

**Community
Service
Volunteers
in long stay hospitals**

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COMMUNITY SERVICE VOLUNTEERS IN LONG STAY HOSPITALS

These notes have been prepared with the co-operation of Community Service Volunteers (CSVs) in order to provide some guidance to both hospital staff and individual CSVs who are considering projects of this nature. Further details about the work of the CSVs and the necessary administration arrangements can be obtained from Community Service Volunteers

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GUIDELINES FOR COMMUNITY SERVICE VOLUNTEERS IN HOSPITALS

'Voluntary services are indispensable for maintaining links between the general community and hospital patients and staff. This is particularly important for patients who stay in hospital for years - as many mentally handicapped patients do - and for staff of isolated hospitals, many of whom live in the hospital grounds and can become isolated or inward-looking.

No hospital unit is too large or too small to need such help.'

'Better service for the mentally handicapped' HMSO 1971

Although Community Service Volunteers (CSVs) has been sending young people into hospitals, particularly hospitals for the mentally handicapped, for some years, the use of the full-time long-term volunteer may be foreign both to CSVs and hospitals. We have produced these guidelines both to give details about the sort of work which can be tackled by CSVs and to give some concrete information about the preparations necessary on all sides if the scheme is to be successful.

I CSVs MAY BE USED IN THE FOLLOWING WAYS

- a) to give concentrated individual attention within the ward setting to selected patients to help them reach limited objectives, eg, severely mentally handicapped children not attending school, psycho-geriatric patients.
- b) to work as a group or individually to take part and perhaps develop recreational activities in various wards and/or occupational, recreational therapy departments, ie, play therapy groups, running old people's clubs, musical, artistic or sporting activities.

- c) as a 'catalyst' involving the local community, either as an assistant to the voluntary help organiser (VHO) or on his own, living either in the hospital or the community.
- d) to help introduce patients to life outside the hospital by going with them to shops, the launderette, on the bus, etc.
- e) as paid staff, ie, as nursing assistants, play therapists, etc.

The aims and purposes of all involved need to be clearly defined to avoid confusion. It is suggested that these are as follows:

1 CSV ADMINISTRATION

- a) to involve young people in existing patterns of services for the mentally ill or handicapped, and to help them play a part in this rapidly developing field.
- b) to enable the volunteer to gain some understanding of the needs of the patients and the problems of the staff who care for such patients.
- c) to help hospitals to initiate certain schemes which would not be possible without this sort of extra help.
- d) to give the volunteer a learning experience which will have a long-term effect on his attitudes towards the ill and handicapped in hospitals and the community.
- e) to enable the long-term CSV to involve other local people, particularly young people, in part-time voluntary service at the hospital.

2 THE HOSPITAL ADMINISTRATION

- a) to enrich the quality of the patients' lives by involving members of the community in the life of the hospital and using their talents, new ideas and insight to the full.

- b) to achieve certain objectives which might not be possible without an injection of extra help.
- c) to attract staff with widely varied interests and backgrounds.

3 THE INDIVIDUAL CSV

- a) to make a positive contribution to the care of the mentally ill and mentally handicapped
- b) to gain experience of the problems of those who for various reasons are receiving long-term institutional care.

II INITIAL PREPARATION NECESSARY BY BOTH HOSPITALS AND CSV ADMINISTRATION

- a) the immediate purpose for which CSVs are to be used and the goals toward which they should aim during their stay must first be clearly defined.
- b) it must be established to whom the volunteer is directly responsible for carrying out his duties and who is to have overall management of the scheme.
- c) it must be decided who is to be responsible for briefing the staff of the wards or departments with whom the volunteers will be working.
- d) the individual hospital should give CSV headquarters details of the daily routine affecting the volunteers; to provide specific information about the work that is expected of them, and of living conditions and accommodation, etc.
- e) it must be decided whether or not all members of a group of CSVs are to arrive on the same day. There are certain administrative difficulties in arranging this, but CSV administration will do its best to overcome these.

- f) agreement should be reached on the information and preparation of CSVs before they start work and by whom it is to be presented. Consideration should also be given to the provision of support for the volunteers during their stay in hospital.

III SUPPORT OF STAFF AND VOLUNTEERS

Opportunities should be given for staff, CSVs and a member of CSV administration to meet together at regular intervals to discuss the progress being made. Sometimes these meetings are most appropriate at ward or department level, but at other times it may be necessary for the whole group to meet together. At these meetings progress towards the goals of the scheme can be discussed and if necessary changes in the methods of approach or of the goals can be made in the light of experience.



SUGGESTIONS FOR READING

This booklet is in no way intended to be exhaustive. It is hoped, however, that it will furnish the new volunteer with useful and interesting introductory information, and that it will enable a volunteer half-way through his project to see his role more clearly and to develop his ideas along specific lines.

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CARLSON, B W and GINGLOND, D R. Play activities for the retarded child. Abingdon Press, 1961. £2.50p. Contains lots of ideas which can be added to, modified, improved upon, etc, by a resourceful volunteer!

GOFFMAN, Erving. Asylums: essays on the social situation of mental patients and other inmates. London, Pelican, 1961. 336pp. £0.40p.

KING EDWARD'S HOSPITAL FUND FOR LONDON. Learning to live. London, 1971. 68pp. £0.25p. A Hospital Centre exhibition handbook on the mentally handicapped and their needs. Highly readable, with plenty of actual examples quoted. Also includes a valuable list of voluntary bodies working in this field.

HAYS, Peter. New horizons in psychiatry. London, Pelican, 1971. Read especially the introduction, ch 5 ("New Methods in Psychiatric Hospitals") and ch 6 ("The Future of Psychiatric Services"). Price £0.40p.

HEIMLER, Eugene. Mental illness and social work. London, Pelican, 1967. 160pp. £0.22½p.

NATIONAL SOCIETY FOR MENTALLY HANDICAPPED CHILDREN. The road to community care. £0.50p. Papers on provisions for the mentally handicapped presented at conferences in December, 1969. Read especially papers 5, 7 and 8. Available from NSMHC Bookshop, 86 Newman Street, London W1P 4AR.

SHOENBERG, Elizabeth, editor. A hospital looks at itself. Cassirer, 1972. 278pp. £2.50p. Members of a psychiatric hospital community write about themselves, their jobs, their feelings, etc - includes doctor, nurse, social worker, occupational therapist, voluntary worker, patient.

FINZI, Jean, KING, Chrystal and BOORER, David. editors. Volunteers in hospitals: a guide for organisers. London, King Edward's Hospital Fund for London, 1971. 64pp. £1.10p.

ROCHA, Jan. Organisers of voluntary services in hospitals. London, King Edward's Hospital Fund for London, 1968. 100pp. £0.57p.

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Further information about relevant publications may be obtained from the National Association for Mental Health, 39 Queen Anne Street, London W1M 0AJ; NSMHC, 86 Newman Street, London W1P 4AR; The Hospital Centre, 24 Nutford Place, London W1H 6AN or CSV, Toynbee Hall, 28 Commercial Street, London E1 6BR.

