

A carer's guide to stroke

Stroke Helpline: 0303 3033 100
or email: helpline@stroke.org.uk

This guide is for anyone supporting or caring for someone who has had a stroke.

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Becoming a carer and looking after yourself

Being an informal care-giver

An informal care-giver is someone who provides unpaid help and support to family or friends. There are many different ways of being a care-giver. You might not even want to call yourself a carer or care-giver, and that's fine. You're still someone's partner, loved one or friend, doing what you can to help.

If you're regularly taking time to give help and support to someone, whether it's a few hours a week or full-time, you need to think about your own needs too. See the section on 'Looking after yourself' for some tips.

Types of informal care after stroke

Most people need some support after a stroke. They often need more care in the early days, as the fastest period of recovery happens in the weeks and months after a stroke. But recovery can continue for years and there is no set time limit.

Even a mild stroke can mean that someone needs time and support to start feeling better and manage their fatigue.

After a more serious stroke, many people are left with lasting effects like difficulty walking or communicating. See the section on our '**Quick guide to the effects of stroke**' for more.

After hospital care and therapy have ended, the person will still be recovering in many ways. By using the skills they've relearned during therapy in their daily life, they can continue to gain independence and increase in confidence.

The support or care you give a stroke survivor can take many forms. It can include practical help with shopping, cooking or taking medication. It can also mean giving emotional support such as a regular chat on the phone, or helping someone fill in a form. You could help someone communicate, read or write. You may be supporting them to manage anxiety or memory problems.

Getting the information you need

We offer a wide range of information to answer your questions and give you ideas for getting practical help with caring. Visit our website to read online or request printed copies.

- Accommodation: stroke.org.uk/finding-support/accommodation-after-stroke
- Aids and equipment for independent living: stroke.org.uk/life-after-stroke/equipment-independent-living
- Financial support after a stroke: stroke.org.uk/life-after-stroke/financial-support
- Holidays after stroke: stroke.org.uk/holidays
- Managing someone else's finances: stroke.org.uk/someone-elses-finances
- Support for carers: stroke.org.uk/caring
- Work: stroke.org.uk/work

You can also call our Helpline to request printed copies.

See '**Other sources of help and information**' at the end of this guide for a list of organisations offering help to carers and stroke survivors.

Becoming someone's main carer

It's often a family member or partner who takes the main responsibility for supporting someone after a stroke. Stroke survivors should be asked if they want family or other carers to be involved in their care, early in their hospital stay.

Before they leave hospital, the stroke team will work with family and professionals to create a plan for the care they need when they leave and assessing long-term needs. This process is called discharge.

The hospital discharge process

The hospital discharge process includes the kind of personal and medical care the stroke survivor needs from informal carers, as well as professional carers. The hospital stroke team should involve stroke survivors and their carers in decisions, including decisions about when they leave hospital, what care they need, and who will provide it. Stroke survivors and their carers should be offered copies of their transfer documents.

Some people can have 'Early Supported Discharge' (ESD) which allows them to leave hospital soon after a stroke, and continue to have the medical care and therapy at home that they would have been receiving in hospital. ESD services should provide treatment at home within 24 hours of leaving hospital. You should ask the discharge team how long support will be provided for and how it will be paid for.

If someone needs more care after a stroke, they may be transferred to another hospital or a rehabilitation unit for a number of weeks. After this, they will go back home or into residential accommodation.

Can I choose how much care I give?

If you're in a situation where you may need to become someone's main carer, or take on more caring responsibilities, you're entitled to find out what will be involved.

You have a right to be part of the discharge process if you're likely to be the main carer. You can contact the stroke team and request a meeting with the multi-disciplinary team (MDT). This will bring together all those involved in planning care for the stroke survivor. It's a chance for you to ask questions, and explain any concerns you have about being a carer. If you feel you need support with the process, you can ask to speak with a PALS (Patient Liaison and Advice) officer, or contact our Helpline.

If you feel that you can't manage some of the things you're being asked to do, or don't wish to do any, you can say so. You don't have to give reasons, but it's a good idea to talk to the professionals involved. This can help them understand your needs as well as those of the person with a stroke.

There may be a practical solution. For example, if you have a physical condition that makes it hard for you to lift someone, an adapted bathroom can help the person with a stroke use the shower and toilet independently.

You should not be asked to provide care at the cost of your own health and wellbeing, such as back pain due to lifting, or being unable to go to your own medical appointments if you can't leave the person alone.

