennifer Ryan & Denise McDonald	2025	€220,000
Co-production of an adapted Physical Activity Referral Scheme to enhance community participation by young people with physical disability (CO-PARtake) Ireland	Health Research Board/ Central Remedial Clinic	Jennifer Ryan (co-investigator)	2025	€240,000

Grant Name; Research Summary	Funder	Investigators	Years	Amount awarded
Development of implementation strategies to promote an evidence-based approach to prevention of musculoskeletal complications among children with cerebral palsy; a mixed methods study	Health Research Board	Jennifer Ryan & Denise McDonald	2025-2029	€412,000
Building connections with general practitioners to support transition to adult health services for young people with childhood-onset physical disability	Health Research Board	Jennifer Ryan	2025-2026	€24,000
A co-design approach to supporting mental health and well-being among young people with cerebral palsy	Health Research Board	Jennifer Ryan	2025-2026	€11,500
AIMS CP Group-based projects awarded by Trinity to researchers in Trinity. Improving outcomes of children with CP through four PhD-led research projects focusing on movement patterns, multi-organ systems, sleep, and health and wellbeing indicators.	Trinity Research Doctoral Award—TRDA	Denise McDonald (co-investigator)	2024-2028	€512,000
Access Map Developing a web-based health support tool for people with CP, focusing on enhancing access to community healthcare and resources.	Smart D8	Jennifer Ryan (co-investigator)	2024-2026	€12,500
CP-EXCEL Developing and evaluating online physiotherapy-led exercise classes for adults with CP to improve mobility, independence, and long-term health outcomes.	Research Ireland	Jennifer Ryan	2024-2028	€121,000
ELEVATE Bringing advanced scientific approaches including artificial intelligence analysis of neonatal datasets and biomarker discovery to allow development of new methods of earlier CP detection and prediction of cognitive outcome.	Research Ireland	Geraldine Boylan & Deirdre Murray	2024-2029	€5,000,000

Grant Name; Research Summary	Funder	Investigators	Years	Amount awarded
Neurodisability app Development of an app to support transition from children to adult health services among people with neuro-disability.	HSE Spark Impact Funding	Jennifer Ryan & Denise McDonald (co-investigators)	2024-2026	€90,000
Parent Education and Focus Groups Supporting the development of parent education materials and community focus groups to improve awareness and decision-making for CP.	Health Research Board	Geraldine Boylan & Deirdre Murray	2023-2024	€60,000
COOL Prime Study An observational study COOL Prime Study is an observational study that is looking at the effects of therapeutic hypothermia vs usual care in newborn infants with mild hypoxic ischemic encephalopathy (HIE).	PCORI (Patient Centred Outcomes Research Institute), based in US	Brian Walsh & Geraldine Boylan	2023-2027	€109,000
ALPACAS Project Examining multi-organ dysfunction in children with CP, aiming to create core outcome sets and educational tools to guide interventions and improve patient care.	Health Research Board	Eleanor Molloy Denise McDonald & Jennifer Ryan	2024-2028	€330,000

