**Falkirk Moving Assistance**

**– Hints and Tips**

**Home from Hospital**

*Design note: same style as other Moving Assistance booklets*

***Background for staff, March 2017***

*This booklet has been commissioned by the Falkirk HSCP Integrated Joint Board.*

*It is being developed by Outside the Box as one of the Moving Assistance series of booklets, which help older people make choices around housing to keep them safe and have a good quality of life.*

*The booklets have been developed in partnership with Falkirk Housing Services for people living in Falkirk, and the details are what is happening for people living in Falkirk. We expect it will also be used by people in other parts of Forth Valley. The earlier booklets are being used by people in other places and are being shared by the NHS Improvement Hub and other national good practice teams.*

*You can see the first set at: <http://otbds.org/projects/moving-assistance-project/>*

***Please help - Comments and suggestions from you***

*The text here reflects what older people and their families have told us are the main challenges and priorities for them, and their suggestions on what will help.*

*Please tell us what the gaps are in this version. We know that you will see other difficulties around older people getting home from hospital. You will also have other suggestions on what can help.*

*You can also add suggestions on the points that are already here.*

***Please send your notes to:*** *anne@otbds.org*

*It helps if you send them as track changes, as then I can find them.*

*Other ways to feed in*

* *Phone conversation: ring 0141 419 0451 and I’ll find a time that is convenient for both of us*
* *I can come to a team meeting*
* *We will be having a workshop session in late April for professionals in health and social work roles, if this is an easier way to feedback.*

*Thank you for your help.*

*Anne Connor, Outside the Box, 12 March 2017*

**Introduction**

The Falkirk Moving Assistance project produced tips for people who are thinking about moving house. The suggestions came from the experiences of older people in Falkirk District and their families.

People told us that another situation where it would be good to have some tips is when someone is coming home from hospital.

This booklet is for people who are in hospital and for their families and friends. It also lets people plan ahead in case they have a spell in hospital.

It covers:

* The first few days of a hospital stay
* When someone is in hospital for a longer period
* Getting repairs and changes made to your house to help you get back home
* Planning for the first few days after you come home from hospital
* Once you are home and settled

These are the other tips in the Moving Assistance series:

* Do you want to move or stay?
* Choosing the house that’s right for you
* Reducing what you have
* Making the move
* Supporting your relative or friend
* A directory that provides more information about the services and community groups in the area.

These tips go alongside other useful advice from Health and Social Care professionals.

*[Refer to Home is Best discharge model]*

**The first few days in hospital**

Many people told us that the arrangements for getting home from hospital begin as soon as you go into hospital!

Some people have planned for a hospital stay but for many older people this is something that is unexpected. If you can get things right at this stage, life will be much easier.

* You will not be worried about the people who matter to you, or about what is happening to your home.
* It will be easier to get home if your house is ok.
* Things will be more convenient and comfortable when you do get home.

Also, many people who have a stay in hospital are only there for a few days.

These are the points you should check, especially if your stay in hospital was not planned.

***You and the people around you***

You will want to know that the arrangements are ok for people you look after. The hospital staff will probably have asked you about anyone you care for at home. But there may also be friends and neighbours that you check in on, or family who you don’t see every day who you help.

Check someone is feeding and looking after any pets you have.

Tell your family where you are. The hospital staff might tell someone who you list as your ‘next of kin’, but that won’t be everyone in your family. If family know where you are, they won’t worry about not getting you at home. They will also be able to help you plan for getting back home.

Tell your neighbours where you are, if you look out for each other. Your neighbours may be able to help with some practical things, especially if you do not have family living nearby. They can also keep an eye on the house for you.

Tell someone for any volunteering that you do. This could be the person who organises the group or service. Or you could ask a friend to tell them. That way you know that the people or activities you support will all be ok. Also, this is often the sort of group of people who can give you a hand if you need it when you get home.

Ask someone to rearrange any appointments if you can remember them, or to check this for you if they can.

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| *Useful contacts at back of book with phone numbers**Updated information in Directory of Useful Services for full details:** *TP Dog Walkers in Falkirk*
* *Cinnamon Trust*
* *Borrow my doggy*

*Anything else people think we should add?* |

***Your house***

Get someone to check that your house is secure. Things to check include:

* The doors and windows are shut and locked
* Appliances are switched off (apart from things like the freezer)
* Getting rid of food in the fridge that would go off in a few days
* Tidying up – such as putting out the kitchen bin and sorting anything in the dishwasher and washing machine
* Cleaning up – for example, if anything was stained or spilled when you were unwell.