Caring from a distance

Many families live away from the person who has had a stroke and they may have significant family and work commitments. If it's only possible for you to provide occasional support, you should make it clear to the professionals involved that you will continue to live apart from the person you are caring for, and that while you are involved in planning their return home, you will not be able to contribute to their day-to-day care.

What if I'm a care-giver and also have care needs?

It's not unusual for people to be informal care-givers for each other, such as people who live together helping one another with taking medication or communication support. If the person who's had a stroke was helping you manage a disability or health condition, you may find that you need some more support for yourself.

You can get your own care needs assessed to make sure you receive the support you need. Your partner can also have their needs as a carer assessed.

To ask for a care assessment for yourself or someone else, search online for your local council adult social services at [gov.uk/apply-needs-assessment-social-services](https://www.gov.uk/apply-needs-assessment-social-services) or contact your local council directly. If you live in Northern Ireland, contact your local health trust.

If you need to change or end your caring role

When you're in a caring role, things often change over time. You may find that your own needs change, or that you can't keep up with the work involved. The needs of person you're caring for may also change, and they may begin to need more help or professional care, for example in sheltered accommodation or residential care.

The care needs assessment and carer's assessments set out the kind of help you and the person with a stroke need.

You can ask for a care needs assessment, or a review of the care plan, at any time by contacting your local authority adult social services team. You can also ask for a carer's assessment for yourself.

Search online at [gov.uk/apply-needs-assessment-social-services](https://www.gov.uk/apply-needs-assessment-social-services) for your local council adult social services contacts.

See the 'Care needs assessment' section below to find out more.

We have information about choosing residential accommodation at [stroke.org.uk/resources/accommodation-after-stroke](https://www.stroke.org.uk/resources/accommodation-after-stroke), or call our Helpline to ask for a printed copy.

Young carers

Young people and children often get involved in caring in different ways, such as helping adult carers in the household, or supporting with communication. Visit the Carer's Trust website at [carers.org](https://www.carers.org) to find out about support available to young carers.

The emotional impact of stroke on family and friends

Taking on caring responsibilities is a big decision. It's often something people do as part of a relationship and they see it as a natural thing to do. But caring can be challenging and it takes time and energy. Caring can take its toll and carers tell us that they sometimes feel overwhelmed, exhausted and isolated.

A stroke can affect the way someone behaves and it may be hard to communicate, so they can seem different from the way they were.

You might feel a sense of loss at the changes in the person and changes in your relationship with them. Although they are still the same person, they might have changed in some ways such as being more emotional, or seeming less motivated to do things.

A stroke can have a huge impact on the whole family. It is common for someone who has had a stroke to feel quite low on returning home and to need a lot of encouragement and emotional support. They may have less control over the small, everyday things many of us do without thinking, such as getting out of bed, taking a shower or phoning a friend, and this can be difficult to cope with.

Within a family, people's roles might change. Your family routines could change, and you might need to spend time doing caring activities that reduces your time with other family members.

You may also be feeling under pressure from things like finances, work and other caring responsibilities. Or you may have care needs or a health problem of your own, and feel concerned about how you'll cope. Often, carers are also dealing with other areas in their lives, such as women going through the menopause while working and supporting older children and family members.

For someone whose close family member, partner or spouse is unwell, there can be feelings of loneliness and isolation.

As time goes on, your emotions can change. Some things will become easier to deal with over time and it can help to talk about it. Our website offers online forums at [stroke.org.uk](https://www.stroke.org.uk) where you can chat to other carers.

What to do about the emotional impact of caring

It's important to look after your general wellbeing. For some practical ideas about things you can try, read our tips in the '**Looking after yourself**' section.

The carer's assessment is there to identify the kind of help you need, and it can help you access support. The stroke survivor can have a care needs assessment to look at the support they should be getting.

Seeking some individual advice for yourself about practical and financial matters might help you feel more in control.

If you have social networks like family and friends, try letting them know you need support. It could be a cup of coffee or a video call. Sometimes just knowing that someone else cares is enough to make a difference. But if you find that your mood is affected, and you often feel very sad or anxious, contact your GP to ask about talking therapies or other treatments.

Changes to intimate relationships

A stroke can also affect the intimate relationship between spouses or partners, including changes to your sex life.

Stroke can affect intimacy for people of any age, gender or sexuality, for single people as well as couples. For example, a single person looking for a relationship might need to regain some lost confidence before going back to dating.

