**Case study exercise – for the trainer**

**Barriers to voice, choice and control**

Mrs A is an 80-year-old lady originally from Germany who has been living in Wales for the last 30 years. She has two daughters but they have moved back to Germany. Mrs A's husband died a few years ago so she has been living alone. Her health has deteriorated in the last couple of years and she has had three falls at home and her memory is starting to fail her.

Mrs A has been admitted to hospital following her last fall. She was found by a concerned neighbour. Mrs A had fallen and been unable to get up, so she had been lying on the floor all night. She was cold and scared, and was worried about having another fall and what will happen to her.

Mrs A moved to a community hospital to have rehabilitation before a decision was made where she should live. Mrs A was struggling with her memory and understanding the terminology that the social worker and the nursing staff were using. She was not involved in meetings about her support and her future. A decision was made that Mrs A needed to go into a residential home. Mrs A didn't want that but she felt unable to speak up for herself, she didn't understand what her rights were, she struggled to express her wishes, and she was reluctant to ask for something different as she thought the staff knew what was best for her.

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|  | **What are the barriers to prevent Mrs A from exercising her right to choice and control?** |
| **1** | **Physical barriers:**   * Losing cognitive ability * Control by another individual * Unable to access up-to-date information * Unable to find out what rights she has * Information about services or procedures are complex and  inaccessible * Communication problems (language barriers, physical difficulties) * Lack of independent support (or perceived lack) * Unable to make sense of information she was told * Health problems |
| **2** | **Emotional barriers:**   * Fear about the consequences of making a choice * Anxiety that someone else will think it’s stupid * Lacking the confidence to speak up and take control * Feeling powerless because someone else makes all your  decisions * Frightened of change or the unknown * Scared of being thought a troublemaker * Emotional because of the uncertainty of having to move home * Upset and not thinking straight because you are vulnerable * Too emotional to make clear decisions * Unsure what to do because you don't know what all your options  are * Feeling alone and isolated with no-one to talk to * Uncertain because of a language barrier * Feeling lost because you can't remember things that should help  you make a decision |
| **3** | **Attitudinal barriers:**   * Other people thinking they know what’s best (controlling behaviour) * Actual or perceived discrimination * Not believing someone can make a decision because their memory is failing or they have a diagnosis of dementia * Professionals using language that is full of jargon and is very technical * Considering someone is incapable of forming a view, making a decision, taking control over their own decision making * Specialists not considering that someone is able to understand if they are told in plain language |
|  | **How could an advocate help in this situation? (This is based on an actual case and was what the advocate was able to do.)**  The social worker realised Mrs A needed an independent professional advocate. Mrs A agreed to see an advocate. The advocate talked to Mrs A about everything that was happening in plain language that Mrs A could understand. Mrs A explained her worries and concerns to the advocate. Mrs A was worried about her house; that she didn't know what would happen if she didn't go home, so she was adamant that she would be going home but no-one had asked her how she felt about it. The advocate visited Mrs A regularly because after a while it all became too much and Mrs A would get tired and more confused.  After many visits the advocate had also been to visit Mrs A's house with the social worker to make sure it was secure and to pick up paperwork that Mrs A had requested (all this was with the permission of Mrs A). Mrs A was able to give informed consent despite her memory problems. The advocate arranged for Mrs A to have a full benefits check and due to her health problems she was awarded Attendance Allowance at the higher rate.  Mrs A also admitted she was scared of going home in case she fell again and no-one found her. Residential homes were discussed and she agreed that she would like to visit a couple near where she lived. Mrs A, the social worker and the advocate visited three homes with her. Mrs A was given information, helped to understand it, and having seen the homes and had the support to do this, she eventually decided she would go into one of the homes. The social worker had managed to contact her daughters to get them to help her sort the house out so Mrs A felt much better about that.  Mrs A was fully supported by the advocate through the transition of moving from the hospital into the residential home and through all the social services processes that happened, including the financial assessment. On one visit, the advocate asked Mrs A if she was happy and settled in the home. Mrs A said no because she was in a room on her own and she was a little scared and lonely. She agreed for the advocate to raise this with the home manager. A few days later she was sharing a room with another woman resident who felt the same and she was much happier. |