



## 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?

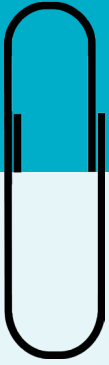
Please use the space below to tell us about what helps you in your caring role.

*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.

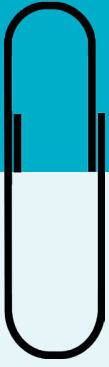
*We don't mind helping Daniel, he is our son and we love him and we want to look after him.*

*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*

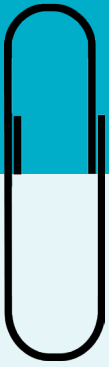
*Advice about how to keep Daniel out of trouble*

*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*

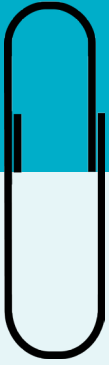
**Completed by**.....

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.....