

Conversation Record



CYC conversation record

Name	Michelle Melvin
NHS number	4430384568
CYC adults Mosaic reference	3045044
Date of this conversation	18/06/2025
Where / how did this conversation take place?	Visit at Home

What we discussed

What is happening for you at the moment? What do you do or what did you enjoy doing? What is your daily routine like? What helps to keep you safe and as well as possible? What are you trying to achieve? How do you want to do this? Who is available to help? What network/resources are available to you in your communities? What kinds of technology-enabled care might help with the things that are important to you?

If you are a carer, are you able and willing to continue providing care for the adult needing support? Is your caring role impacting on what you want to achieve? Does it impact on your emotional or physical wellbeing or affect what you do or what you used to enjoy doing? What is the impact if you work or wish to do so? Might your caring role impact on all these in the future?

Michelle is a 49 year old woman living alone in a one bedroom ground floor council rented flat in the Clifton area of York. She is a very creative person and enjoys crafts, music and gardening. She is also an animal lover and currently has a young kitten called Bronson. She has a good sense of humour and is generous with her creative talents, creating homemade gifts for others and crafting items to sell on for fundraising at St Nicks Nature Reserve, where she volunteers.

Michelle enjoys collecting trainers and has recently been using second hand shop Vinted to find bargains for trainers she likes.

Background

Michelle was born in London and grew up in the Elephant & Castle area. She then moved with the rest of her family to the Redcar area when she was 14. Throughout her childhood

Michelle experienced a lot of abuse from her family. This was not known about by social services until she was 14 years old, at which point she started to share what was happening to her and she was moved into a children's home until she was 18.

Michelle had a child in 1998, a son called Andrew. Michelle was experiencing difficulties with her mental health and first began hearing voices around this time. Andrew was brought up by his father since he was 3 years old. Michelle had regular contact with him whilst he was young but has had no contact with him since he was 13 years old, when he was informed of her mental health problems.

At the age of 29 (2005) Michelle was referred to Coatham House, a supported housing facility in Redcar. It is not clear for how long Michelle lived here. Michelle also had floating support workers from Creative Support whilst living in Redcar and has stated that she found the flexible support this offered was better able to meet her needs, as Michelle did not feel that support workers were "in her face" all the time and there was more flexibility and choice around when this support could be provided. Whilst living in Redcar Michelle spent some time employed as a support worker at Coatham House (prior to living there), offering advice and support to homeless people, and also did two years training in person-centred counselling.

Michelle was supported to move to Scarborough in 2016 fleeing domestic abuse and spent some time living in a women's refuge run by IDAS. She spent some time living in her own tenancy in Scarborough before moving to York in 2021, escaping another domestically abusive relationship. Michelle then spent some time living in a women's refuge in York before being moved on into independent housing in the Tang Hall area. Due to a further incident of domestic abuse where a member of Michelle's family (her niece Lyndsey) moved herself into Michelle's home, physically assaulted her and financially exploited her, Michelle was supported to move to her current address at Crombie Avenue in Clifton for her own safety. Michelle has changed her names 3 times by deed poll and moved locality to protect her own safety. She is now using her original name, given at birth.

Michelle has been under mental health services for most of her adult life, since 1996.

Current situation

Michelle has had care from three separate domiciliary care providers across the years of 2023 - 2024. Unfortunately each package of care broke down/gave notice as Michelle stopped letting carers in, and was often sending an excessive amount of text messages to carers. Michelle has shared that she found communicating with carers face to face very difficult, she often felt overwhelmed and unable to cope with people in her home at times.

Michelle is currently without any formal care and is struggling to cope at home with various aspects of daily living.

Michelle has expressed her wishes to be in supported accommodation, due to the positive and supportive experience she had in this environment previously. She has shared that whilst living at Coatham House her mental health was the best it has ever been, due to the support she had there. Michelle does have some history of living in accommodation with built in support during her adult life (supported living accommodation and women's refuges), including time spent in a Children's home in her teenage years. Michelle has lived in general needs housing in York for the past 4 years and has expressed that she feels her mental health is the worst its ever been, and that her accommodation and the lack of support appropriate for her is a significant factor.

