

Practice Examples from the Alzheimers Society

The following case examples demonstrate the work carried out by the Alzheimers society and were submitted as part of our formal grant monitoring arrangements. All case histories are anonymised and I am grateful to Claire Lance for permission to provide them as examples here.

Leisure and Wellbeing Service

“Like many of the clients accessing this service, one specific client has been able to go outside his home for the first time in over a year. This has greatly improved his quality of life, enabling him to re-establishing hobbies and interests

This service specifically aims to promote independence and choice.

The above client now makes decisions about how he wishes to spend his time with the leisure and wellbeing worker. Information that he and his wife have received about his type of dementia has also enabled them to make decisions about his future. By giving him the information needed, he can take control of his future and make decisions about his life.

This client was restricted to his home as he was unable to go out without his wheelchair and his wife is unable to push him. Having access to the leisure and wellbeing worker has enabled him to leave the home and get back into the community. Simple things like shopping and visiting local historical sights has reduced this client’s social isolation.”

Dementia Support Service

“Mrs S presented herself at the ---- Office in April 2010. She did not have an appointment and fortunately I was available to see her. This 83 year old lady was extremely distressed and tearful saying she ‘didn’t know what to do for the best’. Her husband had been diagnosed with Alzheimer’s dementia in 2009 and he was becoming more dependent on her as his dementia progressed. She was finding this very difficult emotionally and felt their relationship was changing. They had been married for nearly 60 years and had always had a close relationship. They

have no children or family locally. Their social life had diminished due to Mr S's dementia making it difficult for them to access community groups and activities. Mr S had to give up driving last year and, as Mrs S didn't drive, they had become more housebound.

Mrs S has her own problems as she is registered partially sighted due to macular degeneration. Her initial contact with our service provided her with the opportunity to share her feelings and there was a great outpouring of emotions. She had been given a leaflet about the Alzheimer's Society at a recent Out Patients appointment at ---- Hospital. She was very anxious that she might not be helping her husband in the best way. We discussed ways of coping and how everyone is different; there isn't always one 'best' way to approach a problem. She was offered information about dementia and ways of helping a person with dementia maintain independence in daily activities. I accessed large print copies of Alzheimer's Society fact sheets which I sent to her along with details of our other services.

The following week she attended the Dementia Café with her husband. It was the first time that they had been out together for a very long time. She was introduced to other carers. She reported that her husband had been much brighter after his visit to the Café. Information on other local services is available at the Café and she was given information about the Volunteer Centre's volunteer driver scheme.

Mr and Mrs S were offered a home visit by a Dementia Support Worker which provided an opportunity to talk confidentially in their own home. They live in a bungalow which they own. Mrs S was particularly distressed by the overgrown garden which she was finding impossible to manage. Information was given on the Gardening Scheme operated by ----- Home Improvements and Mrs S asked if we could refer them.

The Dementia Support Worker has maintained her contact with Mrs S through ongoing home visits. Mrs S has also attended the Dementia Café and has telephoned for support on several occasions. She has been signposted towards Crossroads who have commenced a sitting service providing a period of regular

respite each week. She has been made aware of her entitlement to a Carers Assessment and the Carers Emergency Planning Scheme. She joined the Volunteer Centre Helping Hands and now uses their volunteer drivers to come to the Café and go shopping.

Mrs S has expressed her fears and apprehensions about the future in relation to her husband's dementia. We have been able to address these issues openly and honestly which she has found helpful. We have provided information about Lasting Power of Attorney and she has chosen to seek advice from their solicitor. Mr S was already in receipt of Attendance Allowance before Mrs S came to us. We were able to provide her with information about Council Tax reduction related to Mr S's condition and assisted her in completing the application form.

Mrs S continues to access both dementia support and peer support services. She has reported to her doctor how the Alzheimer's Society has helped her. We are about to introduce a Leisure and Wellbeing Worker to Mr S as part of our Active One-2-One Service."

Peer Support Groups

"Mrs C lives in a very rural area and had not been able to get out for over a year, she has no family living in this country. The CPN referred this lady to the Alzheimer's Society. Since being diagnosed with dementia, Mrs C had lost her confidence and become withdrawn. She was encouraged by the AS Dementia Support Worker to come along to a peer support group, and organised for a volunteer, who lives nearby, to drive her to the group and support her initially at the group. In time, Mrs C became much more confident and has become an enthusiastic member of another of the AS's peer support groups. Mrs C has made two close friends at the groups, one of the friends has a large family who include Mrs C in family celebrations, and Mrs C now has a hairdresser that visits her at home. Attendance at the peer support groups has made a major impact in Mrs C's life and she now feels that she has something to look forward to. We have helped her to overcome the barriers of having dementia in a very rural and isolated village where she lives.

The regular support groups, held throughout the month, enable Mrs C to gain valuable information about how she can plan her future from other people in the same situation. Mrs C is now aware that there are services that can help her in the years ahead. She is able to make choices about telecare aids, which Mr J, a fellow member of the group, told her about. She is now aware of personal budgets from another group member, which will help her to remain independent and living at home for longer.

She has also been given information by other professional workers that are invited to the support groups.