

Meet Maisie

A Very Difficult Birth

Maisie was born by emergency C-section. The blood flow between Maisie and her mother's placenta had reversed and she was born with very little blood in her body. She needed to be resuscitated and had a number of seizures. She was diagnosed by the John Radcliffe as having Hypoxic Ischaemic Encephalopathy ("HIE" – a brain injury caused by deprivation of oxygen to the brain). Initial brain monitoring showed little response and Maisie's parents were told that she was unlikely to survive and that if she did, she was almost certainly going to be severely disabled.



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(Maisie's Father)



Referral and Early Intervention

Maisie was referred to Pace at 6 weeks. Initial assessment showed that her body was extended and tense, pulling into atypical, uncomfortable positions that she could not control, classic indicators of cerebral palsy which would (if untreated) inhibit her ability to rest, explore, play and learn. Maisie attended weekly sessions with our early intervention team, including input from an occupational therapist, physiotherapist and speech & language therapist. Training support was provided to Maisie's parents so that they could support her development at home. At 18 months of age, Pace discharged Maisie from the Child & Family service as she was achieving all her typical milestones.



Having been told of the complex difficulties Maisie would face and all the things in life she would not do, in September 2017 we got the news we never thought that we would hear. Maisie was discharged from Pace. She had not only met but exceeded her typical 18-month old milestones!



(Maisie's Father)

Cost and Benefit – A High Yielding Social Investment

We estimate that the cost of Maisie's therapy, once a week at Pace, was approximately £7,500 over 18 months. However, based on Maisie's diagnosis and our initial assessment, without that early intervention it is very likely that Maisie would have grown up with very significant impairments, almost certainly requiring a special school education and significant input from both health and social care throughout her life. The likely savings to the taxpayer over Maisie's lifetime run into at least six and very probably seven figures.

While progress like Maisie's does not occur in every child we work with, it is common enough to be very significant. And for every case like Maisie's, there are many others where early intervention and the harnessing of early neuroplasticity has at the very least significantly enhanced children's sensory, movement and communication abilities. Early intervention has radically enhanced their future capabilities, reduced their needs, and delivered very meaningful future savings to the taxpayer. Early intervention in babies and toddlers with, or at risk of having, cerebral palsy is a high-yielding social investment.