APPENDIX 2

IRISH CEREBRAL PALSY PROGRAMME PUBLICATIONS

2026 to date

1. *Steering Group for DEFiNE (Definition of Neonatal Encephalopathy). Systematic review of terminology, definitions, and eligibility criteria in trials of neonatal encephalopathy, hypoxic-ischemic encephalopathy, and perinatal asphyxia.* Hurley T, Quirke F, Branagan A, McCarthy R, Finucane E, King G, Taneri PE, El-Dib M, Bloomfield FH, Maeso B, Pilon B, Bonifacio S, Wusthoff CJ, Chalak L, Bearer CF, **Murray DM**, Badawi N, Campbell SK, Mulkey SB, Gressens P, Ferriero DM, Vries LS, Walker K, Kay S, **Boylan GB**, Gale C, Robertson NJ, D'Alton M, Nesterenko TH, Mietzsch U, Gunn AJ, Nelson KB, Devane D, **Molloy EJ**; *Pediatr Res.* 2026;doi: 10.1038/s41390-025-04750-2.
2. *Newborn Brain Consortium. High-risk infant follow-up: current practice and factors determining eligibility.* Clifford D, Steggerda S, Maitre N, de Vries LS, **Murray DM**. *Pediatr Res.* 2026 Jan;99(1):203-208. doi:10.1038/s41390-025-04154-2.
3. *Remote assessment of infant development: Is universal screening of early motor milestones within reach?* **Murray D**. *Dev Med Child Neurol.* 2026 Mar 13. doi: 10.1111/dmcn.70241.
4. *Sleep and infant development in the first year.* O'Connor C, Ventura S, Proietti J, O'Sullivan MP, **Boylan GB**. *Pediatr Res.* 2026 Feb 2. doi: 10.1038/s41390-026-04780-4.
5. *Sleep and development in cerebral palsy.* Proietti J, Cantalupo G, **Boylan GB**. *Pediatr Res.* 2026 Jan 26. doi: 10.1038/s41390-025-04749-9.
6. *Mental health difficulties in cerebral palsy: A qualitative study of young people's and parents' perspectives.* Manikandan M, Fortune J, Burke J, Walsh A, Twohig A, McClelland I, Breen A, Norris M, **Ryan JM**; RELATE-CP Study Team. *Dev Med Child Neurol.* 2026;doi:10.1111/dmcn.70229.
7. *Gastroenterological disorders and hepatic disease in adults with cerebral palsy: A systematic review.* Marciniak CM, **Ryan JM**, Camacho-Soto A, Capellari E, Burke J, Sofiany M, Post Z, Sung EC, Brown MD; Adult Cerebral Palsy Clinical Practice Guidelines Working Group. *Dev Med Child Neurol.* 2026;68(3):313-331. doi:10.1111/dmcn.70034.
8. *Collaborative practice to support community-based physical activity for young people with childhood-onset physical disability: A scoping review.* Brady K, **Ryan JM**, Cooper A, Shields N, Sofiany M, Malone A. *Dev Med Child Neurol.* 2026;doi:10.1111/dmcn.70209.

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9. *The role of social determinants of health in the developing injured brain.* Clifford D, Walsh BH, **Murray DM**. *Curr Opin Pediatr.* 2025;37(6):570-576. doi: 10.1097/MOP.0000000000001505.
10. *Towards universal early screening for cerebral palsy: a roadmap for automated General Movements Assessment.* Spittle AJ, Marschik PB, Adde L, Badawi N, Byrne R, Bos AF, Chatelin A, Coughlan J, Fedeli F, Guzzetta A, Ho ESL, Johnson MJ, Kwong A, McEwan A, Morgan C, Mughogho A, **Murray DM**, Orlandi S, Peyton C, Prosser LA, Ritterband-Rosenbaum A, Tran T, Zhang D, Passmore E. *Clinical Medicine.* 2025;86:103379. doi: 10.1016/j.eclinm.2025.103379.