Partners might not be able to do things together like before. If someone behaves or reacts differently to things after a stroke, it could change how people relate to each other. It can also change things between partners if one person needs more support than they used to.

Many people have questions about sex after stroke and it's not something to be embarrassed about. Intimacy and sex can make a big difference to your quality of life. So if you have any questions or worries, try asking for help.

The stroke nurse can answer your questions and your GP can help with treatment for physical and emotional changes affecting your sex life.

Visit our guide at stroke.org.uk/sex-and-relationships for more information.

Looking after yourself

Caring for someone is a big responsibility and can feel overwhelming. It is realistic, and not selfish, to think carefully about taking care of yourself. If you don't look after yourself, you risk becoming stressed or unwell and this could also affect the person you are caring for.

Practical tips for self-care

You can register as a carer with your GP:

This can help you get some support, such as referring you for help from services like check-ups, mental health support and information about support services, health and wellbeing.

Keep a diary: when someone returns home after their stroke, they or you could keep a diary for a week. This can help to identify any unmet support needs.

Mind your back: if you need to help someone move around, a nurse or occupational therapist can show you safe techniques for moving someone without straining your back.

Relaxation: relaxation techniques can help with tiredness or stress. Your local carers' centre may offer classes, or a stroke nurse might be able to give you advice.

The NHS website offers free audio guides and tips at [nhs.uk/mental-health/self-help](https://www.nhs.uk/mental-health/self-help) to help you relax.

Stay active: try to include some movement and activity in your daily routine. There are indoor exercises like yoga and fitness routines available online. And get outside for a walk and some fresh air when possible. Being active will increase your energy levels, help you sleep better and can help improve low mood.

Check your mood: if you're managing all your responsibilities and trying to keep going, it can be easy to miss the signs of fatigue and stress in yourself. If you notice signs like feeling very low or anxious, having trouble sleeping or being tearful, it could be a sign to get help for yourself. This could mean speaking to your GP who can refer you to local support services or offer treatment.

Many people find that speaking to other carers is helpful. You can meet other stroke carers on the forums at [stroke.org.uk](https://www.stroke.org.uk) or look for a local carers group.

Take a break: it may be difficult, especially if you're a main carer, but taking breaks or getting help with some of your tasks is important. If it's possible, try to organise your day with regular time to yourself. If you can't go out or have a long break, you could try to fit in 10 minutes of yoga or mindfulness. A Carer's Assessment should offer services like respite care to allow you a rest or a break. See our '**Respite care**' section for more information.

Eat well: try to eat regular meals and drink plenty of water. It can be difficult to fit cooking and food shopping into a hectic schedule. But having a healthy diet will help you stay well and can also help with mood and energy levels.

Stay in touch: try to keep in touch with friends and family. Friendships can suffer after a stroke, especially if you find it hard to go out to socialise. Use technology to help you keep in touch with others. Video calls can let you chat with a group of friends or family. See the '**Using Technology**' section for more details.

Don't be afraid to ask for help if you need it: People around you may be able to do some practical things like shopping, or spend time with the stroke survivor.

Tip: join a group. The Stroke Association has a network of clubs and groups. Visit [stroke.org.uk/finding-support](https://www.stroke.org.uk/finding-support) or call our Helpline for details of a group near you. Many groups offer a virtual option for meeting others, so you can often join from home.

The Stroke Association also offers a phone service, Here For You, where you can chat to a trained volunteer once a week for eight weeks. Visit [stroke.org.uk/finding-support/here-for-you](https://www.stroke.org.uk/finding-support/here-for-you) to sign up.

Carer's assessment

A carer's assessment looks at the impact that caring has on your life, and what support you might need to help you in your caring role and improve your wellbeing. You are entitled to an assessment and to receive help, even if the person you care for refuses help. You don't have to be living with them and you don't have to be a full-time carer. The carer's and the care needs assessment can be carried out together, if you both agree to this.

It's carried out by the local authority adult social services department (or health trust in Northern Ireland). It's done by a professional such as a social worker, therapist or charity worker. They will look at your role as a carer and the effect it has on you.

The assessment will establish how much caring you do (or will do) and how that affects you. This includes your wellbeing, mental and physical health. Other aspects of your life are looked at, such as being able to work or train, maintain your social networks, look after children and do leisure activities. The local council should be able to tell you more about what they can do to help you plan for an emergency.

