IMPROVING CARE FOR THE ELDERLY

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Introduction

The purpose of this booklet is to illustrate some of the good ideas and practices that have already been introduced, or are being planned, in the provision of services for the elderly in hospital, community and the home.

This information has been collected in preparation for the exhibition and conferences that the Hospital Centre has planned for the second half of 1970 on the subject of geriatric services. For this purpose, the Centre early in 1970 circulated letters (reproduced in Appendices A & B) to every hospital and health service authority in the country, and to a large number of voluntary organisations, asking for details of their services for the elderly and of developments that could be considered to be innovations or experiments of special interest and that might usefully be adopted or adapted by other authorities. The response to this request was most encouraging, and it was therefore felt that it might be helpful to summarise a selection of the replies that were received and to make them available in booklet form to anyone interested in the care of the elderly.

In the following pages, these summaries - many of them direct quotations from the replies of the authorities concerned - have been classified under several headings. There are also included at the end notes prepared by a number of leading voluntary organisations describing the services they provide for the care of the elderly.

Most authorities already have a high standard of achievement in the provision of geriatric services, but in a country as populous as Britain there is bound to be some variation in the speed and range of development. Consequently, what may seem to be an old and well-tried solution in one part of the country may approach near-revolution in another. Some authorities may find little in this booklet that they did not know already; others may feel that good ideas of theirs should have been included. Others again may find in these pages information that might be helpful to them in developing their own services; if this should be the case, the booklet will have served its purpose.

If the booklet does prove useful, the Hospital Centre could consider producing a revised and improved version at a later date. Comments and suggestions about this will be welcomed, and for this purpose a questionnaire has been included at the end of the booklet. Meanwhile, the Centre would like to express its gratitude to all the health service authorities and voluntary organisations that helped to supply the information upon which this booklet is based.

M C Hardie
Director
The Hospital Centre

June, 1970

1 SCREENING AND ASSESSMENT

1.1 London Borough of Camden

The Borough has a corps of some 23 geriatric visitors, all of them nurses. They visit regularly the "vulnerable aged", who are considered to be all those aged over 75, together with those under 75 who are frail or otherwise vulnerable. Their needs are reported to general practitioners or social service agencies for action. The Borough has not yet got a register of all the over 65's, but it is not envisaged that this will be difficult to compile when age/sex registers become available in general practices. Attachment of geriatric visitors to general practices has started.

1.2 City of Edinburgh

It was decided in 1967 to screen all those patients over 75 years of age on the list of a group practice in the Edinburgh area. This was to be done by a district nurse working in the group practice. A state-enrolled nurse was assigned to the practice to relieve the district nurse of her routine nursing duties to conduct the survey. The aim was to assess the general well being of the really elderly in the practice, to spot any symptoms of early disease and to enable the patients to remain in their own houses and care for themselves with added support as required.

A total of 223 patients were visited by the nurse - not without difficulty, as many were reasonably active and were out when several calls were made. 114 were widowed and 84 lived alone. All but 13 of the old people kept themselves and their houses reasonably clean and tidy, and of those, only 10 had obviously lived in disorder for some time. 79 patients had restricted mobility and 18 were totally housebound. Only 12 patients could be classed as having no relatives and only four reported having no visitors at all, though even they had some social contact. 39 patients were visited routinely by the doctor and many of the others were seen by doctors during the survey period for reasons not connected with the survey.

It was felt that the success of the survey proved that a district nursing sister working in a group practice can, in addition to her normal nursing duties, assess and subsequently supervise elderly people in the same community. This practice now has a list of patients to be supervised in this manner, the frequency of visits to be varied according to each individual situation.

See: Health Bulletin (Scottish Home & Health Department) January 1970, p.9

1.3 Aberdeen County Council

Nurses or health visitors visiting the elderly or adult handicapped are provided with special cards on which to record these visits and a certain amount of basic data, ascertained at the initial visit. These cards yield useful information about the elderly population, e.g. their relative fitness and independence and the extent to which they are assisted by the local authority or other bodies. They are called "advisory record cards" and not only provide a rough assessment of the individual person's needs, but also can be used for simple but useful population studies. Cards can be recalled to the Health Department and copies made of any facts needed for research or analysis.

One such survey was made in 1968 of all record cards of persons aged 90 years and over. Local authority and private residential homes and hospitals gave details of other nonagenarians living on their premises. A total of 230 people was found, an increase on the 1961 census figure. This, as a proportion of a rural county area was found to be higher than the proportion for Aberdeen city. Less than one fifth were in hospital and slightly fewer in residential homes. Throughout the subgroups of rural nonagenarians the sex ratio remains approximately 1 male to 2.3 females.

See: Health Bulletin (Scottish Home & Health Department) October, 1968

1.4 County of Denbigh

A screening programme was carried out in 1965 in Colwyn Bay, where 29.1% of the population is of pensionable age, as compared to 15% in the country as a whole. It was initially confined to those living alone, i.e. about 17% of those of pensionable age living in the town. Names of those to be visited came in the first instance from voluntary organisations, but the list grew as these old people suggested others. The Borough medical officer of health visited the old people on the first occasion to assess the degree of isolation, disability and personal care in each case. Of the 500 people visited, half rarely went out, 15% were so isolated that they could be left ill for days without help being given and 43% were withdrawing from social life. Thirteen per cent were rehoused by the Council as a result of the survey, 4% admitted to social need and 7% were considered to be inadequately nourished.

As a follow-up to the survey, some of the old people were moved out of the vulnerable category by transfer to warden-controlled dwellings or to welfare homes, or by the provision of supportive services in their own homes. Others are visited regularly. A committee representing statutory and voluntary organisations now meets monthly to receive reports on the case loads of individual organisations, to coordinate services given by the health department and voluntary organisations and to report any changes of circumstances as they arise in respect of individual persons visited. In addition, a quarterly report on each aged person is submitted routinely. Therefore, through the committee, the register maintained by the health department is kept up to date.

At the present time, an attempt is made to arrange daily contact with a neighbour for those without regular social contact and to organise a regular visit from a representative of the committee for a gossip and information on help available and how to secure it. Approximately 50 voluntary helpers have attended a course of lectures initiated by the health department dealing with the use of the social services and elementary techniques of social case work.

See: The Medical Officer, 1 November, 1968, p.247

1.5 London Borough of Merton

The Health Department of the London Borough of Merton operates two clinics for the elderly (i.e. persons aged 55 or over), to which patients with the knowledge and consent of their general practitioners, may be referred for a thorough screening. Any findings at these clinics are conveyed in full to the patient's own general practitioner and no attempt is made to give any treatment or to prescribe any medicine or drugs. A medical officer and a geriatric health visitor are in attendance at these clinics and advice is given to the patients attending on adjustment to the process of growing old.

1.6 Hertfordshire County Council

In an attempt to devise methods of screening old people without making demands on scarce medical resources, and with a view to making the best use of limited residential accommodation, Hertfordshire County Council undertook a survey of some of the old people on its waiting lists for homes and in residential homes. The survey covered 206 volunteers of whom a quarter were on the waiting list, a quarter lived in one large, institutional type old people's home and the remainder were in smaller, mainly purpose-built homes.

The survey was conducted by a hospital doctor, a health visitor and a social worker, and covered sight, hearing, dental care, mobility and physical condition. A number of interesting points were discovered, e.g. there was a considerable amount of poor vision, but only 11 out of 65 in the worst category were registered as blind or partially sighted. Those that were registered in this category were all living in old people's homes. The results now form the basis of a screening process which can be carried out by social workers, nurses or technicians, with referral to a doctor as a follow-up.

1.7 Burgh of Motherwell and Wishaw

Following the attachment of local authority nurses to the town's general practitioner groups, the Burgh of Motherwell and Wishaw was in a position to extract the names of all elderly people on doctors' lists from Executive Council records. A comprehensive and systematic examination of all patients over 75 was then attempted by the health visitors. This was based on an interview lasting about 45 minutes and the completion of a lengthy examination record. Although this

was a slow process, the nurses found it to be the best method of eliciting information on medical and social abnormalities. The examination covered the following topics: degree of mobility and degree of support to give a mobility/support rating for future visits; general condition; cardio-vascular and respiratory system; genito-urinary system; gastro-intestinal system; locomotor system; hearing; vision; mental state and diet. The examination was in the form of questions demanding yes/no answers and concluded with a section for advice offered by the health visitor and medical and social referral, if any.

The medical officer of health reports that the section on diet has proved particularly useful and interesting and that most help was given under this heading. The sections on mobility and support, which provide indices to determine when the next visit should be made by a health visitor, are also useful. In the past, the nurse's decision on this was likely to be made on a very arbitrary basis. It is hoped that after completing a year of this examination the Burgh may be able to extend it to lower age groups.

1.8 County Borough of South Shields

The health and welfare department recently instituted a survey on certain old people's property in South Shields with a view to ascertaining the incidence, or probable incidence, of hypothermia. The survey resulted in the Council agreeing to install electric night store heaters in 40 homes. Some have already been provided as an experiment.

1.9 City and County of Bristol

Two preventive clinics for the elderly have been established in conjunction with group practices in Bristol. Patients are referred by their general practitioners at any age over 65 or selected at the month they reach 65 from the age/sex register. In the latter group, all those already receiving regular treatment are excluded; the remainder are visited by an old people's health visitor and are invited to a thorough screening examination. This appointment covers investigation, pulse, blood pressure, urine, etc; the patient's medical history; physical examination, including breast examination and cervical smear for the women, and an ECG. The findings are discussed with the patient and any further investigation or treatment arranged.

Initial results showed that in one clinic 83.7% of the patients aged 65 had two or more disabilities, and 81.6% of all the 161 patients seen had two or more disabilities. At the other clinic, the figures were 64.5% of all those aged 65 and 76.6% of all 156 patients seen. The patients at the former clinic were thought to resemble most closely the age and sex distribution of people over 65 in the city as a whole. Only 12 of the patients seen had a major occult disorder which if untreated could have been fatal, but many had two or three disabilities, each minor in itself, but which together constituted a major disablement. Both clinics saw a preponderance of women, many already widowed.

The disability curves show that in men mortality overtakes morbidity, but with women the number of disabilities gradually increases with age to reach a plateau before decreasing again. Early detection of those conditions which are already present at age 65 must in the long run help to avoid hospitalisation and reduce the demands made by the aged on the community as a whole.

See: British Medical Journal, 11 May, 1968, p.357

1.10 Department of Public Health, London School of Hygiene and Tropical Medicine

The Department of Public Health, London School of Hygiene, is organising a study to evaluate the screening tests which can be given by nurses to old people in their own homes. A random sample of about 300 people aged 70 or over on the list of a North London group practice are being visited at home by geriatric visitors. By means of questionnaires and simple tests the old people will be screened for disabilities associated with vision, hearing and communication, mobility and economic need. Subsequently the entire sample will attend a clinic for specialist examination of the systems under study. By comparing the results of these specialist examinations with the results obtained by the geriatric visitors, the validity of the screening procedures can be determined. Some months later, all those found to have a disability will be re-examined to find out if the disability has been alleviated.

1.11 County Borough of Brighton

Out of 30,000 aged in Brighton, 7,200 are known to the health department and are receiving a service of some kind. There is a geriatric department made up of a geriatric group adviser, two geriatric health visitors, four ancillary part-time staff including an SRN and SEN, a full-time geriatric clerk and three part-time ancillary staff to visit and give emergency care at the week-ends. All cases of pensionable age in need of services are notified to this section and placed on a register of the aged. Straightforward cases are visited by general health visitors attached to group practices or responsible for areas of the town; but should they become in need of more than general routine visiting they are referred back to the geriatric health visitors, who work in close co-operation with the hospital geriatricians. Visits by the geriatrician are preceded by visits from the health visitor to make an assessment and to arrange services. Her report allows priorities to be established, which are essential in an area where hospital beds and domiciliary services are strained to the limit.

The attachment to health visitors of ancillary part-time staff, who receive a short period of instruction and training in the visiting and care of the aged in the community, has been found invaluable. The staff work under the guidance of the health visitor following up and maintaining observation on cases who have been initially visited and assessed by the health visitor. One of the week-end staff, who is a retired nurse and midwife, is provided with a telephone and

ambulance transport is on call. The other two workers do five hours each, one on Sunday morning, using public transport. Between 15-30 urgent cases are covered in this way at weekends.

1.12 Essex County Council

At a time when economic circumstances were forcing Essex County Council to reduce its capital programme on homes for the elderly, the Welfare Committee decided to look for ways of extending its range of other services, both statutory and voluntary, which assisted old people to remain independent in their own homes for as long as possible. Pilot schemes were undertaken in six welfare areas with a view to establishing needs and priorities for services amongst old people and to creating a list of persons over 75 years of age who needed such services. The areas chosen were a cross section of urban and rural districts and areas with well developed and little developed voluntary services.

The enquiry was accompanied by considerable press publicity and began with a letter from the Executive Council to all people over 75 in the pilot areas, asking them to return a pre-paid card if they were interested in helping with the survey. Those participating were then visited by representatives of local voluntary organisations, asked to complete an initial questionnaire and placed on the welfare department lists. The survey was completed in March 1970 and a full report should be published in the summer. The Department of Health and Social Security are very interested in the scheme and have provided funds towards the cost of a research assistant to act as liaison officer for the project and to write the report.

1.13 London Borough of Redbridge

The London Borough of Redbridge hold geriatric advice clinics in two different parts of the Borough. These clinics originated two years ago with sessions at one of their purpose built clinics, the intention being to offer a full medical examination, to both men and women, as they attain the age of 65. The examinations are carried out by general practitioners whose practices are involved in the programme, though in many instances doctors who are willing for their patients to participate are unable, through pressure of work, to undertake the examinations. The names of persons, as they become 65, are supplied by the local Executive Council, and the invitation letter to the patient is signed by the patient's own doctor. It was felt that this personal touch would make the examination more acceptable - also that the patient would know that his own doctor supported the proposal. It is a matter of policy that doctors do not examine their own patients, as it was felt that familiarity might sometimes condition diagnosis, and objectivity be diminished.