11. *The relationship between below average cognitive ability at age 5 years and the child's experience of school at age 9.* Bowe AK, Urban M, Staines A, Murray DM. *Front Public Health.* 2025;13:1341797. doi: 10.3389/fpubh.2025.1341797.
12. *Epilepsy following neonatal encephalopathy-Future directions.* Stephens CM, Proietti J, Mathieson SR, Livingstone V, McNamara B, McSweeney N, O'Mahony O, Walsh BH, Murray DM, Boylan GB. *Epilepsia Open.* 2025;10(2):656-657. doi:10.1002/epi4.70011.
13. *Infant sleep EEG features at 4 months as biomarkers of neurodevelopment at 18 months.* Ventura S, Mathieson SR, O'Toole JM, Livingstone V, Murray DM, Boylan GB. *Pediatr Res.* 2025;98(4):1474-1485. doi: 10.1038/s41390-025-03893-6.
14. *Incidence and Predictors of Later Epilepsy in Neonates with Encephalopathy: The Impact of Electrographic Seizures.* Stephens CM, Proietti J, Mathieson SR, Livingstone V, McNamara B, McSweeney N, O'Mahony O, Walsh BH, Murray DM, Boylan GB. *Epilepsia Open.* 2025;10(1):155-167. doi: 10.1002/epi4.13089.
15. *Validation of a machine learning algorithm for identifying infants at risk of hypoxic ischaemic encephalopathy in a large unseen data set.* Murray AL, O'Boyle DS, Walsh BH, Murray DM. *Arch Dis Child Fetal Neonatal Ed.* 2025;110(3):279-284. doi: 10.1136/archdischild-2024-327366.
16. *Consensus definition and diagnostic criteria for neonatal encephalopathy-study protocol for a real-time modified delphi study.* Branagan A, Hurley T, Quirke F, Devane D, Taneri PE, Badawi N, Sinha B, Bearer C, Bloomfield FH, Bonifacio SL, Boylan GB, Campbell SK, Chalak L, D'Alton M, deVries LS, El Dib M, Ferriero DM, Gale C, Gressens P, Gunn AJ, Kay S, Maeso B, Mulkey SB, Murray DM, Nelson KB, Nesterenko TH, Pilon B, Robertson NJ, Walker K, Wusthoff CJ, Molloy EJ; Steering Group for DEFINE (Definition of Neonatal Encephalopathy). *Pediatr Res.* 2025;97(1):430-436. doi: 10.1038/s41390-024-03303-3.
17. *MRI scoring systems in neonatal encephalopathy and neurodevelopmental outcomes: a systematic review.* Finnegan E, Assi A, Carroll E, Higgins Jennings A, Roe D, Olaseinde O, McCarthy A, Wong YJ, O'Connor N, Dalton C, Khajah A, Adnan A, Counihan B, Trayer J, Stewart P, McCarthy R, Byrne AT, Roche EF, McDonald D, Meehan J, Molloy EJ. *J Perinatol.* 2025; doi:10.1038/s41372-025-02486-9.
18. *Cytokine dysregulation in children with severe neurological impairment correlates with significant clinical outcomes.* Allen J, Isaza-Correa J, Kelly L, Melo A, Power C, Mahony A, McDonald D, Molloy EJ. *Front Pediatr.* 2025;13:1567221. doi:10.3389/fped.2025.1567221.
19. *Early immune modulation in cerebral palsy medical management of cerebral palsy series.* Molloy EJ. *Pediatr Res.* 2025;doi:10.1038/s41390-025-03798-4.
20. *Experiences of health services for adults with cerebral palsy, their support people, and service providers.* Manikandan M, Kerr C, Fortune J, Walsh M, Ryan J, Walsh A. *Dev Med Child Neurol.* 2025;67(2):225-244. doi:10.1111/dmcn.16037.
21. *CP-EXCEL: A feasibility randomised controlled trial of an online exercise programme for adults with cerebral palsy.* Manikandan M, Hunter-Graham P, McGahey A, Creeger M, Walters R, Walsh A...Ryan J. *HRB Open Res.* 2025;8:85. doi:10.12688/hrbopenres.14150.1.
22. *A motor learning-based intervention for lower extremities (MOBILE) to target walking performance in ambulant children with cerebral palsy: A feasibility study.* O'Shaughnessy C, McCarthy R, Minehane D, Ryan JM, Malone A. *HRB Open Res.* 2025;8:46. doi:10.12688/hrbopenres.14101.1.
23. *Health state utility values in children and adolescents with disabilities: A systematic review.* Kanya L, Anokye N, Alani AH, Jayakumar N, Ryan JM. *J Pediatr Clin Pract.* 2025;15:200139. doi:10.1016/j.jpeds.2025.200139.
24. *Pain in adults with cerebral palsy: A systematic review.* Ryan JM, Burke J, Byrne R, Capellari E, Harvey A, O'Connell NE, Omichinski D, Rodby-Bousquet E, Peterson M; Adult CP Clinical Practice Guideline Working Group. *Dev Med Child Neurol.* 2025;00:1-21. doi:10.1111/dmcn.16254.

25. *Transition from child to adult health services for young people with cerebral palsy in Ireland: Implications from a mixed-methods study.* Ryan JM, Norris M, Walsh A, Breen A, Hensey O, Kerr C, Koppe S, Lavelle G, Owens M, Walsh M, Kroll T, Fortune J. HRB Open Res. 2025;7:47. doi: 10.12688/hrbopenres.13912.2.
26. *Healthcare and recreational sector collaboration strategies to support community-based physical activity participation among young people with childhood-onset physical disability: A scoping review protocol.* Brady K, Cooper A, Malone A, Shields N, Ryan JM. HRB Open Res. 2025;7:57. doi:10.12688/hrbopenres.13961.2.