***Your support***

Get someone to tell people who look out for you where you are, so they are not worrying about you.

Tell any support services who look after you at home where you are. It is also good to tell places like day activities that you are missing a week and might be away longer. Again, this prevents people worrying or looking for you and makes it easier for them to help you when you get home.

If you need some extra support after you get home, the team at the hospital will discuss this with you. You may be referred to the Reablement Service, or to a Care at Home service.

***Suggestions for the future***

People shared their suggestions on what has helped them feel more confident for the future, especially when they lived alone and did not have family nearby.

* Get a keysafe, even if there is not a regular support service using this. You can then tell a friend or neighbour what the code is if you ever need it. (And this is useful for you if you ever lose your keys.)
* Check out local services that deal with things that are important to you, such as looking after pets and house cleaning. Keep a list of their phone numbers in your handbag or wallet.
* Also keep the phone numbers of a few people who are good at knowing what is happening in your community. They can then track down things like volunteer support if it is needed.

 *“I fell when I was out in town. The ambulance took me straight to the hospital and when I found I had a complicated fracture I knew I would be there for a while. But I had just popped out for a few hours. My daughter came to be with me at the hospital and a neighbour looked after the house – took the cat to stay with her, sorted my washing, emptied the fridge and locked up. You have no idea what a relief it was to know that was all looked after.”*

*“My tip is make sure someone nearby has a key. My son as a spare key but he was away in London when the GP sent me to the hospital. It was a real palaver to get word to a neighbour and then her getting up to the hospital to take my key and get in to look after things in the house and bring my nightie to me. Now we have each other’s keys, just in case.”*

*“I never thought about what had happened at the house. I just went straight up to the hospital to see Dad and was only thinking about him. It was only when I went round a few days later to get his glasses and so on that I found the back door wasn’t locked, the carpets were a mess where he had been sick – you know the sort of thing. It all turned out ok and we got it all cleaned just in time for Dad coming home. But my tip is to get someone to check the house as soon as you can.”*

*“We thought that because mum was in hospital that the GP would know and they would cancel other health appointments. But it doesn’t seem to work that way. We missed an important appointment and had to wait for months for another because she was a ‘did not attend’.”*

*“If someone is going to your house, they could bring the wall calendar or your diary in to you, so you can both check what needs to be done. My son did that and we remembered all sort of things – the car share for going to church, the chiropodist, putting out the bins on the right night, all sorts of day-to-day stuff that is a real nuisance when it goes skew-wiff.”*

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| *Directory: details of where to get keysafes – list from MECS service and other sources**Falkirk Council’s Small Repairs and Handyman Service can install these for people aged 65 or over or those who are disabled and have no able bodied person living with them.* |

**When you are in hospital for a longer spell**

Your priority will be getting well and planning for when you get home. But there will still be things to do for the house that will make it easier for you to get home.

***You and the people around you***

You will want to keep in touch with friends and people who care about you. If you are in longer than a few days there may be more people who get in touch. So ask someone to bring your post round to you and check for phone messages.

The Patient Information Area at Forth Valley Hospital has internet access. You can use this to keep in touch with family and friends.

*We are checking out other ways to keep in touch with people you care about, community groups etc – ideas? Examples? What is possible on the wards re phones and wi-fi?*

You will want to know that someone is looking out for bills, especially if you pay household bills as they come in rather than through the bank.

* You can ask someone you trust to bring your chequebook in to you.
* If you don’t feel comfortable with this, ask them to look after the chequebook for you and bring it in when you need it.
* This way other people – such as a neighbour or several family members - can bring in bills and post letters for you.

Another option for most of the regular bills is to set up a Direct Debit when each bill comes in. That way, they get paid automatically next time. This can be useful while you are in hospital, and afterwards when you may not want the bother of paying each bill.

You might also want to have someone else looking after money if you are likely to be in hospital for a longer time. You can get information about how to do this from various places, including the Citizens’ Advice Bureau.

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| *Useful contacts at end will have phone numbers.**Directory has full details* |

***Your house***

It is good to know that someone will check your house if there is a cold spell.

* Talk to someone about doing this when needed, as you may not realise what the weather is while you are in hospital.
* Check that water pipes are ok, so you don’t come home to a burst pipe.
* Make sure the boiler is ok if it has not been used for a while.
* Have the heating on for hour or so each day so that the house is not getting too cold.
* But also check that you don’t have heating coming on for long periods when the house is empty.

