

Case study 2

Tom: where to live after experiencing a stroke

1 Background

Joan is a prominent professional in her 50s. She had a serious stroke, which affected her ability to speak, and spent a period of time in hospital on the stroke ward.

Before the stroke, Joan and her husband were living separately and in the process of divorcing. Joan's husband was now being placed in a difficult situation: the hospital wanted him to represent her views, which he wasn't willing to do. He wanted to make sure their young child would be able to see his mother, but didn't want to be in the position of representing her wishes. This led to a difficult relationship between the husband, hospital and social worker.

We were asked to support Joan in her choices about long term accommodation when she left hospital.

2 The case

Joan was a very intelligent woman and had written several books. It was extremely frustrating for her not to be able to speak, and to have such difficulty communicating. It was distressing for her not to be able to get her opinion across, and to feel her wishes weren't going to be taken into account. She didn't lack capacity to know where she wanted to live, but wasn't able to instruct, guide or influence the process.

Our advocate, Nick, worked with her by using cards, symbols, and various other tools to build a rapport and develop a communication system.

From the outset Joan communicated clearly to Nick that she wanted to return to live at her home. However, her social worker thought it would be better for her to be in a more supported environment, and had initially proposed for her to be in a setting that was largely older people with dementia who were not particularly sociable. Nick spoke to Joan, her husband and others who knew her. He ascertained that Joan was a sociable individual, and this placement would not meet her needs.

Nick worked closely with the other professionals involved, including occupational therapists and speech and language therapists, to make sure the decision about where Joan would live was her own choice and her wishes were at the forefront of any plans. Nick strongly advocated for Joan's wish to live at home, and eventually the social worker agreed the original placement was not in her best interests.

Adaptations were made to the flat so Joan would be able to return home. Nick supported Joan to gather some friends who arranged for people to visit and support her so she could live independently.

Over the following months, Joan, Nick and her friends were able to establish what she could and couldn't do. For example, she was able to buy a ready meal and put it in the oven, but wasn't aware she needed to take it out. Nick supported Joan to understand what kind of support she needed, and arrange this with different agencies. It was a difficult transition, but over time she was more settled.

3 Outcomes

Joan was able to return home to her flat which she loved, with her drawings, art and books all around. She was able to start to rebuild her life.

Her young children were able to cycle round whenever they wanted. And her ex-husband didn't feel pressurised to look after her.

Because of the positive process and outcomes, the hospital team in the stroke unit are now more aware of the advocacy role and actively want advocates to support patients. It's now seen as being just as important to have an advocate present in multi-disciplinary meetings as the different medical professionals.

From initially feeling emotional and frustrated at not being able to communicate easily, there was a marked change in Joan's sense of wellbeing. Our advocate noted her sense of joy returned, she felt confident Nick had her best interests at the forefront and she felt relieved that some normality had resumed.

Being back at home, surrounded by friends, and having a robust support plan meant she was able to lead a more normal life.

