

# A carer's guide to stroke

Stroke Support Helpline: 0303 3033 100  
or email: [helpline@stroke.org.uk](mailto:helpline@stroke.org.uk)

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

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## Becoming a carer and looking after yourself

### What is a carer?

A carer is someone who provides regular, unpaid help and support to a partner, relative or friend who cannot manage without this support. There are many different ways of being a carer. 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. However, it's important to be recognised as a carer so that you can get the support you need.

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 care-giving 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 immediately after a stroke.

But recovery can continue for years and there is no set time limit. Some people may be left with effects like difficulty walking or communicating. See **page 11** 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.

Even if the person returns to a familiar place like their home, adjusting to any changes can take time for both the stroke survivor and those close to them.

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 being there for them, listening to them or offering reassurance if they have lost confidence.

### Helpful information

We offer a wide range of information to answer your questions and give you ideas for getting practical help with caring.

- Accommodation: [stroke.org.uk/accommodation](https://stroke.org.uk/accommodation)
- Equipment for independent living: [stroke.org.uk/equipment](https://stroke.org.uk/equipment)
- Financial support after a stroke: [stroke.org.uk/financial-support](https://stroke.org.uk/financial-support)
- Holidays after stroke: [stroke.org.uk/holidays](https://stroke.org.uk/holidays)
- Work: [stroke.org.uk/work](https://stroke.org.uk/work)

You can also call our Stroke Support Helpline to request printed copies of our information. See '**Other sources of help and information**' at the end of this guide for a list of organisations which support carers and stroke survivors.

## Becoming someone's main carer

If someone needs ongoing or extensive support after their stroke, you might become their main carer. This can feel like a big responsibility, as well as a sudden change in your relationship, so it's important to find out what support is available for you.

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 them, their 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 unpaid carers (often family members) or 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.

Some people can have 'Early Supported Discharge' (ESD). This 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.

For more information on discharge and leaving hospital, see [stroke.org.uk/caring](https://stroke.org.uk/caring)

### Can I choose how much care I give?

If you're in a situation where you could 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. You can 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.

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

You may live far away from the person who has had a stroke and you may already 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 carer and also have care needs?

It's not unusual for people to be carers 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 ask for a Carer's Assessment to help make sure you receive the support you need with your caring role. You can also ask for a Care Needs Assessment for the stroke survivor and/or yourself, if either of you need more support to cope with day-to-day living.

For more detailed information on the two assessments, see **page 7**.

### 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 your own needs change, or that you can't keep up with what's involved in caring. The needs of person you're caring for may also change. They may begin to need more help or professional care, for example, in sheltered accommodation or residential care.

Social services should review your needs from time to time to see whether they have changed, but you can ask for a review of a care plan at any time.

See our section on care assessments on **page 7** for more information.

### 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 charity Different Strokes has resources for children of all ages, to help them understand a family member's stroke at [differentstrokes.co.uk/what-we-do/family-support](https://differentstrokes.co.uk/what-we-do/family-support)

## 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 may see it as a natural thing to do. But caring can be challenging and it takes time and energy. Carers tell us they sometimes feel overwhelmed, exhausted or isolated.

A stroke can have a huge impact on the whole family. It's 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 and relationships might change. Time spent doing caring activities may reduce your time with other family members, or you may take on household tasks the person used to do. The stroke survivor may not be able to return to their usual routines, and it can take time for everyone, including children, to adjust to any changes in everyday life.

A stroke can affect the way someone behaves or they may have communication difficulties, so the person can seem different from the way they were before. You might feel a sense of loss or frustration 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.

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 many things at once, such as women going through the menopause while working and supporting children or older 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 and not bottle up your feelings.

Our Online Community is a forum where you can connect with thousands of people who understand stroke first-hand and share experiences. Visit [onlinecommunity.stroke.org.uk](https://onlinecommunity.stroke.org.uk)

If you have a question or need to talk, you can also call our Stroke Support Helpline. There may also be a local carers' centre who can offer you support.

**'Stroke doesn't just impact the survivor, it affects the entire family.'**

**Roisin, wife of stroke survivor**

## What to do about the emotional impact of caring

It's important to look after your general wellbeing. 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. See **page 7**.

If money matters are worrying you, we also have information about financial help which may be available at **[stroke.org.uk/financial-support](https://stroke.org.uk/financial-support)**

If you have family or friends, try letting them know you need support. It could be a cup of coffee or a video call. It can be hard to ask for help, but sometimes just knowing 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.

**'I have found friends and family to be an excellent source of support. Never be afraid to ask for help.'**

**Jeremy, husband of stroke survivor**

### 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, and 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](https://stroke.org.uk/sex-and-relationships)** for more information or call or email our Stroke Support Helpline.

