

## Case study five: Vignette

<b>Name:</b> Michelle Tyndell	Joel Tyndell
<b>Gender:</b> Female	Male
<b>Age:</b> 65	68
<b>Ethnicity:</b> Black British	Black British
<b>First language:</b> English	English
<b>Religion:</b> Christian	Christian

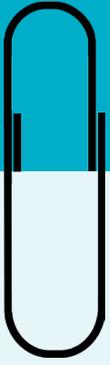
Michelle and Joel live in a city. They have been married for 45 years and have two sons, Clinton in Scotland and Daniel, who is 34 and lives with them. Daniel has a learning disability. Michelle gave up work when Daniel was 16 to support him. Joel retired three years ago. Over the years they have sought support through the council but it has never worked very well.

Daniel volunteers at a local charity a few days a week, helping with teas and coffees. He would like to live independently. Joel and Michelle are worried this won't work. Daniel is well known in the local community. He is also known to the police due to a few incidents where he has been violent. Daniel is often misunderstood as it is not immediately clear that he has a learning disability, and people who don't know him can react to his behaviour. Daniel has some friends from volunteering and some other friends from the local area.

Joel and Michelle support Daniel to ensure he is washed and dressed appropriately, has had his medication and knows where he needs to be. Sometimes Daniel refuses his medication. Daniel has a mobile phone which he is able to make and receive calls on. Sometimes Michelle drives Daniel and sometimes they take him to the bus. Daniel has his own money but it is not clear what he is spending it on. Michelle and Joel are concerned that Daniel may be giving money to his friends.

Joel and Michelle love their son, however they are exhausted and feel undervalued by providing his care. They have had to make choices to put Daniel first, have few friends and rely on each other. Joel had a heart attack last year and they are fearful about what will happen with Daniel in the future. Before children, Michelle and Joel were keen music fans.

Michelle and Joel recently rang the council and asked for someone to talk to them about their situation. You have been out to visit them and met Daniel briefly. You have completed the assessment and the support plan. Daniel has agreed to an assessment which will happen soon.



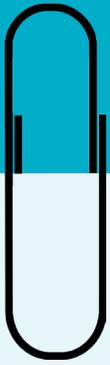
## Case study five: Chronology

### Personal details

<b>Name:</b> Michelle Tyndell	Joel Tyndell
<b>Gender:</b> Female	Male
<b>Age:</b> 65	68
<b>Ethnicity:</b> Black British	Black British
<b>First language:</b> English	English
<b>Religion:</b> Christian	Christian

**Date chronology completed:** 6 March 2016

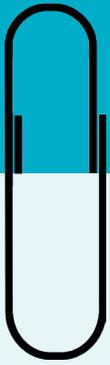
**Date shared with person:** 6 March 2016



## Case study five: Chronology continued

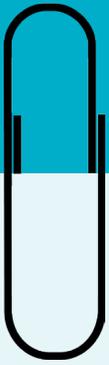
Date	Life Event	Outcome and/or response
1.09.47	Joel Tyndall born in Portmore, Kingston, Jamaica.	Joel had a big family and is still in touch with one of his sisters regularly, his parents died in the 80s.
3.12.50	Michelle Barton born in Portmore, Kingston, Jamaica.	Michelle's parents died when she was young and has lost touch with her siblings when she moved to England.
18.9.70	Joel and Michelle married.	
24.5.72	Joel and Michelle moved to England and lived with Joel's cousin.	Joel got a job as a builder – he got on well and was supervising other builders after a few years. Michelle worked as a cleaner.
17.7.78	Clinton born.	Michelle had had two late miscarriages before this but they weren't given much advice or help about this. They were very glad when Clinton was born safely.
September 78	Moved into own flat.	This was positive for them as they could have their own space.
29.7.81	Daniel born.	Joel and Michelle said they weren't sure they could have another child. They said that it was a difficult birth but the hospital was more interested in the royal wedding.
Summer 1983	Daniel seen by GP and had some tests because he wasn't walking.	GP told Michelle and Joel that Daniel had 'development delay' but they didn't really understand why.
March 1984	Daniel is diagnosed with epilepsy.	At first doctors didn't realise this is what was happening. Daniel was eventually diagnosed and has been taking medication since. He has never really liked taking the medication.
September 86	Daniel started school.	His parents report that Daniel never got on well with school. Michelle went back to doing some part-time work as a cleaner.
Parents are not sure of dates	Various people see Daniel about his speech, behaviour, epilepsy.	Daniel had a few major fits and his medication was updated. He had some speech and language therapy and his parents said that helped a bit. Daniel got into trouble at school quite often for fighting and had to see a counsellor but his parents said that it didn't seem to make any difference.