Mental health

Michelle has a diagnosis of Complex Post Traumatic Stress Disorder (CPSTD - diagnosed June 2024) and Attention Deficit Hyperactivity Disorder (ADHD - diagnosed May 2025). Michelle experiences

depression, anxiety, and has also shared that she hears voices; 4 voices in total, two male and two female. She reports that they usually say very negative things about her and will tell her to hurt herself. She has been on the anti-psychotic medication Aripiprazole before to help with the voices, but she felt this was not helping and she was taken off this at one point. She does not remember when or by who. She shares that she did not realise how much the Aripiprazole was helping until she was taken off of it, and reports that now the voices are much louder for her and generally worse.

Michelle is also currently waiting to be formally assessed for Autism Spectrum Disorder (ASD) which is due to take place in July 2025.

Michelle also experiences chronic suicidal ideation and self harm. Michelle has made frequent and deliberate attempts to overdose by taking excessive amounts of medication, usually paracetamol tablets. She has shared that she will take a large amount of tablets over several days (an extended overdose) as she is aware that this is likely to cause liver damage. In February 2025 Michelle covered her body in Fentanyl patches which she receives in her weekly medipack to treat physical pain; she did this after reading the packaging instructions for this which state the risk of overdose. Michelle has previously self-harmed by cutting her legs, arms and stomach. Michelle will not always tell others when she has overdose or self-harmed and has expressed that this is because she does not want anyone to stop her.

In September 2024 Michelle ordered a helium gas canister online with the stated intention of using this to end her own life. During a mental health crisis on Christmas day 2024 Michelle was visited by an ambulance crew, and she agreed for them to take the gas canister away with them. However, she bought another device not long after this and attempted to end her own life with this during a crisis incident at her home in March 2025, at which time she again covered her body with Fentanyl patches which she appears to have saved up with the intention of doing so. At this point Michelle was visited by her care coordinator and the CMHT duty responder, who requested a Mental Health Act assessment. Michelle was subsequently assessed under the MHA by the emergency duty team. She was not detained and had three days of support from the home-based treatment team.

Michelle has had several admissions to hospital under the Mental Health Act, both under section 2 and as an informal patient. She has never been detained under section 3 of the Mental Health Act and has no entitlement to s117 aftercare. Michelle's last admission was in March 2024 and was an informal admission to Ebor Ward, Foss Park.

Physical health

Michelle has various physical health conditions including non-insulin dependent Diabetes (diagnosed 2012), Cervical Spondylosis, Psoriatic Arthritis, Asthma, and Fibromyalgia (diagnosed 2013). Michelle experiences a lot of pain and fatigue related to having Fibromyalgia and is prescribed medication for this. She also experiences vertigo.

Michelle is Perimenopausal and is prescribed HRT patches to treat this - however these are not always available.

Michelle has a history of dissociative convulsions (non-epileptic seizures) and first started having these fits when she was 12.

Michelle has experience frequent headaches since at least 2020 and had a CT brain scan in January 2020 which showed a "significant degree of atrophy for a patient of this age". Michelle was not aware of this and says this information was never disclosed to her either at the time or afterwards. She is only aware of this information now as she has requested all her medical notes from Tees Esk & Wear Valley trust and found this information in a letter sent to her GP from West CMHT. Care coordinator Sara has offered to support Michelle to attend the GP to ask more about this and what this means for her exactly.

Michelle is under the Rheumatology department at York District Hospital for investigations into possible Rheumatoid Arthritis, as Michelle is experiencing a lot of pain and stiffness in her joints which affects her ability to carry out some daily tasks.

Michele has Osteoarthritis in her shoulders and right elbow.

Michelle has a rotator cuff injury in her right shoulder and is also experiencing problems with her left shoulder. She has been told by her consultant that this is shoulder bursitis. She does not have the full manoeuvrability of her joints and is unable to left her arms up to her shoulders and above. She is under a treatment team at York Hospital for this and they are exploring treatment options with her, such as surgery or acupuncture.

