

CASE STUDY

DAVID'S STORY

David was 13 and referred to us by an Early Help Team. The child was now involved with local Police and Youth Offending due to their anti-social behaviour.

Background

The child was born healthy, following a normal delivery and without any complications. They hit all their early expected development milestones and Mum says they talked and were potty trained before the age of one. Despite being involved with CAHMS for many years nothing had improved for this child. This child is very bright and excels at maths and activities that play to his exceptional practical skills. i.e. building flat pack furniture; car mechanics etc.

Findings

It transpired that the individual had sustained a head injury when a baby which caused a seizure and a hospital admission. We learned that the child had actually incurred three separate head injuries before the age of 8. Unfortunately, as each injury was dealt with in isolation at the hospital, any potential damage caused to their developing brain by previous head injuries have not been considered in this child's ongoing development.

Approximately two years ago, David started to demonstrate completely changed behaviours. Since then they became increasingly anti-social and aggressive, with issues escalating in nature and seriousness. The child has no emotional responses, fears nothing and lacks understanding of their actions, consequences and reactions by others.

In the last 12 months, David has been excluded from four secondary schools and a behavioural assessment unit. They are now being temporarily home schooled. They have no good friends and is socially excluded. Mum says the child is asking his mother to please get the child some help.

We discussed the three childhood head injuries with Mum and completed our own brain injury assessment. We then discussed the results with a Paediatric Consultant.

David is demonstrating significant problems in the areas of communication, cognition and behavioural and emotional'. They also have substantial problems with fatigue, pain and sleep, which are increasing the risk factors surrounding the child's quality of life, academic learning, actions and behaviour. We have also learned that the child also has significant memory problems and has a short attention span.

There is also a consensus by a range of community professionals involved with the family, that the child is vulnerable and at risk of exploitation by others due to his cognitive problems. Even more concerning is this child was left in an extremely vulnerable position when they were dropped off miles away from home late at night by Police Officers after the child was released from police custody. Mum was not informed, and the child was left to make their way home alone.

To date no formal acquired brain injury diagnosis has been made; nor has the child received an MRI brain scan. This child is not currently under the care of any medical professionals, other than his GP.



We understand they were referred to CAHMS, but they were not able to help. Mum states the child has never been referred to a Paediatric Consultant who specialises in acquired brain injury; nor has the child ever been assessed by a Paediatric Neuropsychologist.

We discussed the case with a Paediatrician who agreed it was highly likely this child has an acquired brain injury. We wrote a letter for Mum to provide an overview of David's case which the Consultant requested. Mum took this to their GP to ask for a referral to a medical Consultant. This child has now been seen by an appropriately experienced Consultant.

Criminal Justice

We attended an MDT meeting at a behavioural assessment unit with Mum and Dad. Present were representatives of a number of agencies. The purpose was to discuss David's behavioural issues and to exclude the child from the behaviour assessment centre. We discussed our findings and we raised concerns about potential mental capacity issues for the child.

Education

In the absence of a Nurture Room within the assessment centre; it was suggested that the child be home schooled in the interim, until an alternative school could be sought that would meet the emerging special education support needs. Recent feedback from the family is that David is working well at home with a personal tutor; they are completing all their schoolwork; and homework is being completed and produced to a high standard. David was even doing more work than was requested! Sadly, this only lasted a few months before it was stopped because it was deemed too expensive!

David was later moved to an alternative education establishment, but as they have had no proper full-time education for almost five years, they are now significantly behind the expected academic attainment, which will continue to affect the rest of this child's life.

Family Support

The family are also now receiving regular emotional and practical support from us. Mum has received Holistic therapies to help with stress relief and improve general wellbeing.

We continue to support this family and provide advocacy support for David. He is no longer involved in Youth Offending.