The patient completes a 57-point questionnaire which is sent to him at home, and brings it with him to the clinic so the examining doctor may read it at the commencement of the interview. Four appointments are made in every two-hour session. The form of medical report is comprehensive and angled towards

identification of degenerative conditions. At the beginning of this programme no haematology was undertaken, but a year ago, when these facilities became available, clinics were started in a second area and a small battery of blood tests are now run. These tests include haemoglobin estimation, white cell count, and blood film, also blood sugar, urea and serum acid phosphatase when appropriate. Labstix paper reagent is used for urinary pH, protein, glucose, ketones and blood. Patients, on leaving the clinic are advised to have a chest x-ray at the local mass radiography unit. When the haematology reports are available, the completed examination form, which may include recommendations, is forwarded to the patient's own general practitioner.

Through a geriatric liaison committee, close links have been developed in Redbridge between general practitioners, hospital staff and the local authority health and welfare staff. Arising from these links a survey of the needs of the elderly was instituted. In conjunction with the GLC Research and Intelligence Unit, questionnaires were produced and from the list of people aged 65 and over kept by the local Executive Council a sample of 1,740 were visited by social welfare officers, health visitors and district nurses. The subjects covered were: mobility; holidays; loneliness/isolation; hearing and vision; finance; housing; heating; catering; shopping; housework - laundry. From this range of subjects it is hoped to:

a) identify and measure any unknown and unmet need for the social services in this population

b) describe the characteristics and extent of the incapacity, etc., of the whole sample population: those in receipt of services and those in need of them

c) investigate to what extent the various services which are available are known to the sample population and whether they know how to apply for the services.

1.14 West Sussex County Council

A weekly screening clinic is held at the Elm Grove Health Centre to provide a check-up for people of retiring age who have not been attending their own doctors. Information about the clinic is sent out to all new pensioners, but the response has been mainly from the health conscious rather than from those most in need of advice.

See: The Medical Officer, 1st November, 1968, p.200

1.15 Bedfordshire & Luton Executive Council

The health check can be used to define the healthy person; to recognise the change from health through ill health to chronic ill health and to identify those factors which can influence positive health. This can be done by a general practitioner if he has all the relevant data gleaned by different

authorities about the patients on his list. One general practitioner in the Bedfordshire and Luton Executive Council area looked at four groups of his patients, including all patients aged fifty and those over seventy, with a view to finding at-risk individuals. Patients were identified from the age/sex register. Cards were distributed by the health visitors to the over seventies and analysed by computer. This revealed the isolated and at risk patients who could then be looked at more closely by medical and social agencies. The general practitioner was thus enabled to anticipate health problems and to limit the later expenditure of frustration and effort.

See: Royal Society of Health Journal, Vol.88, No.5, September-October 1968, p.258

1.16 City & County of Newcastle upon Tyne

The hospital consultants in geriatrics and psychiatrics have been invited to sit on the Newcastle upon Tyne health and social services departmental committee and a senior medical officer in geriatrics has been appointed to assist staff making assessments of requests for social services. This includes particularly the proper use of residential accommodation and difficult problems in community care. Copies of reports made to general practitioners by hospital consultants in geriatrics are sent to the local authority officer, so that field staff making assessments for social service can do so in the light of medical diagnosis and management and without troubling the general practitioner for information. The medical officer makes domiciliary visits and sees patients in the acute wards of geriatric hospitals who are judged not fit enough to return to the community.

The medical officer makes allocations to residential homes and an effort is made to separate alert from confused residents and to place them in different homes. Close links are maintained with all general practitioners and they are invited to regular meetings with the hospital geriatricians, called by the medical officer of health.

1.17 London Borough of Islington

Although voluntary visiting schemes existed in the Borough, it was felt that these often overlapped, while other old people in need were completely unknown and ignorant of many services available to them. The welfare committee and the old people's welfare association therefore cooperated on a pilot survey scheme in one ward of the Borough to compile a register of the elderly and to ascertain the precise number who would benefit from a visiting service. Literature on the survey was delivered to every house, by boy scouts, one week prior to the anticipated visits of the volunteers. Many of the volunteers came from local church groups and were happy to help in a short-term survey, though they might have been wary of a long-term commitment. They were well briefed as to the elderly people already known to the statutory authorities and the services available. Nothing was

to be asked about financial or family circumstances. The teams were issued with authorisation cards. The visits took longer than expected because so many of the pensioners were glad of a friendly chat.

In all, 1,387 elderly people were interviewed, 412 were living alone and 142 asked for regular visits. The greater part of this regular visiting is undertaken by members of local churches. Some old people who at first declined visits, but were considered very lonely, have now been added to the list and have benefited from the contacts. Additional services have been provided, but lack of public transport severely restricts the pensioners' mobility, particularly to the day centre and health centre. The welfare department now has an "at risk" register in addition to the register of those to be visited. Regular meetings are held for the visitors.

1.18 Ipswich & East Suffolk HMC

The Geriatric Department of the Ipswich and East Suffolk Hospital Group comprises some 550 beds in six hospitals, serving a territory of almost 1,000 square miles. The Department's focal point is a new purpose-built 50-bedded assessment ward for men and women in a General Hospital. A high "turnover" is maintained and the waiting list is nominal except in the peak months of winter. The staffs of all the constituent parts of the Department work as a team, and medical responsibility at all stages and in all the hospitals rests with the two consultants.

1.19 City of Leicester

Geriatric advice clinics are held approximately monthly, as a pilot scheme. These are staffed by the geriatrician and a local authority medical officer, clinic and district nurse and held in one of the new health centres. Patients are referred by their general practitioners. They are seen once only and receive a full clinical examination including audiogram and haemoglobin estimate, and a social history is taken. The report is made directly to the general practitioner.

2 INFORMATION AND ADVISORY SERVICES

2.1 London Borough of Enfield

Health advice clinics are run by the London Borough of Enfield at four once-monthly sessions attended by one of the council's medical officers and a health visitor. Three of these clinics are held on council premises and one on the premises of an Old People's Welfare Committee. Referrals are received from general practitioners, health visitors and a variety of other sources. The aim of the clinics is to provide advice to retired persons or those about to retire on the preservation of good health; the achievement of a balanced diet; budgeting on a small income; exercise; living accommodation; the problems of loneliness; and the importance of recreational activities.

2.2 Monmouthshire County Council

Geriatric advice clinics were started in 1965 and have proved useful to both patients and general practitioners. They are run on comparable lines to the infant welfare clinics, all attendance being voluntary. There is also a pre-retirement council to guide employees approaching retirement and the council has participated in services carried out by the Monmouthshire Old People's Welfare Committee.

2.3 London Borough of Barnet

Information bulletins covering the services provided within the area of the London Borough of Barnet, both by the authority and by other agencies, are freely distributed. The bulletins include details of registered societies, old people's welfare committees and other organisations.

2.4 London Borough of Hillingdon

The London Borough of Hillingdon has four Old People's Associations covering many separate clubs and with a coordinating committee giving overall advice. These associations have undertaken to issue leaflets giving information about the various services available to elderly people when they reach retirement age. One publication of this type is the Hayes Pensioner which gives addresses and telephone numbers for services, advice bureaux, clubs, etc, for elderly people.

2.5 County Borough of Brighton

Health education in Brighton makes use of the local radio station, addresses to groups by the health visitors and the existence of a health education officer in the Borough health department. He meets the requests for literature, etc, made by those interested.

2.6 Harrogate and Ripon HMC

The Harrogate and Ripon Hospital Management Committee produce information leaflets for geriatric patients, and a separate one for patients' relatives, in large print because many of them suffer from failing eyesight.

2.7 London Borough of Bromley

In Bromley, the Joint Old People's Welfare Committee has organised a scheme to find employment opportunities for retired people, and has had a very good response in providing suitable jobs for those able to benefit.

2.8 Exeter and Mid-Devon HMC

Over the last two years, a week's refresher course for general practitioners has been organised by the director of the Post-graduate Medical Institute. It has included the equivalent of one whole day out of the five being allocated to geriatric talks and demonstrations in physical and psycho-physical problems in the elderly. It seems to be a well-appreciated section of the programme.

2.9 Executive Council for Middlesex

The Middlesex Executive Council issues to all medical practitioners and ophthalmic opticians a schedule of local facilities for blind and partly-sighted people, many of whom are also in the geriatric group.

2.10 Bedfordshire and Luton Executive Council

Bedford was one of the first towns in the country to have a pre-retirement educational course and this activity is now taken over by the Mander College of Further Education. They run two courses a year including day release from industry. The Pre-Retirement Association is also planning a bureau for employment of the elderly. A leaflet is to be issued giving information and a pilot scheme launched to discover methods of re-training.

There is a very flourishing Old People's Retirement Club which is different from the social clubs and sets out to interest elderly people in social work. They meet regularly and have lectures and are involved in various social and cultural activities. This particular organisation spontaneously grew out of a request from members who had attended the pre-retirement courses and kept the themselves together in the form of a club which has now grown to a membership of over 100.

2.11 Dartford HMC

The consultant geriatrician gives a lecture on "The maintenance of good health in old age" at pre-retirement courses run by the Kent Adult Education Department. He also lectures, together with the social worker and therapist, to old people's welfare committees, women's institutes, schools, etc.

2.12 City & County Borough of Bath

A pre-retirement course is planned by the technical college in Bath to run between Easter and Whitsun. It will cover financial planning, health, leisure time activities, occupations, living arrangements and allow time for panel and open discussion on all topics. The local education authority has accepted the principle that old age pensioners can join non-vocational classes without paying a fee and currently there are about 200 such persons enrolled in a variety of classes.

2.13 London Borough of Redbridge

A pre-retirement c ourse "Preparation for retirement" of three days duration is arranged periodically by the Chief Education Officer of the London Borough of Redbridge. One session of approximately 45 minutes, followed by 30 minutes of questions and discussion, is devoted to the medical aspects of retirement, and one of the principal medical officers from the health and welfare department speaks on this subject. Other matters dealt with during the course include pensions and supplementary grants; small investments; income tax; part-time and voluntary work; and housing and recreation.

2.14 Health Education Council

After a good deal of preliminary planning with the Pre-Retirement Association an experimental course was held by the Health Education Council in October, 1969, for doctors involved in pre-retirement education. Its aim was to develop a more effective approach by such doctors in their teaching methods and in the content of advice given to people in preparation for retirement. The Council, the Association and the Department of Education of the University of Leicester are now jointly concerned in preparing new courses based upon this experience.

See: The Health Education Council Interim Report, 1969, pp. 12-13

2.15 London Borough of Tower Hamlets

The Borough welfare department issues a booklet describing services available to elderly people living in the Borough. It is produced in the same shape as the National Insurance pension book and comes in an attractive plastic wallet with two pockets so that the information booklet and the pension book can be kept together.

2.16 London Borough of Sutton

A Keep-Well Clinic for the over sixties has been run by health visitors in the Borough since 1966. It meets weekly for a session which includes a drink served by voluntary workers; sale of welfare foods; a period for private conversation with the health visitor and public health nurse; a talk on some subject to do with positive health, using visual aids where possible; syndicate discussion on the talk where appropriate, or an exhibition of handiwork; and finally exercises to music. All attenders are given a comprehensive health check-up every three months and referrals are made to their own doctors wherever necessary. It is felt that the clinic is most valuable in keeping elderly people fit and, above all, interested and supported in the community for as long as possible.

See: Nursing Mirror, 20th February, 1969, p.235

2.17 County Borough of Wigan

A register is kept of aged people living alone in Wigan. The information includes particulars of relatives and friends with the frequency of visitation, the family doctor, nature of any disability, an indication of services provided and a resume of social conditions and financial circumstances. Welfare officers made visits to people living in their own homes and pre-paid postcards were left so that, in the event of their requiring any assistance, advice or welfare services the officer could be alerted and a further visit made. The elderly are too often bewildered by the complexity of the social services and simple matters become, to them, problems of considerable difficulty. The solution of these problems by the welfare officers is thought to make a difference to the contentment of the old persons concerned.

2.18 Thames Valley Association for Mental Health

This local association has prepared a list of local statutory and voluntary organisations concerned with mental health care for all age-groups.

2.19 London Borough of Islington

Geriatric preventive clinics are run in the Borough under the title "Health Advisory Circles for Old People". Applications are received direct from pensioners or by referral from general practitioners, geriatric visitors, etc. Before the appointment, any relevant medical history is submitted by the general practitioner. The patient is interviewed and medical and social history forms are completed. Chest x-rays and chiropody are available in addition to the medical examination. Health education sessions have now been set up alongside the clinics and these are better attended than the clinics. Some 40-50 people on average come along for a chat, a cup of tea and a talk or film. It is expected that further clinics will open in conjunction with group practices in the Borough.

2.20 Sheffield & District Association for Mental Health

In February, 1969, this local association inaugurated a project to establish a telephone information service providing easily available details on the statutory and voluntary mental health facilities and all other social services for people of all ages. Material is constantly being collected and a telephone has been installed in the home of a professional social worker who has given up other full-time occupation and answers all enquiries.

3 PSYCHOGERIATRIC SERVICES

3.1 Leicester Area

The psychogeriatric assessment unit at Carlton Hayes Hospital aims to avoid the institutionalisation of the type of patient formerly sent to a psychiatric hospital because no other bed was available and then sent to the long-stay wards without proper assessment and investigation. The geriatric department at this psychiatric hospital functions as a separate entity and admits patients direct. The operation of an assessment unit within the department has steadily reduced the number of beds needed within the whole department. Many patients are found to be only temporarily confused and suitable for discharge to geriatric hospitals, Part III accommodation or their homes. They do not need special psychiatric care.