Michelle was under the care of York Chronic Pain Management Service (YDH) and had assessments and support from an Occupational Therapist in this time. She was discharged from their care earlier this year.

Michelle experiences migraines and light sensitivity. When I have seen her in the community she is often wearing sunglasses, and when visited at home I have observed that the curtains are closed most of the time and Michelle appears to sit in darkness.

Michelle has some swelling in the nerves behind her eyes and due to a family history of glaucoma is at risk of this developing. She is overdue for a review at the eye clinic; she has been offered appointments but has been unable to attend these on her own and so has cancelled the appointments.

Michelle shared she has a sore lump in her mouth that is not going away. She has not seen a dentist for several years and has recently had several teeth fall out. Michelle is not registered with any dentist; I have discussed the charity Dentaid with Michelle and have offered to support with arranging this. At the time Michelle expressed that she felt there was no point to this, but she may benefit from having this conversation revisited.

Medication

Michelle takes various medications for her physical and mental health. She has a Medipack delivered once a week from pharmacy at a charge of £20 to make this pack up (delivery is free) This is now paid for directly by CYC Client Affairs team once per month and is delivered to Michelle weekly on a Wednesday.

Michelle is able to take her medication independently.

Michelle has been recently diagnosed with ADHD (May 2025) and would like to try medication to manage her experience of this. She had a medication review with her ADHD doctor in June 2025 who unfortunately felt unable to prescribe medication to Michelle at this point due to concerns around potential overdosing/misuse of medication, as well as concerns around Michelle's blood pressure being too high. This is due to be reviewed again on 30/06/2025.

Michelle had a medication review with North CMHT on 28/02/25. Michelle expressed that she wanted to try anti-psychotic again (she has been on this previously) as she experiences hearing voices, as well as wanting to explore a different anti-depressant. CMHT originally were not willing to alter Michelle's medication or introduce an anti-psychotic due to ongoing risks around overdose (see case note 28/02). However, they since decided to trial Michelle with the antipsychotic Quetipaine, with the proviso that would be stopped if Michelle overdosed again. Michelle started taking this in late April 2025 and reported that her sleep improved and she had experience a reduction in the intensity of her feelings/apathy. However, she expressed this does not seem to have affected her hearing the voices.

Support network

Michelle is currently under the care of North CMHT and is still in their assessment phase. She was referred back into this service in September 2024 and after spending several months on their waiting list she had her first appointment at the end of January 2025, where they accepted her back into their care. Her Care Coordinator is Sara Gill-Vernon.

Michelle has two advocates from York Advocacy: Annabel Turner (supporting with ADHD & ASD assessments), Diane Neville Beck (Care Act advocate).

When she feels able to Michelle goes to St Nicks on a Thursday to take part in her volunteering role of making hot drinks for the Ecotherapy group. Michelle has an Ecotherapy Mentor at St Nicks, Eleanor Tookey. Michelle has known Eleanor for approximately three years and on the whole seems to have a very positive and supportive relationship with Eleanor. Due to having known Michelle for a number of years Eleanor has helpful understanding and insight into Michelle. Eleanor created the volunteering role especially for Michelle as she is aware of her struggles socialising with other people (usually the volunteering is done in groups). Eleanor mentioned there potentially being scope to create another volunteering role for Michelle at St Nicks to help get her out more, if she would be interested in this.

Michelle previously worked with the Local Area Coordinator LAC service for two years and is still in touch informally with Jennie Cox, who was her LAC when living in Tang Hall. Michelle had LAC support from Anna Harrison for approximately six months whilst at her current address in Clifton. During a period of upset Michelle shouted at LAC worker Anna, who then felt unable to continue support Michelle. The LAC service have declined to work with Michelle for the moment, but seemed to have been providing a substantial amount of support prior to this work ending.

Michelle is currently on the waiting list for counselling with Survive, which she referred herself to. She was offered appointments in early 2025 but was unable to go on her own and so had to cancel these.