The Age UK Website has handy tips for everyone on looking after your house in colder weather: <http://www.ageuk.org.uk/health-wellbeing/keeping-your-body-healthy/winter-wrapped-up/preparing-for-winter/>

If you have been in hospital for a while, it is good if someone can get the house cleaned and freshened up for you just before you get home. You can give them a list. Here are some ideas to get you started – you can change this and add other things, so it is done the way you like it.

* Even an empty house gets dusty, so someone dusting and giving it a vacuum clean makes it nicer.
* Open the windows and get some fresh air in for an hour or so.
* Put fresh sheets on the bed.
* Get in food essentials. The top items on our lists were tea, milk, bread and packets of biscuits, plus some things that are easy to prepare and give energy to someone who is recovering but still a bit poorly.

*“My grandchildren insisted on adding a tub of ice cream as their treat for Grandpa coming home from hospital. But that’s the thing that he wanted! Lots of energy and easy to take.”*

*“Coming back to my own bed with my own sheets and blankets, all lovely and waiting for me. If you can do that for someone it will make such a difference for them.”*

If you rent your home, let the landlord know that you may be away for a while, even if you are not sure how long. That will let them know that you are planning to come back home even if the house has been empty for several weeks or longer. They can also arrange to keep an eye on the place.

More ideas?

Points we have been asked to add

* How to check what happens with your benefits when someone is in hospital for longer than a few weeks and impact on allowances for anyone who is your carer
* Services that hospitals offer for looking after valuables while someone is a patient there

***Your support – to check with Social Work and hospital teams about this section***

Staff at the hospital will have been planning what support you need to get home, and will have been talking to you and your family about this. This will include staff such as the Occupational Therapists and Physical therapists, as well as the medical and nursing staff.

Some people get support from the Reablement Team. This is arranged by the hospital. The Team members will come to you at home to help you work on exercises and so on. They can also help you work out how you will manage in your own house.

The team will also have talked to you about a care plan if you are going to need more support. The social work team will do the assessment with you.

It is also a good idea to think about what you want in a wider way – so the support you get from ordinary services like shops, as well as from care services.

If you do not need support paid for by the Council, you can still decide to arrange some help yourself.

* The social workers and other members of the team will give you good advice on what may be helpful and where to find a service that will be right for you.
* The Over the Fence project has good ideas, based on what other people across Scotland found worked well.
* There are voluntary organisations where staff have experience of what can work and know about local sources of support.

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| Local sources * phone numbers for Carers’ Centre and SDS Forum
* other sources to add?

There are good suggestions to help you:<http://www.overthefence.org.uk/home/in-detail/how-to-work-out-what-i-want/> |

**Getting repairs and changes to the house**

***Our general tips***

Think small as well as big. Often there are wee gadgets - such as chopping boards that let you chop things with just one hand and kettle tippers that let you pour boiling water safely, and handrails and bath seats in the bathroom – that work very well in giving someone independent and confidence again, and cost a lot less than expensive changes such as a new kitchen.

If you are in a rented house, especially from a Housing Association or the Council, it is a good idea to talk to them about this early on. They may be able to suggest more options. They will also be able to help you with changes such as handrails and may be able to suggests places for helpful equipment.

You may need to think about what sort of house you live in, as that might limit the bigger changes that can be made. We all know that you can’t put in an extension if you live in an upstairs flat. But other things may not be so obvious – such as where the pipes are and what sort of building material your house is made from.

***When to make changes – when person is in hospital or after they get home?***

Some people find the time when they are in hospital can be a good time to get repairs or changes made to their house.

* The Occupational Therapist or Physiotherapist might suggest equipment or other things that will make your house easier and safer for you. If these get ordered while you are in hospital, they are more likely to be there for you getting home.
* It can be good to get repairs or other changes done while you don’t have to be bothered by any mess or inconvenience.

Other people find that it is too difficult to decide about changes and it is better to wait until they get home.

* It is easier to make a good decision when you are not worried or frightened. Hospitals are not the best place for feeling calm.
* It is also easier to make decisions when you have more people to talk to and get ideas and advice from them, ad can take your time over those conversations. Hospital visiting is not ideal for that either.
* When you are feeling unwell, it can be harder to concentrate and think about all the options and details.
* What seems like a small decision to other people can feel like a very significant decision for this person.

It is a good idea to check out what everyone thinks the risks are for a person going home from hospital.

