

Case study B

This 17 year old boy was the victim of a vicious attack two years ago and apart from other damage, suffered a severe brain injury. After rehabilitation on the ward (Southern General Hospital), he was discharged home with virtually no information for his parents about his present condition or likely future development. Also apart from not driving and not drinking nothing was said about activities he could and should not undertake.

The only psychological and moral support was provided by the Children's Brain Injury Support Nurse at the hospital. She mainly supported the parents but was helpful to B also. They could phone her and ask questions; she provided necessary information and patiently and with empathy served as 'a shoulder to cry on' during this extremely difficult period. She visited B at home after discharge from hospital but her remit did not include help with practical things such as benefits and care/support..

B's mother highly praised the Child Brain Injury Trust (CBIT). The 'conference day' for parents was very useful and gave parents the information they badly needed. They were told that many consequences of brain injury are likely to be permanent although there may be some improvement, and how to deal with anger. Also meeting with other parents of brain injured children proved extremely helpful especially for practical advice about benefits, care arrangements etc.

Some time after his discharge B was referred to the outpatient Community Treatment Centre for Brain Injury in Gorbals for psycho-social rehabilitation. Despite his attendance for 6 weeks and the presence of a psychologist at the Centre, nobody identified his major problem – fear of his perpetrators and a danger of another possible attack in future. For this reason he refused to return to his school or consider attending any of the nearest colleges in his area. As his interests are gardening and carpentry, I arranged for him to attend a carpentry workshop, hoping that he will like it and when ready to take courage will pursue a proper college course.

A is a nice, kind, intelligent and motivated boy without any drug or other addiction involvement who was not, unfortunately, served best by the present system.

I ask:

- Why was no social work assessment, practical help or care/management plan provided for this boy and his family?
- Why was virtually no information (apart from driving and drinking) given by hospital staff to the boy or his parents?
- Why was no care/management plan provided by the Brain Injury Rehabilitation Centre, and no goals specified?