See: British Hospital Journal & Social Service Review, February 7, 1969, p.248

3.2 London Borough of Haringey

The London Borough of Haringey provides a day centre for 12 psychogeriatric patients. The British Red Cross provides ambulance transport to Woodside House on four days of the week. The programme includes occupational therapy and a hot midday meal. The patients enjoy company and friendship. Many are maintained in the community who would otherwise have to go into hospital because their families are unable to take the strain of having them at home all day and every day. It is hoped that the Borough will be able to extend this scheme in the not too far distant future.

3.3 Southampton Group HMC

The psychogeriatric assessment unit at Moorgreen Hospital places its patients under the joint care of the geriatric and psychiatric consultants. It is located at a geriatric, rather than a psychiatric, hospital as this is sited nearer the city. After thorough medical investigation and a period of treatment, mainly environmental support, patients are discharged back to their homes, with social support and the assurance of readmission if necessary; or sent to the acute or medium stay wards of the geriatric hospital or to long-term psychiatric beds in the parent geriatric hospital. While in the unit, most patients are up and dressed throughout the day and take part in continuous occupational therapy and physiotherapy where necessary. The quality of staffing is considered to be most important, as disturbed people react quickly to their environment. They respond to staff attitudes, either favourably by becoming relaxed and interested, or unfavourably by showing aggressive or negativistic attitudes.

The success of this unit is felt to depend on three factors: its standard of medical investigation; its nursing management; and its ability to transfer or discharge patients when its task has been completed or the maximum advantage has been obtained for each patient. In other words, a psychogeriatric unit has to be a therapeutic community in which all the members of its staff function as a team.

See: British Hospital Journal & Social Service Review, January 17, 1969, p.108

3.4 London Borough of Tower Hamlets

The London Borough of Tower Hamlets runs a day centre for psychiatric patients on three days a week. Transport and lunch are provided. A social worker attends the centre and the programme includes occupational therapy. A coordination council provides five social workers for referrals from a mental hospital in the Borough and day-to-day liaison exists with the Psychiatric Rehabilitation Association which operates a hostel and day centre in the Borough with local authority support.

3.5 County Borough of Blackpool

A short-stay hostel for mentally disturbed elderly patients was opened in Blackpool in 1965. There is a day centre attached for patients of the same type. The clinical supervision is a joint responsibility of the consultant psychiatrist, the general practitioner and the mental welfare officers of the local health authority, and this has so far worked extremely well.

3.6 St Helena Group HMC

A boarding-out scheme for psychogeriatric patients has been in operation at Severalls Hospital since 1963. Some patients who have been successfully boarded out had been inpatients for as long as forty years. Accommodation is obtained by advertising in local papers. Applicants are visited and, if suitable, a meeting is arranged with a patient matched for social background, interests and religion. If this is satisfactory a holiday is arranged for the patient at the home. This guards against a feeling of rejection if the patient proves unacceptable. At the end of the holiday, the patient is discharged if this is acceptable to both parties. A careful follow-up is maintained by a social worker and the home is offered the security of knowing that someone is available if there are difficulties, and the assurance of taking the patient back into hospital if the situation gets out of hand.

The majority of patients are financed by the Supplementary Benefits Commission, which pays a fixed rate for their accommodation and makes a pocket-money allowance as well. The low rate for board and lodging ensures that people with the profit motive uppermost are discouraged. A group spirit has developed amongst the hostesses who are invited to the monthly relatives' conference held in the unit. Some of the hostesses play a very active part in the group discussions

at these meetings and are able to offer advice and support to families who are caring for their own elderly relatives who attend the day hospital.

See: Lancet, September 18, 1965, p.583

3.7 Dartford HMC

A joint clinic is held fortnightly, when the consultant geriatrician and a consultant psychiatrist see patients together. Most of those treated are within the geriatric department and it is found that nearly all cases of depression can be dealt with on a day-patient basis. A limited number of dements can also be treated as day-patients and their admission as in-patients delayed for sometimes as long as two years.

3.8 London Borough of Hounslow

A psychogeriatric centre was opened by the London Borough of Hounslow in 1968. Its functions and purpose are: to relieve relatives of the anxieties of constant supervision, so that the old person's confusion or loss of memory does not lead to domestic accident; to ensure patients have an adequate meal a day; to provide those living alone with companionship and to give patients appropriate and adequate medication. Within six months of opening it was clear that the demand for places was such that it was necessary to increase the number of places in the centre from 30 to 40 within the first year, and even so some cases can only be accepted part-time. Old people are collected and returned to their home daily by specially designed minibus. Whilst at the centre they are given light occupational and recreational therapy, they receive a cooked meal midday and are seen by a psychiatrist every two or three weeks. There is liaison with the patient's general practitioner and any medication is prescribed with his knowledge and cooperation.

3.9 Northamptonshire County Council

An experimental domiciliary psychiatric nursing scheme is under way at Kettering in association with one group of general practitioners. This involves nursing staff from the psychiatric hospital nursing staff cooperating with local health authority social workers and district nurses in caring for psychiatric patients being maintained in the community. The group of general practitioners were anxious to participate in this experiment, which began in 1969, because of the high percentage of aged patients on their practice list. The results are currently being evaluated by the regional hospital board.

3.10 County Borough of Northampton

Northampton has a joint social work scheme for psychogeriatric patients.

Mental welfare officers employed by the local authority work in conjunction with clinical teams operating from St Crispin's Hospital. The county is divided into three areas, which are the catchment areas for the clinical teams. Each area also has a social work team headed by an area mental health social worker and includes hospital and local authority social workers. There is, therefore, no division between community and hospital social work. The mental health social workers visit patients in their own homes, attend hospital outpatient clinics with the psychiatrists and run clubs for the patients and their families. Much of the work involves assessment of whether a patient would be helped by hospital admission. Careful assessment and preparation reduces the need for admissions under an order under the Mental Health Act. There is considerable pressure for psychiatric hospital admissions for the elderly, and the social worker can reduce this by arranging a one-month-in and one-month-out arrangement, which allows one hospital bed to help two patients and their families. The social worker retains close contact with these families to answer queries and to suggest facilities that might be helpful while the old person is in the community.

The consultant geriatrician wishes to extend this joint social work scheme to the geriatric hospitals and discussions about this are in progress. In evaluating the benefits likely to accrue from such a venture, emphasis has to be placed on the need to ensure that neither the local authority nor the hospital service is depreciated by a shortage of qualified staff.

3.11 Glamorgan County Council

Glamorgan County Council runs a hostel for 37 psychogeriatric patients in purpose-built accommodation near Bridgend. Medical care is provided by a local general practitioner with psychiatric hospital experience, and specialised assessments by referral to consultants at the local general hospital. Nearly half the patients in 1967 were aged 76-85 and a further seven were older than this. Only three were still married, and a majority had been referred from welfare hostel or psychiatric hospital accommodation. This was probably a reflection of the initial need to pass on patients whose nursing needs exceeded ordinary hostel facilities. There were then 34 on the waiting list; enough to fill another hostel. All necessary investigations are conducted prior to admission and routine assessment at a psychogeriatric unit could best fill that need. The aim is to preserve the residents at their best levels of adjustment in the face of what are generally deteriorating processes and unless criteria for admission are altered, the hostel is unlikely to be able to take on a more positive rehabilitatory role.

See: Gerontologia Clinica, Vol 10, 1968, p.81

3.12 County Council of West Riding of Yorks

The Doncaster Hospital Management Committee, in consultation with the County Council and the Doncaster Corporation, are to make arrangements to open a

psychogeriatric ward with fifteen beds. This will be an assessment ward to sort out, treat and dispose of elderly patients admitted with mixed features of physical and mental illness and social breakdown. So far as the future care of the patients is concerned, it is the County Council's intention to establish a psychogeriatric hostel and day centre in South Yorkshire under Section 12 of the Health Services and Public Health Act, 1968.

3.13 St Lawrence's HMC

One of the most successful projects undertaken at St Lawrence's Hospital, Bodmin, has been the redesignation of one of the old type wards to cater for 45 female psychogeriatric patients. This was achieved without any major structural alterations, although new equipment and furniture were obtained. A male charge nurse was appointed in this formerly all female area and flexible working hours were allowed for the staff. This has enabled the work force to be built up to a reasonable number in spite of recruiting difficulties. Day-to-day medical care is provided by a general practitioner who visits the ward on three days per week. For the remainder of the time, medical cover is provided by the hospital duty doctor who visits the ward on request. The aim of nursing on this ward is to prevent unhappiness and suffering, to establish and maintain communications and to slow down the dementing process as far as possible. To encourage visiting by relatives and friends, a virtual 'open house' policy has been adopted. Patients are encouraged to attend concerts, dances and parties whenever they are fit to do so.

3.14 Exeter and Mid-Devon HMC

There is a psychogeriatric unit at Exminster, the important feature of which is a joint clinical assessment of all the patients both by psychiatrists and by consultant geriatricians. This is at present serving a useful purpose in accepting patients with various forms of dementia who have a combination of physical and mental disease.

Each month, representatives of the City and County health, welfare and district nursing services, as well as the mental health officers, are invited to attend a meeting at which elderly patients with particular social, physical or mental problems are discussed and the various avenues of approach are considered. These meetings clear away a great deal of misunderstanding between the departments. They are always well attended and lively discussion of different problems and principles takes place.

3.15 St Helena Group HMC

The psychogeriatric domiciliary emergency service at Severalls Hospital, Colchester was introduced in 1964 to reduce the number of unplanned admissions, particularly at weekends when community services were unavailable

and junior medical staff were on duty at the hospital. Previously these patients, once admitted, were often very difficult to replace in the community. Now the majority of patients can be dealt with in the community by a team consisting of a doctor, one or two nurses and a social worker. They carry equipment and supplies to deal with both clinical and social problems, and are willing to do whatever is necessary, regardless of its nature. The equipment includes medical and surgical supplies, cleaning material, food, fuel and tools for doing simple jobs. An ambulance is used as transport in case admission is necessary. One of the nurses is available to act as night sister if required. Often a full team is not necessary, and one or two members can make the call using their own transport.

The service works because team members are willing to do any job that may be necessary to maintain a patient in the community. It has to be part of a mosaic of service which includes a month-in-month-out admission policy, psychogeriatric day hospital care and an integrated service with the local authority. Results suggest that it has played a part in reducing inpatient services and has helped the day hospital to succeed.

See: British Journal of Psychiatry, January 1968, p.107

3.16 Holland (Lincs) County Council

A purpose-built home for the aged mentally infirm has been provided in Spalding by Holland (Lincs) County Council. It has 40 beds and a nucleus of its nursing staff have been trained in mental disorder. It has been successful in easing the problems of psychiatric hospitals and old people's homes and in avoiding undue hospital stays.

3.17 Cornwall County Council

A new psychogeriatric unit was opened in 1968 at Barncoose Hospital, Redruth, in very close association with an assessment unit and a geriatric day hospital. It has proved so successful that a second home is now planned along similar lines. The Council and West Cornwall Hospital Management Committee thus provide a comprehensive psychogeriatric service in West Cornwall. The aim is the investigation and treatment of both the physical and psychiatric aspects of the patient's infirmity and the resettlement of the individual in the community, or in the environment which is most appropriate to his needs and condition. Even those patients who have to be taken into long-stay accommodation are now nearer the centres of population and their home community than they could have been when admitted into the old psychiatric hospitals. At the time, the unit at Barncoose Hospital was the fourth of such units to be opened. The first new unit of this type was Sherwood Hospital (Nottingham No.2 HMC), and the other two new units were the Hallet Clinic at Exe Vale Hospital (Exe Vale HMC) and the unit at Newcastle General Hospital (Newcastle upon Tyne HMC).

See: British Hospital Journal & Social Service Review, 26 July, 1968
Nursing Mirror, 30 August, 1968, p.10

3.18 Nottingham No.2 and No.3 HMC

The establishment of a joint assessment and early-treatment unit at St Francis Hospital, Nottingham, has enabled sick people to be admitted for a period of up to one month so that correct diagnoses can be made, resulting in their admission either to part III accommodation, sick wards belonging to Nottingham No.3 HMC, or the psychogeriatric wards at St Francis Hospital.

The unit caters for a population of about 310,000, of whom 12% are over 65 years of age, the geriatric bed population ratio is 0.7 and the psychogeriatric 0.67 per 1,000 head of population. The unit consists of a 12-bedded female and an 8-bedded male ward separated by a day room. It is run jointly by the geriatrician, the psychogeriatrician and the local authority welfare services.

See: Gerontologia Clinica, Vol.10, 1968, pp.65-73

3.19 London Borough of Redbridge

The planning of a psychogeriatric day centre is in progress in Redbridge. Provision of ordinary day centres for the more alert and able-bodied elderly is already included in the Borough's programme, but it is intended that this new psychogeriatric centre should be shared, calling for cooperation between local authority and hospital authorities to provide a "Care Centre" or "Preventive Unit" for the psychogeriatric group within the community.

The centre is being planned to provide general and medical care of the elderly mentally infirm; to receive them daily from their homes and give them a fresh interest in life; to alleviate the stresses and anxieties of the relatives of the elderly and to advise them where necessary; to provide occupational therapy and diversional activities; to provide companionship and to assist when any social problems arise.

3.20 Ilford & District HMC

In January 1969 a consultant psychiatrist (who is also senior lecturer in social medicine at a neighbouring medical school) was appointed to set up a psychiatric service for old people in the catchment area of Goodmayes Hospital (some 45,000 old people) and to take over the care of the majority of old people in the hospital. The service has developed rapidly, aiming to be completely available to family doctors, social workers, patients and relatives and to be completely flexible in the type of help offered. All patients are first assessed at home, and close links have been established with local authority mental health and welfare departments and with the consultant geriatrician to the Group: individual community social workers are attached to the unit and are in and out of the hospital even as the medical staff of the unit are in and out of the community. Increasingly, there is a coming and going of patients between local authority welfare homes and the hospital, according to their changing needs.

