



Case study three: John and George

Vignette

John is 70, and a retired solicitor who lives in a comfortable home in a rural village with his son, George. His wife, Violet, died when George was 20. John's health deteriorated two years ago following a heart attack; he had a programme of reablement for six weeks following his return from hospital and shortly afterwards his son George moved in to support him. John finds it tiring to do anything physical. His continuing heart problems mean he has become more and more dependent on George over time, and has started to need support with his personal care. His heart condition has resulted in him recently being diagnosed with vascular dementia.

George does most of the housework, gardening, shopping, cooking, cleaning and walking the dogs. George has an acquired brain injury from a motorbike accident which happened soon after his mother died. This has resulted in him experiencing lifelong disability including headaches, depression and mood swings. He has difficulties with his memory and attention and can be irritable and aggressive at times. George has never been able to manage working full-time but before living with his father he worked in a shop part-time. He stopped working when he moved to care for John. Moving in with his father also meant that the financial difficulties he was facing as a result of his rent increases were reduced.

John's pension provides them both with enough money to live on. George is not claiming any benefits and has refused to be assessed as a carer. John has suggested recently that he could bring in a care worker to do some of the jobs that George is undertaking. George will not hear of this, insisting that he is fine and he doesn't mind looking after his dad. He became angry with John, asking why John couldn't have confidence in him "like a father should in a son". However, when he is angry he also complains that he doesn't have time to live his own life any more.

John's GP has contacted social services because John reported that George has started to become violent towards him. George has threatened violence and actually punched and kicked John on a number of occasions. John wants help for George, and agreed to a meeting with a social worker to discuss what help might be available..



How would you make safe enquiry with both John and George?

Who will meet with each of them?

Where?

How will you contact them to arrange the meeting/s?

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Form SC2: Carers assessment/Assessment care and support needs

The worker will explain why they are having this meeting with you. Usually it is because you have asked for an assessment or because another agency that you have been in contact thought that we might be able to help.

You should have been asked if you were happy for them to tell us that you might need help.

Who asked for or suggested this meeting:	<i>John Davies' GP, Dr Whiting</i>
Who is at this meeting:	<i>Stuart Walker (Social Worker) and John Davies</i>
Part One: About You	
Name	<i>John Davies</i>
Address	<i>Crabtree Cottage, Millfield, Dorset</i>
Telephone	<i>01333 333 333 / 07777 333 333</i>
Email	<i>john.davies@xxxxxxxxxx</i>
Gender	<i>Male</i>
Date of birth	<i>10.09.46</i>
Age	<i>70</i>
Ethnicity	<i>Welsh</i>
First language	<i>English</i>
Religion	<i>C of E</i>
GP	<i>Dr Alan Whiting</i>
Support needed to take part in meetings/make decisions	<i>None</i>
Other person making formal health and welfare decisions?	<i>No (John has mental capacity)</i>



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Assessment (support and safeguarding)

I (Stuart Walker) confirmed that Mr. Davies had contacted Adult Social Care in order to request help for his son George. I explained that I had decided to come and see Mr. Davies first to find out more about his care needs so that I could better understand George's needs as a carer. Mr Davies confirmed he had agreed to this meeting.

I asked Mr Davies (John) about his health and what that meant for his support needs

John explained that he has a heart condition that means that he gets breathless very easily and doesn't have much strength or stamina. He gets tired easily especially in the afternoons. Despite that he can't sleep. He has blood pressure pills but he forgets to take them sometimes.

His heart condition means he needs help with everything around the house and garden. He rarely does anything these days not even walking the dogs – "they are still young and pull too hard on the lead for me to control".

He has been having trouble remembering things and it has been getting harder and harder to do the Times crossword. He used to win prizes quite regularly but now he struggles to do more than half of each puzzle. His GP, who is a friend, sent him to a consultant who said that he had the early stages of vascular dementia. He guessed it happened in the night "these little stroke things" because he had never noticed anything during the day. He knows he should do more to keep healthy but most of the time he likes to sit and watch the television and maybe have a bottle of wine.

John can tell when George is angry and tries to stay out of his way. He doesn't know why George gets angry. It's usually something he reads on the internet or sees on the television that starts it and when John tries to calm him down it just turns into an argument. George is very resentful that he hasn't had a job or made a lot of money. Last week John got muddled and left the gas on. George had shouted at him saying he "could have killed them both instead of just doing the decent thing and dying quietly".