Michelle does not want to use the crisis team or Samaritans for emotional support.

Eating & drinking

As Michelle is diabetic, she requires a low sugar, low salt diet and needs access to healthy foods to help manage her blood sugar levels. Michelle has a preference for healthy foods such as salads, chicken, fruit and veg, with her favourite meal being spaghetti bolognese.

Michelle can struggle with motivation to eat and prepare food due to both her physical health and mental health. She is not able to adequately prepare food due to the pain and fatigue she experiences with her physical health and can find it hard to stand for long periods of time to cook. She has muscle weakness in her arms and wrists, and reduced grip strength. This means that she finds it difficult to prepare food safely as she cannot chop/peel/grate items in the kitchen. She requires support to do this and has expressed she would like help from others in batch cooking meals that she is then able to reheat herself in the microwave when needed. Michelle finds it very difficult to lift the kettle but is able to do so when needed and will fill a flask with hot water for the day so she doesn't have to reboil and lift the kettle again. She would likely benefit from some extra equipment in the kitchen to support with these tasks, such as a kettle tipper. A previous OT assessment explored the use of a perching stool to use in the kitchen but the kitchen is too small to accommodate this.

Michelle is able to make pot noodles and reheat food in the microwave.

Michelle experiences sensory overstimulation and overwhelm in supermarkets; this alongside her social anxiety means that she is not able to do her shopping in person. Michelle is able to order food via UberEats but this is mostly takeaways and she does not use this to order in any groceries. She uses Ebay to order food and litter for her cat. Michelle struggles to complete online food shop

due to her issues around numeracy and benefits from help to do this. LAC worker Anna Harrison used to do this with Michelle but unfortunately the LAC is not able to support at the moment, and is not a sustainable solution to the support needed.

Michelle's former counsellor in Scarborough (Ann) will bring Michelle groceries every few weeks, but Michelle does not currently seem to have a reliable method of being able to have access to regular food shops.

Maintaining a home

Michelle likes to take pride in her home environment and she has lots of colourful artwork, pictures and inspirational quotes up in her home. Due to the fatigue and pain she experiences it takes Michelle a long time to complete tidying and cleaning at home, and she will experience aftereffects of increased pain and fatigue for a couple of days after a cleaning session. Michelle often experiences low mood and struggles with motivation to keep her home in the way she would like it to be, meaning that it is often cluttered and rubbish not disposed of.

Michelle is included in CYC's collection service for her refuse and recycling, meaning that she does not have to take her bins to the kerb herself and refuse workers will collect this for her from her garden.

Maintaining personal hygiene

Michelle is able to wash herself independently though does struggle to wash her hair due to the pain and lack of flexibility in her shoulder joint. Advice was sought from CYC Occupational Therapy team and Michelle has been sent the details of a long handled hair washer for her to consider purchasing in order to help her wash her hair.

There is a bath lift installed in Michelle's bathroom which has recently had a service. This helps her get in and out of the bath safely, reducing the risk of any potential falls.

Being appropriately dressed

Michelle often wears pyjamas and only changes into daytime clothes when she leaves the house. She has recently reported difficulty in finer motor functions such as buttoning and doing up zips, due to the stiffness and pain she experiences in her finger joints.

Michelle can use her washing machine independently but due to physical health issues of joint pain, reduced strength in her arms and limited movement in her shoulders, she struggles to hang her clothes up to dry, particularly if they are large and heavy such as bedding.

Toileting needs

Michelle is able to use the toilet on her own and has rails around the toilet to support getting up and down.

Relationships

Michelle is sometimes visited by her previous counsellor, Anne, who will also usually bring Michelle shopping when she visits. Michelle knows Anne from her time living in Scarborough as Anne was

her counsellor in the women's refuge. Michelle shared that Anne is not her friend in the traditional sense - Anne will ring Michelle the day before to let her know she will be visiting, with the visits not being arranged mutually or on Michelle's terms. Michelle shared that Ann does not share her contact number with Michelle.