Continued on following page



## Case study five: Chronology continued

June 1994	Daniel leaves school and Michelle stops work.	Parents report that they were managing ok.
July 1998	Clinton gets married and leaves home.	He moves to Scotland and visits a couple of times a year.
May 1999	Daniel gets in a fight in town and the police bring him home.	The police refer Daniel to social services.
June 1999	Social work assessment.	Social worker suggests that Daniel has some more activities so he starts to go to Mencap one day a week – he quite likes this.
October 2002	Daniel shouts at someone at Mencap centre and social worker visits for a reassessment.	Social worker works with Daniel and the centre to resolve the incident and support Daniel better through activities that he likes. Social worker arranges respite for Daniel. Joel and Michelle report that it doesn't work well because Daniel is unhappy and the respite home kept calling Michelle.
March 2008	Daniel hits someone in town and the social worker visits for a reassessment.	Daniel said it was because the person called him names. The police give him a caution. Social worker arranges a 'direct payment' for a personal assistant to do activities with Daniel.
January 2010	Michelle and Joel ask for a review.	Direct payment cancelled because it is difficult to manage and Daniel says he doesn't need it.
April 2012	Day centre closes.	Mencap arrange for Daniel to have a volunteer role at another centre supporting other people with refreshments twice a week. Daniel's case is closed in social services as he is not receiving any statutory services.
August 2013	Joel retires.	Joel helps out a bit more at home now.
September 2014	Joel has a heart attack	Joel is in hospital for a few days and starts medication.
28.1.16	Michelle and Joel ring social services and ask for someone to talk to.	Referral is allocated to the social worker in the learning disabilities community team.
4.3.16	Social worker visits.	Assessment with Michelle and Joel, then discussion with Daniel. Daniel agrees to have a reassessment in the next month.
6.3.16	Paperwork completed.	Sent to Joel and Michelle.



## Case study five: One page profile

### What others like and admire about me

- > I care for my family
- > I have a great sense of humour
- > I am determined
- > I moved to England and I made a life for myself and my family
- > I brought up my boys to be good people

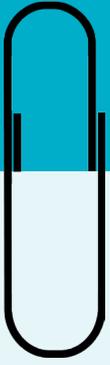
### What is important to me

- > My children
- > My husband – I want him to be with me for a long time
- > To know that Daniel will be looked after when we are gone
- > Daniel and Clinton not getting into any trouble

**Michelle Tyndell**

### How best to support me

- > Someone to know about us
- > To know who will look after Daniel when we are gone
- > To have help that works, not that makes things more difficult
- > Make sure Joel is well
- > Make sure Daniel doesn't get into fights
- > Let me know if I am doing things right



## Case study five: One page profile

### What others like and admire about me

- > I provide for my family
- > I was a good worker and I worked hard
- > People in the neighbourhood respect us

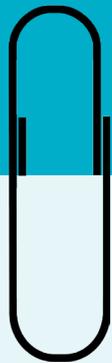
### What is important to me

- > My sons - I want them to do well in life
- > My wife should have some help
- > I want Daniel to be looked after when we are gone
- > I don't want Daniel to get into trouble with the Police
- > Talking to my friends about the world