Starting with one registrar the unit now has three junior doctors all of a degree of ability and training which is uncommon in this neglected field: two of them are married women working part-time, and a fourth will soon be joining the staff. All the doctors are training as psychiatrists, and they also staff the general psychiatric service for which the consultant is responsible: however, their training, in which epidemiological and "medical care" aspects are as prominent as clinical skills, is firmly based on the service for old people. Thus a lively group of young doctors is working and training in a field which all too infrequently attracts such staff. The Regional Hospital Board's helpfulness in facilitating the employment of married women has, of course, been indispensable.

The first year's figures suggest that the service is beginning to function well: discharges of old people went up by 75% on the previous year, whilst deaths declined by 25%. Despite the fall in deaths and despite an increase of 22% in admissions some 40 beds were emptied by the end of the year. As a result the waiting list for admission is abolished. Mean length of stay of patients admitted and discharged during the year was just over five weeks. Despite the fact that most referrals are presented as potential admissions, well over half the patients referred were not admitted to hospital. An encouraging feature has been the fact that family doctors are increasingly presenting patients as problems of management, rather than crises needing admission.

4 DAY CARE AND REHABILITATION

4.1 County Borough of Rochdale

A new day centre for the elderly and handicapped is to be opened in Rochdale in August, 1970. It is hoped that it will function as the nerve centre for many of the Borough's welfare services. There will be chiropody, hairdressing and bathing facilities. The centre will be used by all voluntary bodies for meetings and any particular events they may have, and its kitchen will augment the existing meals on wheels service run by the WRVS. There will be a large variety of handicraft instruction and a separate workshop scheme where the elderly can earn a little money to add to their pensions. Social activities will centre round a games room, snack bar, etc, and it is hoped that the centre will be open on six days a week from 9.00 a m to 10.00 p m.

4.2 London Borough of Barnet

The Council operates a rehabilitation centre established two years ago, and this is proving to be a most successful venture in all its spheres of operation. It caters for elderly people suffering from after effects of vascular accidents and other disabilities including blindness, and also for younger people with disabilities of a general nature.

4.3 Fulbourn and Ida Darwin HMC

Of the 300 people in the geriatric department, over 100 go daily to a day centre where a programme of work and entertainment is organised for them. One afternoon in each week is taken up with a visit to the cinema and during the summer some of the patients go on outings. They do industrial work which falls into two main categories: assembling sterile packs and dressings for the central sterile supply department at Addenbrooke's Hospital, Cambridge, and packaging rawlplugs. The work is light and requires little physical strength, but the actions necessary help to keep old people's hands and arms active. The patient who attend this day centre or workshop earn by their efforts about £100 per month and this is paid into a central fund which is used for the whole geriatric unit and enables geriatric patients to have regular outings. During the last year, two colour television sets have been purchased from this fund.

4.4 County Council of West Riding of Yorks

In order to encourage the development and maintenance of old people's clubs, the County Council provides assistance, either by the provision of furniture and equipment on loan, or by making cash grants towards the cost of rent, heating, etc. There are some 470 old persons' clubs known to the County Council with a

total membership of approximately 51,000 and during the financial year 1968/9 assistance totalling £3,242 was granted.

4.5 East London Group HMC

A jointly-sponsored geriatric social club and day hospital is held at St Matthew's Hospital, N 1. It caters for old people from the neighbourhood, housebound people brought by local authority transport and hospital inpatients. A day hospital, making use of the club facilities is also held twice weekly. The first two categories of patients, 20 from the immediate neighbourhood and 10 brought by transport, are not under medical supervision and pay a subsidised charge for their lunches. All members can take part in social activities, adult education classes in painting and dancing, paid piece work from HMSO, occupational therapy and visits from the local library and hospital trolley shop. The only trained person appointed for this scheme was the club organiser. She has the help of an orderly. Hospital therapists only visit the club for day hospital sessions.

See: Letter to the Editor, Lancet, April 29, 1967, p.959

4.6 London Borough of Greenwich

Greenwich was one of the first councils in the country to establish a combined centre where the physically handicapped, mentally ill and the elderly can be given diversional therapy, modest occupation and rehabilitation as well as normal social day centre or club activities. Although a certain amount of segregation is necessary, it is surprising how well these somewhat disparate groups have mingled.

4.7 Sunderland Area HMC

It was felt at Sunderland General Hospital that many of the patients attending the geriatric day hospital would benefit equally from attending a day club, but no such day club was available. So a random sample of 100 patients was taken from the 260 then attending the day hospital and with the aid of case notes, interviews, etc, the following facts were recorded: age; sex; duration and frequency of day hospital attendance; mode of transport; main occupational or diversional therapy; mobility; mental capability; reasons for selection for the day hospital and progress to date.

A number of problems came to light. Firstly a shortage of transport: a majority of the patients had limited mobility and had to use hospital transport. The minibus had to make several journeys and was delayed by traffic and by each stop to pick up a patient, so that many patients complained that the day was unduly long. Secondly, many patients attending day hospital reach a point of maximal improvement but remain dependent on supervision at the day hospital to prevent deterioration, or they become emotionally dependent on the day hospital so that they cannot be discharged. Altogether 48% of patients were receiving benefit from the day hospital which they would not get elsewhere, whilst it was considered that 52% might be more effectively managed elsewhere. It was felt that

an expansion of existing services by providing a day centre for the frail over-60's, a workshop for the elderly and a day ward within the geriatric unit would markedly improve the service and allow a progressive care programme.

See: British Hospital Journal & Social Service Review, October 27, 1967, p.2035

4.8 West Sussex County Council

West Sussex County Council has appointed a district nurse whose full-time responsibility is the rehabilitation of patients who have had strokes. She has attended special courses on the subject and the accent of her work is less on formal exercises than on teaching and encouraging the patient to carry out the normal activities of daily living. The nurse treats house-bound patients and runs two weekly clinics in a Shoreham health centre. One small group, of up to nine patients, is for the most disabled, who tended to sit inactive in larger group sessions, and who need special encouragement to overcome their considerable handicaps. A second, larger group meet weekly for club activities. They are all able to walk unaided or with the help of a plain walking stick and take part in walks in the grounds, billiards, cricket, football and rowing on the skiff machine. The nurse considers this rehabilitation work to be the most satisfying and rewarding work she has ever done in any field of nursing.

4.9 Hampshire County Council

There is in being a "Waterside Activities Group" centred on Hythe, Hampshire. One of the health visitors is closely associated with this group, which is a voluntary organisation brought about by her initiative and enthusiasm. It meets twice weekly at the medical centre at Hythe, and the main idea is to provide activity in the form of work for elderly people. The scheme has proved highly successful, resulting in sales of work and much enjoyment by members of the group.

4.10 Greenwich and Deptford HMC

Art therapy has been introduced in Greenwich District Hospital and a local welfare home. Its advantages concern motivation and end product and it is not unduly expensive. It can be used for classwork or by individuals if they have a solitary disposition.

4.11 High Wycombe

The High Wycombe District Old People's Workshop has been in existence since 1955 and has proved to be a highly successful venture. Fifty old-age pensioners at a time are able to come and do factory out-work. There are

70 pensioners on the books of the workshop, so all are able to work on three of the four days a week on which it is open, if they so wish. The workshop earns about £8,000 per annum and the old people are paid 2/- per hour. The workshop is also open on one day a week for the severely disabled who are transported to and fro by ambulance. They do factory work under the supervision of a county countil occupational therapist.

4.12 City of Birmingham

A number of physical activity groups for the elderly are run throughout Birmingham. Some take place in child health or community centres and involve health visitors and physiotherapists; others are run in old people's clubs and day centres by voluntary personnel and with only occasional visits from a health visitor. Many of the voluntary helpers were trained at an intensive one-day course on "Physical activity for the elderly" which was held in the city and led by a physiotherapist.

The elderly participants in these weekly groups are introduced to various gentle and simple exercises, usually carried out to music, and are encouraged to continue them daily at home. Some group members meet together in their own homes for these daily sessions, thus providing for those who live alone a valuable link with other people. The weekly group sessions are followed by a cup of tea, a talk by a health visitor on health or social problems or joint social activities arranged by local authority staff.

The value of these groups is felt to be threefold: firstly, the participants feel that they are making a positive contribution towards maintaining themselves in good health; secondly, a general eye can be kept on the participants by the health visitor when she is involved, so that early signs of failing health can be detected; and thirdly, social intercourse and group identification help to alleviate loneliness and boredom.

4.13 Midlothian County Council

Midlothian County Council employs physiotherapists on short-term teaching for recent stroke cases and recent fractures in the elderly. This is a domiciliary service and involves considerable travelling, but it is considered to be well worth while.

4.14 County Borough of South Shields

Two instructors at the centre for the handicapped are peripatetic. They visit homes for the elderly and private houses and give instruction in handicraft work, etc. Arrangements are in hand to enlist the help of volunteers in this work.

4.15 Leeds (A) Group HMC

In the geriatric unit of St James's Hospital, Leeds, there is an awareness of the needs of the more intellectual, more educated and/or more cultured patients. Because of the feeling that they are not at present adequately catered for, an attempt is made in the occupational therapy department to run appropriate activities, including discussion groups. In addition a music concert is held in the hospital chapel once a month. Patients are encouraged to attend and find the concerts interesting and enjoyable. The staff believe that they are of considerable benefit.

4.16 Hastings Group HMC

The rehabilitation of a geriatric patient is a particular challenge to the orthopaedic surgeon, but at St Helen's Hospital, Hastings, the aim of the geriatric orthopaedic unit is a return to function for the patient, which means a return to independence. Containing the patients within a special unit allows a team approach to this problem. The orthopaedic surgeon and the geriatric physician share responsibility for the patients and conduct a weekly ward round attended by the medical social worker, physiotherapist, occupational therapist, ward nurses and ward sister. Care is taken to overlook nothing which may contribute to the patient's speedy rehabilitation.

The unit accommodates female patients, about two-thirds of whom have fractures of the femur near the hip. Patients are allocated special lockers for their clothes and are encouraged to dress themselves. This unit has been found to be particularly useful in view of the high number of old people in the Hastings area, who were blocking acute orthopaedic beds because they could not quickly be rehabilitated in that setting.

See: British Journal of Geriatric Practice, March 1969, p.19

4.17 Hastings Group HMC

Physiotherapy is a very important aspect of the day hospital care provided by the Hastings Hospital Group. The physiotherapist is concerned with functional assessment, notably at the monthly wheelchair clinic, with short and long-term rehabilitation and the prevention of deterioration in patients discharged from the wards. The day hospital also tries to rehabilitate the patient's family and they are encouraged to visit the physiotherapy department to see what the old person can achieve with encouragement. They have to learn when to assist and when not to. The physiotherapists are assisted by untrained rehabilitation helpers.

See; Physiotherapy, September 1969, p.352

4.18 The Employment Fellowship

The Employment Fellowship is a voluntary association which exists to lighten the burden and lessen the loneliness of old age and to endeavour to utilise the

willingness of the aged to be employed on tasks adjusted to their strength and skill. Its resources go to assisting new and established work centres with modest grants to meet initial expenses or to acquire new capital equipment. Its funds are at present limited, but the aim is to see work centres in every area throughout the country. The workshops are not social clubs, but a place of work where time-keeping and a measure of discipline are necessary.

4.19 Wharfedale HMC

Wharfedale General Hospital has a pre-discharge ward for patients whose treatment has been completed under their consultant, but who cannot be discharged because of social problems - lack of part III accommodation, awaiting limb fitting, etc. With patients helping to look after themselves, there is a definite saving in nursing and domestic services. Discharge from this ward is arranged by the ward sister and social worker who have assessed the patient's social competence and made the necessary arrangements for the patients to return to the community.

There is also a day hospital known as the "Hospital Centre" which takes elderly patients, brought by ambulance from the vicinity. This Centre comprises physiotherapy and occupational therapy, concert hall/chapel, medical social workers' department, hairdressing saloon for men and women and indoor garden area.

4.20 Hendon Group HMC - Reablists

When patients in the Geriatric Unit at Edgware General Hospital were felt to need more regular practice in daily living activities, it was decided to employ women with no formal hospital training as reablists. They receive introductory and in-service training and attend study days, staff meetings and team talks. On the wards they give the vital continuity, so necessary if patients are to regain personal independence. They help and encourage the older people to get out of bed, to dress, wash, etc, and with the occupational therapists they help to provide a richer ward programme of group activity, both therapeutic and recreational. Many reablists have cars and can help with transport for a shopping visit, outing or introductory visit to a residential home. Having no professional status, they bring a refreshingly natural approach and are readily accepted by the patients who respond accordingly.

Two years ago the Department of Health required reablists to be appointed in the category of "Physiotherapy and occupational therapy helper" but their pattern of work was already firmly established. The reablists are interdisciplinary in function and totally patient orientated.

Hospitals are artificial worlds, tolerable if illness is brief. For meaningful living, long-stay patients require a more normal environment, involving closer integration between hospital and community. The introduction of reablists to the Unit has helped greatly to fill this gap.

See: British Hospital & Social Service Journal, 14 Feb., 1969

5 RESIDENTIAL ACCOMMODATION

5.1 County Council of the West Riding of Yorkshire

The County Council encourages the development of schemes of special warden-supervised housing by making grants to county district councils and housing associations towards the cost of providing welfare elements in such schemes. A grant is based on the number of units included in a scheme and is to a maximum of £45 per year for each of the first twenty units and £40 per year for each additional unit. The first schemes were approved for grant purposes in 1957 and the development of this service can be seen in the number of district council house and housing association schemes now operating, i.e. 569 district council housing schemes and 16 housing associations schemes. The County Council recognised that, whilst powers were available to make grants in respect of council houses, no such powers existed to provide similar services for elderly persons living in privately-owned or privately-rented dwellings. Accordingly, powers were obtained under the West Riding County Council (General Powers) Act, 1964, to make contributions in this respect. The first of these schemes were approved in 1965 and there are currently 390 schemes comprising 8,785 units in operation.

