Social Work: example of case study

Case 1
Social Worker Assessment

Scenario
After a series of falls, Mr. Davies's general practitioner (GP) has requested in-home services from a local home health agency. As part of an initial assessment, a social worker is called to meet with Mr. Davies. The purpose of this assessment is to identify Mr. Davies's physical, social, and psychological strengths and needs and in turn arrange for access to relevant and available services within the community.

Initial assessment
Mr. Davies is an elderly white male who resides in a one-story house twelve kilometres from Mount Barker. He is currently 78 years old and has resided in the same town for most of his life. He has a high-school education, and has worked throughout his life in a number of skilled labour jobs including masonry, lumber-jacking, and blacksmithing. Mr. Davies speaks very proudly of his past working career and of his accomplishments. He occasionally drives to the grocery store, approximately 12 kilometres from his home, but not when it is raining or dark. Mr. Davies was married for over 40 years; his wife died approximately two years ago. He often speaks about how he misses her and feels quite lonely without her companionship.

The client struggles with a number of chronic medical conditions including Type 2 diabetes, coronary artery disease, hypertension, arthritis, and others. He states that he smoked cigarettes for 30 years, but quit sometime in the early 1980s. In addition, he was hospitalized in the 1990s with intestinal surgery; recuperation included a three-month stay in a nursing home. Over the past several months, Mr. Davies has been experiencing repeated falls which he blames on his "clumsiness." His hobbies include woodworking, which has decreased significantly since his arthritis has gotten worse, and writing poetry which takes up much of some of his free time but has difficulty holding writing instruments. Overall, Mr. Davies seems content and relatively outgoing. Although he was not intoxicated numerous empty beer cans were noticed in the kitchen sink.

With regards to social support, he lives alone but his neighbour Mildred, a 73-year old female, visits him at least three times per week. She stops by to visit Mr. Davies a couple of times during the week to socialize and sometimes to have lunch. Occasionally, Mildred will drive Mr. Davies to the store to buy groceries and medications if he is unable or not interested in driving. He has a son, Jim, who works in construction and lives in Port Pirie about two and a half hours away from Mr. Davies. He is not married and has no children. Mr. Davies states that he sees his son every couple of weeks but that he phones him at least twice a week.

Mr. Davies manages to take care of himself in regards to most activities of daily living, although he does have Meals on Wheels deliver him lunch each day. He describes how proud he is to be able to cook his breakfast each morning. After talking about the client's diet, it was identified that Mr. Davies seems to eat modest quantities of meat and dairy products but relatively few fruits and vegetables. He mentions how he would like to go out of the house more often but does not feel comfortable driving long distances. He did not seem concerned about falling. The client also described his reluctance to ever be admitted to a nursing home regardless of how sick he became.
With regards to medication, the client is currently managing six different prescription drugs (Type 2 diabetes, coronary heart disease, angina, pressure sore, constipation and hypertension). When asked how he was managing his medications, he said that he occasionally forgets to take all of them but that he probably doesn’t need them all anyway. He also commented on the cost of buying so many prescriptions, which are not covered by insurance.

Financially, the client lives on the Aged Care Pension totalling about $780 per fortnight. His GP bulk bills his appointments and Mr Davies is proud that he never took any "handouts" from the Government for any of his needs. His house is paid for, although the roof and exterior look as if they will need repairs soon. There are also a series of stairs the client must utilize to get to the sleeping and laundry areas. He lives modestly and has about $5,000 in a savings account. Mr. Davies continues to handle his finances and pays all of the monthly bills.

**Assessments Conducted:**
Because Mr. Davies seemed to show possible symptoms of depression, the "Geriatric Depression Scale-15" (short form)* was conducted. Mr. Davies scored an "8" out of "15"; a score greater than "5" suggests depression. The brief Alcohol Use Identification Test (AUDIT)** was also administered on Mr. Davies who scored 8. A score greater than 7 for people older than 65 indicates possible alcohol problems. Upon completing a financial assessment, the client will qualify for a healthcare card.


**Goals/Interventions**
- Assist client to remain independent and safe in his home.
- With the client’s permission, notify the client's GP about symptoms of depression, possible alcoholism, and request medication and counselling.
- Increase socialization for the client -- arrange friendly visitors from Office for the Aging.
- Have a general practitioner make a referral to a pharmacist for a review of medications.
- Refer to Home and Community Care (HACC) to assist the client with laundry and housecleaning.
- Review available day services programs for client to interact with other seniors and other possible senior centre activities.

**Resource adapted from:**

Developed by Learning Advisers