

Appendix:

The case studies

Case Study 1: Jake

Jake is 22 years old and has a condition which makes it extremely difficult for him to move or speak, because of prolonged and painful muscle spasms. His intellectual capacities are unaffected. With help from his local authority he manages to live semi-independently in a purpose-built flat attached to his mother's house. Two carers visit several times each day to help him with getting in and out of bed, dressing and feeding, and he has a network of friends who visit him, usually unannounced, to chat and help him with his home-based study.

One morning, only one of his carers turns up. She tells Jake that she will do her best under the circumstances. With only one person to help him eat, most of his breakfast ends up on his pyjamas and bedclothes. The carer will not contravene health and safety guidelines by getting him out of bed on her own, and so she tells Jake that he will have to spend the day in bed. His anxiety about this makes his spasms worse so that he is unable to make her understand his request for that day's visit from his tutor to be cancelled. She tells him she will leave a note pinned to the front door so that the other team of carers, due to visit mid-afternoon, will understand why he is still in bed when they call.

1. In what ways has Jake's dignity been compromised here?
2. What avenues are open to Jake in terms of helping to ensure that his need for dignity is recognised and observed?
3. Is there anything that can be done, at either an individual or an organisational level, to prevent this situation, or a similar one, from happening again?

Case Study 2: Rosa

Rosa is 94 years old and, having become increasingly physically and mentally frail, she now lives in a nursing home. She cannot get out of her bed or chair without help and, because the staff find it difficult to make her understand what is going on around her or to encourage her to play a meaningful part in the social activities that they arrange, they tend to just ignore her unless she needs to eat or use the toilet.

As Easter approaches one year, the owner of the home asks the staff to organise an Easter bonnet competition, as she claims that it will cheer them all up after the winter. As very few of the residents are able to make a bonnet unaided, the staff are heavily involved in both creating and making them, to the extent that it becomes more of a competition between staff members than a meaningful event for the residents. Not wanting to exclude Rosa from the competition, the staff dress her up on Easter Sunday afternoon in a hat with an Easter bunny on it and 'to add that finishing touch', some face paint. When her relatives next visit and see the photographs on display, they are very upset. They say that, knowing Rosa as they had done for many years, it was very unlikely that she would have wanted to be part of an event such as this, and that she looks distressed in the photographs.

1. In what ways has Rosa's dignity been compromised here?
2. Do you think that her family's reaction was reasonable?
3. How might Rosa's thoughts on the matter have been explored?
4. What could be done at an organisational level to help minimise the chance of this, or a similar situation, happening again?

Case Study 3: Alvin

Alvin had been living alone and looking after himself for well over 30 years and, for the most part, his very limited vision and restricted mobility did not present any problems. He was a very active member of his community and, while it took him a long time, he was happy to help others wherever he could.

As he approached his 70th birthday, he decided that the time had come to move to a smaller property, as he had no use for two extra bedrooms now that his children and grandchildren had moved abroad and did not visit as often as they used to. Wondering whether he would qualify for council rented accommodation, Alvin went to the housing department of his local council on a fact-finding mission. When he explained that he was considering moving house, it was suggested to him that supported housing was in short supply and that a letter from his doctor, social worker or any other advocate might help to support his case. He was rather upset about being treated this way and told his neighbour so. On hearing his account of the visit, she asked why and remarked that he had done amazingly well this far to look after himself and keep a house in order too.

1. In what ways was Alvin's dignity compromised here?

2. What assumptions do you think underpinned the comments of
 - i. the housing department official?
 - ii. the neighbour?

3. What could be done at an organisational level to help minimise the chance of this, or a similar situation, happening again?

