



Case study one: Ayesha Vignette

Ayesha, 66, was born in Pakistan and came to the UK with her husband, Tariq. She was 18, he was 28. They have four children and seven grandchildren. During their marriage Tariq was physically and verbally abusive to Ayesha and was controlling of her and their children. Ayesha stayed with her husband for the sake of the children and her family's izzat (honour). Ayesha's first language is Urdu; she speaks very little English. Tariq did not see a need for her to learn. Tariq died two years ago following a short illness.

Bilal, Ayesha's eldest son, moved in with her after Tariq died. Bilal is widowed and has no children. Bilal often tells Ayesha how lucky she is to have a devout son who has come home to look after his mother.

Bilal uses the whole house, apart from her bedroom, as his own. Bilal often yells at her and Ayesha feels in his way in the lounge especially if he is watching television with his friends. She spends most of her time in her bedroom.

Bilal collects Ayesha's pension and does the food shopping on a weekly basis. He says she deserves to rest, not carry heavy bags on the bus. Ayesha used to enjoy cooking but now she gets stressed in case a meal doesn't please him. Sometimes he wants a full meal cooked quickly for his friends.

Ayesha is often tearful and is very tired all the time. She has lost weight and is not sleeping. She finds it hard even to pray. This upsets Ayesha as her faith is important to her.

Normally the family visit monthly at the weekend. Recently her daughter Amnam, came to visit unexpectedly. She is worried that Ayesha is having problems with taking care of herself. She says Ayesha needs help to keep clean, wash her clothes and she thinks Ayesha is avoiding drinking too much because getting to the bathroom is difficult for her. Amnam wants Ayesha to have a social care assessment, so that she can have help with personal care from a woman if she needs it. Amnam convinced Bilal, who agreed, providing he could interpret for her.

A social worker, Marhaid, comes to the house with Ali, a social work student who speaks some Urdu. After the meeting Ali convinces Marhaid that Bilal had not been interpreting everything Ayesha said and that they should see Ayesha with a professional interpreter.



How would you make safe enquiry with Ayesha?

Who will meet with her?

Where?

How will you contact her to arrange the meeting?



Case study one: Ayesha

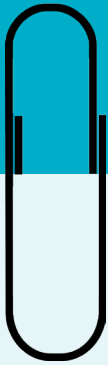
Support and safeguarding needs assessment with Ayesha

Form SC2: Assessment of care and support needs

The worker will explain why they are having this meeting with you. Usually it is because you have asked for an assessment or because another agency that you have been in contact thought that we might be able to help.

You should have been asked if you were happy for them to tell us that you might need help.

Who asked for or suggested this meeting:	<i>Marhaid Dougherty</i>
Who is at this meeting:	<i>Marhaid Dougherty Social Worker Ayesha Amir Ghazala Qureshi (Interpreter)</i>
Part One: About You	
Name	<i>Ayesha Amir</i>
Address	<i>15 Elm Lane, Nottingate, ZG1 1AA</i>
Telephone	<i>07711 111 111</i>
Email	<i>N/A</i>
Gender	<i>Female</i>
Date of birth	<i>17/06/50</i>
Age	<i>66</i>
Ethnicity	<i>British Asian</i>
First language	<i>Urdu</i>
Religion	<i>Muslim (Shia)</i>
GP	<i>Dr Kaur</i>
Support needed to take part in meetings/ make decisions	<i>Interpreter Urdu-English: Ayesha can understand a lot of spoken English but does not speak, read or write English. She does not write Urdu except the family's names.</i>
Other person making formal health and welfare decisions?	<i>No (Ayesha is able to decide what support she wants)</i>



Case study one: Ayesha

Support and safeguarding needs assessment with Ayesha continued

All communication was via Ghazala Qureshi (independent interpreter) except where stated. This assessment will be translated to Urdu by Ghazala Qureshi.

I (Mahraid Dougherty) explained that I had been worried after the previous meeting we had had with Bilal and that my colleague Ali had thought that Bilal hadn't always told us everything Ayesha had said. We thought he might have been ashamed to say that Ayesha needed help in case we thought he was a bad son. Because of that I wanted to speak with Ayesha again and hoped that she would be willing to answer some of the questions again with Ghazala interpreting.

I reminded Ayesha that her daughter had contacted social services because she was worried about Ayesha and thought she might need some help that Bilal couldn't give her.

Quotes below are Ayesha's words through the interpreter.

Ayesha told me has a lot of joint pain. She is "tired all the time" and is losing weight and the doctor says she is worried about her. She has felt "sad and worried" since Tariq her husband died of cancer.

Ayesha told me she can look after herself and likes to cook but finds it hard to cook for her son Bilal who lives with her as he can be very fussy. Sometimes he asks her to cook for lots of his friends without giving her time to prepare the food properly. She says he can be very critical even when she has tried her hardest. Bilal is a good son but he has always been messy. He has "made a mess of every room in the house". He gets "very stressed and angry" since his father Tariq died, so Ayesha goes to bed and watches TV on her own, to stay out of his way. Sometimes he has a group of men around to watch films. Ayesha said, "I don't like not knowing who is in my house". Ayesha spends most of the time in her room and goes downstairs to tidy up when Bilal is at the mosque. He usually goes for all the afternoon and evening prayers (Dhuh, Asr, Maghrib).

