

Case Studies Template

Background

Child(ren) who is/are subject(s) of the referral/plan. - anonymised.

Billy, 15 years old with cerebral palsy, epilepsy and moderate learning difficulties. Billy uses a wheelchair to get around.

Family Structure (e.g. divorced mother with three children aged 7, 5 & 2).

Billy lives with his parents and younger sister aged 11 years. Billy's father works full time leaving the house early and returning late during the week. His mother works part-time (school hours). The family have regular holidays and enjoy spending time together at weekends.

What was the situation before the work was undertaken? Describe the presenting difficulties leading to the referral. This should tell the reader what the situation was before a course of action was taken

Billy was born after a full term pregnancy and reached all his developmental milestones until the age of 2 ½ years when Billy contracted chicken pox and then post-chicken pox encephalitis. As a result he has cerebral palsy, intractable epilepsy, moderate learning difficulties and visual impairment. Billy's balance, mobility, fine and gross motor skills are affected, and he has little function in his left arm and hand

As a result of his illness, Billy lost his mobility skills although he began walking again at the age of 4 years. Due to his epilepsy, Billy has had many bad falls, some resulting in quite serious injuries. He has become increasingly dependent on his wheelchair and has been using a wheelchair almost full-time since the age of 11 years. Billy has a manual wheelchair which limits his independence as he requires someone to push it for him because his left arm function is impacted. Billy would like to become more mobile but needs support to build his confidence when walking. As a result he is reluctant to use the walking frame provided by his physiotherapist but recently he has requested two people walk with him for 5-10 minutes each day. Parents try to do this daily but Dad's working patterns mean he is often not home until late in the evening and Billy is usually in bed before he gets home.

Billy's fits may occur at any time. They can be triggered by environmental events like a door slamming or loud coughing and last approximately 60 seconds; He may have 3-4 episodes over a week, including some night time seizures. Although Billy appears to recover well from his seizures, they can leave him disorientated and confused. As Billy's seizures were getting progressively more frequent and severe 2 years ago he had a VNS (vagal nerve stimulator) fitted in an attempt to control his epilepsy. There has been a decrease in the frequency and severity of seizures since the VNS, but he still has seizures and at times can collapse very suddenly to the floor if he is not in his wheelchair. Billy also has infrequent seizures at night and said he worries that his parents will not hear him. When asked why he worries, he said that when his seizures were frequent, his younger sister had to wake his parents a couple of times.

Billy attends mainstream secondary school with support from Teaching Assistants. He attends the Chill Zone at break and lunch time. Billy says he does not want to go in the Chill Zone as the only thing he has in common with people there is that they are all disabled. He is very isolated at school and Mum worries that he has no friends. Billy says he has friends who talk to him sometimes but he has no contact with anyone outside of school. Billy is achieving at school and is making slow, steady progress academically; he has aspirations of working in a cattery when he leaves school. He has a reading age of 8 years and uses a laptop or a scribe for recording written work due to his difficulties with fine motor skills. Billy struggles with numeracy and needs all tasks broken down into manageable steps. His expressive language tends to restrict him but he manages to get his point across and responds to questions, if given additional processing time. School staff say Billy is quiet and withdrawn in class and does not interact with other pupils unless directed by an adult. He will focus independently for 20 minutes if a subject holds his interest but struggles if he is not interested or does not understand. Billy will often disengage if he does not understand what is being asked of him, rather than ask for clarity on what he is being asked to do.

Billy goes to a youth club once a week for disabled young adults but he has not made any friends there and Billy says they are all much older than him, but he has nowhere else to go. As he needs help using the toilet, his mum takes him but Mum and Billy say this is not ideal. Billy says he wants to have friends and go out with them to the cinema, shopping round town and fun days out to theme parks etc. Billy says he would love to play wheelchair sports such as tennis and basket ball and he enjoys swimming. He is able to swim independently but needs someone with him in case of a seizure.

Billy's mother has said she believes Billy should be more independent in some of his self-care routine, especially in the mornings. At present she helps him to dress, wash etc as he is grumpy on waking and would be late if she did not get him ready. She recognises this is not helpful to Billy but she has a busy schedule in the mornings and has to get Billy and his sister off to school before going to work herself. Billy says it takes him too long to dress himself and he doesn't want to get up earlier as he is tired in the mornings.

Was anyone else involved, who and in what way?

Occupational Therapy Team have assessed Billy's environment at home and provided hand rails in the downstairs toilet, shower chair and chair to be used at the bathroom basin to enable him to wash, clean his teeth etc. His physiotherapist has provided walking frame.

Occupational Therapy Team has assessed Billy's personal care skills and developed a programme for him to follow to increase his independence in this area.

Advisory Teaching Service (Physical Disability Team) have worked with school to develop provision for to enable him to access and take active part in lessons safely. Epilepsy Nurses have trained school staff in use of VNS.

The school SENCO is supporting the class teacher and TAs with approaches to help Billy remain focused in class and specific interventions to boost his numeracy skills are in place

Sixth Form mentor is helping Billy to establish friendships and increase his independence within the school setting.

Family Information Service have provided information on clubs that may be of interest to Billy and whether there is any support available.

