



SOCIAL ASPECTS

FINANCIAL

If the Stroke-affected person is the main income earner in the family, a sudden loss of income exaggerates the anguish experienced. The Social Worker can assist by liaising with the employer for payment of sick leave, or commencement of sickness benefits if leave is exhausted. If a return to work is not possible the person is eligible for a Disability Support Pension. If the person is retired the Mature Age Allowance or Age Pension will continue as before. **Centrelink** will provide further information. A Stroke often serves as a reminder of the importance of keeping one's financial and legal affairs in order. The Social Worker has a most important role in this respect. Very occasionally, a Stroke may permanently impair decision-making abilities. This may be a serious problem, particularly when a person is in a position of responsibility or of influence or controls substantial assets. There are legal means for accepting responsibility for a person's financial affairs, but this requires careful and discrete deliberation between family, doctors and solicitors. Remember though, difficulty in expression does not necessarily mean that intellectual faculties are impaired.

ROLES

The Stroke-affected person's role in the family may change dramatically, particularly in the short term. When the person cannot fulfil a role, it may be taken over by the spouse or a family member. There may also be complex cultural issues pertaining to specific cultural backgrounds, which will need to be considered. These extra responsibilities may include managing the finances, looking after the garden, doing household chores and shopping. The person who has had a Stroke may welcome such a change of roles or it may cause depression and loss of self-esteem. Sympathetic discussion of these problems will lessen the impact. Occasionally, other family members are incapable of assuming the new responsibilities, either because of age, illness, inability to cope with increased stress, or lack of proximity, or simply lack of desire. It should be noted that some Stroke-affected people may have difficulty accepting outside assistance, particularly the elderly, and will stubbornly reject assistance of this nature, unless the matter is broached tactfully. Return of the Stroke-affected person to their family can be trialled, first for a day, then for a weekend etc. This provides opportunities to resolve difficulties, and for both the Stroke-affected person and their family to become confident that they will manage. Should the person or their family be unable

PLEASE TURN OVER



Social Aspects

to manage, then placement may be needed in special accommodation or a nursing home. These decisions must never be taken lightly, as this can be extremely traumatic for the Stroke-affected person.

SEXUAL RELATIONS

Many people affected by Stroke and their partners are afraid to resume sexual relations, fearing sex might provoke another Stroke. They are also embarrassed about discussing the matter with doctors. Sexual intercourse seldom causes Stroke, and by the time the person has returned home, any risk has passed. Stroke does not physically impair one's capability for sexual intercourse, but there may be a number of psychological problems inhibiting satisfactory resumption of relations. If this occurs, your social worker or general practitioner can refer you for appropriate help.

FAMILY STRESS

If the Stroke-affected person regains only partial independence, enormous stresses and strains can be placed on a partner, which may cause sleep disturbance, depression and anxiety. It is virtually impossible for one person to do all the tasks of both partners, so you should not be embarrassed about enlisting the help of a handyman, local service club and community support services. A Stroke-affected person can be very demanding, and it is often difficult to carry on with every day activities. However, it is most important for the family to maintain social contacts and outside interests.

RECURRING STROKE

Stroke-affected people and their families often worry about the likelihood of further Stroke and can be on tenterhooks all the time. Such anxiety is common and should be discussed with members of the Stroke Team. This often places enormous stress on the family due to the anxiety-related demands placed by the Stroke-affected person on the family, or reluctance of the family to allow the Stroke-affected person to return home and/or live independently.

CHILDREN

When Stroke occurs in the younger age groups special issues in relation to children may need to be addressed. These include a person's change in body image and change in the ability to interact as they did prior to the Stroke (care for, play, talk, express emotions) and this may need to be addressed with both children and the Stroke-affected person.