I asked whether George had been violent towards John. John said that George 'has flown off the handle once or twice, and hit and kicked me, though he said sorry afterwards – and I know he didn't mean it'. However, John also said that George has become "more threatening" recently.

I asked how John sees the future

John thinks that he has a couple more good years left to enjoy the house and garden and some good wine. He hopes he will die before he "loses it completely".

The main issue is whether George gets the help he needs. If he doesn't he will have to go back to Leeds and John knows he will have to pay for strangers to help with his care. In some ways he would prefer that as he could choose some female carers who would make the place a bit more homely.



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I asked John what he wants?

For George to get the help he needs

To enjoy his last few years in peace and not have to worry about George

Not to have to worry about keeping George calm

Not to be hit or kicked

To get out to the golf club more again and see old friends

To have professional help with personal care when the time comes

What help would be useful?

I suggested that I offer a care needs and a carers assessment for George. John thought that was a good idea. I explained that John would have to pay for most of the care but that I can help arrange it.

I gave John a booklet with the list of recommended homecare agencies and the agency for personal assistants. I showed John the Age UK local site and explained about the recommended handyperson schemes. I showed John the British Heart Foundation web site, the NHS sites about heart conditions and dementia and the local council website "Access All". John was very interested. He said he hadn't realised there were so many groups doing useful things and that he would contact U3A about their philosophy course and the Age UK solicitor to see if he could volunteer to help in any way.

Safety issues

> Does John feel safe?

If no. What is it that John is afraid of? Who is making him feel afraid?

George gets uncontrollably angry for no clear reason. He has been like this since the accident. It is usually when he is tired and "on edge". The only pattern John can see is that it seems easier to upset George when he has had a drink.

John is scared that George might hurt him so badly or cause stress that brings on a heart attack. John does not want to wake up in hospital and then end up in a care home. John wants to stay in his own house.

John believes George will sit tight in the house until John dies because he really wants to live in the house. He has asked John if he can bring his boyfriend to live with them but John has refused.



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If this is a situation of domestic abuse use the DASH-Risk assessment as a basis for talking with the person at risk about what is happening to them?

See DASH-RIC, attached. The DASH-RIC comes out as a moderate risk (10). However in my professional opinion the situation needs close monitoring, as although the score is not high, the DASH-RIC tool does not take account of John's health condition or gender. I discussed referring John to the MARAC with him and he was against it, but agreed to continue to meet me to see how the situation is developing.

What action, if any, is needed to safeguard any adults at risk?

John doesn't think his situation is domestic abuse.

In my professional opinion, I need to gather further information to make a decision about whether coercive control is being exhibited or not.

John and I discussed a recent research paper (Holloway and Fyson, 2016) drawing from a professional specialist's experience of working with people with Acquired Brain Injury. (John is happy for the reference to be included here as he is familiar with academia). It says that assessment of mental capacity is often difficult, because people with ABI may appear to have mental capacity to make decisions, but lack executive capacity to carry them out. It is possible that George's aggression and violence towards John is due to a lack of executive control. John feels this may be the case rather than domestic abuse, however, I need to assess George with the support of an ABI specialist before being able to comment further.

Government legal guidance describes coercive control as a 'purposeful pattern of behaviour which takes place over time in order for one individual to exert power, control or coercion over another'. It is not clear whether the abuse that John is experiencing from George is purposeful or not. Undertaking an assessment of George will help to ascertain whether the abuse that John is experiencing is domestic abuse.

My view is that, at the very least, John is experiencing situational violence. I am concerned about his welfare as this, combined with his health issues, puts him at high risk of serious injury or even death given his heart problems. John has made a safety plan (see below) as he knows that George will get angry until he gets the help he needs and John knows that he might have a heart attack if his body gets shocked by an assault.

I will arrange a further meeting with John and George to assess steps that may relieve any stress George is experiencing/meet his health need, while also assessing George's mental capacity in relation to his treatment of John. I will also keep a note of any additional behaviours that John reports when we meet so that John and I can discuss further whether he is experiencing deliberate coercive control.

In the event that George is unwilling to speak to me, I will raise my concerns with John, and make a plan from there.

Holloway M and Fyson R (2016) Acquired brain injury, social work and the challenges of personalisation. British Journal of Social Work, 46, 1301-1317

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If yes - What can John do to minimise risk of being hurt?

Watch out for signs that George is on edge

Walk away and go to Colin and Anne's (next door).