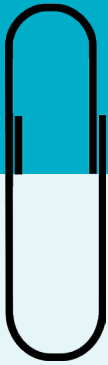
Ayesha finds shopping hard. She told me that Bilal does all the shopping now and she "misses going out". She suggested she could get the local shop to deliver heavy things.

Ayesha said she used to do everything "as she was used to it when her husband was ill" but not now. She elaborated that Bilal "won't let me use the washing machine as it uses water and we have a water meter". Bilal hasn't bought soap powder for over a month and "gets cross" when she reminds him.

Ayesha said she feels lonely. She can't walk as far as the community centre in the Mosque anymore and Bilal won't "waste money" on a taxi for her. She says that Bilal "looks after" her pension money for her, but she would like to be able to spend some of it sometimes. Ayesha told me that it is lucky for her Bilal is so untidy. She sometimes finds money he leaves around which she keeps hidden.

Ayesha told me that her husband used to treat her badly and she is afraid Bilal learnt bad behaviour and a short temper from his father. She said that Tariq "always told Bilal he needed to know how to control a woman... He told him beating your wife is normal to protect a man's honour". She explained, "Bilal's wife died before they had children but he's here now and controls everything I do and yells at me, sometimes just for being in the same room".

Ayesha recognises that her youngest daughter Amnam is worried. Ayesha thinks that is why she came to see her on her own, without the children. She told me that Amnam knows Bilal won't think to help Ayesha with the house because he is a very traditional man like his father.



Case study one: Ayesha

Support and safeguarding needs assessment with Ayesha continued

I asked how Ayesha sees the future

Ayesha told me that she appreciates that Bilal was being a good son to move in so she wasn't alone but she thinks that he would be happier in his own place.

I asked Ayesha what she wants for herself?

Ayesha said she wants:

“To be able to be at peace in my house

To have less work

To go out and see friends. To have friends for tea.

To not be in so much pain

Maybe I would like to live with Amnan but she doesn't have room

To know I can get to my pension money (although I don't mind sharing with Bilal if he needs it).”

What (more) help would be useful?

Ayesha said she'd like “to have transport to get to the Mosque and the community centre”. Through the interpreter I explained about the Dial a Ride community bus. Dial-a-ride use language line to interpret. The interpreter explained language line to Ayesha and that Dial-a-ride could be booked to go to things on a regular basis like the women's elder group at mosque. The interpreter explained it only costs a pound per return trip if you only have a small pension. Because Ayesha said she can use the telephone, I gave her a card with Dial-a-ride's details.

Ayesha wants to see her doctor. We rang the receptionist and made an appointment with Dr Kaur when Bilal will be out shopping and at the mosque on Thursday. Ayesha said that Dr Kaur's Urdu was good enough to speak with her. Amnam has agreed to come with her.

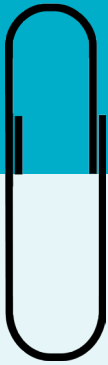
Ayesha wants some washing powder and to use the washing machine.

Safety issues

- **Does Ayesha feel safe?**

- If no. What is she afraid of? Who is making her feel afraid?**

Yes and No. Ayesha said that she is “sometimes scared of Bilal”. She explained that he hasn't hurt her but when he shouts he reminds her what his father was like. It means she stays quiet and “keeps out of the way”.



Case study one: Ayesha

Support and safeguarding needs assessment with Ayesha continued

What next – plans to meet care and support needs and (if relevant) safety plan

	What	Who will do this	By when
1.	Ayesha to see her GP	Ayesha and Amnam	Thursday
2.	Ayesha to use Dial a ride to go to Ujala. She will ask Mrs Ahmed to help set up Dial-a-ride for the group and to go to Mosque	Ayesha	Next Tuesday
3.	Mahraid and Ghazala to come to Ayesha's house and talk about how to ask Bilal to leave	Mahraid/Ghazala	Friday 4.00pm
4.	Ayesha to talk to Amnam about getting the rest of the family to help persuade Bilal to move. He might listen to Amnam's father-in-law.	Ayesha	Next Thursday
5.	Find out what help Ayesha will need to look after herself if Bilal leaves	Mahraid/Ghazala	Friday
6.	Safety planning – including around the family talking to Bilal.	Ayesha, Mahraid and Ghazala	Friday

If this is a situation of domestic abuse use the DASH-Risk assessment as a basis for talking with the person at risk about what is happening to them.

See DASH- RIC, attached – low risk score, 6.

What is your analysis of the situation, and what action, if any, is needed to safeguard any adults at risk?

Ayesha doesn't think this is domestic abuse. She said "Bilal doesn't hit me like Tariq did, or do all those other mind control things".