**Joel Tyndell**

### How best to support me

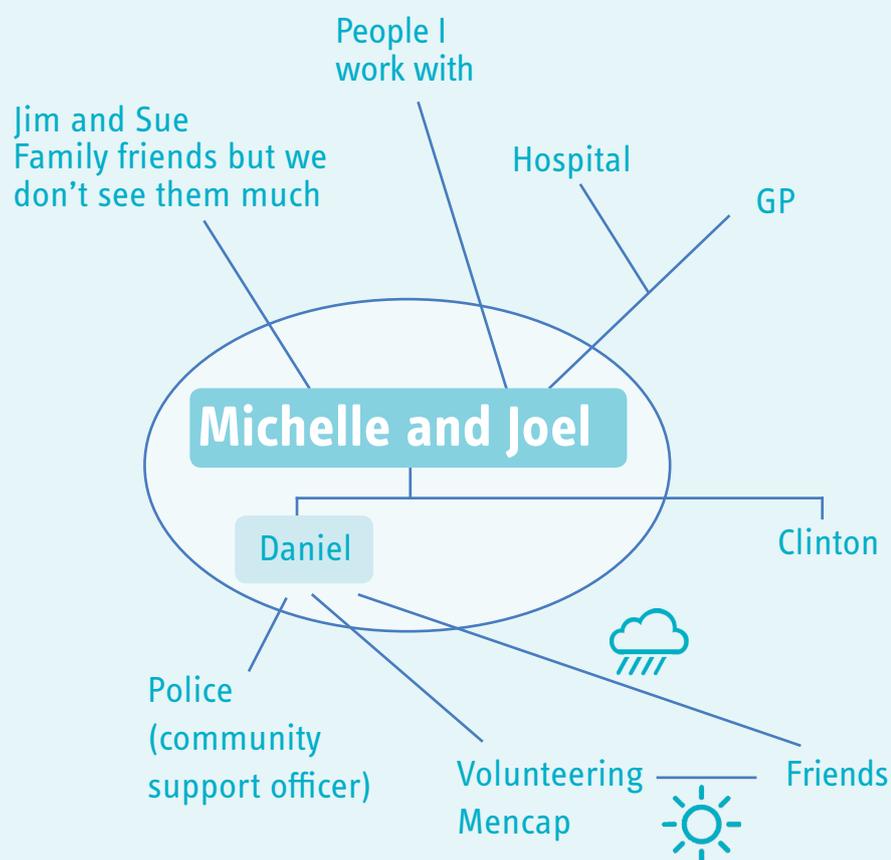
- > To know what will happen to Daniel when we are gone
- > To have some help for Michelle that gives her a rest
- > Make sure Daniel doesn't get into trouble
- > Don't tell us what to do, suggest things
- > Let me know what you can do, I don't know what help there is
- > Provide advice on support for parents in this situation

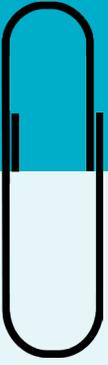


## Case study five: Ecogram

**Name:** Michelle Tyndell and Joel Tyndell

**Date completed:** 6 March 2016





## Case study five: Carers Assessment

### About me

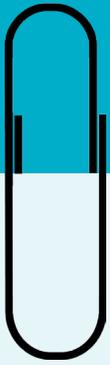
Name:	Michelle Tyndell	Joel Tyndell
Address	1 Railway Terrace, Hamton, City ZZ1 Z11	
Telephone	012345 123456	
Gender:	Female	Male
Date of birth	3.12.50	1.09.47
Age:	65	68
Ethnicity:	Black British	Black British
First language:	English	English
Religion:	Christian	Christian
GP	Dr Fish, Station Surgery	

