



Case study five: Betty and Godfrey

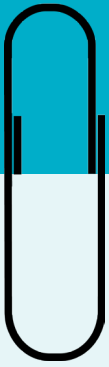
Carer's review with Betty and questions about a safeguarding referral

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>Ruth Morgan- Social worker following referral from Hadyn Thomas manager at The Woolshed Day Centre.</i>
Who is at this meeting:	<i>Ruth Morgan (Social Worker) and Betty</i>
Part One: About You	
Name	<i>Betty White</i>
Address	<i>139 Dawson Drive, Wolverhampton</i>
Telephone	<i>01902 XXXXXX</i>
Email	<i>angelawhite@XXXXXXXX</i>
Gender	<i>Female</i>
Date of birth	<i>10.09.43</i>
Age	<i>73</i>
Ethnicity	<i>Black Caribbean</i>
First language	<i>English</i>
Religion	<i>Baptist</i>
GP	<i>Dr Shirley Adeleke</i>
Support needed to take part in meetings/make decisions	<i>None</i>
Other person making formal health and welfare decisions?	<i>No (Betty has mental capacity)</i>



Case study five: Betty and Godfrey

Carer's review with Betty and questions about a safeguarding referral continued

I (Ruth Morgan) explained that the day centre had raised concerns because Godfrey had bruising on his arms. I explained I wanted to find out how the bruising happened and whether or not Betty and Godfrey were getting all the help they needed. I explained that I had been to see Godfrey and that he had said it was just “an up and down” in their relationship. I explained that the police had sent social services notices about the times that she had called them and that had made me think it was important to ask Betty what she thinks.

Betty's words are in quotes.

I asked Betty about her relationship with Godfrey.

Betty said that Godfrey had always been a “difficult husband”. He could be very generous and loving but “he has always needed to get his own way and to make sure things were exactly how he liked them... If things weren't how he expected, even small things like the size of a lamb chop, he could fly off the handle, shouting and thumping the furniture and throwing things”. Betty had learnt ways of keeping things on an “even keel” by keeping to “strict routines” that he set “so that there could be no arguments”.

Betty said that since Godfrey had developed dementia things had got much harder. He “gets angry because he has forgotten what had just happened and he keeps thinking he is a young man again and then gets upset because he can't do things he used to anymore”. She had called the police because he had “thrown her to one side against the door frame so he could get into her bedroom” (this was in the time before the day centre started). He had been so angry and she was worried he would throw himself down the stairs to try and get to her. She had slept downstairs on that occasion and had gone to her GP the next day.

Betty said she felt “hurt and angry” because the day centre staff told her he liked food he hadn't eaten for years. He had punched her many years ago, when their children were small, “for giving him brisket instead of steak and now he is happy to eat brisket stew at the centre!”

At the time of the first assault she had waited until the children were asleep and then shouted at him until he agreed not to hit her again. She had told him she would go to the pastor at the church if he did. Betty said that Godfrey hadn't hit her again until the dementia started.

Betty said Godfrey had got the bruises because he had been refusing to get off the toilet. She said he had been being deliberately awkward, “because he has to always be in charge”. She would have left him on the toilet but she wanted to go herself so she had grabbed him by the arms to pull him up. She was surprised she had been able to lift him as he used to be much heavier than he is now. She hadn't been able to hold him up for long so he had ended up sat on the floor but had just looked surprised, stood up and walked away, sat down and watched TV. Betty didn't think she had hurt him.



Case study five: Betty and Godfrey

Carer's review with Betty and questions about a safeguarding referral continued

I asked how Betty sees the future

Betty said she “didn't want to think about it because every day things were getting harder and harder”.

I asked Betty what she wants? Betty said she wants:

To succeed in keeping Godfrey at home until he dies

Not to hurt Godfrey

Not to be hurt by Godfrey

To keep her own mind

Someone to come to the house and help when Godfrey is in a temper

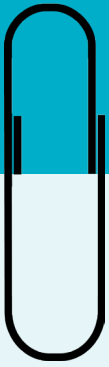
What (more) help would be useful?

Betty said that the day-centre is a god-send and the staff are saints. It would be better for her patience and energy if he could go another day a week. Godfrey had originally refused to pay for more than two days but now he is enjoying it she thinks he might agree to more.

I suggested that it would be better if the staff understood why she was so worried about them getting his food right. Betty agreed. She “doesn't want one of them to get hurt or for Godfrey to lose his place at the day-centre if he loses his temper”.

I showed Betty some information about groups the Alzheimer's Society run for carers and some leaflets from the NHS about dementia and how it changes people's behaviour.

I showed Betty information about the telecare services. We talked about how a care alarm and a pressure mat by Godfrey's bedroom door might help. Betty thought a care alarm could be very useful and would like the option of mobile response. She thinks her son-in-law could fix a bell to Godfrey's door. I explained Godfrey would need to agree to this. Betty didn't think he would.