5.2 London Borough of Merton

The Welfare Services Department of the London Borough of Merton (although their ratio of places for the aged and infirm is low compared with many authorities, and the majority of these places are provided through voluntary agencies) has used the old people's homes managed by the authority in such a way that it has been possible to provide short-stay residential places to relieve relatives during holidays, or in times of stress. During the year ended 31st December, 1969, no fewer than 119 short stay admissions were arranged, although the total number of beds in the area is only 196.

5.3 Rutland County Council

Capital grants are made by the Rutland County Council to district councils for double glazing, additional heat insulation and other heat preservation schemes for old people's bungalows and flats.

5.4 City of Portsmouth

A scheme for the provision of home mothers in multi-storey blocks of flats with a high proportion of elderly tenants, was started in the City of Portsmouth in 1966. Most of the appointees have had some experience in dealing with the elderly as nurses or home helps. They are responsible for daily calls, particularly to the more chronic sick, shopping, collection of pensions and prescriptions, paying rent and dealing with emergencies etc. They are employed on a 40-hour week basis with split duty allowance to compensate for irregular

hours and interrupted nights. Some flats have a bell warning system, and later buildings have a two-way communication system which is a great comfort to the elderly. The home mother has a ground or first floor flat with a telephone. Normally the number of single flats on the communication system, plus the double-bedroomed flats containing elderly couples, which are not connected to the system, give a total of about 40 elderly people. In the tallest blocks however, the home mother deals with approximately 112 elderly tenants. Home mothers work closely with the warden for the flats and their service is much appreciated by doctors, health visitors and district nurses.

5.5 Bedford Group HMC

The local authority, the hospital management committee and the Bedford Citizens Housing Association Ltd have cooperated over the Charter House scheme. This is a non-profit making residential home now being built and due for completion in July, 1970. The residents will keep some of their own furniture and possessions in their rooms. The dining room and kitchen will have the necessary capacity to provide a luncheon club for the elderly of Bedford and a meals on wheels service if necessary. The Bedford Citizens Housing Association also provides self-care accommodation for 84 elderly people in seven converted houses in the town.

5.6 Motor Traders' Association Benevolent Fund

The Motor Trader's Association Benevolent Fund runs a geriatric and disabled peoples' centre at Sunningdale, Berks. It combines sheltered housing, a residential home and a geriatric hospital in a most imaginative way on one site. The hospital provides specialist services such as physiotherapy which are available to all residents on the site but as a result of good landscaping, those living in the flats and houses have no impression of being part of a geriatric home. This leads to a number of advantages, including being able to move from sheltered housing to residential home and if necessary into a geriatric hospital, without losing contact with friends.

5.7 Surrey County Council

Surrey County Council has a major scheme in progress to replace its large, institutional homes for the elderly with smaller, modern units. Eight such homes were opened in 1969, a record for the county. This also represents an increase in available beds from 1,340 to 1,512. To save time and cost on architectural services and building work, all the new homes conform to a basic standard design for residents' and staff accommodation, kitchens, dining rooms, lounges, etc. This does not mean that each home is identical in layout or appearance as the standard plan can readily be adapted to meet differing site requirements and construction can be on a single or multi-storey basis.

The design of the new homes and the facilities provided are of an exceptionally high standard. The homes incorporate a number of standard residents' wings

made up of four single and two double bedrooms, a lounge, bathroom and toilet facilities. The standard staff accommodation includes single bed-sitting rooms and two self-contained flats. The kitchens and dining rooms are readily accessible to the residents' wings or to the lifts. The bedrooms are centrally heated and each has a fitted wardrobe, basin and call-bell system. There are hairdressing and handicraft rooms and a small shop near the entrance to each home which caters for residents' domestic needs and provides a display point for sales of craft work.

5.8 Glamorgan County Council

Glamorgan recently amended its scheme to enable sick persons to be boarded out. A lady of 65 years who lived on her own and suffered from a severe heart complaint was boarded out with a special home help "good neighbour". The Welfare Services Committee however have no arrangements for boarding out elderly persons.

5.9 London Borough of Bexley

Special housing for old people is supplied by the London Borough of Bexley through its Housing Department. The housing is supervised by a warden who sees every inhabitant at least once a day. In several units, there are bells to summon the warden and a communal sitting room. Apart from this, the occupants bring their own furniture and have either a bed-sitting room, or a bedroom and a sitting room for couples. Kitchen, bath and toilet are within easy reach. Some of these dwellings are in a block, others are in small, one-storeyed buildings and others are in bungalows.

5.10 London Borough of Bromley

A new residential home, about to be opened in the Borough is a departure from existing provision in that it provides places for 46 residents, including a few on short-term care and facilities for the day care of about 15 elderly people, who are likely to come from the nearby complex of old people's dwellings. As with other homes in the borough, residents will be allowed to bring in their own furniture. Apart from the special provision at this new home, opportunity is provided, whenever transport is available, for elderly persons to visit residential homes and take part in meals and day outings with the residents.

5.11 London Borough of Greenwich

When building two new small residential homes for old people of 60 beds, the Borough included a 16-bed special care unit for the infirm who require a higher level of nursing and personal care. This facility has been found to be absolutely necessary because of the increasingly high age groups who are now in need of part III accommodation. It is in fact often difficult to differentiate between a

case requiring hospital care and one requiring Part III care, and this decision is facilitated by having a local consultant geriatrician as a part-time member of the Borough's Social Services Directorate staff and actively concerned with the selection process. In addition to the special care unit, these two new homes also have a day centre and a lunch club attached. This encourages the elderly in the immediate vicinity to identify themselves with the affairs of the home and to establish friendly ties with the residents. The benefits are mutual: the residents have outside contacts and the elderly who are still in the community become familiar with the atmosphere of a residential home.

5.12 County Borough of Southend-on-Sea

Southend-on-Sea has a rehabilitation scheme for residents in Part III accommodation, because it is felt that admission to this accommodation should not mean permanent care for life. Four long-standing residents of an institution were granted tenancies of bed-sitting rooms in a purpose-built block. They have provision for cooking, but a communal lounge and the services of a resident warden whose duties do not include practical assistance. Furnishings, crockery, etc., are provided by the Ministry of Social Security and the local WRVS. At the commencement of the scheme, a home help was visiting the four tenants to the extent of forty hours a week but this was reduced by half at the end of a year. The welfare assistant, who was giving much of her time to this project, has also been able to tail this off to two half-days per week. Most importantly, this experimental scheme has shown what can be achieved by cooperation between the housing department, the Ministry of Social Security and the local welfare department.

5.13 Wharfedale HMC

A geriatric ward for long-stay patients at Wharfedale General Hospital has been re-arranged to provide the patients with bed-sitting rooms instead of bedroom and day-room accommodation. Some members of the staff had reservations about this, feeling that separate day-rooms got away from the invalid image and encouraged communal activities; but it was felt that most of the patients were not sufficiently mobile to make proper use of a day-room. After the change, the patients spent their days in small groups in their rooms, were more easily approached by the nursing staff, their incontinence was more easily managed and they felt in touch with their possessions. This was felt to be a great improvement on the overcrowding in the old ward day-room, where the patients could not entertain visitors or be easily observed by the staff.

5.14 Portsmouth Council of Social Service

In most larger towns there are to be found a number of elderly people living on their own and in danger of becoming socially isolated. Having lost their life-partner, they have also often lost touch with their friends and have no relatives living near at hand. Failing health makes it difficult for them to get out and about and unless something is done to help their plight is likely to deteriorate until they have to be admitted to hospital or a residential home.

The Portsmouth Old People's Welfare Committee, working in close cooperation with the Health and Welfare Services, has recently established a small unit in an attempt to discover an effective way of helping such old people to gain a new lease of life and so put off the day when they can no longer manage on their own. A small semi-detached home, Albertha House, has been adapted to provide accommodation for three elderly people and a carefully-chosen housekeeper. The unit has purposely been kept small so that the accommodation is not too different from their own home and because living with three other people is felt to be a big enough first step for someone used to living alone.

Whilst in Albertha House they remain under the care of their own doctor, who has normally recommended them in the first place, but they are assured of good food, adequate warmth and some social contact, and in these circumstances it is often possible to discover whether there is anything organically wrong in their condition. The normal stay is four weeks but this can be varied to suit the particular needs of the old person and the process of rehabilitation may, in some cases, demand re-admission on a number of occasions.

5.15 West Sussex County Council

The West Sussex County Council has made a study of the present and future needs of the frail, sick and demented elderly in their area, particularly in the coastal districts, where nearly a quarter of the population are over 65 years of age, i.e. about twice the national average. On the basis of recommended norms, and to allow for a further flow of elderly people into the region, it is thought that the Worthing/Chichester area will need 850 hospital geriatric beds in 1981 as against the 439 currently available and 2,200 welfare places as against the 1,323 now available. It would also be necessary to absorb some of the senile dements now in Graylingwell Hospital into the ordinary geriatric and welfare provision.

Arising from this study, the county health department has made some suggestions about how these targets might be achieved and points out that further evaluation of need is essential. The present national norms may be over- or under-estimated. There must be better assessment of the requirements for hospital and residential accommodation for the aged and better community services to delay or obviate the need for long-term admissions. Geriatric and psychiatric assessment units should be combined to avoid fragmentation of scarce resources or wasteful duplication. It is further pointed out that with an elderly population of over 100,000 in 1981, an incidence of severe dementia as low as 1% will produce a requirement for over 1,000 beds in the area. This is alarming in view of the planned reduction in psychiatric hospital beds.

5.16 Somerset County Council

Somerset County Council has a well-established scheme for the boarding-out of elderly patients from psychiatric hospitals, using monies provided for after-care under the Mental Health Act. Over the course of the last seven years,

over 300 people have been boarded out from two large psychiatric hospitals - Tone Vale Hospital in Taunton and Mendip Hospital in Wells. Patients are usually placed in private old people's homes, occasionally in private houses and one or two have been placed in registered private nursing homes. The Council has a general rule that if an elderly patient has not seen a psychiatrist for a year, then she is regarded as being rehabilitated in the community and the cost of keeping her there is transferred to the Department of Social Security. The average cost of these placements is between £8 and £9 per week gross and the elderly person is expected to make some contribution towards the cost of maintenance. The Council makes up the difference and the average payment from public funds is just under £5 a week.

5.17 Hastings Group HMC

Progressive patient care is considered very important to the most efficient use of geriatric beds belonging to the Hastings Group Hospital Management Committee, in view of the high demand for beds in this South Coast area. Patients are accommodated in an admission unit, an intermediate unit, an ambulant unit and long-stay annexes. They are identified as to the grade of nursing care needed by a colour code attached to their beds; blue for intensive care, yellow for normal nursing care, green for convalescent care and orange for self-care. An additional red label indicates that the patient is considered dangerously ill. Patients are moved from one unit to another as their illness or rehabilitation progresses and every effort is made to see that this transfer is understood by the patient and his relatives. The ambulant unit is thinly staffed and any patient who becomes ill has to be removed at once because the ward is not staffed or equipped to deal with such problems. In the self-care unit the patients have their own day-room and kitchen and prepare their mid-day meal under the supervision of an occupational therapist. It is a particularly useful area for assessment and for preparation for discharge for those living alone.

5.18 London Borough of Barnet

The Borough has recently decided that where an elderly person is occupying accommodation which is in excess of their needs, and which he or she is anxious to dispose of, an approach may be made to the Council with the aim of having the property purchased by the Council and converted into flats for the elderly. This scheme is a supplement to the normal scheme of re-housing. Elderly persons selling property to the Borough in this way are of course suitably re-housed.

5.19 London Borough of Barnet

In the Borough there is a residential home partly staffed by relatives. In 1961 two married women, concerned at not being able to care satisfactorily for

their elderly parents, discussed the possibility of joining forces. They found others in a similar position. Together they approached the Medical Officer of Health for the area, and with the Town Clerk and other influential people in the district, discussed a scheme for raising money to buy a house. They approached the National Corporation for the Care of Old People, who bought and modified a house to accommodate six to eight old people. The Senior Citizens Association was formed and they rented and adapted the house to their needs. Prospective residents and their relatives are interviewed before being accepted for admission. They pay £8.8s per week plus one day's work from a relative. Thus the staffing situation is helped and the old person does not lose touch with the family. There is a full-time resident matron and an assistant matron, and the "Friends of Eastwood" contribute enormously to the happiness of the residents.

See: Health Visitor, July 1968, p.345

5.20 London Borough of Greenwich

A two-way loudspeaking communication system has been installed in the new Sir Martin Bowes House flats for the elderly people at Woolwich. Each flatlet has a loudspeaking "substation" which can be moved about and is operated by a simple on/off switch. A master panel is in the warden's premises. The seven-storey building has 36 flatlets on the upper six floors while the ground floor houses the warden, a lunch room and a residents' club. One third of the flats are let by the Calderwood Housing Association, one third by the Goldsmiths Company, and one third by the local council.

See: British Hospital Journal, 20th March, 1970, p.516

6 INCONTINENCE, LAUNDRY AND CLOTHING

6.1 Disabled Living Foundation

A report on incontinence has been produced by the Disabled Living Foundation. It contains a description of the causes of incontinence, procedures and aids which can help to avoid incontinence and details of special clothing. This includes clothes which are easy to manage when dressing and undressing; clothing for people with paralysis or injury of arms or legs; garments which open down the back; undergarments and the use of separates. Other chapters cover protective garments, disposables and their disposal and bathing and washing. All the items described are clearly illustrated, in many cases with diagrams showing how they are used. Copies of the report can be obtained (price 15/6) from the Disabled Living Foundation, Vincent House, Vincent Square, London S W 1.

