

Family A Journey Map

Introduction

This is based on a real patient and is considered to be similar to many other patient journeys.

1980

Mother gives birth to B already has 2 children by previous boyfriends, Mother suffers from depression and is a heavy drinker, SWs believe she gets pregnant to keep boyfriends, concerns that Children do not reach normal developmental percentiles.

1980 to 1990 Bs father leaves family home when B is 2 years old no further contact .B spends periods in foster care concerns re disruptive behaviour in school eventually Bs behaviour becomes so disruptive that foster parents can't cope. Emotional attachments made worse by periods spent away from mother.

1990 to 1992 B spending periods of time in children's home becoming influenced by peers possible physical sexual abuse by staff suspected but never confirmed. Links with mother become even more tenuous

1992 to 1997 B gets involved in drugs and crime as he is a physically powerful person he is used by local drug dealers as an enforcer , B spends periods in Youth detention putting him in contact with other adolescents with similar problems from them he learns more criminal behaviour.

1997 to 1999 B abuses steroids for body building by this time he is showing symptoms of a paranoid psychosis He is under the local CMHT who find it difficult to engage with him as he engages on a short term needs basis ie he wants diazepam, he uses violence towards others as way to a means he is constantly in trouble with the police. The Police become wary of arresting him because of his large size and violent propensities.

1999 Is convicted of GBH and perverting the course of justice goes to prison.

2000 Transferred on 47/49 to High secure hospital where he has remained ever since at approximately £300,000 per annum total cost of inpatient care £3m and rising.

Interventions

Social workers, Health Visitors, School, Psychiatric services placed emphasis on keeping family together by supporting mother. However this strategy led to maternal deprivation in children, neglect / physical abuse by stepfathers. Interventions also tend to be reactive and short term as B grows up and his behaviour becomes violent, strategies focus on containment rather than addressing the core issues of B being a very damaged child.

Costs

The early costs are difficult to quantify but include the professionals time, court system as children subject to court orders, foster care, care home, youth offending and prison.

Since admission to hospital B has cost the health economy in excess of £3m whilst interventions in early years may have cost less than £100k in total and are likely to have reduced if not prevented current costs.

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