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27. *Advances in Electroencephalographic Biomarkers of Neonatal Hypoxic Ischemic Encephalopathy.* Proietti J, O'Toole JM, Murray DM, Boylan GB. Clin Perinatol. 2024;51(3):649-663. doi: 10.1016/j.clp.2024.04.006.
28. *Temporal evolution of electrographic seizures in newborn infants with hypoxic-ischaemic encephalopathy requiring therapeutic hypothermia: a secondary analysis of the ANSeR studies.* Pavel AM, Rennie JM, de Vries LS, Mathieson SR, Livingstone V, Finder M, Foran A, Shah DK, Pressler RM, Weeke LC, Dempsey EM, Murray DM, Boylan GB; ANSeR Consortium. Lancet Child Adolesc Health. 2024;8(3):214-224. doi: 10.1016/S2352-4642(23)00296-1.
29. *Predicting low cognitive ability at age 5 years using perinatal data and machine learning.* Bowe AK, Lightbody G, O'Boyle DS, Staines A, Murray DM. Pediatr Res. 2024;95(6):1634-1643. doi: 10.1038/s41390-023-02914-6.
30. *Severe neurological impairment and immune function: altered neutrophils, monocytes, T lymphocytes, and inflammasome activation.* Allen J, Isaza-Correa J, Kelly L, Melo A, Mahony A, McDonald D, Molloy EJ. Pediatr Res. 2024;95(6):1611-1616. doi:10.1038/s41390-024-03023-8.
31. *Ageing well with a lifelong disability: A scoping review.* Smith KJ, Gupta S, Fortune J, Lowton S, Victor C, Burke E, Carew M, Livingstone E, Creeger M, Shanahan P, Walsh M, Ryan JM. Gerontologist. 2024;64(9):gnae092. doi: 10.1093/geront/gnae092.
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APPENDIX 3

PROGRAMME GOALS, ACHIEVEMENTS AND PLANS

A3.1 PROGRAMME GOALS

A3.2 PROGRAMME ACHIEVEMENTS TO END 2025

A3.3 PROGRAMME PLANS TO END 2028

A3.1 Programme goals

Programme goals addressed across three life stages: Infancy & early childhood, Childhood & adolescence, and Adulthood:

- **Infancy and early childhood:** Early diagnosis of CP, which then allows for early intervention. Early intervention is evidence-based best-practice care during the first 1,000 days when neuroplasticity (the brain's ability to change), is at its greatest.
 - 75% of infants at high-risk of cerebral palsy diagnosed before six months of age and 100% by twelve months.
 - A rapid access referral pathway in place in all six health regions to review infants in the community with early signs of motor delay, ensuring that >75% of infants with cerebral palsy are diagnosed before twelve months of age.
 - A **National Model of Care for CP** for infants/children at risk for CP or with a CP diagnosis, developed and implemented in all six health regions to allow early intervention.
- **Childhood and adolescence:** Evidence-based best-practice care during childhood and adolescence when many of the musculoskeletal problems associated with growth occur.
 - A **National Model of Care for CP** for children and adolescents with CP developed and implemented in all six regions, including:
 - Evidence-based best-practice interventions including physiotherapy, occupational therapy, speech and language therapy, psychology and social work.
 - Access to specialist neurodisability paediatric and nursing care to provide evidence-based best-practice care for associated conditions (e.g., pain, nutrition, epilepsy).
 - Timely access to expert provision of equipment (Aids and Appliances).
 - National access to the musculoskeletal surveillance programme.¹³

13. Aliksson-Schmidt AI, Arner M, Westborn L, Krumlinde-Sundholm L, Nordmark E, Rodby-Bousquet E et al. a combined surveillance program and quality register improves management of childhood disability. *Disabil Rehabil* 2017;39(8):830-6.

- Specialist tone management including neurosurgical techniques (selective dorsal rhizotomy [SDR] and Intrathecal Baclofen).
- Specialist CP orthopaedic surgery including hip surgery, gait improvement surgery (single-event multilevel surgery [SEMLS]),¹⁴ and upper-limb surgery.



ROAR for Research – Family Fun Science Day in Fota Wildlife Park's Education, Conservation and Research Centre (ECRC) in August 2025

- **Adulthood:** Evidence-based best-practice care during adulthood when the challenges of CP meet further challenges, including transitioning from the paediatric to adult health systems, typical ageing, and the lack of services for adults with CP.
 - A **National Model of Care for CP** for adults developed and implemented in all six regions. This includes:
 - Regular reviews by a health professional with expertise in neurodisabilities to assess and monitor associated conditions (e.g., bone and joint disorders, mental health problems, nutrition, respiratory disorders and pain).
 - Referral to a specialist multidisciplinary team if deterioration in ability to carry out daily activities occurs.
 - Timely access to specialist interventions including neurosurgical and orthopaedic procedures.

14. SEMLS for gait improvement is typically, 8-16 orthopaedic surgical procedures, performed at multiple levels (hips, knees, and feet), during a single operation.