See: Incontinence - some problems, suggestions and conclusions. Disabled Living Foundation, 1970

6.2 Bromley Group HMC

A great deal of research into the causes and treatment of urinary and faecal incontinence has taken place at the Lennard Hospital over the last seven years. In the management of urinary incontinence, stress is laid on the use of incontinence charts, drugs, appliances and catheters.

See: Gerontologia Clinica, Vol.9, 1967, p.298
Vol.11, 1969, p.293

6.3 East Liverpool HMC

The colonic lavage unit at Newsham General Hospital is a unique feature of the geriatric day hospital, which treats large numbers of elderly patients, many of whom are frailer and more mentally confused than the normal patient dealt with by other day hospitals. Many of these patients have initially been placed on the waiting list for in-patient permanent accommodation, owing to the development of behaviour abnormalities, particularly faecal incontinence.

At Newsham General Hospital, it has been demonstrated that most faecal incontinence occurring in elderly patients is due to bowel overloading, particularly common in confused elderly patients, owing to their forgetfulness. This group of patients can be restored to bowel normality by regular colon wash-outs or enemas. Treatment of this nature, on the scale which is needed in a large day hospital accommodating 140 to 150 patients per week, necessitates a specially designed unit, in order to ease the burden on the staff and reduce the unpleasantness inevitably associated with such a procedure.

The colonic lavage unit is spacious and includes two special water closets in close proximity to the couch where wash-outs are given. There is also an ozonifying unit which dispels unpleasant odours effectively. The use of such a unit in a day hospital, in which working hours are limited owing to necessity of other treatments, meal times, etc., inevitably means congestion at times. For this reason the present colonic lavage unit is being extended in size and a bathroom is also being incorporated for the treatment of accidentally soiled patients.

6.4 County Council of West Riding of Yorks

Pads of varying sizes are supplied to all geriatric cases requiring them in the West Riding. In the case of the ambulant incontinent, pants and interliners are provided. In one or two areas where geographical considerations permit and where facilities exist for laundering, a laundry service for the incontinent is provided. Sheets, draw sheets and pyjamas or nightgowns are supplied and a collection and delivery service is arranged on a twice or thrice-weekly basis.

6.5 Kent County Council

Incontinence pads are provided for the care of old people both in their homes and in residential institutions in the Kent County Council area. Originally, these were bought from commercial firms but the County has now developed in its training centres for the adult mentally subnormal an effective system of making largerpads than can be bought commercially. Altogether about half a million are used each year and without doubt this provision has been of material benefit to large numbers of old people being looked after by their relatives, particularly in cases of terminal illness.

6.6 London Borough of Barnet

A free laundry service is available in the Borough and this will be further extended as financial circumstances permit. Incontinence pads are made available where required to persons through the medium of the Council's clinics and other establishments.

6.7 City of Kingston-upon-Hull

Kingston-upon-Hull has an extensive incontinence pad service and at any one time approximately 150 or more patients are supplied with pads, (mostly at the rate of four per day) which are delivered to their homes weekly. In any one year approximately 500 patients benefit from this service.

6.8 London Borough of Tower Hamlets

The Health Department of the London Borough of Tower Hamlets operates a

dual service for the incontinent. Pads are provided for certain cases and in 1969, 50,000 such pads were issued. In addition, a twice weekly collection service takes place from the homes of incontinent persons and soiled articles of bed linen, clothing, etc, are cleansed in the Department's laundry. Some 49,000 articles were dealt with last year.

6.9 Rochdale & District HMC

As a support to the domiciliary services, the Rochdale and District Hospital Management Committee carries out the laundering of clothes and bedding of old people living at home.

6.10 Disabled Living Foundation

"Problems of clothing for the sick and disabled" is the title of a comprehensive report produced by the Disabled Living Activities Group (now the Disabled Living Foundation) on clothing for the handicapped. It covers such topics as the psychology of, and attitudes to, dress; social and environmental factors in dressing; the fabric, design, sizing and availability of garments; utility; laundry and dry cleaning of garments. It draws conclusions related to the garments, the problems and needs of the wearer, and the administration of clothing. The study covers the whole range of disability and handicap from babies onwards, but covers much that is pertinent to the needs of the elderly. Copies of the report (price 10/6) can be obtained from the Disabled Living Foundation (Vincent House, Vincent Square, London SW 1).

See: Problems of clothing for the sick and disabled, Disabled Living Activities Group, 1967

6.11 St Lawrence's HMC

A geriatric dress has been designed and made to the specification of the hospital nursing staff. Several prototypes were made before final agreement was reached and the dresses are now in extensive use for the elderly patients.

6.12 The Shirley Institute, Manchester

A grant has been made by King Edward's Hospital Fund for an investigation into the problems of clothing for the mentally subnormal, to be carried out over a period of one year by the Shirley Institute, Manchester. It is thought that this research may also shed light on the types of clothing which are most suitable for geriatric patients with similar handicaps. The general aim of the project is to select or develop fabrics and garments which will enable patients to dress with care, to feel comfortable and clean and to look their best.

The survey will take place in three stages, a survey of existing knowledge, a period of field observations in hospital and a period of fabric and garment development. Amongst the problems to be considered are immobility, incontinence, destructiveness, impaired control of body movements leading to spillage and soiling.

6.13 Fountain & Carshalton Group HMC

Experiments have been going on in the Fountain and Carshalton group of hospitals into the design and availability of patient's clothing and into group and regional contracting for the purchase of clothes. Although this is a group of subnormal hospitals, their conclusions have relevance to psychiatric and geriatric hospitals with long-stay patients. In 1965 a post (on the general administrative grade) was established at St Mary's Hospital, Carshalton to provide not only supervision on the central linen store and allied departments, but also responsibility for clothing and linen throughout the hospital. Clothing is issued on a ward basis and with close supervision is circulating much better. The patients appear better dressed and the peace of mind of the nursing staff has been increased.

A meeting of staff from all groups of subnormality hospitals in the South West Metropolitan RHB area was held in 1966 to exchange information on designs and materials used for patients' clothing. The supplies officers visited each others' stores to compare notes and areas of clothing were allocated to each of the groups, e.g. shirts and shirtings to Fountain and Carshalton Group, for them to explore the possibilities of group contracts. Other psychiatric and long-stay hospitals were also invited to take part. After much consideration of specifications and tenders, orders were placed and goods taken up in excess of the quantities originally estimated. The experiment is continuing and expanding into more specialised clothing and outerwear. It is felt to have increased the expertise available in individual groups, to have saved the time of supplies officers and to have led to some financial saving.

See: British Hospital Journal and Social Service Review, 19th December, 1969

6.14 Hexham & District HMC

Two items of geriatric clothing have been developed by a ward sister at Hexham General Hospital. One is a quilted nylon skirt for use by incontinent patients who are sitting up in chairs. The skirt is split at the back, but with a generous overlap which enables the nurse to toilet the patient single-handed. When the patient is standing, the skirt automatically falls into place. The hospital is also using special knickers with a cut-away portion between the legs which allows the patient to be toileted without the difficult problem of first lowering her knickers; they can be used in conjunction with the skirt.

6.15 City of Leicester

Incontinence garments and pads are supplied free via the district nurse or health visitor, not only for the bedfast, but also for those whose need is only to enable them to go shopping with security or only needed at night.

6.16 King's College Hospital

At St Francis' Hospital, East Dulwich, the need for special clothing for the elderly and disabled is a constant source of experimentation by the nursing staff. Until recently an administrative sister, who has now retired, was engaged specifically on the experiments and developed close liaison with several firms that were mindful of the special needs of elderly patients. Amongst the items of clothing with special features, which are now in use, are: mix'n match suits (i.e. blouse top and skirt); dresses of bush baby material; skirts converted from old flannel dressing gowns; petticoats; blouses; cardigans of synthetic material; stockings of thick crepe stretch nylon; tights for selected patients; suspender belts; cotton windcheaters; corduroy trousers.

6.17 King's College Hospital

Incontinence pads were first introduced in 1967 on the geriatric and long-stay wards at St Francis' Hospital, East Dulwich. The number issued weekly has risen gradually from 100 to 1,000, which is the current rate, and the trend continues to rise. The size used is 24"x 16" and this is found to be quite adequate. Larger sizes could be used, but frequent changing is considered more acceptable if one is to control "incontinent smells".

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7 FEEDING AND NUTRITION

7.1 The Women's Royal Voluntary Service

The Women's Royal Voluntary Service has 1,756 centres in Great Britain which serve the community in a variety of ways, including a wide range of services for the elderly. There are approximately 2,000 Meals on Wheels schemes serving nearly nine million meals in a year. This means that many old people know that they may expect a reliable and friendly visitor. There are more than 500 luncheon clubs, serving nearly two million meals in a year. These clubs provide a place where old people can have a quiet get-together and enjoy their meals in company.

7.2 King Edward's Hospital Fund

The King's Fund has produced two booklets providing information about the diets of older people and has taken part in a recent dietary survey sponsored by the Department of Health and Social Security. The data from this survey, which was carried out in six different areas in England and Scotland, are now being processed and a report will be published in due course.

The evidence collected by the King's Fund and the Department, points to the fact that there is, in general, little malnutrition among the elderly population. Where this condition occurs it is likely to be associated with, and may in fact be precipitated by, mental or physical deterioration. Hence patients whose illnesses finally lead them to hospitals or homes, may also be suffering from malnutrition. The King's Fund Notes on Diets for Old People in homes and institutions, discusses some of the practical difficulties of feeding old people and suggests suitable quantities of the main foods.

The Report of an Investigation into the Dietary of Elderly Women Living Alone, gives some interesting information on the nutritional importance of meals on wheels and club meals for the aged. The results of study of the diet of house-bound old people, in a north London Borough, which it is hoped to publish soon, will also contain information about Meals on Wheels.

See: Investigation into the Dietary of Elderly Women Living Alone, King Edward's Hospital Fund, 1965
Notes on Diets for Old People, King Edward's Hospital Fund, 1965

7.3 Glamorgan County Council

Five per cent of the aged population in Glamorgan receive a Meals on Wheels service and the scale of services is believed to be much higher than in any other county. The service is provided by district councils or by voluntary organisations acting for district councils. The Welfare Services Committee have been giving the districts an open ended grant of 50% of the net cost of

the service whether meals are provided at homes or at centres. The service has developed unevenly according to the interests and zeal of the individual councils. Gelligaer district in November 1969 were providing a mobile meals' service to 27% of its aged. Recently the "economic squeeze" meant that a limit had to be placed on the sum of money available for the development of the Meals on Wheels' service and this acted adversely on councils who had fully developed services but wished to expand. A survey was made of arrangements in the county, and it was estimated that the needs in the community for a mobile meals' service amounted to 7% of the aged population, and in certain mining areas where there was a high incidence of morbidity and disability, 10%. The County Council will therefore make provision in its estimates in future years so that services generally will develop until at least 7% of the aged receive a Meals on Wheels service. The grant of 50% will be limited to districts who provide up to 10% of those aged with a meals service and above that the grant will be 40%, to be reviewed annually. Meals at centres have been grant-aided by a 50% grant, but in future the grant will be 20%.

7.4 County Borough of Reading

The provision of frozen foods for the Meals on Wheels service from a purpose built kitchen has been in operation in Reading for more than a year now. An assessment of the nutritional value of the meals was made before and after commencement of the scheme and a joint paper is being prepared for publication.

7.5 Hertfordshire County Council

Hertfordshire County Council was anxious to assess the suitability of frozen food for use in its residential old people's homes, because of problems of recruiting skilled cooks to produce conventional foods. Initial surveys suggested that it would be suitable in appearance, variety and nutritional content but the Department of Human Nutrition of London University has cooperated in a further study to determine optimum standards for feeding old people in residential homes, to determine minimum standards for constituents for made-up manufactured meals, and to recommend recipes for these foods. They also plan to study the energy expenditure of elderly persons in relation to food consumption and environmental body temperatures during winter and summer.

7.6 Leeds (A) Group HMC

Geriatric patients are often in circumstances which do not give them the opportunity to make decisions. Patients who are attending the day hospital may have lunch if they so wish. If they are fit enough to go to the cafeteria which is used by non-resident staff, they may do so or, alternatively, they may remain in the occupational therapy department. All of them are able to choose from the menu and pay for their own meals. Experience shows that they are glad to do this and it does much for their self-respect. Voluntary workers assist with lunches in the day hospital.

7.7 County Council of the West Riding of Yorkshire

The County Council provides assistance to voluntary organizations to encourage and promote the development of Meals on Wheels and Luncheon Club services for old people. These services are operated by the voluntary organizations which are responsible for the provision of transport and the arrangements for the purchase and delivery of meals. The County Council provides the necessary meals equipment, on loan, and meets the balance of the cost of the meal after the payment of 1s.0d. per meal by the recipient. There are currently 144 approved services in the administrative area, involving a total of 12,360 meals weekly. During the financial year 1968/69, the County Council's expenditure thereon was £1,474 for equipment and £35,880 in respect of meals subsidy. Thirty of the County Council's Aged Persons' homes are providing 2,162 meals weekly at a charge of 1s.6d. each.

A recent innovation in the County Area is the use, as a source of supply, of frozen meals from a central kitchen. These meals are provided by a District Council and the indications are that the supply of this type of meal will be successful and considerable expansion of the service is likely.