### How would you like us to contact you?

*Phone*

### Do you need any support with communication?

*No*



## Case study five: Carers Assessment continued

### About the person/ people I care for

<b>My relationship to this person</b>	Mother and father		
<b>Name</b>	Daniel Tyndall		
<b>Address</b>	1 Railway Terrace, Hamton, City ZZ1 Z11		
<b>Telephone</b>	012345 234567		
<b>Email</b>	Daniel4126@yay.com		
<b>Gender</b>	Male		
<b>Date of birth</b>	29.7.81	<b>Age</b>	34
<b>Ethnicity</b>	Black British		
<b>First language</b>	English		
<b>Religion</b>	None		
<b>GP</b>	Dr Cox, Station Surgery		

**Please tell us about any existing support the person you care for already has in place. This could be home care, visits or support from a community, district or community psychiatric nurse, attending any community groups or day centres, attending any training or adult learning courses, or support from friends and neighbours.**

*Daniel goes to Mencap twice a week as a volunteer at a centre a short bus ride or drive away – he helps out with the refreshments and also he takes part in activities. Daniel likes photography and computer games, but he doesn't like making things.*

*The GP surgery arranged an epilepsy nurse to see Daniel sometimes. They send his prescription to the pharmacy for us to collect.*

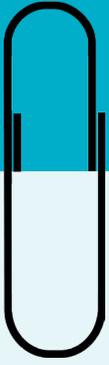
*Daniel has two friends he has met through volunteering – Chris and Joline (Jo). They go out sometimes to the cinema or to the pub.*

*Daniel also has some friends in town that we don't know that well. He met them when he was in his early 20s and he still sees them. They tend to hang round in town and we think he goes out to meet them. We are concerned that they are taking or borrowing money from him. 'They are a bad influence and will get him into trouble' (Joel).*

*Daniel gets Personal Independence Payment and also Employment and Support Allowance but this has just changed and we don't really understand it.*

*Daniel used to go to day centre before it closed and he started volunteering. We had a direct payment for a while but it was very complicated. We couldn't find personal assistants so we used the agency but then there were lots of different people and we all (Daniel too) agreed it was better not to have the direct payment.*

*Daniel recently said that he would like to live independently.*



## Case study five: Carers Assessment continued

### The things I do as a carer to give support

Please use the space below to tell us about the things you do as a carer (including the emotional and practical support you provide such as personal care, preparing meals, supporting the person you care for to stay safe, motivating and re-assuring them, dealing with their medication and / or their finances).

*Daniel has a learning disability but nobody has ever been able to tell us what exactly it is. He also has epilepsy and has to take medication for that. Daniel seems fine when you meet him. He struggles to follow conversations and he doesn't remember instructions unless you write them down. He can read big print and simple words but he can't manage official letters. Daniel doesn't 'do dates and times' so you need to remind him about things. We have a calendar and a list for him, and we have a list for what he needs to take when he goes out (phone, money, keys). Daniel can be a bit clumsy and we try to keep the house tidy and make sure there isn't anything breakable. He doesn't like fiddly tasks because he gets annoyed that he can't do them well. Daniel looks after himself mostly' (Michelle)*

*Daniel doesn't have seizures often and he usually knows if he is starting to get one. This tends to happen when he is stressed or overexcited. We make sure that there aren't things that he can hurt himself with if he has a seizure. The epilepsy nurse advised us about this. We don't leave the house when Daniel is having a shower.*

*Sometimes Daniel gets frustrated and then it is best to just tell him it's ok and leave him alone. When you push things he shouts and he has hit people in the past but he has never hurt us.*

*Daniel can be taken advantage of because he doesn't remember if he has paid for things and he will try to help you if you ask. Also he can't tell money apart easily so he might give you the wrong note or coin. Daniel thinks the best of people and likes to do things for them. We think some of the people that he thinks are his friends might ask him for money.*

*Daniel spends a lot of time in his room playing on his phone.*

*We remind Daniel to have a shower and brush his teeth each morning. We make sure he has clean clothes on.*