## 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. Mental health charity Mind has information on supporting yourself while caring for someone at **[mind.org.uk/information-support/helping-someone-else](https://mind.org.uk/information-support/helping-someone-else)**

**'Without having breaks, you won't be able to look after your loved one. Making sure you have time for yourself is so important.'**

**Janine, wife of stroke survivor**



### Practical tips for self-care

**Register as a carer with your GP:** this can help you get some support, such as health check-ups, information about health and wellbeing, and referrals to other support services.

**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, an 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. The NHS website also 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 treatment.

**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 may recommend services like respite care to allow you to rest or have 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 spending time with the stroke survivor, so you can have a break.

### Meet others

Many people find that speaking to other carers is helpful. Visit [stroke.org.uk/support](https://www.stroke.org.uk/support) to look for support groups which meet online or in person. You can also call our Stroke Support Helpline to help you find a group.

The Stroke Association also offers weekly volunteer calls, where you can chat to a trained volunteer once a week for eight weeks. Visit [stroke.org.uk/weekly-volunteer-calls](https://www.stroke.org.uk/weekly-volunteer-calls) to sign up.

**'I belong to a carers' group which has been really good.'**  
**Soraya, wife of stroke survivor**

## 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 the person and you don't have to be a full-time carer. A carer's and a care needs assessment can be carried out together, if you both agree to this.

The assessment is carried out by your local council's adult social services department (or health trust in Northern Ireland). It's done by a professional such as a social worker or therapist. They will discuss 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. You may also discuss other aspects of your life, 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. Try to be honest about anything you find difficult. Visit [carersuk.org/help-and-advice](https://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 looks at the care needs of the person who has had a stroke. It's carried out by your local council's 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 may need with everyday tasks, such as dressing, using the toilet or seeing family and friends.

A care plan is agreed with the person being assessed. It could suggest things like having paid carers or meals delivered, or opportunities to socialise such as at a day centre. It might recommend the person needs some adaptations to their home, such as grab rails, or equipment like a walking frame.

### Paying for care

The council has a duty to meet the needs of someone needing care. You'll usually be expected to pay towards the cost of care. Your council will carry out a means test (financial assessment) to decide how much someone should pay. Their income and savings must be below a certain level to get council funding. Visit the Money Helper website at [moneyhelper.org.uk](https://moneyhelper.org.uk) for more details on how the means test works and what income is included.

In Scotland, however, personal care (such as help with bathing) and nursing care is free, if the person has been assessed as needing this care by their local council. Visit [carersuk.org/scotland](https://carersuk.org/scotland) for more information on personal and nursing care.

Some people with long-term, complex 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](https://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 professional 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. If the person is eligible for NHS continuing healthcare, the NHS should pay for their care. Visit [stroke.org.uk/stroke/support/moving-to-a-care-home-after-stroke](https://stroke.org.uk/stroke/support/moving-to-a-care-home-after-stroke) for more information.

### 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 care 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](https://independentage.org)) and Age UK ([ageuk.org.uk](https://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](https://ageuk.org.uk/services) 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. Go to [homecareassociation.org.uk](https://homecareassociation.org.uk) for more information.



## 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 opposite).
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.

### 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. The process can take some time and be costly, and you may need advice from a solicitor.

### 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 are available from accessible technology charity, AbilityNet. Visit [abilitynet.org.uk](http://abilitynet.org.uk) or call **0800 048 7642**.

There are some low-cost broadband offers and 'social tariffs' available for people who receive certain benefits.

See our accessible guide to all aspects of getting online, '**Getting online for people with aphasia**'. You can download or order a print copy at [stroke.org.uk/getting-online](http://stroke.org.uk/getting-online) or call the Stroke Support Helpline.

### Financial impact of caring

Caring for someone can affect your income if you need to take time off work. You might have higher costs for things like heating or home adaptations. If the stroke survivor was working and had to spend time off work, or can't go back to work, it can also affect household income. This can all be stressful, but financial help may be available to support you.

### Changing your work pattern

Sometimes carers reduce or change their own working hours to spend more time with the person they are supporting. If you are thinking about changing your work patterns, you have the right to request flexible working hours from your employer from the start of your employment (except in Northern Ireland, where you must have worked for your employer for 26 weeks.)

Flexible working has become more common in recent years. You could ask if it's possible to reduce your hours, change your start or end times, change which days you work, or work from home some or all of the time. Your employer must make a decision on your request within two months.

Visit the Carers UK website at [carersuk.org/help-and-advice/work-and-career](http://carersuk.org/help-and-advice/work-and-career) to help you think about your options and ways to manage the financial impact. We also have information for stroke survivors on returning to work at [stroke.org.uk/work](http://stroke.org.uk/work)

If you have to give up work, check what help you may be 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. You need to be providing at least 20 hours of support a week to be eligible.

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.

## 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, they receive certain benefits and your earnings are below a certain threshold, you may be eligible. You can check your eligibility and apply online at [gov.uk/carers-allowance](https://gov.uk/carers-allowance) or call **0800 731 0297**. In Scotland, the Carer Support Payment is replacing Carer's Allowance.