Case Study 4: Tilly

Tilly is 30 years old and autistic. She can relax in familiar surroundings but becomes very agitated when she has to visit somewhere new, especially if the environment is noisy or crowded. On more than one occasion she has been known to lash out at someone who has tried to welcome her, and for this reason her carer has tended to stay at home with her as much as possible. However, Tilly needs to go to the dentist for some lengthy treatment and, fearing an outburst of 'difficult' behaviour, her carer decides to take her along to the surgery without prior explanation. She tells Tilly that they are going to visit her favourite shop afterwards. When they get to the dentist's surgery, the waiting room is crowded and several small children are running around playing with balloons, something that Tilly has always been frightened of. As feared, she does become agitated and starts flinging her arms wildly and screaming loudly, wetting herself in the process. Her carer can see that this is distressing other people and so she manoeuvres Tilly into a corner and restrains her until the dentist is able to carry out the treatment. Because the visit has been so traumatic, the carer takes her straight home afterwards, cancelling the promised shopping trip because Tilly has not 'behaved' while they've been out. While helping Tilly to change her wet clothes, the carer decides that incontinence pads are going to be necessary for any future outings.

1. In what ways has Tilly's dignity been compromised?

2. How might you have acted differently?

3. What could be done at an organisational level to prevent this, or a similar situation, from happening again?

Case study 5a: Cyril

Cyril is an older man who has just been diagnosed with dementia. He has lived on his own since his wife died two years ago. Cyril has a daughter, Ann, and son-in-law, who live 50 miles away and who both work full time. Ann stays with Cyril every other weekend, as she wants to make sure he is 'looking after himself properly'. Cyril's neighbours have been concerned about him because he has started acting strangely and they have seen him talking to his car, which he still drives around the village. Ann has contacted social services after a neighbour alerted her to their concerns and has requested that Cyril be 'put in a home' for his own safety.

1. What issues does this situation highlight and what dilemmas does it pose for those being called in to intervene?
2. Look at the list you made of 'what makes a good partnership' and discuss how this can be applied to working with Ann.
3. Look at the list you made of 'what makes a good partnership' and discuss how this can be applied to working with Cyril.

Case Study 5b: Cyril – one year later

It is a year later and Cyril is living in a residential home. His daughter, Ann, still visits him regularly. Cyril found it difficult to settle down when he first moved to his new home, as he missed his house where he had lived for 40 years. Over the past year he has become more confused and does not always recognise Ann when she visits him. Sometimes Cyril thinks Ann is his wife, Enid. Ann is concerned about Cyril, as he has become aggressive towards her and others, which is not at all like him – Cyril used to be a gentle, caring man.

For the following tasks, refer to the poster you produced in the previous exercise and try to ensure that the positive images you have captured inform the way you perform the following tasks.

Task 1

You are planning to have an annual review of Cyril's care. Draw up an action plan of how you are going to work with him in partnership during the review process.

Task 2

Ann is feeling isolated and ignored by staff at Cyril's home. She thinks they regard her as a bit of a nuisance, as she regularly phones to see how her father is. Draw up an action plan for staff to follow to work in partnership with Ann more effectively.

Task 3

Referring to all the work you have done today, draw up a list of dos and don'ts for working in partnership with service users and carers.

Case study 6: Mavis and Bill

History

- ▶ Both Mavis and Bill live in a residential home. Mavis is concerned about Bill because she recently saw him with his son, while his son was visiting, and she is uneasy because she heard Bill's son asking Bill to sign a cheque. It was known that Bill's son kept asking Bill to sign cheques, even though Bill told him he didn't understand what they were for and questioned the amounts of money. Bill's son told Bill that if he didn't sign the cheques then he wouldn't bring his grandchildren in to see him at Christmas.

Mavis has tried to talk to Bill about what she heard, but Bill told her that it wasn't her concern and that she should keep out of his business. Mavis has seen Bill deteriorate, as his dementia has advanced rapidly over the last six months, and she's worried that he doesn't remember how often his son asks him to sign cheques.

Mavis is usually a quiet person and never troubles the staff, but she decides to talk to her keyworker about what she's heard.

