

Case study: Florence and Mary Brown

Part one

Florence Brown is 75 years old and lives alone in a house that she used to share with her husband (who died six months ago) and her two daughters. She suffers from COPD¹, is frail and has restricted mobility. She has been admitted to hospital several times for short-periods because of respiratory infections. She used to smoke heavily but gave up when she was first diagnosed five years ago.

She receives practical and emotional support from one of her daughters Mary who lives nearby. Mary is divorced with no children. Florence also has supportive neighbours. The other daughter Jane is willing to do what she can, but lives 100 miles away with her husband and three young children and works full-time.

Mary thinks that her mother will need more care and support than she can provide if she is to continue to live at home, which she very much wants to do. Mary works part-time as a teaching assistant, but is spending most of her spare-time caring for her mother. She has decided to follow the advice of one of her mother's neighbours, and find out what help that she can get from the Council. So she went online and completed a contact questionnaire, and as a result made an appointment with the 'contact centre' of her local council.

Mary wants an assessment of her mother and herself to take place because she is encouraged that the council could help with providing services such as homecare, and that it is possible that the council will pay something towards the cost. Before the assessment is progressed Mary agrees that she will read the section on the website about the different ways that an assessment can be undertaken, and think about any preferences she may have, and talk to her mother.

Florence agrees with Mary that she will talk to someone from Social Services, although she has some concerns about this and fears that "*they'll want to put me in a home*", despite Mary's assurances. Mary speaks to the First Contact team on the telephone at Florence's behest. The following additional information is discovered:

- Florence uses a nebuliser and may be being considered for some form of rehabilitation (Mary was uncertain about the details)
- Florence has been treated for two urinary tract infections over the last year.

¹ Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have difficulties breathing.

Part two

Mary has read about supported self-assessment and initially favours following this procedure for the assessment of her as a carer, but says her mother wants to be assessed by “*someone who is qualified*”. In conversation with the local authority, Mary and Florence agree that a combined assessment may be the best way forward. Mary says that although her mother can be very forgetful she understands what’s going on most of the time.

An assessment of Florence and Mary takes place in Florence’s home. In introducing himself the assessor (Joe) says a little about the training that he has had that ‘qualifies’ him to undertake assessments. His concern is to offer re-assurance to Florence. Joe first of all establishes that a) Florence does not demonstrate any ‘substantial difficulty’ in being involved in the assessment process, and b) there are no objections or difficulties with proceeding with a combined assessment of Florence and Mary. He checks what outcomes Florence and Mary want to achieve. For Florence it is important to improve her health, to be able to keep her home clean and – above all – to stay in her own home. Mary is concerned to get more support to help her mother to be independent and to be able to have a life of her own. They discuss needs, and Joe concludes that Florence:

- is not able to clean her home without becoming breathless, and she often tries to do things which in turn causes distress and anxiety, which exacerbates her breathlessness and results in her not being able to get upstairs to the toilet and to her bedroom (even after using her nebuliser)
- doesn’t appear to understand the importance of wiping herself front-to-back when going to the toilet to minimise the risk of further urinary tract infections, or at least not without prompting
- cannot get out and about easily or travel without support
- could prepare herself a simple meal, although Mary does her shopping and a lot of meal preparation.

Florence is clear that maintaining her home in a reasonable state of cleanliness is very important for her. She does keep trying to do some dusting and cleaning the bathroom and gets distressed and frustrated when the breathlessness kicks in. She would like to be able to get out more, but says that she is not that bothered.

Mary says that she still wants to help her mother, but wants to do less. Mary would like to be able to go out with her friends and to try online dating, but spends the majority of her time with her mother and has to be available to respond to her mother in an emergency. Also she would like to train to be a teacher but she doesn’t have enough time to do this at present.

Care Act learning and development materials

Joe decides to pause the assessment of Florence to find out whether her breathlessness could be better managed.

With Florence's permission Joe contacts her GP and finds out that Florence has been referred for pulmonary rehabilitation, but that this is not going to be available for 3 months. The GP thinks the programme would last for about 2 months. Joe informs Mary (by telephone) that he intends to work with the health professionals on the pulmonary rehabilitation team to integrate the care and support needs assessment with theirs, and also that Florence's care and support needs could be less following the pulmonary rehabilitation programme. Joe explains that this means that the assessment of Florence's care and support needs will remain paused, whilst the potential impact of the pulmonary rehabilitation programme is considered, and there may be a continued pause until the impact of the programme is evaluated, and that this could have an impact on what support Mary might need in the longer term.