



Case Study: **Margaret**

Margaret is a 90-year-old widow from Llanelli who lives in a terraced house half a mile from the town centre. She has three children who all live away, and an extended family who visit her frequently. She has no income other than her state pension and an attendance allowance. She owns her house but it has no central heating. The original sash windows have broken and can't be opened. They are draughty when the wind blows.

Margaret considers herself to be reasonably well, but her arthritis has limited her mobility in recent years, especially during the winter. She takes various medications four times a day with meals to help with her circulation, arthritis, and to help with sleep. She rarely eats more than two meals a day because she hasn't got the appetite, and can't afford, large and frequent meals.

She is looking forward to the summer because she feels that she has more energy when the sun shines. She enjoys nothing more than sitting in her front room with the sun beating down on her as she drinks her afternoon tea. She doesn't drink much these days, even during the summer, as it makes her go to the toilet more often – but she does enjoy a large gin if she gets a chance.



Case Study: **Simon**

Simon is 22-years-old and has Down's syndrome. He lived at home in Brecon with his family until the age of 18. He went to the local school and then to a college 20 miles from home. He liked it there but found the travel tiring. His parents were scared that he might miss the bus home. If he became lost due to his poor sense of direction, he would be reluctant to ask for directions. When he finished college and was offered further training in catering and an opportunity to live in supported housing with four of his college friends, they were all thrilled.

It all worked well for a year with Simon working part-time in a bakery. Due to the anti-social hours he had less opportunity to meet with his friends, especially after he moved to a new one bedroomed house on his own. Though excited, he was a little nervous about living on his own without direct support.

Simon's house is not on a bus route, and is at the edge of a housing estate where there have been recent complaints about anti-social behaviour. The property is fully furnished and has an en-suite bathroom, a level access shower and a modern dispersed alarm unit linked with smoke and heat detectors. It also has satellite TV and broadband. Simon has a panic pendant he can press if he has a problem, this is monitored by a 24-hour centre.



Case Study: **Carol**

Carol is 75-years-old and has had poorly managed Type 2 diabetes for over 30 years. She has struggled to change her lifestyle to manage the disease and continues to eat too many cakes, chocolates and biscuits without increasing her level of exercise. She has put on weight and blames her medication and declining eyesight (diabetic retinopathy), which affects her ability to read the labels on packages and impacts on her quality of life.

Last year Carol had to be rushed to hospital after collapsing on the street because her blood glucose levels, blood pressure and cholesterol level were dangerously high. She now takes a combination of oral medications for her diabetes and a number of other medications up to four times a day. She has been advised to test her blood glucose levels regularly.

Carol lives alone in her semi-detached home since she was widowed in 1976. She has had a number of unsuccessful relationships. She isn't clinically depressed perhaps because of her wide group of friends with whom she goes out every week for a meal or to other social events. They organise these events using an app on their smartphones. It is unlikely that Carol will change her lifestyle but she is willing to accept technology that will help her to help herself.



Case Study: **Tudor**

Five years ago Tudor had a terrible accident on his motorbike. He was thrown off the bike and his head collided with a wall. He was in a coma for three weeks. When he came round he was unable to speak or fully control his hands and legs. He underwent a long period of rehabilitation with painful physiotherapy, speech therapy and occupational therapy. After six months he returned home to his wife and young daughter, with pain medication and a number of ongoing issues.

His employer was unable to offer him his old job back. Tudor's wife claimed he was not the same man. One morning, he went to the shops to fetch a few groceries; at 5pm he was taken home by a police officer from a village five miles away, without the shopping. He would present his wife with a cup of tea with milk, sugar and water, but no sign of tea. When caring for his daughter whilst his wife went shopping, he forgot to make her food and went out for a walk, leaving his daughter home alone. Tudor started having nocturnal enuresis (bedwetting). After a terrible argument with his wife, he demonstrated anger that she had never seen before, and was forced to leave home. Now living on his own in a small flat, Tudor is supported by friends and care workers. Some technology could help him live more independently.