British Association for Community Child Health

Community Child Health: What we see in clinics…

Case One

Oliver is an 11 year old boy who is due to start secondary school in six months. He was in a road traffic accident and spent several weeks on the paediatric intensive care unit (PICU), and needed significant medical input following an acute brain injury. Oliver was referred to the community team by his physiotherapist, as he was having difficulties in school.

In clinic, I took a detailed history, which revealed that Oliver had a significant number of problems including physical, emotional and educational difficulties. I observed Oliver in school and organised a meeting with his Special Educational Needs Coordinator (SENCO), parents and physiotherapist. We identified that Oliver had fallen significantly behind his peers, having particular difficulties with his concentration, handwriting and coordination. School agreed to organise an educational psychology assessment, while I organised for a MRI scan of his head and an occupational therapy (OT) assessment.

He went on to have a special educational needs statement (SEN) which allowed for 1:1 support within school and from therapies. I then attended a transition meeting in school, meeting with his secondary school SENCO to discuss his health and educational needs.

Case Two

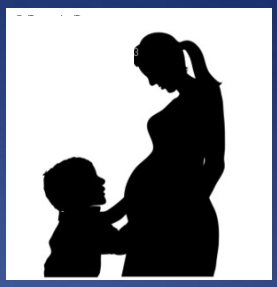
I met Louise when she was six months old for a looked after child (LAC) medical, she had been taken into care at two months of age following mutual agreement between mum and social care. Mum was 24 years old and had only sought antenatal care during the third trimester, having drunk significantly during pregnancy. Louise had been born at about 37 weeks gestation, weighing 2.2kg (low birth weight) and was discharged home with mum as a child in need. Mum had continued to drink heavily, causing significant concern about Louise's care, resulting in Louise being taken into care.

At six months of age, Louise's development was within the normal range, she was healthy, although slightly underweight. When she was nine months old, Mum agreed for Louise to be adopted. I reviewed Louise around her first birthday at which point her weight had improved, although she was showing signs of global developmental delay. I referred her to the child development team through which she received physiotherapy, occupational therapy and portage. Developmental investigations were normal and she had no other health issues.

I carried out a comprehensive pre-adoption medical when Louise was two years of age. I presented Louise to the adoption panel and contributed to the matching process. Following panel I met with Louise's prospective adoptive parents to discuss her health and medical needs, and to answer any questions they had about her.

I continue to follow up Louise's developmental progress in conjunction with a multi-disciplinary team and education.

What we see in clinics...



Case Three

Jack is a three year old who was referred to children's services by his nursery, when he turned up to school that morning with a bruise to his cheek. Mum had initially given no explanation to nursery; later mum had told the social worker that he had fallen off his scooter two days earlier.

Jack and his mother, who was 25 weeks pregnant, came to see me accompanied by the social worker. He was a healthy boy, with normal development; however, he had a bruise to his left cheek, not over a boney prominence. Mum reported that she had witnessed Jack fall off his scooter, but when asked to talk through the event she was unable to give any further details. Shortly after this, mum broke down and disclosed that Jack had walked in on her and dad having an argument the previous evening, and that he had been accidentally hit by dad.

Following discussion, the social work team asked dad to leave the family home while an investigation was carried out. I attended a multi-agency case conference in which it became apparent that there had been significant domestic violence towards mum over a prolonged period, and that mum had considerable mental health issues and was scared to end the relationship.

Jack was placed on a child protection plan and provision was made for his unborn brother, to protect them from physical and emotional harm. Jack and his brother were only to have supervised contact with their dad. Mum received specialist mental health support as a victim of domestic violence and moved with Jack into a refuge for a brief period, before being re-housed. I met with Jack and his mum several months later, at which time he had started to have some nightmares. I referred him to the child and adolescent mental health service (CAMHS) who did some successful brief intervention play based therapy which resolved his anxieties.

Case Four

Emma is a six year old who came to clinic having been referred by the speech and language therapist. She had delayed speech and her mum was concerned about her behaviour - frequent tantrums and aggressive outbursts at home. A history and full developmental assessment showed Emma to be healthy and developmentally within normal limits.

Emma's dad had left the family when she was a baby and Emma and her mother shared a bedroom in a small council flat. Emma's mum disclosed that there was an on going issues with local youths harassing the family and dealing drugs outside their flat, scaring Emma and her mum on daily basis. Emma's mum was frightened to tell anyone about the situation, fearing the youths' response.

With mum's permission, I organised a multi-professional Common Assessment Framework (CAF) meeting which was attended by Emma's head teacher and special educational needs co-ordinator (SENCO), speech and language therapist, school nurse, Emma's mum and myself. With mum's permission the meeting agreed to contact children's services, requesting help and support for the family. A family support worker worked with the family, managing to re-house them in a larger and more appropriate property. Meanwhile, through the CAF, Emma met with a play therapist from the local Child and Adolescent Mental Health Service (CAMHS) while mum attended a parenting group.

I continued to meet up with Emma as her behaviour and speech difficulties improved, while contacting the school to ensure she is continuing to make progress before discharging her back to her GP.

Find out more on the BACCH website

www.bacch.org.uk/training/trainees.php

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