

Community Clinics: Case Study

This is a case study from a Community Care Officer from an Older Adults Team. She met with a carer who had attended a clinic appointment at a Volunteer Bureau in June requesting an assessment.

The carer cares for her husband who is visually impaired and has dementia. The carer also has dementia, so a face-to-face assessment was necessary, but she could get to a clinic for her appointment. In fact, this suited the carer as the clinic was near to her home.

The Community Care Officer had a conversation with the carer and her husband. It transpired that she did not need to have a carer's assessment, but instead was interested in getting some information about social groups and other activities and services provided by the Volunteer Bureau, which the Officer provided. The Officer and the carer also discussed the possibility of day care provided by the Carers' Trust service based at the Volunteer Bureau. The carer and her husband said they may consider this as an option in the future as the Volunteer Bureau is so close to their home.

The carer and her husband left the clinic very satisfied with a timely and convenient service that met their needs.

Nottinghamshire Carers Hub: Case Study

A carer was very upset during an Alzheimer's Society's Dementia Information Session and she seemed at crisis point. The carer's husband suffers from early dementia but is also a recovering alcoholic, with violent tendencies; the carer has had to call police on several occasions.

The carer was referred to a Carers Hub Support Worker, who has a background in Drugs and Alcohol support. The Support Worker visited the carer at home as she was at crisis point. Issues were:

- Husband verbally abusive due to alcohol abuse in past and dementia
- Violent outbursts
- Carer feels she no longer has a life due to caring role
- Controlling nature of husband
- Very stressed and at crisis point
- Lost all friends
- Lost confidence
- Does not know where to turn for help and support, feels isolated
- After 14 years of marriage, no longer wants to care for her husband.

Support Worker provided the following information, advice, signposting and support to the carer:

- Emotional support in time of crisis

- Contact numbers for local police
- Encouraged carer to talk with neighbours, who provided a safe haven if husband got violent again
- Referred to Hetty's service (drug and alcohol support)
- Referred to Let's Talk Wellbeing Service
- Referred to Insight Healthcare
- Referred to CAB – for Power of Attorney advice
- Provided information on other support groups
- Encouraged to book an eye test (not had one for 5 years)
- Military background so referred to British Legion
- Information on a Local Support Centre and service they provide.

Outcomes since Nottinghamshire Carers Hub support:

- Carer now had an eye test after 5 years
- Visiting local Support Centre for a weekly massage and a manicure (time for herself outside of caring role)
- More confident to do things alone
- Now has a counsellor whom carer sees regularly (through Insight Healthcare)
- Reconnected with friends, so less socially isolated
- Set up Power of Attorney
- Changed her Will
- Volunteer from British Legion takes husband out every Saturday for lunch, which he really enjoys
- Carer feels empowered and able to take control of her life
- Husband now listens to carer and is not completely reliant on her anymore
- Reconnected with husband and they are now getting on much better
- Support Worker still in contact with the carer by having telephone support, for updates on progress
- Carer also continues to attend the local carer support group.

Key points

These case studies demonstrate the different approaches to assessing and supporting carers.

- It is no longer the case that all carers are automatically offered a home visit; carers may wish to be seen at a local clinic
- Not all carers need an assessment; some may just need information and advice
- Good support includes signposting and facilitating access to existing activities in the locality.