Michelle was chatting online with another member of a Facebook group for neurodiverse individuals in York, sharing their experiences of mental health services in York.

Michelle has no other friends and struggles significantly to make and sustain friendships. She has shared that she does not know how to broach conversations with new people. Michelle does seem to have a reliance on relationships with professionals, likely due to her struggles in making friends and the isolation she experiences because of this. Previously Michelle has struggled when she has reached out to professionals for a chat and/or support and they have not been able to respond straight away. We have discussed that what can be helpful is for the professional to make a message or brief call to Michelle to let her know they are unavailable and to schedule a time to talk. However, this is not always possible as the professional may not have the time or capacity to do this

Michelle has shared that she finds it extremely difficult to make phone calls and she will spend days working up to making a call. She appears to find it easier to text or email. Unfortunately various professionals have had to block Michelle's number due to receiving an excessive amount of texts from Michelle, after first having requested that she not send as many.

Michelle reports that she does not have any positive relationships with family members and she is no longer in touch with members of her family due to the background of significant abuse she has experienced by both her parents, Aunt and niece. Michelle's parents have both now passed away. Michelle was told by her family that her twin sister passed away in late 2023, she later found out that this was not the case and that her sister is still alive.

Accessing the community

Volunteering & mentorship

Michelle attends St Nicks Nature Reserve as regularly as she is able and has been going here for over 3 years. Here she has the support of her Ecotherapy Mentor Eleanor Tookey, and a volunteer role making hot drinks for the Ecotherapy group on a Thursday. This appears to be a consistent and important source of support for Michelle, and she is in regular contact with Eleanor. Michelle gets a taxi to St Nicks every Thursday afternoon (that she feels able to) and asks that Eleanor meets her at the entrance to walk in with her, due to her intense social anxiety.

Getting lost in community

Michelle reports having Dyspraxia, which means that she finds it hard to navigate and get around outside of her own home. Michelle recalls that she has previously gotten lost in the community and is unable to use maps on her phone; she reports not recognising landmarks or remembering routes. Michelle was recently able to walk from her home in Clifton to St Nicks Nature Reserve in Tang Hall, a distance of 2.5 miles. Though this took her over an hour and she experienced subsequent fatigue and pain for days afterwards, Michelle was pleased that she had been able to make this trip and enjoyed getting out for the walk. As Michelle has been visiting St Nicks for a number of years, this route information appears to be better embedded and familiar to her.

Transport methods

Due to issues with getting lost in the community and physical health limitations Michelle mostly uses taxis to get around in the community and pays for these herself. She puts £40 of her weekly money aside on a weekly basis to ensure she has enough for a taxi there and back to St Nicks on a Thursday. Michelle has used York Wheels in the past and reports that she felt discriminated against by this service and that they have told her she is "not disabled enough". With Michelle's

permission Social Worker Jess Potts has recently re-registered her with this service and has ensured York Wheels know Michelle has both physical and mental health needs, and receives PIP as a result. Michelle is aware she can use the York Wheels service and that this is much cheaper option for her than taxi services. She has their contact details and instructions on how to book written down in a notebook at home, to use when needed.

Attending appointments

Due to her multiple physical health conditions Michelle receives a lot of hospital appointments and is unable to attend these on her own. She has tried her best to attend by herself but becomes overwhelmed and anxious, upset, struggles to communicate herself and her needs, struggles to navigate around the hospital to the right area/unfamiliar places, and finds it very difficult to retain the information given to her in appointments which leave her feeling lost and confused about plans for treatment. Michelle also reports feeling misunderstood by health professionals and that they do not understand she has communication needs. Michelle can experience some sensory issues during appointments and cannot tolerate being touched for very long. She reports she has kicked a doctor in the face before when he was checking her feet.

Social worker Jess Potts has attended three appointments with Michelle and these difficulties were all evident. Michelle required a lot of support to go into the appointment, support with communicating with health professionals, help to understand the information given and needing this written down to ensure she still had access to this information when she was not able to retain all of it. JP also witnessed Michelle having to leave the appointments midway due to struggling to tolerate the conversation with others and the anxiety and upset she was experiencing.