*Michelle does the washing and cleaning in the house and cooks all the meals.*

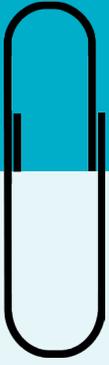
*Joel collects Daniel's medication and makes sure he takes it every day – sometimes he doesn't want to and then Joel has to persuade him.*

*Joel checks Daniel's bag and pockets before he goes out to make sure he has what he needs for the day.*

*We call Daniel if he isn't back for lunch or tea.*

*Joel helped Daniel get his benefits and set up a bank account, and helps him look at the statements and any other letters.*

*Michelle puts appointments in the calendar and drives Daniel to them and goes with him. She drives him to the centre or we walk him to the bus stop.*



## Case study five: Carers Assessment continued

### How my caring role impacts on my life

Please use the space below to tell us about the impact your caring role has on your life.

*It was difficult for us to have children and we thank God for them.*

*When Daniel was little we didn't understand why he was different and we didn't get any help until he was at school. We were told by a doctor that he had 'development delay' but we never understood why. Daniel always needed more help than Clinton and didn't do well at school. We got some advice particularly from the speech and language therapist and also from the epilepsy nurse, but we mostly got on with it ourselves.*

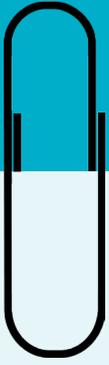
*When Daniel was 16, he left school and Michelle gave up work. Daniel got into trouble with the Police after a fight. We got some support from social services for him to go to Mencap and they have helped with him going there and then being a volunteer.*

*The main impact is the worry. We have been worried about Daniel getting into trouble with fighting. We are worried about his friends and we wonder if we should check his phone and his social media to see who he is in contact with. Daniel has his own money but sometimes it disappears really quickly and he doesn't have anything to show for it - we worry that he is being taken advantage of.*

*Also it is quite stressful if we are asking Daniel to do something like take medication or have a shower and he doesn't want to.*

*'We are exhausted': We have had to put Daniel first, and we have given up a lot - all our friends except for a few, and going out in the evenings. We really only have each other. We don't feel appreciated sometimes and that makes us feel guilty.*

*Joel had a heart attack last year and we are both fearful about what will happen with Daniel in the future. Daniel recently said he wants to live on his own but we don't see how that will work. We don't see how someone else would be able to look after him as we have.*



## Case study five: Carers Assessment continued

### What supports me as a carer?

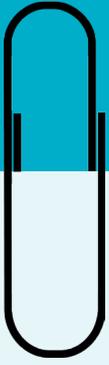
Please use the space below to tell us about what helps you in your caring role.

*Chris and Jo at the Mencap centre help Daniel and go out with him sometimes in the evening.*

*The epilepsy nurse gave us lots of advice.*

*The GP helps Joel with his medication and makes sure the pharmacy gets his prescription.*

*Jim and Sue who are friends from when we arrived in England see us a few times a year and that is lovely. Our son Clinton visits a few times a year.*



## Case study five: Carers Assessment continued

### My feelings and choices about caring

Please use the space below to tell us about how you are feeling and if you would like to change anything about your caring role and your life.

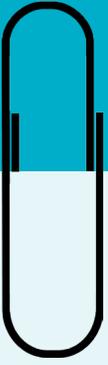
*We don't mind helping Daniel, he is our son and we love him and we want to look after him.*

*We want Daniel to be ok and not to get into trouble. We need to know what will happen when we can't look after Daniel.*

*We want to not have to worry so much.*

*We need to stay healthy as long as we can to look after him.*

*It would be nice to see friends more and have someone to talk to other than just us. And to know that we are doing the right thing.*



## Case study five: Carers Assessment continued

### Information, advice and support

Let us know what advice or information you feel would help you and what sort of support you think would be beneficial to you in your caring role.