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8 COORDINATION OF SERVICES

8.1 Council of the Isles of Scilly

The Isles of Scilly are a very small and close community. Its Council has been searching for some time for a satisfactory way to keep its old people within that community until they die, rather than sending them to homes on the mainland. The search was made easier by the fact that the Council is both local authority and national health executive council and that its medical officer is also a member of the partnership providing general practitioner and hospital care on the island.

The scheme starts with the Council, as housing authority, providing old people's flats and sheltered flats, physically attached to the residential accommodation which was being provided by the Council as local welfare authority. This makes for the most economical use of the staff and services provided in the residential accommodation. Residents can easily be admitted to St Mary's Hospital for short rest periods and the council is trying to arrange with the Hospital Management Committee for a few geriatric beds to be provided for cases which do not need specialist mainland care. It is also suggested that even those patients who do have to move to the mainland for this specialist care should be transferred to the island hospital for short "holidays" thus maintaining contact with their families and friends.

8.2 Bromley Group HMC

As a result of a two-year follow up of 100 consecutive patients discharged from wards at the Lennard Hospital, it was decided to organise regular case conferences to help with the type of problems pinpointed in the survey. The case conferences are now held every third week, chaired by the senior medical social worker to the geriatric department and attended by the secretary of the local Old People's Welfare Committee, representatives of the local authority social welfare department, the geriatric registrar and another hospital medical social worker. They discuss individually, each patient discharged, or about to be discharged from the geriatric department, so that the medical and social problems are known and proper follow-up services are ensured. A summary of the discussion and action plans is made and sent to all who attended and the consultant geriatrician. This has led to improved liaison between departments and better follow up services.

See: Lancet, November 23, 1968, p.1133
Gerontologia Clinica Vol.11, 1969, p.115

8.3 London Borough of Bromley

Lennard Hospital provides inpatient and day-hospital care for geriatric patients from the London Borough of Bromley. An experienced health visitor has now been attached to attend case conferences at the hospital and to follow up patients on discharge from the day-hospital. This is intended to form a link between the hospital, health visiting and social welfare services. The health visitor's report on the first 16 discharged patients that

she visited, said that 13 of the patients had been sorry to leave the hospital and felt that they had benefited from the treatment. The improvements made in hospital had only been maintained in seven patients and the remainder had regressed to varying extents. Five were trying to maintain mobility but found less incentive and walking space in their own homes. Many were over-protected by their relatives who found it easier to do things for them than to encourage their independence. Other problems noted were a shortage of ancillary help for relatives or home helps for the housebound, a lack of transport to take patients to social clubs which could replace the day hospital, a lack of any type of day centre for the more severely physically or mentally handicapped, an inadequate Meals on Wheels service the need for a laundry service for the incontinent and a lack of information about supplementary pensions. The health visitor was able to make a number of recommendations to the Council on the basis of these observations.

8.4 Isle of Wight Group HMC

About eight years ago a system was introduced in the Isle of Wight HMC area by the first geriatric consultant appointed, of joint visiting by a welfare officer and the consultant. The County Council seconded one welfare officer who is also an SRN and a qualified health visitor, to work especially with old people and to visit them jointly with the geriatric consultant. Two afternoons a week are usually spent in this visiting, three to five patients being visited in the course of the afternoon. In this country area this involves driving about 30 miles - about 350 visits are paid in the course of a year.

The management committee believe that this joint visit and assessment of patients in their homes is of considerable value. The ease with which the scheme can be operated is of course enhanced by the fact that the areas of the local authority and the hospital group on this island are co-terminal. The welfare officer can assess the state of the house and the quality of help available before or after discharge; and if the patient is not found in need of hospital care she can take over and see that the necessary home help is provided, or that the patient is advised and helped to enter a local authority home or other suitable accommodation. To the doctor, it is a great help to be accompanied by a trained nurse, and the two together can achieve the highest possible degree of coordination with a minimum of delay.

The welfare officer also has some administrative duties in supervising the authority's homes for old people, and she knows which individuals are awaiting admission and which residents in the homes are likely to be in need of hospital care in the near future. The doctor and the welfare officer meet briefly every morning in the hospital where the geriatric wards are located and can exchange information and plan the week's visits.

8.5 South Tees-side HMC

The Tees-side Geriatric Association was founded on 20th October, 1967, at an informal meeting of sixty members of the Geriatric Departments from north and south of the Tees. The aims of the Association are both educational and social.

Regular lectures have been arranged, covering a wide range of geriatric topics and a varied social programme has also been enjoyed by members. Membership of the Association is open to all who work directly or indirectly, with the elderly on Tees-side, and includes doctors, nurses, physiotherapists, social workers, and staffs of Geriatric Departments and Local Authority Health and Welfare Departments.

This organisation has made a great contribution to the continued education of the Geriatric Nursing Service and is still thriving and growing. It has been of great importance in maintaining a sense of pride in the work of the Geriatric Department and the social and educational aspects have helped to build the high morale of the service. This type of organisation has proved very worthwhile, and the consultant physician considers it could well be applied to any other geriatric service.

8.6 Bedfordshire & Luton Executive Council

Bedford has a good geriatric liaison committee. It was set up as a result of the activities of the Local Medical Committee, when different people concerned with geriatric work met together and produced an appreciation of the local situation. Following this a Standing Committee exists with the local consultant, representatives from the local health department and social workers.

For the past 10 years there have been developments in Bedford to provide for social and welfare activities through the Old People's Welfare Committee for the County and for the Borough, and as a result of the activities of these two societies, and of the local Council of Social Service, a guildhouse was set up about 10 years ago. This houses the Old People's Clubs and also in the accommodation that is available there are regular meetings by many different bodies both of social and of cultural interest, so that the older people in the town have a focal point where they can meet.

8.7 City of Exeter

The Exeter Local Health Authority has run joint meetings since January 1959 to discuss the care of the elderly in the city. These meetings have been under the chairmanship of the medical officer of health and representatives of the welfare department, mental health section and the geriatric and psychiatric consultants have been present. The meetings began with the discussion of individual cases, but it was found that through the meetings problems regarding patients which previously arose between the services no longer occurred; so subsequent meetings tended to be devoted to policy and possible future projects.

The following topics have been discussed at recent meetings: a psychogeriatric unit (which has not been provided); provision of chiropody; physiotherapy and occupational therapy services for the elderly; possible registration of old people; a short-term secondment of welfare department hostel matrons to the psychiatric hospitals for the care of the elderly confused; loneliness; hypothermia and the provision of night storage heaters; hospital provision for the young chronic sick.

In 1966 the Committee was extended to include two representatives of family doctors in the city, a representative from the Regional Hospital Board and the doctor in charge of the Institute of Biometry and Community Medicine at Exeter University. Meetings are held bi-monthly and the topics discussed have included a survey of elderly patients on family doctors' lists; a specialised geriatric health visitor team; retirement clinics; a survey of specific age groups in cooperation with the family doctors; the day care of the elderly; short-term admission to welfare or geriatric accommodation for the relief of relatives in short-term crisis; a day centre in hospital accommodation (which has since been provided); holiday arrangements for the elderly; screening of elderly patients (pilot schemes in two family doctors' practices); a paper submitted by the consultant psychiatric representative on mental health and the ageing process; terminal care of patients suffering from, for example, carcinoma.

8.8 Rutland County Council

Local geriatric hospitals staff are attached to the Rutland County Council's social welfare officer and home help organiser for two or three days. The matron of the local geriatric hospital has assisted in a training course for home helps employed by the County Council.

8.9 City of Nottingham

In Nottingham, in addition to the regular visiting of old people by the health visiting staff, arrangements have recently been made for a health visitor and a senior member of the home nursing staff to visit the local geriatric hospital and day hospital together to discuss cases which are ready for discharge. Liaison is also maintained with general practitioners who practice from health centres in the City and it is thus possible to discuss elderly patients when necessary.

8.10 Exeter & Mid-Devon HMC

Every patient discharged from the geriatric department into the Exeter area are followed-up by a health visitor. She checks that the discharge has been satisfactory and that the patient has come to no harm at home. Every patient is followed up in the outpatient department about four weeks after discharge and the health visitor attends outpatient sessions so that she can discuss any environmental difficulties with the consultant. This arrangement with the Health Department has been running successfully for over two years and has saved a great deal of morbidity and neglect.

8.11 Bolton & District HMC

The Bolton Joint Planning Group (Geriatric) runs a number of activities to stimulate cooperation between the branches of the service responsible for old people. One of these is a series of Open Forums to which health visitors,

officials and representatives of old people's clubs, general practitioners, hospital staff and all those working with old people in the welfare and local authority executive council services are invited, together with voluntary workers in the field. Questions are invited and the members of the panel, according to the particular service they represent, answer them and provoke discussion from the floor. One positive result of this is a better understanding of the difficulties experienced by the other branches of the service. One area which often tends to get overlooked is the housing programme. In Bolton the director of housing is a member of the Joint Planning Group, as is the local medical officer of health, and detailed problems relating to the design of houses for the elderly have emerged from discussions. The Group has also had some success in influencing the policy of the local authority in the provision of housing needs in the community.

8.12 Northampton & District HMC

The appointment of a senior medical officer from the local authority health department, on a part-time basis, has improved coordination in traffic to and from the welfare homes. It has also improved the care of patients outside hospital and, in some instances, has prevented admissions from becoming necessary. Six-monthly lectures and visits by student district nurses during their block training period have increased cooperation with individuals concerned and the hospital staff.

8.13 City of Cardiff

A full attachment scheme for health visitors and district nurses to general practitioners is in operation in the City of Cardiff. An especially valuable service is the provision of specialist geriatric liaison health visitors who work in very close association with the hospital geriatrician and his social work staff. Cooperation between statutory and voluntary organisations is facilitated by the generous representation of officers of the statutory services on the committees of the voluntary organisations. In particular the work of the Council for Social Service is most useful in coordinating voluntary work.

8.14 County Borough of Brighton

A close liaison is maintained between the Brighton health department and the hospitals in the area. A weekly session takes place between a medical social worker and geriatric health visitors to exchange information regarding admissions and discharges, liaison with general practitioners, statutory and voluntary bodies and members of the community, including churches, etc. The geriatric group adviser attends committee meetings of the Old People's Welfare Coordinating Committee in an advisory capacity, and a worthwhile and important link is thus established with the voluntary organisations. Where social visiting is necessary, this can be done by voluntary workers.

8.15 Cheshire County Council

The divisional medical officers of health periodically attend case conferences at the hospital geriatric departments with a view to planning the future management of patients who are discharged to the community. All facilities available, especially domestic help and nursing aids, are used to facilitate the patient's return to normal living conditions. The Council tries to operate an early warning system, i.e. health visitors are notified of the impending discharge of a severely handicapped elderly patient. The introduction of geriatric hospital outpatient clinics in local health authority centres has enabled geriatricians to see ex-hospital patients more frequently and to maintain improvements made during the hospital stay.

8.16 Monmouthshire County Council

Since the appointment in 1960 of a senior medical officer in charge of domiciliary services for the elderly and disabled, a very comprehensive service has evolved in Monmouthshire. The medical officer works with the welfare department as liaison between general practitioners, hospital consultants and health and welfare departments in the placement of patients in hospital and Part III accommodation. This liaison facilitates close supervision of modern nursing equipment loaned to patients at home and a monthly meeting takes place, for all workers, to discuss problem cases and to assess the progress of patients. The team is made up of a senior medical officer, medical officer in charge of night nursing service, consultant geriatricians, physiotherapists, occupational therapists employed by the welfare department, the county welfare officer and the medical equipment officer.

The health education department has on many occasions cooperated with this team to run short courses for voluntary service workers, various departments of the county council, wardens of supervised flat schemes for old persons, superintendents and matrons of welfare homes and district nurses and health visitors. The aim always is to show how all services can be involved so that the greatest and most economic use can be made of time, equipment and personnel.

8.17 London Borough of Bexley

The Borough works in close cooperation with Joyce Green Hospital, especially over the discharge of difficult geriatric cases. The geriatrician contacts the medical officer of health to arrange this. The old person is seen in hospital and his capabilities assessed in a joint session between the geriatrician and the social worker. His home is then visited by the medical officer and/or the social worker, arrangements made if necessary for services such as home help, district nurse, etc, and once home, the patient can return weekly to the day hospital for physiotherapy, etc, to keep up his improvement.

8.18 Fife County Council

Two health visitors employed by the Council are seconded full-time to the general hospital boards to act as the liaison link between the local authority services and the hospital patient. This exercise commenced as one aimed particularly at geriatrics and has remained so, although it now embraces all general hospital patients irrespective of whether they are in a geriatric ward or the nature of their illness. Fife also has a large, directly operated chiropody scheme. There are 17 chiropodists whose services are free to all old people, on referral from their general practitioner. The service is domiciliary, if so required.

8.19 Windsor Group HMC

Berkshire County Council have a health visitor attached to the geriatric unit whose sole purpose is to act as a full-time liaison officer between the hospital and the county. She has her office at Upton Hospital, Slough (where there is a geriatric unit) and has direct access to the unit. This has proved outstandingly successful, and is far better than working with multiple social workers.

8.20 Cambridgeshire & Isle of Ely County Council

Cambridgeshire has had a Geriatric Liaison Committee for 10 years. It is representative of the various statutory and voluntary interests connected with the geriatric services and meets four or five times a year to discuss general policies in the geriatric field. Health visitors have been attached to geriatricians for a number of years. In Cambridge, the attachment is extremely close and the health visitor has her own desk in the hospital, attends ward meetings and conferences, and acts as liaison between the hospital and the old people for whom they are responsible in the community. A similar arrangement exists with the geriatric hospitals in Ely and Wisbech.

8.21 Dewsbury, Batley and Mirfield HMC

The geriatrician to the Dewsbury Group feels that local authorities should have a group of state-enrolled nurses to work in pairs. They would be responsible for a number of patients in a certain area whom they would visit every day, morning and evening, to get the patients out of and into bed, and to provide simple nursing services. This would greatly relieve the district nurse and welfare visitor. It is also suggested that there should be more flow through local authority Part III accommodation. All residents in this type of accommodation should be reviewed medically at least twice a year and reassessed for sheltered housing.

