

Ben's Story

Ben, 15, is an only child who lives with mother. Mother has a partner, Dave. Mum is 36 and Dave is 23. Ben's mother is under her GP for anxiety and depression.

Ben's father killed himself by hanging when Ben was 14.

Ben has chronic eczema and is registered with the local GP who never sees him. Mother's partner [Dave] is at a different GP practice to Ben and his mother. Dave has told his GP about the concerns he has about Ben's mother's behaviour towards him and Ben and he is worried about Ben's behaviour.

Dave's GP contacts mother's GP to discuss his concerns.

He is worried about coercive control by mother over partner. Verbal altercations have been heard by neighbours and witnessed by Ben and it is unclear if Dave lives in the household.

Mother has been to see her GP about her depression because she has been struggling recently. Her GP wanted to prescribe medication but mother declined to go down this route. However, she wanted help as she recognises the impact her depression was having on Ben. Consent was given for a referral to Children's Services about Ben - Early Help Assessment to be undertaken.

CRT have received the referral from mother's GP and have passed the case to you for an Early Help Assessment.

You visit the home address. No-one is in, but you have consent to start your Early Help Assessment.

Questions

Who else do you want to ask for information?

What would form part of your Early Help Assessment?

Which new services might you include for Ben or for one of the adults?

What are the short-term goals for Ben?

What are the longer-term goals for Ben?

Information from other agencies

Ben's GP: I don't see Ben much, but surgery records indicate he has eczema for which he is prescribed cream. There was a flare up about a year ago for which he was prescribed antibiotics but he did not attend on a follow-up appointment with the practice nurse. I am aware that Ben has been referred to CAMHS.

Mother's GP: Mother is prone to bouts of depression. She reports to having difficulty managing Ben and wants help. Mother had a termination when she was 14 which was followed by a period of self-harming. She has suffered with bouts of depression all her adult life.

CAMHS: Ben has been referred by the school and was taken to his choice appointment by Dave. Following the choice appointment, it has been agreed he meets the threshold for further intervention from the service, because he is showing signs of depression and he has had some suicidal thoughts. Ben shared in his choice appointment that he has been very sad and upset following the death of his father. He finds it difficult going to school and reports bullying by other pupils and feels very self-conscious about his eczema. Ben also said that his mother and Dave argue all the time and the police have been called by the neighbours.

School: Ben is in year 10 and his attendance is 72%. Part of this low figure is contributed by late arrival in the morning. School report he has become quiet and withdrawn since the death of his father. School have received a copy of a CYP 4 weeks ago following an alcohol fuelled domestic incident when the police were called to the home address. School referred to the School Counsellor whilst waiting to get Ben in to CAMHS. Ben is described as having potential but is underachieving and seems to be disengaging. School have issued mother a penalty notice based on Ben's poor attendance.

School Counsellor: Ben was referred by the school whilst he is waiting to access a service from CAMHS. Ben told me about his father's death and the fact his mother has a new boyfriend who he quite likes. He feels guilty and disloyal to his father because he likes 'Dave'. Ben reports Dave is alright and that he gets on better with Dave than with his mother. Mum doesn't go out much and gets cross with Dave and Ben when they do. Ben disclosed that he is worried about his mother as there are a lot of arguments in the household and this is causing him stress and at the minute his eczema is bad. Ben reported that his eczema is sore and it affects his sleep which makes it difficult for him to get up in the morning. Ben admits that he has the odd joint to help relieve the itching and help him sleep better and sometimes his mates come around and he shares his cannabis with them.

School Nurse: We have no current information about Ben. The last time he was seen by this service was when he had his booster last year.

Police: The neighbours reported a domestic incident over a month ago. On this occasion police attended, calmed everyone down and left the property and Ben was asleep upstairs. Dave has previously been known to the police for possession of cannabis and was convicted of possession with intent to supply. Mum has a previous conviction for ABH against Ben's father from 3 years ago. Police officers who last attended the home address undertook a DASH assessment.

Probation: Dave is open to CRC following a conviction for possession with intent to supply a class b drug. He received an 18-month suspended prison sentence and had to report fortnightly to a probation officer. They did an initial visit to Dave at his mother's address which is where he was reportedly living.

Housing: Family live in a 2-bedroom housing association property. They are in rent arrears. There have been several noise complaints and concerns about the number of people going to the property.

Children's Services: One historical referral on ICS regarding a domestic incident between Ben's parents. Children's services sent a letter but received no response. 1 CYP has been received from the police a month ago.

How many did you think of asking?