Before your assessment, think about the impact of caring on your life and what kind of support you might need. Visit carersuk.org/help-and-advice for a checklist of things to think about before your assessment and more advice.

Your local council will tell you if you qualify for help and what help you can get. This can vary according to your needs but could include things like respite care, putting you in touch with local support groups or training in safe lifting.

Care, funding and finances

Care needs assessment

A care needs assessment, or community care assessment, looks at the care needs of the person who has had a stroke. It's carried out by the local authority adult social services department. If someone is leaving hospital, a care needs assessment might be arranged as part of the discharge plan, but you can request one at any time.

The assessment is carried out by a social care professional, often an occupational therapist or social worker. They look at the support someone would need to achieve certain goals, including eating properly, using the toilet and seeing family and friends.

A care plan is agreed with the person being assessed. The plan could be about accommodation, such as adaptations to make your home safer. It could suggest carers or home help, or opportunities to socialise such as at a day centre.

Paying for care

The council has a duty to meet the needs of someone needing care. Care is not free, and the council carries out a means test to decide how much someone should pay towards their care. Their income and savings must be below a certain level to get council funding.

Visit the Money Helper website at moneyhelper.org.uk/en/family-and-care for more details on how the means test works and what income is included.

Some people with long-term, complex health needs may qualify for free social care which is paid for and arranged by the NHS. This is called NHS Continuing Healthcare (or Hospital Based Complex Clinical Care in Scotland.) You can get free independent advice on this from Beacon online at beaconchc.co.uk or call 0345 548 0300.

Types of care

Homecare

If the person is eligible for council funding for homecare, they can use care services arranged by the council, or decide to get direct payments and arrange their own homecare.

These services may help with personal care (for example, getting in and out of bed, bathing or dressing), day care, meals on wheels and respite care. They often involve carers coming to your home to help with specific tasks.

Residential care

If someone is assessed as needing a temporary stay in residential care, their assets are calculated in a way that assumes they will be returning to their own home. If they need a permanent move into a care home, the value of the home might be included in the means test. It's ignored if a partner or dependent is living there, and other rules also apply.

The NHS may pay a contribution towards nursing care or health costs, if someone meets the criteria for NHS Continuing Healthcare.

Respite care

Respite care (sometimes called short breaks) is designed to give carers a break. It could be:

- Care at home from a trained care assistant or volunteer, for a few hours a week.
- Care outside the home, for example, at a day centre or social club.
- Longer breaks (from days to weeks) in a residential or nursing home.

Respite services vary widely, so ask your local council (or Health and Social Care Trust in Northern Ireland) about what is available in your area. A needs assessment and carer's assessment can determine if you need to pay towards respite care. Respite services may be provided by the NHS, social services, and voluntary or private organisations.

Get individual advice

The rules about funding for care, including respite care, are complex, and it's a good idea to get independent advice from a specialist agency. The charities Independent Age (independentage.org.uk) and Age UK (ageuk.org.uk) provide individual advice and support.

Other sources of help

Depending on where you live, some charities may be able to provide some types of help at home.

Some local Age UK branches offer paid-for help with household tasks like shopping, laundry and housework. Visit ageuk.org.uk/services/in-your-area/ or call **0800 678 1602** to find what's available in your area.

The British Red Cross can also offer help with some basic tasks like shopping and transport in the 12 weeks after a hospital discharge, but a referral from a GP or health professional is needed.

Some people choose to pay a private agency for homecare. Your local council's social services department should have a list of approved providers. The Homecare Association's website also has a tool where you can search for providers which have signed up to its code of practice.

Managing someone else's finances

If someone is having difficulty managing finances and legal matters, they may need some help.

Accessible banking and public services

Banks should offer accessible services like talking cash machines, large print bank statements, communication support in the branch and accessible debit cards. They can also provide personalised stamps on request for customers who struggle to write their signature.

Public sector bodies like the government and local councils should make all services accessible, such as offering text relay or sign language phone calls.

Third party mandate

The person you're caring for can give you written permission in a letter or 'third party mandate' to allow you to deal with their banking or other financial services. Banks often have their own form to use.

Power of attorney

Someone can give you 'power of attorney', which means appointing you to act on their behalf. You can use power of attorney to manage bank accounts, benefits and services.

1. Ordinary power of attorney is a short-term arrangement, such as while someone is on holiday. It's only for those who still have 'mental capacity' (see below).
2. Lasting power of attorney (LPA).