If you have a break from caring, such as if someone you care for goes into temporary residential care, or your earnings go above the threshold, you need to report a change in circumstances to the Carer's Allowance Unit. Visit [gov.uk/carers-allowance-report-change](https://gov.uk/carers-allowance-report-change) or call **0800 731 0297**.

### Benefits information

We have more detailed information about other types of benefits and financial help at [stroke.org.uk/financial-support](https://stroke.org.uk/financial-support) or call the Stroke Support Helpline to ask for a printed copy.

## Stroke and recovery: What you need to know

### Quick guide to the effects of stroke

Get more detailed information about the effects of stroke and how they are treated at [stroke.org.uk/effects-of-stroke](https://stroke.org.uk/effects-of-stroke)

#### Tip: many effects of a stroke may improve over time

Many problems may improve in the days and weeks following a stroke. The hospital stroke team will assess the person to see how they are affected, and they should have treatment and support to help them make the best recovery possible.

### Effects of stroke

The effects of stroke are different for everyone, but some effects may include:

#### 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 two-thirds 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 is concerning you or them.

### 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)

A stroke can affect the muscles in the mouth and throat, causing swallowing problems. This is known as dysphagia. Someone with dysphagia may need to have softer foods, thickened drinks 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. 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.

#### Dysarthria

A stroke can cause weakness in the muscles of the face, mouth and the vocal cords, 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 or forget information.

### 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/aphasia](https://stroke.org.uk/aphasia) for videos and more tips.

### 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.

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

### Driving

Stroke can affect someone's ability to drive safely. Motorbike and car drivers must stop driving for at least one calendar month after a stroke or transient ischaemic attack (TIA). There are different rules for bus and lorry drivers.

The stroke survivor should ask their doctor for advice on whether they can start driving again. Driving assessment centres can also give individual advice. See [stroke.org.uk/driving](https://stroke.org.uk/driving) for more information or call the Stroke Support Helpline on **0330 3033 100**.

## 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. Here are some tips.

- Ask the stroke survivor and their therapists how 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. The person 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

#### Stroke Support Helpline

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

Call us on **0303 3033 100**,  
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 Stroke Support Helpline to ask for printed copies of our guides.

## Other sources of help and information

### Useful organisations for carers

#### 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, benefits and work.

#### Carers Trust

Website: **carers.org**  
Tel: **0300 772 9600**  
Email: **info@carers.org**  
Information for carers. The website has a search tool for details of your nearest carers' centre.

#### 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: **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](http://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 information and advice for older people including about benefits and advice for carers.

### Beacon

Website: [beaconhc.co.uk](http://beaconhc.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](http://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](http://disabilityrightsuk.org)

Provides advice on topics including welfare rights, direct payments and accessing social care funding.

### Headway

Website: [headway.org.uk](http://headway.org.uk)

Tel: **0808 800 2244**

Email: [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

Supports people with acquired brain injury, as well as their families and carers, through a UK network of local groups and branches.

### Independent Age

Website: [independentage.org](http://independentage.org)

Tel: **0800 319 6789**

Email: [advice@independentage.org](mailto:advice@independentage.org)

Advice and information for older people, their relatives and carers, including on care needs assessments.

## Legal matters

### Court of Protection

Website: [gov.uk/court-of-protection](http://gov.uk/court-of-protection)

Tel: **0300 456 4600**

Information and applications for becoming a deputy (making decisions on behalf of someone else if they don't have mental capacity to give you power of attorney).

### Office of the Public Guardian (England and Wales)

Website: [gov.uk/government/organisations/office-of-the-public-guardian](http://gov.uk/government/organisations/office-of-the-public-guardian)

Tel: **0300 456 0300**

Email: [customerservices@publicguardian.gov.uk](mailto:customerservices@publicguardian.gov.uk)

Information and applications for power of attorney.

### Office of the Public Guardian (Scotland)

Website: [publicguardian-scotland.gov.uk](http://publicguardian-scotland.gov.uk)

Tel: **01324 678 300**

Email: [OPG@scotcourts.gov.uk](mailto:OPG@scotcourts.gov.uk)

Support for those who lack capacity or would like to plan for their future. Has information on power of attorney.

### Office of Care and Protection (Northern Ireland)

Website: [justice-ni.gov.uk/topics/courts-and-tribunals](http://justice-ni.gov.uk/topics/courts-and-tribunals)

Tel: **028 9076 3000**

Email: [OCP@courtsni.gov.uk](mailto: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](http://gov.uk/power-of-attorney)

Tel: **0300 456 0300**

Offers information on power of attorney.

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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.

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 [info@openstax.org](mailto:info@openstax.org)

## 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 Stroke Support 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.

You know more than most just how shocking and confusing having a stroke is. We're here to support you and your family find the strength and determination to get back to life.

Learn more about stroke support: [stroke.org.uk](https://stroke.org.uk)

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