



Voluntary Help
in the
Care of the Elderly

H000:QHA
Kin

THE HOSPITAL CENTRE LIBRARY 24, NUTFORD PLACE LONDON W1H 6AN	
ACCESSION NO.	CLASS MARK
10352	H000:QHA
DATE OF RECEIPT	PRICE
21-2-72	Donated

VOLUNTARY HELP
IN THE CARE OF THE ELDERLY

"Voluntary work in hospitals is not the prerogative of any one section of the community, but appeals to all sorts of people regardless of age, sex, occupation or social position. . . Discipline in volunteers is not necessarily in direct proportion to age or social status. Hair and skirt length are no guide to reliability and efficiency either way"

Organisers of Voluntary Services in Hospitals
by Jan Rocha. King Edward's Hospital Fund,
1968. Obtainable from The Hospital Centre.
Price 57p

THC 71/198

April 1971

King's Fund Hospital Centre
24 Nufford Place
London W1H 6AN
tel: 01-262 2641

By David Boorer

Old people are often lonely. This can be true whether they live in the community or in an institution like a hospital or old people's home. The pace in both environments is often fast, geared to pressures that the old people themselves find it hard to understand. In both environments, professional staff frequently have too much to do; relatives and friends have their own lives to lead and there seem to be few people with the time merely to sit and listen; few people who are able to live, for a spell, at the slower pace that old people know and understand. It is this gift of time, above all others, that volunteers working with old people have to offer.

In order to understand the needs of old people it is essential to get the facts right. The majority of old people live happy, useful and active lives in the community right up to the time they die. A proportion, statistically small but numerically large, go into hospitals or homes. A further proportion live alone, lonely or isolated in the community. Many, many more are being cared for (and kept out of institutions) by devoted relatives, often at some cost in terms of personal sacrifice and strain.

The majority of old people, then, need little help beyond that which is already provided. Those in hospitals may need a great deal - over and above that which over-stressed doctors, nurses and other staff can give them. It is a sad fact that many of Britain's wards for old people are under-staffed, under-equipped and under-financed and that such situations mean, almost inevitably, that professional staff are frequently too busy to do more than the minimum for those in their care. They can ensure that the correct treatments are given, that patients are fed, that their beds are made, that they take their medicines, but they cannot, from sheer force of circumstances, sit and listen to their troubles, allow time for them to reminisce. They certainly cannot adjust the ward routine to allow for a more contemplative way of life. In such a situation an old person, although surrounded by people, can be cut off and very lonely.

Above all else volunteers have time - time to listen, time to talk, time to allow an old person to go at a familiar, more comfortable pace. In wards where volunteers are accepted and correctly used, this alone can do much to relieve staff of the psychological pressures created by the knowledge that they can only do so much. This gift of time enables them to concentrate, with a good heart, on the jobs that only professionals can do.

In an active, busy ward for old people, volunteers can become the old person's link with normality and with the outside world, and can do a great deal to maintain and develop an old person's capabilities.

Old people are not only lonely in hospitals. Homes for old people are also institutions run to a routine, and many are also short of staff. Even where the residents are not physically or mentally frail, communal life, the lack of privacy, the sense of shock which so often accompanies a loss of independence, the innate conservatism of many old people, can all lead to a withdrawal from life, to a tendency to sit in a familiar chair, to doze and do nothing.

For some old people this is enough. Others welcome outside stimulation, enjoy links with the outside world and cherish the knowledge that they are not alone and forgotten, not left on society's scrap heap. Volunteers are as important to life in a home for old people as they are in hospital and for very much the same reason.

But the loneliest old people are to be found outside hospitals and institutions. Many are living literally quite alone, steadfastly refusing admission to a home, cherishing their independence but living in a diminishing world whose boundaries grow smaller each day. For people like this the visits of the milkman, postman, district nurse, fleeting though these are, are cherished and eagerly awaited events. Other old people are not alone in the strict sense, being kept out of hospital by the devotion of sons or daughters. Some live with their families, some do not, but no-one should minimise the price that devoted relatives often pay in their attempts to look after their elderly relatives. But even in situations like these, old people can be lonely because, with all the goodwill in the world, younger people have their own lives to lead, their own commitments, their own pressures. They are not always able to spare all the time they would like.