A health passport has been discussed with Michelle, in view of the difficulties she experiences when attending appointments and the strong likelihood that these directly relate to her needs as a neurodivergent person. Due to other current issues this has not been fully explored or started yet and would benefit from revisiting this with Michelle.

Keeping self safe

Frequent overdoses

Michelle makes attempts to overdose on a regular basis and does not always disclose when she has done this. She has demonstrated that she can take herself to A&E and call for the emergency services at points of crisis. However, Michelle will often reach out to professionals when in a crisis via text message to share that she is intending to take her own life, which can then risk putting the responsibility of Michelle's safety onto the professional including the task of alerting the emergency services if needed. This potentially runs the risk of Michelle dying via misadventure if professionals are not able to see this message in time/are off work or otherwise unavailable. For this reason special consideration should be given by professionals as to the appropriateness of them sharing their phone number with Michelle. Michelle is aware that if in mental health crisis the available resource is to call Crisis team on 111 or to present at A&E. However, Michelle expresses distrust of the Crisis team and is reluctant to call them when needed. She also reports having been told by her previous care coordinator that she is "not allowed" to call the Crisis team; she has been reassured that this is not the case and that they are a resource for anyone in a mental health crisis.

Alcohol misuse

For a period of a few months this year Michelle began drinking alcohol again as a means of coping with her mental health. Michelle has a history of substance and alcohol misuse and has been abstinent from substances for many years. Currently Michelle reports that she has not been drinking for over 6 weeks and is trying to stay abstinent from this. This appears to have coincided with her starting on the antipsychotic, as she aware she is not able to drink whilst taking this.

Falls at home

Due to her mobility issues Michell has had falls in the home doing daily tasks. She has Be Independent falls alarm pendant and wears this on a daily basis. Michelle has the premium package for this service meaning that the command centre responds to any falls and will send out Be Independent workers if this happens. Michelle also wears a telecare watch which alerts Be Independent if she has a fit, ensuring she is responded to with assistance.

Contact with family

Michelle had made contact with her family several times over the past few years and has both visited them and shared her address with them, despite the previous physical and financial abuse that Michelle has experienced from several family members (her niece Lyndsey and Aunt Katrina). Michelle appears to reach out to them when she feels lonely and during periods of low contact from professionals. Michelle's social worker at the time felt that Michelle understood the risks to herself physical, emotional, and financially with visiting her family and stated she had no concerns around Michelle's capacity to make this unwise choice.

Michelle's Auntie Katrina took out a Motability car in Michelle's name in summer 2024, which was not used in any way for Michelle's (the family live 2 hours away in Middlesbrough) and which meant that Michelle received less of her PIP money each month. Michelle's previous social worker raised a safeguarding concern for this and this was reported to the Department for Work & Pensions. The car was recalled in early 2025 and Michelle is now receiving her full PIP entitlement.

Work & volunteering

Michelle holds a voluntary role at St Nicks Nature Reserve making hot drinks for the Ecotherapy group on a Thursday. She is supported in doing this by St Nicks mentor Eleanor, who takes the drinks orders for Michelle due to her social anxiety. Michelle also plays an important role in fundraising for St Nicks, making handmade craft items for the centre to sell such as coasters and key rings.

Michelle previously worked as a support worker at a hostel in her mid twenties and enjoyed this. She has also done some training in counselling studies and is interested in psychology.

Finances

Michelle was assessed as lacking capacity to manage her own finances by a previous social worker in July 2024. Her money is managed by CYC Client Affairs Team, who act as Michelle's DWP appointee. They receive Michelle's benefits and ensure that her bills are paid for: rent, water, electricity, gas, council tax, medication. Michelle's rent is paid directly from her Housing Benefit. Client Affairs Team are able to pay other invoices as long as Michelle requests this and gives them the details they need to do so.

Michelle receives PIP (both Daily Living and Mobility components,) to the total of £187.45 per week. She also receives ESA of 244.65 per week.