There are two types of LPA. A property and financial affairs LPA allows someone to make decisions about income, bills and the sale of a person's house.

A health and welfare LPA lets you make decisions on where the person will live and the day-to-day care or medical treatment they may receive. In Northern Ireland there is only one type of power of attorney, called an enduring power of attorney, which covers property and affairs, but not healthcare.

Mental capacity and when to start an LPA

An LPA must be set up while the person still has 'mental capacity'. This means they are able to understand, retain information to make a decision, and communicate the decision. If someone has communication problems, they may need support to communicate their decisions.

An LPA can be set up at any time. You don't have to be unwell, and there is no lower age limit for starting an LPA. It is a good idea for anyone with financial or family responsibilities to set one up. It can make things easier for family and friends if you ever become ill and can't manage your own affairs for a while.

What if someone does not have mental capacity?

If the person you are caring for has already lost the ability to make decisions and has not set up an LPA, you can apply to take over their finances.

If you live in England or Wales, you apply to the Court of Protection to become a deputy. In Scotland, you apply to the Office of the Public Guardian (Scotland) to become a guardian. In Northern Ireland, you apply to the Office of Care and Protection to become a controller. The contact details of each are listed at the end of this guide.

Using technology

Many services including benefits and funding applications are now done mainly online. Medical appointments, therapy sessions and care assessments may be given via video calls. So it's really useful to have access to the internet, either using a mobile data service or home broadband.

If you can't use an online service or video call for any reason, make sure you let the service know what you need instead, such as a telephone call, letter or in-person appointment.

Getting access to technology

If you have a digital device like a mobile phone or laptop and would like some help using it, contact your council about local support. Free advice and individual support is available from accessible technology charity, AbilityNet. Visit abilitynet.org.uk or call **0800 048 7642**.

There are some low-cost broadband offers and 'social tariffs' available for people on low income or benefits.

We've got an accessible guide to all aspects of getting online in 'Getting online for people with aphasia'. You can download or order a print copy at stroke.org.uk/getting-online, or call our Helpline.

Financial impact of caring

Caring for someone can affect your income, and you might have higher costs for things like heating or home equipment and adaptations. If the stroke survivor was working and had to spend time off work, or can't go back to work, it can seriously affect household income. Visit stroke.org.uk/work for information about work after stroke.

Changing your work hours

Sometimes carers cut their own working hours or leave work to spend more time with the person they are supporting. If you are thinking about changing your work patterns, you have the right to ask for flexible working hours if you've worked for an employer for more than six months. Working from home and flexible working has become more common since the pandemic and your employer may be open to a request.

Visit the Carers UK website at carersuk.org/help-and-advice/work-and-career/ to help you think about your options and ways to manage the financial impact.

If you have to give up work, check what help you are entitled to under your work pension scheme (if you have one). If you are not working or claiming Carer's Allowance, you may be able to claim Carer's Credit to help protect your state pension.

Benefits such as Universal Credit and grants and loans are available to help people on a low income.

The benefits system is complex, so seek specialist advice about what you are entitled to and help with filling in claim forms.

We have information about the financial help available online at stroke.org.uk/life-after-stroke/financial-support or call the Helpline to ask for a printed copy.

Carer's Allowance

If you become a full-time carer, you may be entitled to claim Carer's Allowance. If you care for someone for at least 35 hours a week and they receive certain benefits, you may be eligible. For more information, contact a carers' organisation or visit a carers' centre. You can check your eligibility and apply online at gov.uk/carers-allowance or call **0800 731 0297**.

If you have a break from caring, such as if someone you care for goes into temporary residential care, or your income goes above the threshold, you need to report a change in circumstances to the Carer's Allowance Unit at gov.uk/carers-allowance-unit or call **0800 731 0297**.

Stroke and recovery: what you need to know

Quick guide to the effects of a stroke

Get more information about the effects of stroke and how they are treated on our website stroke.org.uk/effects-of-stroke

Tip: many effects of a stroke improve quickly

Many problems can improve quickly in the days and weeks following a stroke. The hospital stroke team will support the person to become mobile from 24 hours after their stroke, and they should have treatment and support to help them make the best recovery possible.

Visible effects of a stroke

Movement and balance

Stroke often causes weakness down one side of the body, affecting the movement and control of the arms and legs.

This can lead to problems with walking, balancing and holding things.

Vision

About 60% of people have vision problems after a stroke. Problems can include double vision, light sensitivity and losing part of the visual field.