Volunteers again have this time. Professional staff in the community, like their counterparts in hospitals and homes, have large case-loads and must carefully ration their time. Few district nurses, general practitioners, health visitors and social workers can afford to sit and chat at random; most have a particular job to do and must do it as quickly as they can. But volunteers, properly guided and led, can give time, can take a personal, unhurried interest, can gear their activities to the wider needs of the old and can maintain or begin to rebuild, those links with the outside world which increasing isolation and growing loneliness can so easily cut off.

Where relatives are concerned, the volunteers can act for them in much the same way as they act for hard-pressed staff in hospitals - volunteers can complement the relatives' own tasks, ease their burdens, enable them to concentrate on providing the fundamentals of care and by so doing can relieve them of a large measure of worry and a great degree of guilt. Hard-pressed relatives need the help of volunteers just as much as hard-pressed staff.

In almost every situation where old people live, the abilities of volunteers are needed. Of all these, the ability to spare time - time to listen, time to talk, time to develop activities and interests geared to an individual and not just to an institution or family - is the most important.

Society is developing so rapidly and appears so eager to place people into categories that it has tended to create groups of second-class and under-privileged citizens. Many old people fall into this category. Many are isolated - in institutions or in the community - simply because they are old and because they suffer the infirmities of body, mind and spirit associated with old age. Volunteers offer the best chance to help old people enjoy to the full the society in which they have lived for so long and in the shaping of which they have played such a part.

In the following pages, there are listed a variety of services that are being given by volunteers to the elderly in hospital and community.

Further details can be obtained from the Voluntary Service Information Officer at the Hospital Centre - it is realised that these lists are incomplete and the Voluntary Service Information Officer will be glad to have details of any other services that could be added to them

. . . .

Before introducing any form of voluntary help, there must obviously be the closest consultation and co-operation with doctors, nurses and others professionally concerned in the care of the patient, as well as with management and trade unions and with voluntary organisations already providing services.

. . . .

SERVICES IN GENERAL

- | | |
|--|--|
| arranging outings | laying tables |
| assisting with despatch of house journals | library trolley |
| bandage rolling | looking after drink-vending machines |
| befriending between people of the same nationality | looking after plants, arranging flowers, etc |
| canteen services of all kinds | making beds |
| changing cubicle curtains | peeling fruit and squeezing juice, etc, for the disabled |
| chatting to patients | playing chess, draughts, etc |
| collecting clothes | posting, reading and writing letters |
| cookery classes | providing a choir for religious services in wards or chapel |
| dealing with birds and fish tanks | providing entertainments such as film shows, concerts, music recitals, etc |
| distribution of menu cards | putting out clean paper towels |
| diversional therapy of all kinds | running errands |
| emergency typing | setting up books on page-turning machines |
| escorting patients to different wards or departments | sewing, mending, marking and altering clothes |
| escorting routine admissions | serving coffee |
| feeding and giving drinks to patients | shop trolley |
| filling water jugs | shopping for patients |
| giving manicures and pedicures | showing visitors round hospital |
| group discussion | taking messages |
| hairdressing | taking patients out for walks or on outings |
| helping in voluntary workers' office | taking patients without visitors to places outside wards |
| helping occupational therapists | telephone trolley |
| helping patients in and out of bed | tidying lockers |
| helping patients to undress and dress | washing patients' clothes |
| helping physiotherapists | wheeling out in wheelchairs |
| helping with research projects | |
| helping to bath patients | |
| interpreting | |

SERVICES IN DAY CENTRES AND DAY HOSPITALS

adult education classes
arranging cinema outings
arranging transport for shopping visits
bathing
chiropody
dancing classes
group discussions
hairdressing
handicraft instruction
helping in occupational therapy department
helping patients' families to understand patients' disabilities
helping patients practice daily living activities
helping in physiotherapy department
helping prevention of deterioration of patients discharged from hospital
helping workshop schemes in pre-discharge wards
indoor gardening
musical concerts
painting classes
providing library facilities
running a games room
showing patients simple and gentle exercises under supervision
teaching/preparing patients how to look after themselves when they return home
transporting patients to and from day hospitals

Many of the services that are listed in the previous pages will also be applicable in day centres and hospitals.