During Michelle's Mental Capacity Act assessment for finances it was identified that Michelle struggles with knowing the value of amounts of money greater than £10 and does not have a working concept of what her amount of income will cover. This greatly limits her ability to budget and means that she runs out of money very quickly. Michelle usually spends all her money the same day that she receives it.

Michelle receives £70 into her personal HSBC bank account 3 times a week (Monday, Wednesday, Friday). Due to the difficulties she experiences in managing money and knowing the value of what things cost, this payment schedule was proposed to mitigate this by having regular top ups of money into her account. Due to the frequency and regularity of which she takes taxis to St Nicks

Michelle is able to identify that this costs up to £40 to get there and back each time, and she is able to put this aside into a separate Monzo account to ensure she has these funds available when needed.

Michelle has significant debts and with the support of Citizens Advice Bureau a Debt Relief Order was taken out against these on 14/05/2024 (uploaded to Mosaic). Michelle on occasion will still get emails/letters from debt collectors requesting she pay her debt back, though she is under no current legal obligation to do so. This understandably causes Michelle worry and stress. With Michelle's permission a referral to Peasholme charity was made in early June 2025 for support to contact the debt collectors in question to put a stop to this, as well as for support to sort out Sky internet utilities, to change the direct debit for pet insurance and to help with completing a new name change deed and updating Michelle's bank with her new (given at birth) name.

Communication needs

Michelle has been supported to identify her communication needs that arise as a result of her neurodivergency:

- Michelle needs more **time to process information** so might not be able to make a decision there and then. The decision/conversation may need coming back to at a later time.
- Michelle **struggles with small talk** and is not sure what to say to people. It helps Michelle for other people to know this so that they do not expect Michelle make conversation if she does not feel up to it.
- Michelle needs people to ask her **one question at a time** - too many questions asked at once is overwhelming for her.
- Michelle has **dyslexia** and needs **extra time to be able to read written information**. She has a piece of equipment (pen for visually impaired) that she can use to scan documents so this information is read out loud to her
- Michelle has **problems with her short term memory** and needs to have important conversations and information written down so she can refer back to this later.
- Michelle finds it **difficult having 1 to 1 and face to face meetings due to having difficulties in managing her emotions**, and not wanting to appear upset in front of other people.
- Michelle finds it **difficult establishing relationships with new people** and seldom leaves the house. She would prefer any meetings to occur with as few people as possible with prior notice in her home. Two people at once feels just about okay for Michelle. When **meeting a new person** Michelle finds it helpful to have someone she knows with her to do this.

- Michelle finds it **helpful to write down what support she needs**, including making lists of what tasks she needs help with.
- Michelle does not like making **eye contact** and finds this very uncomfortable. She finds it helpful when people understand this about her and do not try to force eye contact.
- When visiting, Michelle prefers people to **knock on the window of her house** rather than the door. This helps her to feel safe as it immediately indicates to her that it is someone she knows, who is aware of her preferences.
- It helps Michelle for people to have an **understanding** of both her physical health issues (Fibromyalgia, Asthma, Complex partial seizures – fits, high blood pressure, Type 2 diabetes, severe migraines, vertigo, shoulder injury) and her mental health issues (depression, complex post traumatic stress disorder, hearing voices). As well as this, Michelle has a diagnosis of ADHD and is awaiting an assessment for Autism Spectrum Disorder.
- Michelle prefers people to be direct and honest with her, even if it is a difficult conversation. She may be upset in the moment but is usually able to process this in her own time to deal with what has been said.

Please ensure any persons named here have been made aware of how they can access the ASC privacy notice at : <https://www.york.gov.uk/privacy/AdultSocialCare>.

What needs to happen now? Who will do it? Summary

Create a plan for the short term – what is it and what do you want to achieve? Who is involved? Who's doing what and when?

What is the cost involved? How will you know things have improved, what will it look like and when will you know this?