A3.2 Programme achievements to end 2025

- Established early detection pathways for CP in infants at high-risk of CP at the four Level 3 maternity hospitals: Cork University Maternity Hospital, The Rotunda, Coombe, and National Maternity Hospitals, and at one of the four Level 2 maternity hospitals: University Hospital Waterford.
 - Recruited to date approximately 1,000 infants in early detection pathways. Based on Swedish data, it is estimated that this represents 80% of all high-risk infants.¹⁵ In 2024, of the expected 485 high-risk infants born nationally, 388 were enrolled in the early detection pathways.
 - Of the 44 children who have received a diagnosis of CP on the early detection pathway since this programme started, the average age of diagnosis is 6.5 months and 90% received a diagnosis less than 12 months of age. The average age of diagnosis before the programme started was greater than 24 months. Therefore the age of diagnosis has been reduced by a crucial 18 months during the first two years of life – the critical first 1,000 days.¹⁶
- Launched the development of the Irish CP registry.¹⁷
- Established collaboration with international orthopaedic experts to adopt evidence-based best practice orthopaedic surgery and rehabilitation in Ireland. Identified a team of six orthopaedic surgeons in Ireland who specialise in CP orthopaedic care and have established a working group to achieve implementation.
- Secured €10.6 million in funding for research across the lifespan. See Appendix 1.
- Launched ELEVATE, a five-year research programme led by Principal Investigators Professor Geraldine Boylan and Professor Deirdre Murray at University College Cork (UCC), bringing advanced scientific research to detection of CP, including development of:
 - AI-driven analysis of maternity and neonatal datasets to identify CP risk factors.
 - Development of novel biomarkers to achieve earlier diagnosis of CP.
 - Development of Ireland's first CP Registry.
 - Building national infrastructure and capacity for clinical trials of new interventions (e.g., devices and therapies) for children with CP.

15. Note 1) Not all families consent to participate in the study. 2) Outborn infants (born in Level 2 maternity hospital, but moved to Level 3 for high-level care and then returned to their original hospital) are only now being followed up.

16. At steady state and at 80% recruitment, this is estimated to be approximately 45-50 per year. Note even if families don't consent to be part of the study, they still receive the assessments in the high-risk pathway.

17. Established international collaborations and joined well-established international networks (e.g., the Surveillance of CP in Europe Network and the CP Integrated Pathway [CPIP] Network) to advance the Irish CP Registry and align development with international best-practice.

- Facilitated, as part of the ELEVATE clinical trials platform, access to three international clinical trials including:
 - COOLPRIME study for infants with mild Hypoxic Ischaemic Encephalopathy (HIE).. (Normally, only infants with moderate to severe Hypoxic Ischaemic Encephalopathy (HIE, a type of encephalopathy) receive Therapeutic Hypothermia treatment [cooling]). Ireland (Cork University Maternity Hospital, Rotunda Hospital and the Coombe Women's Hospital) is the only recruitment site outside the US and to date Ireland is tied fifth highest recruiting site with University of California, San Francisco among the 17 recruitment sites.
 - Apples-Tele for infants and children up to 13 months, with CP or at high-risk of CP. Ireland, providing a specialist paediatric physiotherapy and parenting intervention (Cork University Maternity Hospital with sites in Cork and Dublin).
 - ACUMEN study for infants with moderate to severe HIE. ACUMEN stands for **ACU**te high dose **M**elatonin to improve outcomes in **E**ncephalopathy of the **N**ewborn. (Cork University Maternity, Rotunda and Coombe hospitals).¹⁸
- Recruited, as part of ELEVATE, over 250 (of a planned 480) infants into a study of early brain development to identify early biomarkers of motor and cognitive development delay to allow development of new methods of earlier CP detection and prediction of cognitive outcome. This will also help identify those infants at higher risk of early-onset epilepsy. Early biomarkers include brain activity measures (EEG) and blood based biomarkers. This study aims to reduce the age of diagnosis further so that counselling and intervention can start before the time of discharge from the NICU, and intervention will not have to wait until the infant already shows motor difficulties. Current pathways rely on neurological and general movements assessments at 12-20 weeks of age.
- Conducted a study of children and adolescents with CP to investigate the prevalence of mental health difficulties and disorders, and risk factors for both.¹⁹ This study was awarded the Clinical Research Award at the 2025 joint meeting of the European Academy of Childhood-onset Disability and International Alliance of Academies of Childhood Disability.
- Published systematic reviews describing health needs and interventions to improve health outcomes among adults with CP with a team of international experts in adult CP across Europe, the US and Australia, to inform a Clinical Practice Guideline for the Medical Care of Adults with CP in Primary Care.^{20,21}
- Developed and piloted a professional-led education programme with adolescents with CP and parents (Ignition 2 transition programme). This programme prepares adolescents with CP for transitioning to the adult health system and managing their physical and mental health in adulthood. It includes structured professional-led group sessions supported by a website²² and will now be available to all health professionals working in primary care and Children's Disability Network Teams (CDNTs).