- ▶ June is Mavis's keyworker. She is having a difficult time at work due to relationship difficulties with Sharon, another member of staff. June feels that she is being bullied by Sharon, who is older than her and has been working in the residential home a lot longer. June is trying to do a good job, but she knows that this is affecting her work.
- ▶ June comes into work one day and straight away Mavis says she wants to talk to her. June says that she will come and speak to her in a few minutes. Two hours later June remembers that she told Mavis that she would talk to her. June goes to look for Mavis and finds her in the lounge. June starts to talk to her just as Bill's son arrives for his monthly visit. June asks what Mavis wanted to talk to her about, but Mavis will not tell her and is very vague about what she wanted. June is confused but thinks that Mavis may be developing dementia. Mavis asks if she can talk to June later instead and June reluctantly agrees. She says she will come and see her after lunch.
- ▶ After lunch June goes looking for Mavis again. She sees her in the dining room but June notices that Sharon is there too. June slips away quietly so that neither Mavis nor Sharon see her.
- ▶ The next day June goes to see Mavis, as she has still not spoken to her. June finds Mavis in her bedroom getting dressed. June notices some laundry has not been collected so she asks Mavis what she wanted while she picks up the laundry. Mavis can't hear what she is saying, as June has her back to her. Mavis waits for June to ask her what she wants but June leaves the room, as she assumes that Mavis has changed her mind again.

- ▶ Mavis is getting really frustrated with June but decides to give talking to her one last try. The next week, when June is back on duty, she asks her if she can see her after breakfast. June has an incident with Sharon, in which Sharon makes her look silly in front of other members of staff. When she goes to see Mavis, her eyes are still red from crying. Mavis sees that June is upset and decides not to burden her with telling her about Bill. Instead, she asks how June is getting on and they have a chat about Mavis's daughters.

Mavis never does tell anyone about Bill.

1. June fails to talk to Mavis when she said she would. If she was having difficulty finding time to talk to her, what should she have done differently?

2. June went to talk to Mavis in the lounge. What is the problem with this and what do you think she should have done?

3. June assumed that Mavis was developing dementia, as she couldn't understand her behaviour. Why do you think she assumed this and what questions do you think she should be asking herself?

4. June lets Mavis down again in the dining room. While you might understand her reasons, what effect do you think this could have on Mavis?

5. June talks to Mavis in her bedroom while Mavis is getting dressed. What should June have done differently in this situation?
6. June does eventually meet with Mavis, but Mavis gives up on the idea of telling her about Bill. What impact do you think this could have on Mavis and Bill?

Case Study 7: Harjit

Harjit is a young man with a physical disability. He was taken into foster care when he was a small child and has now lived with his foster carers for 11 years. Harjit is now 18 years old and wants to move into his own flat. Harjit's foster carers are worried that he will not be able to cope on his own, as they say he is still very young and they have always done everything for him. Harjit has a very close relationship with his carers and wants to continue seeing them on a regular basis after he has moved out of their home.

1. What do you think the problems are that need to be solved in this scenario?
2. If you were Harjit's social worker, what would be your priorities in solving these problems? Make a list of the stages you think are needed in working with Harjit and his foster carers.
3. How would you make sure that Harjit's expertise on himself was valued in assessing him?
4. How would you include Harjit's foster carers in the assessment?

Case Study 8: Mitzi

Mitzi is a young woman with a learning disability. She has grown up living with her parents and brother and sister. Mitzi has always been well cared for and has had a very privileged upbringing in many ways. Her parents and her siblings have always wanted to nurture her and make sure that she doesn't have worries of any kind. As a result of the love and concern of her family, Mitzi has never had to make her own bed, do her own washing, make a meal or do any cleaning. She has spent all her time watching television or playing with video games. Although Mitzi would like to help out in the home, she believes that she is unable to and will make a mess of things. Mitzi is now 22 years old and would like to move out into her own flat as some of her friends have done.

1. What has disabled Mitzi? Is it her learning disability or the attitude and actions of her family?
2. How could Mitzi have been supported in making a contribution to the household chores?
3. What will Mitzi have to overcome if she is to move into her own flat?