Call a taxi and go to the library or the club (keep the taxi card in my pocket with my mobile)

Have a care alarm

Don't have a drink or offer George a drink on a day when he is agitated

What next – plans to meet care and support needs and (if relevant) safety plan

	What	Who will do this	By when
1.	Contact George to arrange a meeting	Stuart	Tomorrow
2.	Needs assessment for John	Stuart	2 weeks time
3.	Carers/needs assessment with George	Stuart	Next week
4.	Request a care alarm on-line	John	This afternoon
5.	Contact U3A about their philosophy course	John	Tomorrow
6.	Contact Age UK solicitor to ask about volunteering	John	Tomorrow
7.	Keep a small rucksack by the front door with spare house keys, shed key, money/debit card, raincoat, hat, street shoes, telephone number of taxi firm, address of golf club, folding walking stick, spare heart pills, spare glasses	John	This afternoon
8.	Start to wear travel "pocket" with mobile phone in it	John	Tomorrow
9.	Start to keep a diary of when George seems agitated	John	Today
10.	Tell Collin and Anne why he might need their help.	John	Tuesday
11.	Check this list Stuart to phone John	John and Stuart	1 weeks time



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Assessment (support and safeguarding)

Conclusion

John has described how George becomes angry as a result of his head injury and has sometimes assaulted him. John is well aware that this is a criminal offence but does not wish to press charges as he believes George's behaviour is due to his disability and that there is no deliberate intent.

I feel that I need to speak to George with the assistance of an ABI specialist to get a clearer idea of whether George's abusive behaviour is intentional or not, as our response will depend on whether John is experiencing situational violence or coercive control.

Regardless, I believe this is a safeguarding concern. John agrees and agrees that the main way forward is for George to get the help he needs. He is not sure if George will be more or less agitated by John receiving care from other people. I will arrange to meet with John and George together to carry out a needs and a carer's assessment.

The aim is to create a mixed support package for John to stay at home, for George to carry on living there if he wants to but to do less care and have more help for himself.

We have made a safety plan for situations where George is agitated and may become violent.

Safeguarding enquiry summary			
Is/are there an adult/s at risk	Yes	Date information shared with the police?	No
Who is at risk?	John Davies	Who from	George Davies
		Relationship	Son
Are there any child protection concerns	No	Has a child protection referral been made?	N/A
About who?	N/A		
Has a DASH-RIC been completed	No	High risk?	No
Has a referral been made to MARAC?	No		
Is there a safeguarding/protection plan?	Yes		
Is the plan in place?	No		
Date of any multi-agency safeguarding meeting	None		
Review date	Today plus 13 weeks		
Signed consent given to this support plan (see below)	Yes	Mental capacity to consent to this plan?	Yes



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Future contact

I (Stuart Walker) will contact George and arrange to meet with John and George together.

We will aim to make a plan to ensure John gets the care he needs and George gets support as a carer with his own health needs.

> **What is your preferred way for us to contact you?**

Text or e mail – I check regularly except when I am in the garden

> **Is it safe to contact you anytime? If not, when is the safest time?**

No safety issues re contact

> **If we contact you and it's not safe to talk, can you think of something that you could say that would let me know that it's not safe to talk?**

Not applicable

> **Is there anything else you would like us to be aware of when contacting you?**

Please always contact John directly rather than via George

Completed by

Name: *Stuart Walker*

Role: *Social worker (West area –Adults)*

Organisation: *Adult Social care*

Date: *Today*



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Signing this form

Please ensure you understand the statement below, 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,

Information I have provided on this form will only be shared as allowed by the Data Protection Act. The worker completing this assessment with me has explained what the Data Protection Act says.

I understand that the council will store this information so that they can provide me with information, advice and support. To do this they may also share the information with NHS organisations and providers of care services who may be able to help me.

This means I won't have to give the same information to lots of different organisations. I understand that all health and social care services have a similar duty to treat my information confidentially in accordance with the Data Protection Act.

If I am at serious risk for example from domestic abuse or if other people are at risk from someone who is abusing me then the council may share my information with other organisations such as the Police to help keep me safe and protect other people

If I have given details about someone else in this assessment, I will make sure that they know about this unless doing so might place them or me at risk of harm.

The worker completing this assessment has explained that I will be involved in all decisions that are made about my care and support and that if I am unhappy about the support I am offered or the way in which services are delivered I can make a complaint – firstly to the manager of the service who will try to put it right and then if I am not happy to the Social services complaints office. Tel: 01234 567890.

Name: John Davies

Signature: *John Davies LLD*

Date: *Today*