18. <https://www.coolprime.org/> <https://cpresource.org/apples-tele-study> <https://www.acumen-trial.co.uk/>

19. Manikandan et al. The prevalence of mental health difficulties and mental disorders among children with cerebral palsy. *BMC Psychiatry* 2026;in press.

20. Ryan et al. Pain in adults with cerebral palsy; a systematic review. *Dev Med Child Neurol* 2025;67:854-74.

21. Marciniak et al. Gastroenterological disorders and hepatic disease in adults with cerebral palsy: a systematic review. *Dev Med Child Neurol* 2026;68:313-31.

22. www.cphealthcaretransition.eu a website developed with adults with CP to help adolescents and parents navigate adult healthcare and manage their health.

- Developed and delivered a tailored online exercise and education programme to adults with CP (CP-Excel programme). This programme is led by physiotherapy and exercise professionals with expertise in CP and includes a video library of exercises and education booklet, which will now be available to all health professionals working with adults with CP.
- Set up a CP Parent Advisory Group for infant and early childhood research with active nationwide participation. To date this group has reviewed and refined eighteen proposals from Irish researchers. Families are no longer passive recipients, instead they are active partners in shaping research, information, and service development at a national level.
- Established a Public Involvement Panel with 40 people with lived experience, including adults with CP, young people with CP and parents of both young people and adults. Their involvement to date has included advising on individual studies, being a member of the research team, being a co-applicant on grant applications, contributing to media campaigns and speaking at national and international events.
- 42 publications associated with this programme since 2023 in high-impact journals are included in Appendix 2.
- Established Cerebral Palsy Ireland, as the home for individuals with CP, their families, and clinicians, and researchers focused on CP. (Website: [CerebralPalsyIreland.ie](https://www.CerebralPalsyIreland.ie))
- Collaborated with relevant individuals in the HSE to advocate for National Model of Care for CP for children, adolescents and adults.
- Celebrated CP Awareness Day (25th March 2024) by illuminating iconic buildings in Ireland in green – the colour representing CP. These buildings included Leinster House, Trinity College Dublin, University College Cork, University of Limerick, the Wonderful Barn in Leixlip. This will now be an annual part of CP Awareness Day.
- Organised the Roar for Research event at Fota Wildlife park in August 2025 which over 530 people attended. All activities were co-designed with individuals with CP and families, ensuring accessibility and relevance.
- Highlighted the need to improve transition to the adult health system for individuals with CP, and the current negative experiences of adolescents and families, in the HSE's National Framework on Transition.²³
- Advocated for adults with CP, making sure their health needs and real-life experiences are taken into account in government plans to develop multidisciplinary supports and reform disability services, by contributing to government consultations.^{24,25}

23. HSE National Clinical Programme for Paediatrics and Neonatology (2025) Transition of Care from Paediatric to Adult Services: A National Framework”.

24. “A Way Forward: The Provision of MDT Supports in Adult Disability Day Service”, prepared in response to a request from the Department of Children, Equality and Disability for more clarity and detail on the provision of MDT supports in day services.

25. Green Paper on Disability Reform: a public consultation to reform disability payments in Ireland.

- Actively engaged with and contributed expert knowledge to several national and international committees (Appendix 4).
- Expanded community engagement, working in partnership with individuals with CP and families to share knowledge, experiences and increase awareness of CP among professionals and the public.
- Trained medical professionals across multiple sites nationally in standardised assessments and early detection pathways for CP.
- Organised the launch event for the Irish CP registry in December 2024, which addressed CP Registries in Ireland and Europe and shared national and international expertise, and was attended by >100 therapists, paediatricians and families.
- Organised the first Early Detection and Intervention Conference in Dublin in March 2025, attended by >130 therapists, and paediatricians from around the country, and shared national and international expertise.
- Launched University accredited programmes focused on supporting health professionals to provide best practice clinical care to individuals with CP:
 - Postgraduate Module in Paediatric Neurodisability with a focus on physical disability at RCSI, delivered to 36 doctors, nurses and health and social care professionals working across primary care and Children's Disability Network Teams.
 - Postgraduate CPD Training in Early Childhood Neurodisability at TCD including a module on physical disability with a focus on early recognition in primary care and timely onward referral to the most appropriate service, delivered to 58 doctors, nurses and health and social care professionals.
- Collaborated on the Gillette Children's Healthcare Series of books, including Irish clinicians, researchers and families reviewing the three Cerebral Palsy books, Scoliosis, and Epilepsy. Irish launch of the Gillette Children's Healthcare Series was held at Trinity College Dublin.



