



Social Care: Past and Present

Assessment: Anne's story

V/o:

You will hear Anne Skein. She retired early due to ill health. Here she talks about her experience of assessment and her expectations for the future.

Anne:

I have arthritis in various points in my body and I also suffer from depression. One of the central parts of my life is the fact that I'm a lesbian, but I have been married, and I have five children, and grandchildren, and for a lot of people that doesn't equate. The other central fact in my life is that I'm a Christian, and I attend church reasonably regularly and those two facts, being a lesbian and a Christian, a lot of people find very difficult to reconcile. I retired from work on the grounds of ill health about three years ago now, and I had to be assessed at that point as to my ability to work or not. That was carried out by the local authority doctor and it was not the best assessment in the world, and was very directed by the welfare people. Within that short assessment there is no how are you going to manage, and all the rest of it, he was just doing a simple job – was I fit to do the job that I was supposed to be doing and if not, well, that was it. Since then I've changed my own GP who went into my history quite well, changed my medication, but did not ask me if I was managing in any other way. So it's actually been up to me to look for the services and go and find them. I decided that I needed some help in actually managing cooking facilities especially, and so I wanted to go to the occupational therapist, and I knew that I could refer myself directly, but I also went to my GP and said this was what I was going to do, so I did refer myself. The first question was what benefits was I getting, and I said I was at that point getting Incapacity Benefit on top of Widow's Pension, and I had applied for a Disabled Living Allowance, so that was that. Then I was asked what help I wanted and we went through a check list of things that I could do, and various things were given to me, and some advice was given to me. I got a stair rail, that was fitted because they were horrified to find that I hadn't got a banister at all to hold on to, and I said particularly that I was doing this university course where I had to do quite a lot of drawing, and I needed something to help me with, to hold pens and pencils, so I was given a length of foam rubber and told to chop it up and put it round my pencil, which was absolutely hopeless. So there was an assessment that took place sitting in a hallway with other people passing by, and an occupational therapist that lasted for the maximum of about an hour and a half, and that's been it. I think one of the disappointments for me has been the fact that I did expect to have some form of assessment in my own home when I went to the occupational therapist. I know they're very busy and lots of work but, nevertheless, I felt that it was wrong that nobody has seen me actually living, working in my own area, they don't know what my kitchen looks like for a start, there might have been things that they could have helped me with on that. I didn't do anything physical about this other assessment, it was just a matter of answering questions so, but I feel that they got an incomplete picture perhaps. Life will get more difficult for me and there will come a time when I need a lot more help and care. There will be an interim period when I will need more help within the home and a home assessment will hopefully take place at that point. Now I live on my own and I don't have a partner but that's not to say that in the future I won't, and the fact that I'm a lesbian actually has a bearing on that, and if we have a home assessment and I do have somebody living with me then there needs quite a deal of sensitivity about that. One of the real difficulties for me I think is when I'm assessed as needing to live somewhere else. I've always told my children that I didn't want to live with them. I can begin to see that I might have to but I would ideally like to live in a residential setting or sheltered housing so that I could have privacy. For me personally I've realised that what I'd really like to do if I had to live in a residential setting is live with just women. It's very difficult and very threatening for a client to raise issues that might rock the boat a bit. I can think of instances where I just keep quiet because I don't want to rock the boat. So I do feel that social workers should address it and should find some

sensitive way, some tactful way of saying well, just what is your living position and what would be your preferred relationships.

V/O:

For Gaynor and Liz Anne's account presents rather different issues to those raised by Brian and Sylvia.

I think Anne's assessment she said took place in a hallway and lasted about an hour and a half and was only a verbal assessment, and I think she mentioned about people going backwards and forwards during that time, so it wasn't undisturbed time, and I think when we're do an assessment it should be undivided attention to that individual with no distractions going on. In terms of Anne's assessment because it was actually looking at equipment and things that she needed to enable her to manage independently at home then really that needed to be done in the home environment, and actually taken stuff for her to actually have the opportunity to try at home to see whether it did meet her needs or whether it didn't.

I think if a home visit had been done with Anne then actually seeing her in her own home and seeing exactly how she needs to cope rather than just asking questions then you get a truer picture of the difficulties that someone's experiencing.

In an assessment you're looking at the person's whole life and their social and emotional wellbeing and sex is very much a part of that. In my working time I don't think I've met anyone to my knowledge who was prepared to talk in the frank way that she does.

We're not really trained to talk in the frank way that she does. And we're not really trained to deal with some of the issues that she brought up, I don't feel.

Within the unit where I'm working it's something that we are trying to address in terms of it being an area that one member of the team will actually approach with the client.

I think in a sensitive way the assessor could look at this issue but in the way that the user is accepting and happy and comfortable with.

I think using a combination of maybe not necessarily asking questions, but giving the patient the chance to really say that these, you know, these are my difficulties. I definitely know that it's gone well if the patient is actually then positive at the end of the assessment and is almost keen to know what the next stage is going to be.

My concern is that when we do an assessment everyone's view is considered and that's not just the people we visit but we often get the views of outsiders such as neighbours and general practitioners and district nurses, a whole host of people, so an assessment is not just the people in that home, it's other people's views as well, and it's a balancing act all the time we're devising a care plan as a result of the assessment that's acceptable to everyone.

I think an assessment is challenging. I think when we're do an assessment then it is a case of looking at the person as a whole and looking at all areas of their life and the things that they have to cope with, and not just focusing on perhaps a disability that someone has got, and also looking to what their future goals there as well as the here and now.