About this story

This case study explores the concept of thinking ‘outside the square’ when assessing a client’s needs, rather than simply allocating mainstream services. It involves ‘active listening’, allowing the person to articulate what is ‘really’ important to them and then working closely with other health providers to achieve it.

Heartbreak for Elsie

As she sat by the bedside holding her dying husband’s hand, Elsie voiced her greatest fear for the future: ‘What will I do without my other half?’

With family and district nurses standing by, Elsie’s husband of 45 years, John, passed away at home, where he’d chosen to be with the help of palliative care.

Twelve years before John’s death, Elsie had had a stroke. The stroke caused significant paralysis and John had become like her ‘other half’. They lived in a central part of town, but Elsie relied on her husband to get out and about for social occasions for day-to-day chores. She had been an active member of the stroke support group, and a keen cook, often doing the mixing while John held the bowl (and licked the spoon!).

Adjusting to change

Elsie refused to give in. ‘I'll be right,’ she told her care workers. ‘I think I'll manage to get up the hill to stroke support.’ But she couldn’t. This courageous lady with a plucky attitude tried to be as independent as possible, getting around with a wheelie frame or single-point stick, but it wasn’t enough and Elsie had several falls.

Elsie’s family and friends helped with shopping; home help was marvellous; the day centre meant a day out of the house; and friends would take her out. But nothing was the same.

Concerned about her mother’s mental health, Elsie’s daughter spoke with the nurses at the community centre, telling them she thought her mother had ‘dropped her bundle’.

A new approach

After meeting with palliative care staff, district nurses, a speech pathologist and a stroke support facilitator it was agreed a referral to an occupational therapist was worth a try. The OT visited Elsie and assessed carefully. Assistance wasn’t what Elsie required, it was independence.

A trial with a mobility scooter was attempted and, finding this successful, an application for longer term use was prepared and approved. The family worked with the OT’s suggestions and the house was modified for easier access. Other initiatives were also put in place. ‘I don’t think much of meals on wheels,’ said Elsie, so with the help of a non-slip mat, a one-handed dish and some kitchen rearranging, she was back cooking for herself.

Elsie has now returned to stroke support meetings and is a valued member of the group; she will often visit new and existing group members in their homes for both support and friendship.
For the service involved, Elsie’s story illustrates a change in thinking. Where the service would have traditionally tried to help with ‘services’ or even residential care, its workers are now more mindful of listening to what a client identifies as their support needs and what they feel is most important.

Reflection

This is a key point of change in a person’s life – loss of a spouse. Here, appropriate short-term interaction made a big difference.

There is a strong sense of people working together towards a common goal – a real connection between services and client.