

**Background**

John was in his late 50's when he had a stroke in May 2016, having previously led an active life. He lived with his wife and they had a good relationship. He was discharged home from Clatterbridge Hospital with a once daily package of care and various items of equipment. Through assessment, the Occupational Therapist, identified that John's rehabilitation potential had plateaued. John was not able to safely mobilise without physical assistance from two people and became reliant upon a transit wheelchair to mobilise at home. It was likely that he was to require assistance of one with all activities of daily living on a longer term basis. There were also psychological and visual impacts of the stroke.

**The presenting situation – May 2017**

At the first review of the care and support plan it became evident that there were problems. John was demotivated and Jane advised that she was finding things difficult and hard going – she had a cold at the time of the review and reported feeling generally run down and needing a break. They had thought about going to Scotland again (near to family) but the only family home accessible for John was Jane's Mothers, where Jane was still not likely to get a full break. Family were not able to stay with John at home in Denbighshire due to work commitments either. Local friends all worked as well and were unable to offer support. Jane asked for some information on respite services available.

There were identified risks. John could not be left on his own because of the high risk of falls and self-neglect and Jane needed a break or the stress she was experiencing was likely to lead to carer breakdown. A substantial package of care to meet his needs at home alone would have been required. John woke up most nights and could attempt to get out of bed. A setting with twenty four hour support on site was identified as most appropriate to support John, minimise risk and provide Jane with full carer respite so she was able to continue her support. John and Jane had both discussed this and agreed.

**The What Matters Conversation**

The Occupational Therapist was aware that John was not keen on leaving his home environment to just 'sit' somewhere else for a week like a residential home. Identifying suitable placements was difficult given his age and the need for appropriate social, cognitive and physical stimulation. It was also important to Jane and John that he would not be too far away from her so that she could easily reach him in an emergency – Jane would be staying at her Mother's in Scotland.

They explored what John's interests were (swimming, socialising) and that access to activities targeted at rehabilitation may also transfer to skills at home to maintain his independence. The Occupational Therapist encouraged John and Jane to look for suitable places.

John's desired well being outcomes were:

1. To remain in his own home with Jane– “we are looking to relocate to Scotland near family now but I still want the two of us to have our own home together.”
2. Being as independent as possible with daily living tasks.

### **The Support Budget**

John and Jane researched suitable places / holidays and identified a place called 'Calvert Trust – Kielder' at a cost of £592 for one week. This offered a twenty four hour environment of assistance as required with regards to moving and handling, personal care, meals and medication prompting (within the cost of the basic care package) and also additional activities such as swimming, kayaking, relaxation that John was happy to go to. It is also within a reasonable distance from where Jane would be staying at her Mother's allowing her to visit John in a timely manner should any emergency arise as opposed to him remaining in North Wales, isolated from family.

Due to financial hardship, John and Jane (and family) were unable to fund the cost of this. Following an unsuccessful attempt to source charitable funding streams, a Support Budget was approved for the same value as a week in a residential home was approved.

### **Impact on John**

For John, this enabled him to try new activities, meet new people and have a positive experience of what is possible in a life after a stroke.

### **Impact on the Occupational Therapist**

..... “more confident to empower citizens to source their own solutions which is likely to be something that they are more accepting of. Giving them the power, control and responsibility.

....I feel it is right to be more creative with solutions and consider additional outcomes that can be achieved as opposed to just 'respite'.

**Please note although based on a real piece of work within Denbighshire, names, dates and ages have been changed. The context and support documented have also been considerably summarised to highlight the value of the Support Budget to this couple.**