* Some people have already got good informal supports or practical arrangements in place, and have reduced the risk.
* Sometimes there is a misunderstanding about what the person is going home to – for example, when they have already arranged that a relative or friend will be staying with them.
* Sometimes people are happy to accept situations which other people think are risky.

There are situations when it is better to wait, at least for some of the changes.

* It can be important that some equipment is in the right position for you.
* Sometimes you want to wait and see what you will be able to do in your own room with your furniture etc before you make any decision.

Remember this is not an ‘all or nothing’ choice: you can decide to make some smaller changes about things that need done in order to get home, and leave the bigger decisions until later.

* You can talk over what changes can be done before and what needs to wait.
* Be willing to put up with something that is not ideal if that is easier to change later.
* Think about temporary things like small equipment or things that can be taken out easily and don’t cost too much.
* If you do find that some things work well and you still want them, you can always get a better or stronger piece of equipment that will last longer.

 *“I had 2 falls in the bathroom and this time decided I had to get the bath changed to a shower. My family got that done for me while I was in hospital. I still got to choose the tiles and so on. We decided I could have a bath at my daughter’s any time I wanted a soak, but in the last year I’ve never been bothered about it. I should have done it years ago.”*

*“We got the lighting improved in the hall, as that was where dad was falling when he was going to the bathroom at night. We got good clear overhead lights with no more dull spots and motion-sensor so the lights came on when anyone went in to the hall, plus a wee table lamp that was on all night. Then we realised that the other rooms were also not good enough for his eyesight now, and got the good lights for the bathroom and kitchen too. The OT suggested other equipment that would make it much easier for dad. We had it all in place so he got home as soon as the doctor said he could go. That was a few hundred pounds shared between the 3 of us, and a lot cheaper (and less upsetting) than mum and dad having to move house.”*

*“The one mistake was putting up the grab rails before Dad got home. They were too far apart for his wee shuffling steps and he had to stretch to reach them. So that made him lean forward and fall – not what was intended!”*

*“People at the hospital were telling me I couldn’t manage in my house and I needed to decide where I was going. But I knew I could not make a decision until I was back home and sleeping in my own bed. In the end my family arranged something that I knew was not ideal, but it was good enough and it got me back to my own home. A few months later I knew what I could do and what needed to change, and we got it sorted then. I’m glad I waited.”*

*“You need to remember that for many older people this is yet another loss that they are facing – accepting that they cannot be as independent and that they are getting more frail. For me, that spell in hospital was the time I came to terms with my husband’s death and having to manage on my own.”*

*“It is temporary bits of equipment, not temporary adaptions. I was talking about things I would change later if they did not work and the person at the hospital got anxious – but she thought I meant big expensive changes being done twice. Sometimes people use the same words to mean very different things.”*

***What to include and how to make the changes***

Don’t just think about changes that are linked to the reason why you went into hospital. Think about any changes that will make life easier or safer.

It can be useful to get a Fire Safety Check, and get any of this equipment or changes done at the same time. [Link to contacts and add to directory]

The way that changes are done is as important as what gets improved. Make the changes in a way that lets the person still be in control of their home and their life.

* If things need to be changed, give the person as much choice as possible. Examples are choosing colours and fittings as well as seeing plans.
* Make enough time for the person to think about things and make decisions throughout the process.
* You can ask them how much detail they want, and what things they want to decide and what you should just get on with.
* Pay attention to details that matter to this person.
* Remember that it is harder for someone to make decisions or to concentrate when they are not feeling well. This can vary even day-to-day.
* Use photographs to show the person what the changes will look like and how the work is progressing.

Think about outside the house as well as inside.

* Better banisters at the front or back door can help the person get out again.
* Getting a non-slip surface on the path to the street can help the person feel confident they will not have a fall there.
* A hut or some other way of storing items can let the person – and other people such as deliveries – store items there or leave them until someone else is able to bring them in.
* Look at the place where the bins are kept. Can that get made safer and easier? Or is there a neighbour who will help the person put the bins out?

The families we talked to suggested tips that would make it easier for the person once they got back to their home.

* Take photographs before you start doing any work in the house. That way you can refer to them and arrange things in a similar way afterwards.
* Ask the person how they want things done. For example, they may prefer you to leave stuff out of cupboards and then help them put it where they want it over the next few days or even weeks.
* List what is in drawers and cupboards if any of that has changed.
* Put labels on any new equipment or fittings, so the person knows what they are for and how they work.
* Leave the instruction manuals in a really obvious place. And get a copy in larger print if the person will find this useful.
* Make sure several relatives or friends know how to work the new cooker, shower or whatever. That way you can all help the person if they, or someone like a care worker, is uncertain what to do.
* It helps to have photographs or a film clip of how the changes work – such as going from the bathroom to the bedroom, putting on the new shower, and so on.