*We don't really know what is out there so we need someone to advise us but it has to work for us. Some of the help in the past didn't work for us.*

*Maybe it would help to have:*

*Some more time for us*

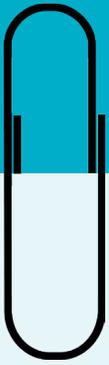
*Advice about how to keep Daniel out of trouble*

*Some help with knowing what to do if Daniel doesn't want to take his medication*

*Advice about benefits*

*A plan in place for the future*

*It would be good for Daniel to have some advice and support from people who know what it is like to have a learning disability and epilepsy. We understand that he wants to be more independent but he does need to know how to be safe.*



## Case study five: Carers Assessment continued

### Conclusion

To be used by social care assessors to consider and record measures which can be taken to assist the carer with their caring role to reduce the significant impact of any needs. This should include networks of support, community services and the persons own strengths. To be eligible the carer must have significant difficulty achieving 1 or more outcomes without support; it is the assessors' professional judgement that unless this need is met there will be a significant impact on the carer's wellbeing. Social care funding will only be made available to meet eligible outcomes that cannot be met in any other way, i.e. social care funding is only available to meet unmet eligible needs

**Date assessment completed** 6 March 2016

### Social care assessor conclusion

*Michelle and Joel have provided support to Daniel since he was born as carers as well as parents. They provide daily support to Daniel. The only other support is from Mencap where Daniel volunteers and from community health services. Joel, Michelle and Daniel have a few family friends.*

*Joel and Michelle love their son greatly and want to continue to support him. They identify that there is a risk of them becoming unwell and Daniel getting into trouble without further support. In particular, Joel had a heart attack last year and Daniel may be at risk from his friends. Joel and Michelle are experiencing stress and it is important to support them now to avoid potential breakdown of the situation through ill-health or inability to support Daniel as he needs.*

*Daniel has told his parents that he wants to live independently. This causes them concern and they are worried about what will happen when they are gone. This area needs to be explored more with Daniel in his own assessment, and then with him and his parents together. There needs to be a plan in place for the future.*

*As part of this assessment we talked about Joel and Michelle getting in touch with their friends and building support through the carers' centre. Advice, support and planning would help to promote Michelle and Joel's wellbeing and help them to continue as carers which is what they want.*

**Eligibility decision** *Eligible for support*

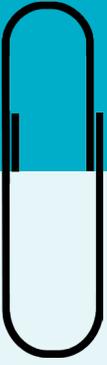
**What's happening next** *Create support plan for Joel and Michelle*  
*Carry out assessment for Daniel*

**Completed by**.....

Name.....

Role.....

Organisation.....



## Case study five: Carers Assessment continued

### Signing this form (for carer)

Please ensure you read the statement below in bold, then sign and date the form.

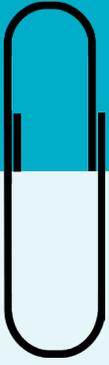
**I understand that completing this form will lead to a computer record being made which will be treated confidentially. The council will hold this information for the purpose of providing information, advice and support to meet my needs. To be able to do this the information may be shared with relevant NHS Agencies and providers of carers' services. This will also help reduce the number of times I am asked for the same information.**

**If I have given details about someone else, I will make sure that they know about this.**

**I understand that the information I provide on this form will only be shared as allowed by the Data Protection Act.**

Name.....

Signature.....



## Case study five: Support Plan

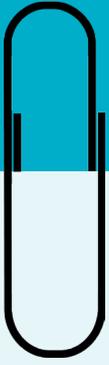
### About me

Name:	Michelle Tyndell	Joel Tyndell
Address	1 Railway Terrace, Hamton, City ZZ1 Z11	
Telephone	012345 123456	
Gender:	Female	Male
Date of birth	3.12.50	1.09.47
Age:	65	68
Ethnicity:	Black British	Black British
First language:	English	English
Religion:	Christian	Christian
GP	Dr Fish, Station Surgery	

### About the person/ people I care for

My relationship to this person	Mother and father		
Name	Daniel Tyndall		
Address	1 Railway Terrace, Hamton, City ZZ1 Z11		
Telephone	012345 234567		
Email	Daniel4126@yay.com		
Gender	Male		
Date of birth	29.7.81	Age	34
Ethnicity	Black British		
First language	English		
Religion	None		
GP	Dr Cox, Station Surgery		

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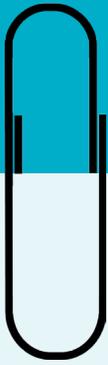
## Case study five: Support Plan continued

### Support plan completed by

Name.....