Adam Sharpe, speaker at Ireland's session for the **International Academy of Alliances of Childhood Disability (IAACD)** Global Listening and Sharing Series 2025



Jessica Burke contributing to **AccessMap.ie** development workshop.

A3.3 Programme plans to end 2028

- Establish early detection pathways for high-risk infants in additional sites in the remaining three Level 2 maternity hospitals: Limerick, Galway, and Drogheda and develop pathways in all Level 1 hospitals by end 2028.²⁶
- Establish a rapid access referral early detection pathway for infants in the community with early signs of motor delay, in all six regions, ensuring that >75% of infants with CP are diagnosed before twelve months of age.
- Include all children, adolescents and adults with CP in Ireland on the Irish CP Registry.
- Develop and publish the National Model of Care for CP describing evidence-based best-practice care and how it is delivered (care pathways) to all infants, children & adolescents and adults with CP in Ireland with input from lived experience, all clinical disciplines, and services. This model will for the first time provide a standardised process (the “what” and the “how”) for the assessment and management of CP across primary care teams, CDNTs and hospital-based services. This National Model of Care for CP could be used as a template for developing Models of Care for other childhood-onset disabilities.
- Implement the National Model of Care for CP in all six health regions.²⁷
 - Establish trained knowledge brokers,²⁸ and an online platform to share information and resources.
 - Establish new CP In-Reach teams (hubs) in each of the six regions leveraging from the established network of knowledge brokers. These teams are multidisciplinary therapists with CP specialist knowledge who support therapists working in CDNTs and primary care teams to implement the National CP Model of Care for CP. They provide the hub of a hub and spoke model.
 - Establish care pathways for interventions, specialist neurodisability paediatric and nursing care, equipment, musculoskeletal surveillance, tone management, and specialist CP orthopaedic surgery. An example of a care pathway: For CP orthopaedic surgery it includes a team of specialist surgeons, evidence-based best-practice protocols, pre- and post-operative gait analysis, multidisciplinary decision-making, surgery and rehabilitation, trained co-ordinators (one for each orthopaedic site) to optimise communication between surgical and community therapy services and provision of equipment.
- Develop a clinical trials network (sites that can conduct the research) for children so that latest interventions are available in Ireland.
- Identify early clinical markers that allow prediction of which pregnancies are most at risk of CP so that interventions can occur to decrease risk and improve outcomes.
- Identify risk factors in early life (first days after birth) which can allow identification of preterm infants most at risk of CP and support their early care to reduce this risk.

26. The Level 1 hospitals may not themselves be conducting assessments but will be linked within clear pathways for early assessment.

27. This is implementation science.

28. Knowledge brokers are expert, motivated health professionals who are trained in implementation science and support the integration of evidence-based best-practice, and who are willing to support colleagues.

- Deliver cutting-edge clinical trials in the latest interventions for early brain injury; including developing a stem cell based therapy in preterm infants and infants with HIE.
- Identify biochemical and physiological markers to diagnose brain injury prior to discharge from the neonatal unit which can allow counselling and intervention to start at the earliest possible time.
- Explore novel ways to analyse early MRI imaging and EEG in neonates to predict motor and cognitive outcome at school-age.
- Investigate the priorities of children and families growing up with CP in Ireland and hear children express their experience and self-identity.
- Develop international consensus on skill requirements of therapists working with children with CP and define specialist training requirements.
- Investigate the genetic variants commonly found in children with CP in Ireland to inform how CP is defined and diagnosed, support better communication with families, contribute to practice guideline development and guide future therapeutic approaches in Ireland (CPGenIE - [CP Genomics IrEland](#) study).
- Develop and implement a transition pathway for young people with CP in CHI underpinned by digital technology and research into the barriers to effective transfer of care to the adult health system.
- Investigate barriers and facilitators to implementation of musculoskeletal surveillance programmes across Ireland and the UK.
- Explore young people's and parents' experiences of musculoskeletal surveillance programmes.
- Develop evidence-based implementation strategies to support implementation of a national musculoskeletal surveillance programme across Ireland.
- Explore health professionals' experiences of managing mental health problems among children with CP.
- Co-produce supports to promote mental well-being and improve access to mental health services for children with CP.
- Adapt and pilot a physical activity referral scheme for young people and young adults with physical disability to strengthen links between healthcare and community providers, and improve physical activity participation.
- Investigate the feasibility of an intensive motor learning-based intervention, which targets the learning of motor skills to improve walking related goals that are individualised to each child with CP. This study will explore the feasibility of delivering the intervention within disability services and the acceptability of it to children, families and therapists.
- Evaluate the implementation of a community-based physical activity programme for young people with physical disability to address barriers to accessing local gyms and strengthen collaboration between gym staff and health professionals.
- Support and mentor early career researchers in the field of CP research so that CP research will flourish and Ireland will become a global leader in CP research, which (when implemented) will improve the lives of people with CP across the world.