Support planning is needed with Michelle's input to establish what support options are available to her and her wishes and feelings on this. Seeking a package of care from another domiciliary care provider would not be recommended at this time due to the previous three packages of care that failed, and the likely emotional and psychological effect that another provider breakdown would have on Michelle.

Support options/providers already explored:

- Contacted **Changing Lives** to enquire whether a MEAM support worker would be suitable for Michelle and was told that generally MEAM only work with those whose tenancies are at risk

- **Community Links** - unable to provide two support workers at a time if needed, this is time limited support of up to a year and is focussed on supporting the person to maintain a tenancy.

Various exception providers have been approached to seek support for Michelle in line with her mental health needs and in respect of her needs arising from her Neurodivergency:

- **United Response** - did not have the capacity to visit at home, would required Michelle to visit their offices.
- **Autism Plus** - do not provide support workers, support is via their supported living facilities only.
- **Community Care York** - were not able to provide support workers on a double up. Approached again when felt a double up was no longer required, and met Michelle at home. Unfortunately they then declined to continue.
- **Portland Street** outreach - no capacity.

Advice and information given

E.g. advocacy, community groups and activities, meals, local area co-ordinators, community facilitators, assistive technology from Be Independent or other providers, Age UK, Carers Centre, IDAS, Mind, Carers Emergency Card.

A meals delivery service has been discussed with Michelle to ensure she has access to regular healthy food options, and I arranged for a brochure from Oakhouse Foods to be sent out to Michelle. Unfortunately Michelle feels that the meals would be too expensive for her.

I have spoken with David Harvey, head of Mental Health Recovery workers at the Mental Health Hub at 30 Clarence Street who has confirmed that they would be able to support Michelle with needed tasks at the hub, such as supporting to make a phone call, helping with correspondence, placing a food delivery order together. This has been relayed to Michelle and support has been offered to go with Michelle to introduce her to hub workers and to offer this support until she feels able to attend by herself for this support. Michelle has said she is unable to do this due to difficulties in meeting new people and accessing places on her own. Reassurance was given that she would not be on her own. It may be beneficial to revisit this conversation with Michelle.

Advice has been given to Michelle on Age UK feather dusters to help with household tasks each week/other week, to help her change her bedding, put out laundry, and to help carry out household cleaning tasks

A health/Autism passport has been discussed previously with Michelle with the view of this providing help during appointments with being able to communicate her needs.

Actions completed

Detail of actions completed. For example: referral to Be Independent or other provider of assistive technology, reablement, mental capacity assessment, ongoing carers support.

- Michelle has been signposted to York Wheels as a more accessible and affordable transport solution. With her permission I have also reregistered her with this service

under her new name and have written down the details of this service for her, including how to book and the contact number.

- Advice has been sought from CYC OT's regarding equipment to support with washing hair. This advice has been passed this on to Michelle and she has been sent her the link to a long-handled hair washer should she wish to purchase this.
- Michelle currently has two social workers working with her to ensure continuity of relationship and support if one is unavailable.
- I have liaised with Michelle's pharmacy and CYC Client Affairs Team to ensure that Michelle's weekly medipack is paid monthly by CAT, limiting issues with medication and ensuring Michelle has consistent access to this
- Michelle has recently been referred to Peasholme charity for help with utility bills, managing repeated contact from debt collection agencies despite having a Debt Relief Order in place, direct debit for pet insurance and help to complete new deed for name change. Rebecca Robbins from Peasholme arranged to meet Michelle alongside her mentor Eleanor at St Nicks, but this was postponed. When Michelle is feeling well enough to try again she will likely need support to recontact Rebecca to arrange another appointment.

Please review [Homepage](#) | [Live Well York](#) for regular updates on new services in York.

Completion details

Name

Jessica Potts

Job title / designation

Mental Health Social Worker

Date

24/06/2025

Signature

My information

Adult Social Care has a duty to help you in order to meet your needs for care and support as set out in the Care Act 2014. How we use your information to do this is explained in our privacy notice which you can find at: <https://www.york.gov.uk/privacy/AdultSocialCare> or you can ask a member of staff from Adult Social Care for this information.