An illustration of voluntary help
in one Geriatric Hospital

"Being given a very free hand to introduce any acceptable voluntary services I could arrange at a 364-bed geriatric hospital where there was no voluntary helpers, I felt our priority should be to bring a better quality of life to patients, especially those on our younger disabled ward.

So, in addition to helping patients dress and undress, feeding them when necessary and reading and writing letters, other personal services were introduced by voluntary helpers, such as hairdressing, manicures and discreet make-up for those who wished for it. Many more wanted this (even the over-80's) than could be looked after by the two beauty therapist volunteers I had found. So the two of them gave demonstrations and instructed ward helpers how to give beauty therapy. Pride in appearance obviously grew in our patients, especially when compliments began to be paid! Some developed a passion for having silver nail-polish applied, especially one alert 85-year old.

Two pianists volunteered to come regularly to several wards, so pianos were obtained and twice-weekly sessions during visiting hours encouraged impromptu sing-songs from patients and visitors.

A very popular activity was started by volunteers on wards, by helping patients make their own Christmas cards, calendars and birthday cards - some original, some from old cards - and these were proudly sent to relatives. Collages have been made from odds and ends, everyone however disabled contributing a little to the finished picture which was displayed on the ward.

A night out at the films for wheelchair patients was started, with films hired from Rank's and ten men and women showing them, then serving cold supper. After wheeling all 60 patients back up to their wards in time for visitors, they return to do all the washing up and tidy the Day Hospital where the show is held. This fortnightly treat is enjoyed by everyone.

There was no canteen for visitors in the hospital but I felt a tea-room for the combined use of patients and those visiting them was needed. No cash outlay was involved, as, starting with a large room containing a wash-hand basin and borrowing crockery and furniture, I found two clubs to staff the room. One did five afternoons and the other, a church fellowship, the weekends. This proved a great success and when given £100 by Rotarians (husbands of our Inner Wheel Club ladies) we were able to have a geyser, sink and counters. If we had waited longer, these could have been bought from our profits as they amount to around £160 a year from tea at just 1½p a cup and biscuits. I obtain supplies at cost price from our catering officer.

Now we have a non-stop service for seven afternoons a week, including all Bank Holidays and Christmas, in a sunny room with a gay cafe atmosphere and soft music from a radiogram I was given, with tea on the lawn in summer. The patients really enjoy meeting their friends and often treating them to a cup of tea away from the wards. The clubs enjoy their work, creating a welcoming atmosphere to all coming in, as I had hoped they would - far more important than the cup of tea!

Students from a nearby boys' school now come every week on their afternoon off to take patients who have no visitors down to the tea room for tea parties round a large table, playing draughts and dominoes, or just talking. All on Christian-name terms, both boys and men and women enjoy their weekly get-together.

Gentle ball games on wards, with bean bag contests, are run by sixth-formers from a girls' school on some wards each week, at the request of the physiotherapist, and increase mental alertness and sociability in patients as well as helping them to move stiff limbs. Both the girls and the elderly really enjoy the fun and there is a lot of laughter at these times.

Cookery sessions for patients are run by two cheerful housewives twice a week in the Day Hospital kitchen, under the supervision of the occupational therapist, who assesses patients' abilities to cope at home if discharged. The happy atmosphere is most noticeable and the patients love handing round their cakes or pies for sampling.

Students have prepared houses and flats for discharged patients and escorted them home. Putting up clean curtains and airing beds, lighting fires and cleaning up are all jobs housewives and young people enjoy doing for the elderly and our volunteers usually leave a vase of flowers as a "Welcome Home" to the discharged elderly patient whom they have probably known in hospital, as ward volunteers.

I am at present trying to arrange a fashion show in the Day Hospital for mobile patients and hoping for the models to visit the wards (men's included - very good for them too!) for those confined to bed. Patients are most eager for this occasion, even the older ones. The annual fancy dress competition is also extremely popular, with volunteers helping patients - with their costumes.

The scope for voluntary service of all kinds, is boundless in a geriatric hospital, given a progressive outlook amongst the nursing and medical staff, and the response of hitherto apathetic patients can be really amazing and so rewarding to both organiser and helpers."

King's Fund



54001000097041