In my view, Bilal is using elements of coercive control to maintain his position in the house. These include:

- > Threats and intimidation (shouting)
- > Isolation (preventing Ayesha from socialising)
- > Controlling aspects of Ayesha's life (e.g. which areas of the house she can go into – explicitly and implicitly)
- > Financial abuse (restricting Ayesha's access to her pension)
- > Denial of basic needs (e.g. not allowing her to use the washing machine and not supporting her to go to the doctor about pain).

I explained to Ayesha that I am worried that if Bilal doesn't move out, Ayesha may become too ill to look after herself. I asked if it would help for me to meet her here again to discuss Bilal moving out. Ayesha thought that was a good idea. She said it meant she "felt less alone with this problem". I gave her my telephone number and explained that she could use language line if she rings social services.



Case study one: Ayesha

Support and safeguarding needs assessment with Ayesha continued

Conclusion

Ayesha has described how she is in pain and needs help from her GP. She has an appointment for Thursday.

Ayesha is lonely. We used the phone this afternoon. Ayesha has made contact with Mrs Ahmed and will use the Dial-a-ride service to get to the Ujala group.

Ayesha wants Bilal to move out. I will come to the house with the interpreter to talk with her more about how she will tell him and to discuss what support she will need in the home when he leaves. We will also discuss safety planning at this meeting. We will come when Bilal is at the Mosque for Friday prayers.

Ayesha's wellbeing is at risk. Bilal's behaviour is making her anxious so that she isn't eating or sleeping properly, she is not getting proper medical help and is not taking part in community life. Bilal shouts at her and this frightens her. She cannot use her home because he is using it.

I have explained to Ayesha that I will record a safeguarding concern and that my manager could decide that we need to tell the police and health services about Bilal's behaviour and how it affects her. Ayesha says that she does not want Bilal to get into trouble. He needs to get a job and having the police involved will give him a bad name. We agreed I could send a copy of this assessment to Dr Kaur but that I wouldn't send one to the police unless my manager disagreed.

Safeguarding enquiry summary			
Is/are there an adult/s at risk	Yes	Information shared with the police?	No
Who is at risk?	Ayesha Amir	Who from	Bilal Mohamed
		Relationship	Son
Are there any child protection concerns	No	Has a child protection referral been made?	N/A
About who?	N/A		
Has a DASH-RIC been completed	Yes	High risk?	No
Has a referral been made to MARAC?	No		
Is there a safeguarding/protection plan?	Yes		
Is the plan in place?	No		
Date of any multi-agency safeguarding meeting	None		
Review date	Today plus 13 weeks		
Signed consent given to this support plan (see below)	Yes	Mental capacity to consent to this plan?	Yes



Case study one: Ayesha

Support and safeguarding needs assessment with Ayesha continued

Future contact

I (Mahraïd Dogherty) will meet with Ayesha and Ghazala at Ayesha's house next Friday to discuss asking Bilal to move out and to undertake safety planning.

We will make sure arrangements for going to Ujala using Dial-a-ride are in place and find out what the doctor said.

> **What is your preferred way for us to contact you?**

Phone on the landline. Afternoon prayer time is usually a good time.

> **Is it safe to contact you anytime? If not, when is the safest time?**

Afternoon/evening prayer times

> **If we contact you and it's not safe to talk, can you think of something that you could say that would let me know that it's not safe to talk?**

"I not understand please talk to my son"

> **Is there anything else you would like us to be aware of when contacting you?**

If you can't talk to me you can text Amnan (daughter) 07777 555 555

Completed by

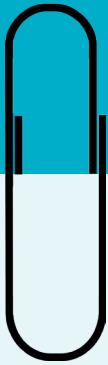
Name: *Mahraïd Doherty*

Role: *Social worker (South-East area -Adults)*

Organisation: *Adult Social care*

Date: *Today*

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Case study one: Ayesha

Support and safeguarding needs assessment with Ayesha continued

Signing this form

Please ensure you understand the statement below, then sign and date the form.

I understand that completing this form will lead to a computer record being made which will be treated confidentially,

Information I have provided on this form will only be shared as allowed by the Data Protection Act. The worker completing this assessment with me has explained what the Data Protection Act says.

I understand that the council will store this information so that they can provide me with information, advice and support. To do this they may also share the information with NHS organisations and providers of care services who may be able to help me.

This means I won't have to give the same information to lots of different organisations. I understand that all health and social care services have a similar duty to treat my information confidentially in accordance with the Data Protection Act.

If I am at serious risk for example from domestic abuse or if other people are at risk from someone who is abusing me then the council may share my information with other organisations such as the Police to help keep me safe and protect other people

If I have given details about someone else in this assessment, I will make sure that they know about this unless doing so might place them or me at risk of harm.

The worker completing this assessment has explained that I will be involved in all decisions that are made about my care and support and that if I am unhappy about the support I am offered or the way in which services are delivered I can make a complaint – firstly to the manager of the service who will try to put it right and then if I am not happy to the Social services complaints office. Tel: 01234 567890.

Name: Ayesha Amir

Signature: *AYESHA AMIR*

Date: *Today*