Case study five: Betty and Godfrey

Carer's review with Betty and questions about a safeguarding referral continued

Safety issues

> Does Betty feel safe?

If no. What is it that Betty is afraid of? Who is making her feel afraid?

Yes and no. Betty said that she is always worried that Godfrey might fly off in a temper. She says she has learnt how to guess when he's angry and get out of the way but "the dementia has changed things and it is harder to predict what will make him angry."

Betty said it would be easier if she didn't have to do "things that upset him, like helping him to take his trousers off or trying to get him to stay in his own bedroom."

If yes - What can Betty do to minimise risk of herself or Godfrey being hurt?

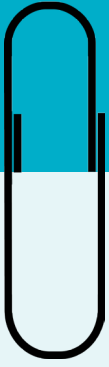
If Betty is worried that Godfrey might hurt her or she might hurt him she will walk away and go up or downstairs (Godfrey can't use the stair lift by himself).

If Betty is feeling upset she can ring Angela (daughter) or Carole from church

If Betty can't get Godfrey to co-operate with things he needs to do after leaving him for half an hour to calm down then she will use the care alarm pendant

Until the care alarm is in place she will always have her mobile phone in her pocket

If Godfrey is scaring or hurting Betty she will ring the police



Case study five: Betty and Godfrey

Carer's review with Betty and questions about a safeguarding referral continued

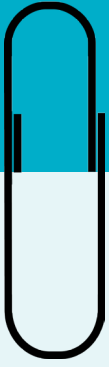
What next – plans to meet care and support needs and (if relevant) safety plan

Using the information above and in the DASH-RIC, make a plan of action below.

	What	Who will do this	By when
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

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.



Case study five: Betty and Godfrey

Carer's review with Betty and questions about a safeguarding referral continued

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

In my opinion, Betty has experienced coercive control throughout her marriage to varying degrees. Although Betty has only reported one incident of violence that occurred when she and Godfrey were younger, there is some evidence to suggest that men who have a history of perpetrating domestic abuse and develop dementia can present a high risk of physical harm. I discussed this possibility with Betty and she agreed it spoke to her experience. For this reason, although a concern was originally raised about risk of harm by Betty to Godfrey, in my opinion the reverse may be true. As Godfrey's dementia progresses it is possible that he poses a greater risk to Betty, and the supports above should help mediate this risk while adhering to Betty's wish that Godfrey stays living at home.

As mentioned above, I will speak to Godfrey about re-assessing his needs, and make sure that he does not feel at risk from Betty. I will also check that Godfrey also wishes to stay living at home.

Betty doesn't think her situation is domestic abuse. I explained that although it was clear Betty had done a good job of managing Godfrey's behaviour when they were both younger, I am worried that Godfrey's behaviour might get worse as his illness progresses. Betty agreed that there is a risk that she could get hurt or might hurt Godfrey trying to stop him hurting himself or hurting her or if he is not co-operating with her.

I explained that I would be recommending that there was a "safeguarding" review within 3 months to make sure that the things we hope will make things safer for Betty and Godfrey are working. Betty thought that was a good idea. She said it meant she felt less alone with this problem.

Conclusion

(What is your professional opinion about this case? What evidence is there of coercive control? What action is being taken and why?)



Case study five: Betty and Godfrey

Carer's review with Betty and questions about a safeguarding referral continued

Future contact

I (Ruth Morgan) will meet with you before we meet with Godfrey together to find out how things have been and whether any of the changes have helped. We will have a joint meeting with Godfrey if he agrees. At the end of six weeks we will see how things have changed and make new plans if we need to.

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

Phone on the landline. Late morning is usually a good time.

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

Godfrey is at the day centre on Tuesday and Thursday

> **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?**

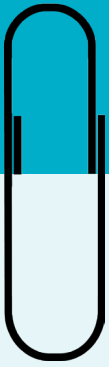
Don't leave messages with Godfrey, he doesn't remember to pass them on any more



Case study five: Betty and Godfrey

Carer's review with Betty and questions about a safeguarding referral continued

Safeguarding enquiry summary			
Is/are there an adult/s at risk		Date information shared with the police?	
Who is at risk?		Who from	
		Relationship	
Are there any child protection concerns		Has a child protection referral been made?	
About who?			
Has a DASH-RIC been completed		High risk?	
Has a referral been made to MARAC?			
Is there a safeguarding/protection plan?			
Is the plan in place?			
Date of any multi-agency safeguarding meeting			
Review date			
Signed consent given to this support plan (see below)		Mental capacity to consent to this plan?	



Case study five: Betty and Godfrey

Carer's review with Betty and questions about a safeguarding referral continued

Completed by

Name:

Role:

Organisation:

Date:

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: Betty White

Signature: *Betty White*

Date: *Today*