*“Mum had been saying for a while that she felt the place needed freshened up, but being in a small flat makes it awkward to decorate. So while she was in hospital my brother got everywhere painted the way mum wanted it and all the furniture back.”*

*“The family brought me photos of the bathroom being done and wee film clips on their phones of them doing the painting and cleaning up. They were funny. It also made me feel that there was progress happening somewhere, and that was good on days when I wasn’t improving.”*

*“I know the family meant well, and the new kitchen is a lot safer, but I could find NOTHING when I got home. It was a real effort looking through cupboards and drawers every time, especially when I was still tired and not quite myself. My tip would be to talk to the person about how they want things and put labels on anything that is new. Remember that it is their house.”*

*“Our advice to other families is to also check out what will make the house work for someone who has dementia. There are things like lighting that is gentler with no bright and dull spots, or replacing the kitchen cabinet doors with clear plastic, that can help someone be independent and comfortable in their own home for longer. The Dementia Team will give you advice – it is worth asking them for their suggestions.”*

***Planning to move house***

Sometimes the best option is to move to a different house, or to live somewhere else.

*There are good suggestions in the other Moving Assistance Tips. These are the main points: - to be added*

If you are in a rented house, especially from a Housing Association or the Council, it is a good idea to talk to them about this early on. They may be able to suggest more options.

If you own your home you can still contact Falkirk Council for housing advice by contacting the local housing office.

**Around the time you come home – the first few days (and planning for it)**

***Planning for the first few days***

If you have been hurt or unwell, there may be practical things at home that will be difficult for you.

* Think about what you do each day – getting out of bed right through to going to bed at night. Is there anything where you feel you need some extra help for the first day or so?
* Think about what – or who – can help you with that.
* If you are not sure, ask the staff at the hospital. They may have suggestions on ways to make it easier.

Think about just the first few days. Often it all becomes easier after that.

These tips are also useful if you have gone to stay with someone else for a while after getting out of hospital, and you are now going back to your own house.

Remember that it is ok to feel anxious when you are going back home. Give yourself enough time and you will get more confident.

***You and the people around you***

Tell people that you are home – family, neighbours and friends. That way, they will be able to help you manage.

Tell people about the support you need.

It can be easier to spread tasks out between several people, if they each offer to help. For example, you can ask someone with a car to pick up a prescription and another person to make the tea.

Be realistic about what each person can do.

* Don’t let someone say they will help if you all know that they will not manage this, or not this much, however good their intentions.
* If you came home from hospital before, everyone might be assuming that the same arrangements will work this time. But it is best to check this for your family and friends, as their circumstances could have changed.
* Check out the timescales. Someone may be able to stay over or do lots of errands for the first few days but then has to get back to work, for example.
* Be clear about what you and the people around you can do when you are talking to staff at the hospital or in other teams.
* Everyone needs to remember that if someone is not able to help in some ways it does not mean that they do not care about the person who was in hospital.

Decide what you want to do about getting pets back.

* It might be easier for both you and your pet to wait a few days, until you are more confident and feeling up to coping with a pet who has missed you and now wants more attention.
* It is ok to ask friends to carry on helping after your pet is home with you. Examples are taking a dog for a walk, bending down to put out food and changing cat litter.

Some people find it helps to have someone with them the first time they do something that feels like a challenge. For example, you can ask a friend to just be in the house the first few times you have a shower or bath if you are worried about slipping.

Some people find it helps to have someone to stay for first few days. Or sometimes that is more about reassuring the other person if they are worried about you.

It can also help when someone else does the cooking for the first few days.

Think about getting out and about. You may want to have someone with you the first few times you go out, or get on a bus, or are driving the car.

***Your house***

Ask someone to go in before you get back to heat the house. If that is not possible, try to get one room warm and comfortable as quickly as you can when you get back home.

Even if it is summer, it is a good idea to get hot water.

Check that your home is safe for you now, such as lighting and trip hazards. There may be things that cause problems just now if you are less steady or find it awkward to do some things, even though they will be ok in the longer-term.

Ask for an OT (Occupational Therapy) assessment if you were not offered one and you think it would be helpful. An Occupational Therapist can give good advice on equipment and other ways to let you manage better at home.