Continence problems

Problems with bowel or bladder control are very common after a stroke. Continence often improves in the early weeks. It can be embarrassing, so offer reassurance and understanding and encourage the person to seek medical help.

Behaviour changes

After a stroke some people show behaviour changes, such as losing interest in things they used to enjoy, being very impulsive or getting angry more easily. It's important to seek help if someone's behaviour poses a danger to themselves or others.

Problems noticing things to one side (also known as spatial neglect)

Spatial inattention, or neglect, means that the brain does not process sensory information from one side. Someone might bump into things because the brain is not processing all the visual information it gets from the eyes.

Swallowing problems (dysphagia)

In around half of all stroke survivors, a stroke affects the muscles in the mouth and throat, causing swallowing problems. This is known as dysphagia. Someone with dysphagia may need to have soft foods or be tube-fed. It often improves in the first few weeks.

Communication difficulties

Aphasia

Around one third of stroke survivors have a problem with language called aphasia. It often comes from a stroke in the left side of the brain.

Aphasia can affect all aspects of language including speaking, understanding speech, reading, writing and using numbers. The person does not become less intelligent, they simply find it difficult to use language.

Slurred speech

A stroke can affect the face and tongue muscles, causing slurred speech.

Problems with concentration and memory

Cognitive problems can affect communication. For instance, someone might find it hard to concentrate on a conversation, forget information or not be able to recognise objects or people.

Tip: communicate with confidence

You can help a person with communication problems by giving them time to answer questions, asking one question at a time, and trying not to answer for them. Visit stroke.org.uk for more tips and advice about communication problems.

Hidden effects of a stroke

Fatigue

Fatigue, or tiredness that doesn't get better with rest, can remain for months or years after a stroke. Someone may look well, but still be struggling with fatigue. It is common after a stroke and can be a serious problem for some.

Emotional effects

Stroke is closely linked to emotional problems including low mood, depression and anxiety. Some people have emotionalism and find it hard to control their emotional responses like laughing and crying.

Memory and thinking

Problems with memory and concentration are very common after a stroke. They are also known as cognitive problems. Stroke survivors often feel confused at first, but for many this recovers in the early weeks.

Pain

Stroke can cause different types of long-term pain such as burning sensations or muscle and joint pain.

Get help

Many of the effects of a stroke can be treated, so if a stroke survivor has any of these problems after being discharged from hospital, they should visit their GP.

If you are a carer and would like to talk to someone for support, you can call our Helpline on **0303 3033 100**.

Driving: after a stroke or transient ischaemic attack (TIA), by law you must not drive for a month. Going back to driving depends on the type of stroke and what kind of driving licence you hold. To find out more about driving after a stroke visit [stroke.org.uk/driving](https://www.stroke.org.uk/driving). You should always get individual advice from your doctor about your stroke and any other health conditions that affect your driving.

Recovery

The amount of recovery someone will make and how long it takes varies. The biggest improvements usually take place in the early weeks or months, but recovery may continue for years.

Depending on the type and extent of the stroke, some people make an almost full recovery. Some people recover enough to be able to do many of the things they did before, but may perhaps require some support. Some people will have lasting disabilities which may impact on their ability to live in their own home independently. In these cases, they may require care at home or, if their needs are greater, residential or nursing care.

Tips to help someone with their recovery

Many carers ask us how they can help the person they are caring for to recover.

- Ask therapists if you can be involved in rehabilitation.
- Encourage the person to take on family responsibilities right from the start. You may need to find new roles that are manageable to help to boost their confidence and maintain their relationships with other family members.
- Try not to be overprotective. It's natural to be cautious, but with advice from therapy professionals and the right equipment, someone with a stroke can regain independence. Encourage them to do as much as they can, right from the start.
- Be patient. Things can take longer after a stroke. They may be relearning some basic skills. Listening and replying can take them longer, and it might take longer to respond to a request to do something. Fatigue can make it harder for them to join in with activities. They may have lost confidence, and be reluctant to try new things. Having vision loss could make them reluctant to go out. They might also seem uninterested in their old hobbies. These changes are due to stroke damage in the brain.
- Be positive. Recovering from stroke is a slow process and so praise is needed for every sign of progress, however small. Reassure the person that you are caring for that things can get better, especially when progress seems slow.
- Rehabilitation and recovery don't only happen during therapy. Every time someone does an activity like communicating, walking or writing, it helps to repair some of the connections inside the brain that allow the person to relearn skills.

