

Case Study: Step by Step



Name: BJ (Female / Wife)

Date of first contact: 19th June 2014

Background:

BJ is 73 years old and has had a long term medical condition for over 30 years (Myalgic Encephalopathy M.E). This meant that BJ has been very reliant on her Husband to care for her. This has included transport to carry out day to day tasks. BJ also has a level of deafness and poor eye sight, for which she is awaiting an operation. BJ has also been diagnosed with COPD more recently. BJ’s Husband AJ is aged 75 years old and has a diagnosis for Alzheimers and lost his driving license as a result of the diagnosis.

What were the service users’ needs?

Identified needs	Outcomes met	Further support needs
Support: Informal support from other attendees	Through discussion and observation of another members driving AJ and BJ re-contacted the relevant agency to seek AJ’s driving licence back following his stabilisation on medication. This was successful and has enabled them to be less isolated.	BJ says that this is on-going and that she can always learn new things from others.
Support: Friendships that exist out of the group	Developed friendships with other members of the group e.g. car sharing to go to activities and going out for lunch with another couple (PW&KW) they met at the group.	
Emotional well-being: To feel close to the people	BJ said that they had visited the home of another couple they know from the group (PW & KW) when asked if she feels there has been any progress in her feeling closer to other people.	
Emotional well-being: Feel more cheerful	BJ said that both herself and AJ are more cheerful since being members of the group	

Provision accessed:

BJ and AJ access the Step by Step group on a weekly basis unless they have appointments which clash with the group time. The format of the group enables BJ and AJ to have time to chat to other members over a cup of tea or coffee. BJ stated within a recent consultation that this is an extremely important part of the session for her especially when she gets time to talk 1-1 with other carers about their experiences.

Additional identified needs (as per consultation August 2015)	Comments	Action for September – December 2015 (to meet expected outcomes)
Support: support and guidance from specialist agencies	BJ would appreciate time for agencies to go through paperwork with her and to explain what it means and what she needs to do.	To increase Partner Agencies' involvement as and when required to support members with self identified issues / concerns
Confidence: Gain new knowledge I can use at home	BJ has recently bought an ipad but needs support to be able to do her shopping on it as she struggles to do this due to her M.E and is concerned it will become more difficult as AJ's Alzheimers progresses	To offer 1-1 support to set BJ up with on-line shopping.
Emotional well-being: To be interested in learning new things	BJ talked about never being too old to learn and that she would like to become better at using her ipad / computers in general and mentioned about silver surfer courses.	To explore the feasibility of a silver surfer type of course / session for attendees if sufficient demand.
Physical well-being: To be more physically active	BJ said that she has been advised that she needs to be able to relax by her G.P. and expressed an interest in low level physical activity	To ensure that BJ is made aware when the Link 4 Life sessions are due to start in October 2015
Physical well-being: To increase my physical ability / stamina	BJ said that she needs to increase this in regards to her breathing as she has COPD.	To explore the feasibility of a tailored physical exercise slot within the step by step group in addition to the Monday afternoon session by Link 4 Life.

Date of case study: 20th August 2015