Case Study 9: Mr Patel

Mr Patel is an older person who is living in a residential home. His wife has recently died, and he is feeling completely bewildered about this loss. Mr Patel has become depressed, as he was very close to his wife, and has lost interest in daily and routine activities such as washing, shaving and changing his clothes. Mr Patel used to be a very proud man who took great care of his personal appearance.

The staff at the residential home know that Mr Patel is depressed but are too busy to talk to him about his loss. Mr Patel has a keyworker whose role it is to ensure that he receives support with his everyday activities and to let the home manager know if there are any concerns about Mr Patel.

Mr Patel's keyworker is a new member of staff who hasn't received a proper induction due to staff shortages and who has never worked with older people before. The keyworker knows that Mr Patel is not washing, shaving or changing his clothes, but thinks he must always have been a person who didn't really look after himself, so he doesn't mention this to anyone or talk to Mr Patel about it.

Mr Patel stops eating and starts to stay in bed all day. Staff ask him if he wants to get up and offer him cups of tea, but he refuses. His keyworker is worried about him but does not know what to do about her concerns. There have been frequent changes of staff in the residential home, resulting in no one apart from the keyworker being aware that Mr Patel has been in bed for weeks.

The keyworker finally decides to talk to the manager of the home, who goes to see Mr Patel. The manager calls Mr Patel's GP who visits. The GP is shocked to see how thin Mr Patel is, as he had seen him six months previously. The GP discovers that Mr Patel has pressure sores which are fairly deep.

1. What has made Mr Patel 'vulnerable'?
2. What should have been done differently in the residential home?
3. How could Mr Patel have been supported in a way which didn't make him vulnerable?

Case Study 10: Ernest

Ernest tells a member of staff that he wants to talk to them. The member of staff asks Ernest where he wants to talk to them and he indicates the lounge, as no one else is in there. When they sit down to talk it is obvious that Ernest is very nervous, and he shuffles in his chair quite a lot. When Ernest does talk, he tells the member of staff that he thinks a resident is being physically abused by another member of staff. He says that he has heard the other resident crying in the night after the particular member of staff goes into their bedroom. Ernest also says that he has noticed bruises on the resident's wrists, which he thinks look like he has been gripped or held down forcibly.

Case Study 11: Victor

Victor is a support worker at The Elms, a residential home for young adults with a physical impairment. Victor has not worked in social care before, as he was made redundant from a job in a factory. He is looking forward to working in a different environment, but is nervous as he doesn't know what is expected of him or what the staff group will be like.

When Victor starts working, he is surprised by how friendly the staff are with each other. Victor really likes this, but he's noticed that staff often ignore the service users and have conversations that do not include the service users when they are with them.

Victor also notices that staff do not eat with the people they support but keep special treats aside for themselves and eat separately. When Victor asks about this practice, he is told that it is one of the perks of working at the home – nice free food and a chance to socialise with other staff members away from the residents.

Victor often hears staff telling stories making fun of the service users. Victor doesn't really think this is appropriate, but laughs at the stories, as he likes the other members of staff and doesn't want to offend them.

Victor is looking forward to going away on holiday with the residents, as he has heard stories about how enjoyable this was last year. Victor goes to the meeting in which holidays are discussed. He has heard the staff discussing their holiday preferences before the meeting and notices that it is only these preferences which are put forward as options for possible destinations.

After the meeting, Victor hears two versions of what happened in relation to how the holiday destination was chosen. The first version is the account relayed to managers which says that it was the choice of the residents where they will go. The second account is the more private account between members of staff who say that they are looking forward to going away on their choice of holiday. There is also discussion about how staff can have time away from residents to do what they really want to.

1. What is helpful about the workplace culture of The Elms? Who is it helpful for?

2. What is unhelpful about the workplace culture of The Elms? Who is it unhelpful for?

3. What do you think should be done differently at the Elms? Would this improve the workplace culture?