***Your support***

The team at the hospital will have contacted services that provide care at home and supports such as day care. If you want to be sure about this, it is ok to ask the staff there when they contacted the community service and what they have arranged about the support starting.

Most people get help from the community nursing services if they need help with dressings or medications. You should be told what is happening, but it is ok to ask (again) and ask the person to write it down if you are not sure you remember it or want to be certain you know what has been arranged.

*“Make sure you are ok for the most important aspects of daily life: being warm, having food and something to drink, and knowing that you are safe.”*

*“Think about who will help you make a cup of tea and get food in.”*

*“Remember that it is normal to feel less confident, especially if you had a fall or became unwell when you were on your own. That will have been frightening. It is natural to feel anxious about going back to where it happened.”*

*“Think about what will help you feel more confident, such as having an alarm in case you fall, or knowing someone is coming in each day.”*

*“Talk about anything that worries you. That makes it easier to plan out what will prevent it happening.”*

*“I tripped and broke my wrist. The first few days back home were awful. I felt I couldn’t manage to do anything myself. Then we worked it out – a mix of my daughter helping out and some wee gadgets that let me do things with just one hand.”*

*“Get someone at the hospital to write down all the arrangements. My sister went to the hospital to bring Mum home. But between Mum being so relieved to be getting home and my sister worrying about the car park, neither of them really listened to what the nurse told them. When they told me and my brother we got even more muddled. I ended up spending ages on the phone trying to find the right person at the hospital to check what we were supposed to be doing.”*

*“It would be good if older people are given food parcels when they leave hospital, just to get you settled over the first day or two.”*

*“You need to get a letter that clearly says what you have been diagnosed with/what was wrong with them and how to care for whatever was wrong, such as how to care for a wound. This needs to be laid out clearly so you can refer back to this & show your relatives. If you don’t get this, ask at the hospital or ask your GP. It will make life easier for everyone.”*

*“Get a wall chart if you have several people involved in helping the person once they are home. And think about having a backup arrangement, just in case. My brother kept offering to do lots of things, but then his shifts were changed and he couldn’t do it. It was an effort to convince him that it was better for him to help with things round the house that could wait a few days.”*

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| ***Checking details**** *CVS and RVS support in first week or so*
* *Options when someone needs help to get a bed put up downstairs*
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**Once you are home and settled**

***You and the people around you***

You might feel a bit low around this time. The relief of getting home has passed and you are now realising that you are still poorly and not (yet) as well as you were before.

Remember it may take time to build up to your routine, or to find a new routine.

***Your house***

You might find that you need some new furniture, such as a chair that is higher and easier to get out of, or some kitchen equipment.

You can look again at arrangements that you needed when you came home from hospital and decide if you still need them.

You may find that there are other, bigger changes that will let you continue to be as independent and safe as possible, and that you want to make these now.

You may find that you need the heating on more if you are home more or are not moving about as much as before. If you are worried about the costs of heating you can talk to: *advice, and contacts in directory.*

Link to the other Tips

***Your support***

If you are getting support from the Reablement Team, this usually lasts for up to 6 weeks. If you are going to need any of the care beyond this, they will talk to you and your GP about how this will happen.

Remember that you can always go back to your GP or to the social work team if your circumstances change and you find you need a bit more support again.

Talk to family and friends who helped when you got home at first and ask what they can do now, or for longer.

* Expect that people will be able to less over time, as they have other commitments.
* Take account of the costs, such as when they are travelling a distance or buying items for you. Have a conversation about this and work out what is fair.

Think about what you will do when any family or other people who have been spending time with you for the first week or so have gone away. Suggestions from the people who helped with this booklet include:

* Make a conscious plan to move from them doing something for you, to doing it together, and then you doing it for them.
* Give your house and your day-to-day living a ‘MOT check’, so you both know that you will be ok.
* Remember that you have still contact by phone and talking to each other on the computer, even if the person is not physically there so much.

*“About a month after I came home I got my daughter to walk round the house with me. We went round every room and made a list of what worked for me now and what I wanted to change.”*

*“Before I was unwell I had a busy social life. After I was home from hospital I was still pretty tired and walking was still difficult. People were coming to the house, which was good of them, but I wanted out. So I asked someone to give me a lift up to the coffee group at the church. I go there each week now. It’s part of my new routine.”*

*“It took time to build up my confidence again and find new ways of doing things. At first I thought the people at the hospital were not realistic in what they said I would be able to do, but 6 months on what they predicted is about right.”*

**Contact**

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***Housing contact***

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***Other useful main contacts?***