Neuroplasticity: re-wiring the brain

The brain is amazing! It has the ability to rewire itself after a stroke. This means people can sometimes regain skills such as walking, talking and using their affected arm. This process is known as neuroplasticity. It begins after a stroke and it can continue for years.

How does it happen?

A stroke damages some of the connections inside the brain and between the brain and the body. Doing rehabilitation activities encourages the brain to start making new connections in the healthy parts of the brain.

There is no time limit on neuroplasticity and it doesn't only happen during therapy.

Every time someone takes an extra step, says a new word or does a hand exercise, it helps the brain make new connections.

Where to get help and information

From the Stroke Association

Helpline

Our Helpline offers information and support for anyone affected by stroke, including family, friends and carers.

Call us on **0303 3033 100**, from a textphone **18001 0303 3033 100**
Email helpline@stroke.org.uk

Read our information

Log onto stroke.org.uk, where you can find easy-to-understand information, videos and an online community to support you. You can also call the Helpline to ask for printed copies of our guides.

Other sources of help and information

Useful organisations for carers

Carers Direct (England only)

Website: carersdirect.org

Tel: **020 3904 4520**

The Carers Direct helpline provides information related to your individual circumstances.

Carers UK

Website: carersuk.org

Helpline: **0808 808 7777**

(England, Scotland and Wales)

0289 043 9843 (Northern Ireland)

Email: advice@carersuk.org

Information and support for carers, including about finances and benefits.

Carers Trust

Website: carers.org

Tel: **0300 772 9600**

Email: info@carers.org

Information, advice, training, education and job opportunities for carers. They give details of your nearest carers' centre and can also help provide respite care in England and Wales.

Crossroads Care NI

Website: crossroadscare.co.uk

Tel: **028 9181 4455**

Information and support for carers of all ages and those they care for in Northern Ireland.

Crossroads Caring Scotland

Website: crossroads-scotland.co.uk

Tel: **0141 226 3793**

Provides respite care, as well as support for carers and those who they care for.

Homecare Association

Website: homecareassociation.org.uk

Tel: **020 8661 8188**

Offers an online tool to search for a homecare agency which abides by its code of practice.

NHS: Social care and support guide

Website: www.nhs.uk/conditions/social-care-and-support-guide/

Explains where you can find help with day-to-day living and offers practical tips on caring for someone.

Other useful organisations

Age UK

Website: ageuk.org.uk

Advice Lines:

0800 678 1602 (England)

0808 808 7575 (Northern Ireland)

0800 12 44 222 (Scotland)

0300 303 44 98 (Wales)

Provides useful advice for older people including benefits and advice for carers.

Beacon

Website: beaconchc.co.uk

Tel: **0345 548 0300**

Provides free expert advice on navigating the NHS Continuing Healthcare process in England.

Citizens Advice

Website: citizensadvice.org.uk

Offers advice and information on a range of issues including debt, benefits, legal issues and housing.

Disability Rights UK

Website: disabilityrightsuk.org

Provides information about benefits and social care charges. Publishes the Disability Rights Handbook.

Office of Care and Protection (Northern Ireland)

Website: justice-ni.gov.uk/topics/courts-and-tribunals

Tel: **0300 9076 3000**

Email: OCP@courtsni.gov.uk

Offers support for those who lack capacity or would like to plan for their future.

UK Government: power of attorney

Website: gov.uk/power-of-attorney

Tel: **0300 456 0300**

Offers information on power of attorney and becoming a deputy through the court of protection.

About our information

We want to provide the best information for people affected by stroke. That's why we ask stroke survivors and their families, as well as medical experts, to help us put our publications together.

How did we do?

To tell us what you think of this guide, or to request a list of the sources we used to create it, email us at

feedback@stroke.org.uk

Accessible formats

Visit our website if you need this information in audio, large print or braille.

Always get individual advice

This guide contains general information about stroke. But if you have a problem, you should get individual advice from a professional such as a GP or pharmacist. Our Helpline can also help you find support. We work very hard to give you the latest facts, but some things change. We don't control the information provided by other organisations or websites.

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Every five minutes, stroke destroys lives. We need your support to help rebuild them. Donate or find out more at stroke.org.uk

The Stroke Association is registered as a charity in England and Wales (No 211015) and in Scotland (SC037789). Also registered in the Isle of Man (No. 945) and Jersey (No. 221), and operating as a charity in Northern Ireland.