Role.....

Organisation.....



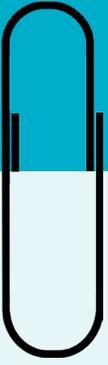
## Case study five: Support Plan continued

Needs	Outcomes	Actions
<i>To be able to keep supporting Daniel</i>	<p><i>We stay well</i></p> <p><i>We know we are doing the right thing</i></p> <p><i>Daniel understands the need to take his medication and makes choices about this</i></p>	<p><i>Michelle to let GP know that they are carers and to ask for a health check.</i></p> <p><i>Arrange for carers' centre to have a carer meet with Michelle and Joel and talk to them about how they are doing and share information about local carers' support.</i></p> <p><i>Arrange for the epilepsy nurse to meet with Michelle and Joel about Daniel's medication – and then look at this as part of his assessment.</i></p>
<i>To be less isolated</i>	<p><i>We can go out sometimes in the evenings</i></p> <p><i>Joel has time to see his work colleagues</i></p> <p><i>We are able to see our friends Jim and Sue every few months</i></p>	<p><i>Provide a one off direct payment for a Tablet and three sessions to support use of it so that Michelle and Joel can: arrange on-line shopping, set up Skype to Jamaica and to their friends, access information about the things they are interested in.</i></p> <p><i>Michelle and Joel to get in touch with Jim and Sue and with work colleagues and arrange for them to visit.</i></p> <p><i>Joel and Michelle will make contact with the local African-Caribbean Community Centre which has regular evening socials.</i></p> <p><i>As part of Daniel's assessment, look at options for Daniel to socialise in the evenings.</i></p>
<i>Not to be worried about Daniel</i>	<p><i>Daniel has enough money</i></p> <p><i>Daniel has something to do that he likes</i></p> <p><i>Daniel has friends</i></p>	<p><i>This is very important to Joel and Michelle's wellbeing – we will need to look at this as part of Daniel's assessment as these are to do with his life and his choices.</i></p> <p><i>Michelle and Joel will share information with Daniel about the 'safe place scheme' so he knows which places will help him if he needs to ask for help.</i></p>
<i>To know Daniel will be ok when we are gone</i>	<p><i>To have our affairs in order for him.</i></p> <p><i>A plan for Daniel that we are all happy with</i></p>	<p><i>Joel and Michelle will go to Citizens Advice Bureau to talk to them about benefits and making a will.</i></p> <p><i>With Daniel's agreement, after his assessment have a meeting with him and Michelle, Joel and Clinton to talk about future plans.</i></p> <p><i>Michelle and Joel to prepare by keeping a diary of what they do each day for the next month.</i></p> <p><i>Michelle and Joel will meet up with someone from the carers' centre to talk about planning for the future.</i></p>

**Date of support plan:** 6 March 2016

**This plan will be reviewed on:** 6 July 2017

*Joel and Michelle are happy for their assessment and support plan to be considered as part of Daniel's assessment, however they do not want them to be shared with Daniel.*



## Case study five: Support Plan continued

### Signing this form

Please ensure you read the statement below in bold, then sign and date the form.

**I understand that completing this form will lead to a computer record being made which will be treated confidentially. The council will hold this information for the purpose of providing information, advice and support to meet my needs. To be able to do this the information may be shared with relevant NHS Agencies and providers of carers' services. This will also help reduce the number of times I am asked for the same information.**

**If I have given details about someone else, I will make sure that they know about this.**

**I understand that the information I provide on this form will only be shared as allowed by the Data Protection Act.**

Name.....

Signature.....