- Ensure the Cerebral Palsy Ireland website is a global-leading resource for individuals with CP, their families, clinicians, and researchers focussed on CP.
- Support the Irish CP community to establish a registered charity for Cerebral Palsy Ireland.
- Publish a clear list of the advocacy priorities of all stakeholders of Cerebral Palsy Ireland and plan an advocacy strategy.
- Grow and support a community of advocates for CP to influence policy and ensure the voices of individuals with CP and their families are heard.
- Engage in and contribute expert clinical and research knowledge and lived experience to panels, committees, and conferences and invited consultations (e.g. from Health Information and Quality Authority [HIQA]) to drive meaningful changes in health policy for children, adolescents and adults with CP.
- Secure long-term funding in needed areas e.g., for the Irish CP Registry.
- Disseminate National Model of Care for CP to all stakeholders.
- Deliver training to key stakeholders during the National Model of Care for CP implementation process.
- Develop and disseminate resources for primary care to increase awareness and highlight fast-track pathways for infants with motor delay based on the PROMPT guidelines.²⁹
- Formalise existing networks of expert CP therapists (currently 56) working in Primary Care and CDNTs to create Irish Physiotherapy and Occupational Therapy CP Networks. These two networks will support the development and delivery of training to all therapists working with children and adolescents with CP in Primary Care and CDNTs during the National Model of Care for CP implementation process.
- Train health professionals, including clinicians, therapists and GPs (through postgraduate education and short course) equipping them with the knowledge and skills to treat adults with CP in accordance with the National Model of Care for CP.
- Provide GPs and therapists with information, checklists and other tools to support regular reviews of adults with CP to assess and monitor secondary impairments including bone and joint disorders, mental health problems, cardiovascular disease and pain.
- Create a Fellowship for a Clinician trained in Neurology or Rehabilitation Medicine to develop advanced subspecialty expertise in management of adults with CP. This fellow will develop skills and experience needed to support adults with CP and develop a dedicated clinic to address their medical needs.

29. PROMPT = Clinical features to prompt referral for diagnosis (one or more of the following)

1. The child demonstrates a hand preference before 12mo of age
2. The child demonstrates stiffness or tightness in the legs between 6–12mo of age (e.g. unable to bring their toes to mouth when having their diaper/nappy changed)
3. The child keeps their hands fisted (closed/clenched) after the age of 4mo
4. The child demonstrates a persistent head lag beyond 4mo of age
5. The child is not able to sit without support beyond 9mo of age
6. The child demonstrates consistent asymmetry of posture and movements after the age of 4months.

Boychuck Z, Andersen J, Bussi eres A, Fehlings D, Kirton A, Li P, Oskoui M, Rodriguez C, Shevell M, Snider L, Majnemer A; Prompt Group. International expert recommendations of clinical features to prompt referral for diagnostic assessment of cerebral palsy. *Dev Med Child Neurol*. 2020 Jan;62(1):89-96. doi: 10.1111/dmcn.14252. Epub 2019 Apr 25. PMID: 31025318.

APPENDIX 4

LEADERSHIP TEAM APPOINTMENTS AND AFFILIATIONS

- **Prof Deirdre Murray:** Scientific Chair, 1st Biannual Congress of European Paediatric Academic Societies, October 2026.
- **Prof Deirdre Murray:** Scientific Committee, 17th International Newborn Brain Society Meeting, February 2026.
- **Prof Deirdre Murray:** Scientific Committee, Hershey Conference on Developmental Brain Injury, June 2026.
- **Prof Deirdre Murray:** Associate Director, Irish Clinical Academic Training Programme (ICAT).
- **Prof Denise McDonald:** Scientific Committee, European Academy of Childhood-onset Disability (EACD), June 2026.
- **Prof Jennifer Ryan:** Editorial Board Member, MacKeith Press.
- **Prof Jennifer Ryan:** Trustee, UP the Adult Cerebral Palsy Movement.
- **Prof Jennifer Ryan:** Scientific Committee, European Academy of Childhood-onset Disability (EACD) Meeting, June 2026.
- **Prof Jennifer Ryan:** Co-Lead for Public and Patient Involvement (PPI) Ignite Network at RCSI.

