



Social Care: Past and Present

Assessment: Brian and Sylvia's story

V/o:

Experiences of assessment.

You will hear from Brian and Sylvia, a married couple. Since Brian became ill they have had considerable experience of being assessed for care services.

Sylvia:

Bikes, motor cycles, they're just beautiful, freedom... we used to have a Goldwing 1100 classic bike. It meant freedom for us at that time. We used to like the idea of just going where we wanted, when we wanted. Marvellous. Then my husband got ill, lack of freedom. But we used to like to go to the Bulldog Bash, parade, we used to do all those things, we can't do them any more.

Brian:

This Parkinson's I've had for a long time and I didn't know nothing about it until recently when I was diagnosed. I just kept going on and thought nothing of it, and then when I was diagnosed I had it, it changes your life, you've got to adapt to another way of life, you can't do the things you'd like to do. I couldn't ride the bike any more.

Sylvia:

Once it was found it was finally sort of sunk into my head and the specialist confirmed the diagnosis, then the next thing to do is find out all you can about it because what you don't know about you're frightened of. So I looked through directory enquiries and all kinds of things until I found out a Parkinson's disease society. They have a welfare officer and he advised me to get in touch with Social Services, because where we were living it was a chalet, there was no hand rails, very dangerous for Brian just to be there, plus he needed other things like a raised toilet seat, walking sticks, walking aids, a bath hoist, all kinds of things. So I was told to find out and get in touch with Social Services, which I did. I took Brian with me and I went and had a talk and they weren't terribly helpful, and this is, I do understand that you know there are loads of cutbacks. If they can get away with doing the minimum for you, then that's exactly what they're going to do. So I didn't leave it there, I persisted and I got them out to do an assessment on Brian.

Brian:

When this person, she was sitting where you are, and she came with this assessment book, instead of talking to the person you know who was involved, she was talking to my wife as if I wasn't here, you know, and there was not a word spoken from her to me, mouth to mouth at all, she just there and then just kept on and kept on but she was talking to Sylvia rather than talking to me, she never asked my opinion of anything.

Sylvia:

We had one particular social worker who asked us about our sex life, which I found a somewhat odd question, and not relevant really, and I just said I wasn't going to answer that, didn't think it was relative, so I didn't answer it. Another lady said what sort of bank account have you got, asked me about my financial situation. Again I said no, it's not relevant to this assessment or to what we're, it's nothing to do with what we're talking about. We're talking about Brian and his situation, not about my bank balance and not about my sex life.

Brian:

It's all paperwork, you know instead of getting action done, it's filling in this, filling in that, sending it back to you, and it's like a shuttle service. There's more paperwork, if they cut half the paperwork out and got down to the proper business, it wouldn't take half so long to get these things sorted out and done.

Sylvia:

In order for Brian to be kept at home, if you like, and doing the things he normally does, they've got to help me because with my medical conditions I need help as well. So I'm assessed as a carer but my needs are taken into consideration as well in order to keep Brian going and looked after, so that's how the assessment works. The thing is, what she came to tell me was that yes, I can get the help with Brian until I go for something called Disability Living Allowance, which I haven't claimed, because until now I've been able to manage, didn't think I was entitled to it, so I just claim a Carer's Allowance, that's £40 a week, that's all. So in order to get this help I've got to claim Disability Living Allowance, I've got to go and see a lung specialist in six weeks' time and attend a clinic. In order to claim that I've got to get the specialist's assessment of me so that I can do that, and then I can tell them, and then I can get assessed as a user and a carer and God knows what.

Brian:

I can't expect my wife to do the job, and ruin her health instead of keep lifting me into bed and out of bed in a morning, you know I ain't any lightweight, you know I was a bantam weight and a lightweight, now the wife wants a cleaner to come on a Friday. The only trouble with that is that if I had somebody to help me in and out of bed, shave or what, to give Sylvia a rest they're going to chop her cleaner off, so it's sort of six of one, and four of the other. You take somebody on for my needs, Sylvia's needs are dropped, they won't have the worker to come in on a Friday if I have the carer for me which is stupid, I think.

Sylvia:

There hasn't been up to, until when we got our present social worker, there's no continuity. I think in order to be able to talk to social workers or anyone freely about everything, whatever kind of problem you've got, you need someone that you know, and that you probably have met two or three times. The social worker that we have now, she not only listens to Brian, she talks to Brian and she takes what he says into account, and they interact with each other, and she will probably get more information from Brian.

Brian:

Anything you say to her she takes it in.

V/o:

We asked Gaynor, a social worker, and Liz, an occupational therapist, to comment on Brian and Sylvia's account of their experiences. You will hear Gaynor's voice first.

Gaynor:

I think one of the challenges is that when we go out to a completely new situation is that we are able to somehow tune in to the real problems. Sometimes you get a carer who's so stressed or worried that you may get a wrong picture of what's actually going on. So one of the challenges, I feel, is to hear everyone's story and try and balance out everyone's needs, and sometimes that's quite difficult.

Liz:

I think when we actually start assessing an individual they've actually already got possibly past experiences of being assessed, maybe by a different professional, and so they bring that with them to the assessment, and maybe if they've had a negative experience in the past, to start with you've got to build up the rapport with the patient, and it may be that you've got to overcome the barrier that they're putting up in terms of the last time being a very negative experience, and maybe the perception that the professional is just being nosey and asking a load of questions that they're not going to actually do anything about with that information. And perhaps if we hadn't explained the reason why we want to know the information, and the person doesn't understand fully the reason why we want the information, they may resent us asking what could be quite a personal question about their ability to cope, or maybe about their financial situation because we're wanting to arrange grants and things like that. Because it may be that the client thinks you want a particular answer to the question and so they give that answer rather than actually telling you the truth of what the situation is really

like. Maybe that's because they feel that we're going to judge their situation, and also because they want to have that privacy themselves as well.

Gaynor:

It's not ideal for people to have different social workers visiting them because they often must feel that they're having to tell their story over and over again, and the amount of paperwork that's duplicated may give them the impression that they're not being taken seriously the first time and there's a lot of repetition. And also of course the building up of a relationship doesn't happen if there's lots of different people coming in. I personally try not to fill in forms in front of people.