8.22 Chelsea and Kensington HMC

The geriatric unit run by the Chelsea and Kensington Hospital Management

Committee is directly linked with the City of Westminster. The City runs pre-retirement courses, has facilities for the employment of retired people, old people's clubs and visiting schemes. Full scale preventive geriatrics in association with the London Borough of Chelsea and Kensington is under discussion.

Early admission is the rule of the geriatric unit. Clinical care, physiotherapy, occupational therapy and speech therapy are all coordinated in the rehabilitation of a patient. Full care is taken to see that chiropody services, dental care and care of the ears and eyes are provided as early as necessary. The aim being to make the old person fit enough to be put back into the community as a normal useful citizen. Representatives of both local authorities with whom the hospital is directly concerned, attend the weekly case conferences. The hospital is in touch with almost every patient who has ever been listed in the geriatric unit.

8.23 Shrewsbury Group HMC

Health visitors in Shrewsbury attend ward rounds with the consultant geriatricians, and in this way they come to know of the medical conditions and treatment of patients before they are discharged, and are therefore able to follow them up at home intelligently.

8.24 The London Hospital

The second half of the 1960's has seen the development of many aspects of partnership in the London Borough of Tower Hamlets, so much so that the Board of Governors of the London Hospital took the initiative in 1969 to create a new post of development officer (community services) to consolidate the efforts to work together and to concentrate exclusively on further profitable collaboration. This partnership concentrated principally in areas where duplication of responsibility overlapped most, e.g. care of the elderly, care of children, mental health, maternity, nursing and social work. The Borough covers an area about $2\frac{1}{2} \times 3\frac{1}{2}$ miles and has a population of 200,000. It has its local health department; some 100 general practitioners, and some 2,700 beds in 10 hospitals which are administered by three boards of governors and two hospital management committees.

See: The Hospital, March 1970, pp.74-76

9 VOLUNTARY HELP

9.1 King's Fund Hospital Centre

The Hospital Centre maintains a Voluntary Service Information Office (VSIO) for the following chief purposes: collating information on existing schemes of voluntary help; providing information on various methods of making effective use of voluntary help; preparing guide material on the recruitment, use and support of voluntary help in the health services. Any hospital and health service authority, any statutory or voluntary organisation, is welcome to make use of the VSIO. In 1969 the VSIO issued a leaflet Jobs for Volunteers, which included a list of jobs undertaken by volunteers in geriatric units: this list is reproduced at the end of this section. In 1968, the King's Fund published Organisers of Voluntary Services in Hospitals which contains information that should be helpful to any hospital proposing to introduce or extend voluntary services for geriatric or other patients. Copies of this book can be obtained from the Hospital Centre, price 11/6d.

9.2 County Borough of Bolton

A voluntary aid group was formed in Bolton about 2 years ago when the Civil Defence was disbanded. It is a small group of women, who, on behalf of the district nurses or health visitors, undertake to carry out certain duties which are not readily provided for by the statutory services, e.g. visiting and sitting with old people, bathing duties, moving beds downstairs, etc. The group attends monthly meetings with the health department officers to discuss cases. A series of lectures was organised for them when the group first started. It is closely allied to the Red Cross and the St John Ambulance Brigade and some members belong to one or other organisation.

9.3 St Birinus Group HMC

At the St Birinus Group of Hospitals, old bicycles, given by members of the general public in response to an advertisement, have been stripped down under the guidance of the former group engineer. The chair drives and pedal assemblies have been fixed to a base and nicely painted to provide exercising machines for the patients. The former group engineer also took a personal interest in the construction of a number of "Aunt Sally" types of games, gaily painted, which are used out of doors in good weather so that the patients can exercise their arm and hand muscles in throwing balls at the targets.

The patients also have a putting green and bowling green for use in good weather and spend as much time as possible in the open in the summer. The management committee is encouraging, with the generous assistance of patients' relatives, the provision of more summer houses in the grounds for patients who want to "get away from it all" for a spell and read or listen to the wireless without distraction. The availability of this facility has considerably helped one patient in particular who is a-social on the wards. Volunteers take patients

out for drives and for shopping expeditions, they play the piano for patients, and help with letter writing. The local branch of the British Legion also takes an active interest in the patients and visits them regularly. The League of Friends of the hospital has been instrumental in engaging the interest of the Newbury "Round Table" in the hospital as well.

9.4 Bedfordshire & Luton Executive Council

The Junior Welfare Services are now well organised and a number of the schools have welfare activities and projects to which their older pupils contribute. This has become quite an important involvement of youth with geriatric problems.

9.5 London Borough of Barnet

In the area of the London Borough of Barnet a number of voluntary organisations operate work centres for the elderly and an hourly rate of either 1/3d or 1/6d is paid to persons attending. This service is additional to that provided by the local authority at its own work centre for the elderly. Elderly persons suffering from physical or mental infirmity are the day to day responsibility of the Borough's Health and Welfare Department but insofar as the visiting of the elderly generally is concerned, such visits are carried out by many voluntary bodies providing services in the Borough, e.g. Task Force, the League of Jewish Women, the British Red Cross Society, etc.

9.6 Rochdale and District HMC

A great deal of attention has been paid in Rochdale to special housing, sheltered accommodation and old people's clubs. Some visiting of old people in the community takes place through the voluntary organisations. The Rotary Club runs a library service, whereby the Rotarians have adopted a number of lonely old people and keep them supplied with suitable library books. They have also launched an appeal for funds to establish a blue light warning system for old people living alone.

9.7 Wrexham, Powys and Mawddach HMC

Several international work camps have been held at Penley Hospital near Wrexham. The hospital is Polish in origin and character and takes Polish patients from all parts of the United Kingdom. The staff are all Polish speaking. The first camp, which did mainly internal and external painting work, included students from Czechoslovakia, Poland, Germany and Italy. Students who attended a winter work camp were mainly engaged on ward orderly duties. The visits were a great success and the students were taken to the hearts of the community of Penley Hospital.

9.8 Bolton and District HMC

Following a meeting of headmasters and youth leaders in the Bolton area, the various schools interested in voluntary service were given a particular ward and the headmaster or leader became the young people's contact for the patients in that ward. This has led to various functions being organised and projects undertaken, and to the young people coming into hospital to entertain the patients. The service is particularly valuable for elderly patients who have no other visitors and is encouraging the community to take an interest in old people by bringing its own activities within the hospital wards.

9.9 Northampton and District HMC

Renny Lodge Hospital enjoys the voluntary help of a number of sixth form children, both boys and girls, from a comprehensive school some five miles distant, who formed themselves into a service group on their own initiative. They visit the hospital on a rota basis and help with various duties, e.g. preparation and serving of meals, washing up, reading to patients, assisting patients with letter writing, promoting discussion, ward decoration, etc. They organise both their teachers and parents to provide transport.

9.10 London Borough of Newham

Cooperation between the local authority and voluntary organisations in the London Borough of Newham has led to the establishment of a local authority chiropody clinic in a social centre run by a voluntary association. This is particularly valuable for those patients who are confined to their homes. They are fetched by minibus for their chiropody appointments and spend the remainder of the day in the social centre. Many elderly people who previously did not venture far from their homes now attend the social centre between chiropody appointments and make their own arrangements for travel. The voluntary association has also just completed 41 bed-sitting rooms, built in conjunction with the social centre, which provides mid-day meals, a library and entertainments in addition to the chiropody service.

9.11 Carmarthenshire County Council

A legacy left by a resident of one of its small welfare homes has helped the Carmarthenshire County Council to purchase a pre-fabricated hall for erection alongside the home. This can be used for social functions for the residents and as a day centre for elderly people in the surrounding area. It has been furnished, curtained and provided with a stage by local voluntary organisations, and representatives of these organisations supervise day centre activities. The County Council considers that it has been valuable in giving

an incentive to voluntary organisations to share in the work of caring for the elderly and in inspiring young people to come forward to see what goes on in an old people's home.

9.12 County Borough of Rochdale

A voluntary organiser is to be appointed for each of the 12 wards in the Borough of Rochdale to organise the visitation of elderly and isolated people by other citizens residing within that ward. It is hoped that funds will eventually be available to install a telephone in the home of each ward organiser to facilitate contact with the welfare department, and to run a properly organised recruiting campaign for volunteers. The Borough already has good liaison with a number of voluntary organisations including the Rotary Club, who are this year intending to raise money for 150 flashing light warning systems for elderly, housebound people. These will be installed to augment the voluntary visiting scheme and together, it is hoped, will help develop some mutual understanding between the elderly citizens of the borough and the more active ones.

9.13 Kesteven (Lincs) County Council

The Kesteven (Lincs) County Council finances a paid organiser of voluntary visiting services throughout the county, working through the voluntary Old People's Welfare Council. This service has been working for two years and properly organised voluntary visiting schemes are now in operation in several areas. A small booklet has been produced to describe the service and to help the volunteers to be an "effective friendly visitor". It describes the qualifications and training needed, the goals of the service, the kinds of activities for visitors to private homes and residential old people's homes and the responsibilities and rights of the volunteer. It is a most concise and comprehensive booklet which would be applicable to most forms of voluntary service.

9.14 Garlands Group HMC

A full-time recreational officer (qualified mental nurse) has recently been appointed to develop activities for the patients and to coordinate the activities of voluntary workers at Garlands Hospital, Carlisle. Activities for the patients include an Over 60's Club which is affiliated to similar clubs in the community. The Hospital has recently purchased a coach for these outings and to take patients to the local cinema where they have a special contract rate of 9d per seat. This has replaced film shows in the hospital and gives the patients an extra opportunity to get out of the hospital.

9.15 Dartford HMC

Boys and girls of 14-15 years of age from Swanley Comprehensive School regularly attend for work in one day hospital as part of their training in social service. Visiting of old people is carried out by young members of the YMCA and the YWCA in Dartford and is of considerable value.

9.16 King's College Hospital

A paid organiser is now running the voluntary service scheme at St Francis Hospital, Dulwich; a geriatric hospital in the King's College Hospital Group. Voluntary helpers visit the wards, particularly the long-stay wards, at regular times each week and lead a variety of activities, provide friendship for the patients and help with transport for visitors or for the occasional patients who can go out on visits. A number of school girls, aged over 16, also help on the wards and two of them have now taken up nurse training. Cadets from a Salvation Army training college also help on the wards. Other helpers come to the day hospital and assist the occupational therapist in running cookery sessions in the functional assessment unit kitchen; help with handicrafts and run an early evening film show for patients from the wards. Volunteers also run the tea room and others wheel small groups of patients down there for afternoon tea and a game of dominoes. All these services help to give the long-stay patients a break from the routine of ward life and are much appreciated.

9.17 The Royal Borough of Kensington & Chelsea

In May 1966, a liaison officer for voluntary services was appointed by the Welfare Department of the Royal Borough of Kensington and Chelsea. The aim was to coordinate voluntary and statutory services, and secretaries, organisers and other individuals interested in the field of social service have come to rely on the help and advice offered by this officer. In the first six months, he met 178 secretaries and organisers of associations, clubs, groups, etc. As a result of this, there has been a notable expansion of the Good Neighbours Service in the Borough. This expansion of home visits and personal service has eased the pressure on the Council's social welfare officers and enables them to concentrate on the more specialised side of social work. The officer has also recruited some 75 free-lance volunteers who, apart from regular visiting, can be called upon in an emergency and others who will provide transport for the elderly or do hairdressing in their own homes. The liaison officer regularly visits the 25 social clubs operating in the borough and arranges talks, holidays, entertainments, etc. He also arranges domiciliary chiropody for the elderly through the Old People's Welfare Committee and Christmas parcels, concerts and late-night shopping. He is also the liaison officer with Task Force, which the Council grant aids, and which provides an excellent service for the elderly.

9.18 Papworth-Huntingdon HMC

At the geriatric units, the Friends of the hospital make material gifts supplementary to the amenities provided from revenue. Personal voluntary services include a library service manned by pupils of a local secondary school; WRVS trolley shop; regular visiting by Round Table, Women's Institute, Church Groups and American Service personnel and families; a car service by Rotarians; Police Cadets working on wards as part of community service during training; International Voluntary Service participation in projects for patients' amenity or comfort, e.g. provision of gardens. Individual members of the public provide gifts in cash or kind, plus small personal services.

9.19 London Borough of Croydon

In conjunction with Croydon and Warlingham Park Hospital Management Committee, the Borough supports the Croydon Volunteer Aid Project, which has a full-time paid coordinator. Amongst many different kinds of work with the mentally sick and handicapped, volunteers give service of all kinds to geriatric patients both in and out of hospital. Volunteers help in the Social Centre of the hospital where middle-aged and elderly patients play bingo, listen to music and have refreshments. Volunteers also visit patients who are having treatment at day centres. Others are attached to teams of psychiatric social workers and work with their support. The project started in 1967 under the sponsorship of the National Association for Mental Health, with the cost being met by a grant from Kind Edward's Hospital Fund. As the project has proved its worth, financial responsibility has now been taken over by the Borough and the HMC, each bearing half the cost.

See: Mental Health, Winter 1968, pp.39-44

9.20 South Cheshire HMC

Arclid Hospital and Coppenhall Hospital enjoy regular sessions of broadcast programmes organised in advance to celebrate birthdays and other events personal to patients and visitors. Birthday celebration teas, with recorded music, are much enjoyed. The patients have "requests" played for other patients and often for their visitors and members of the staff. The equipment is also used for relaying religious services throughout the hospital, live concerts and general announcements of an "entertainment" nature. The equipment was given by the League of Friends at Arclid Hospital, and by the Hospital Broadcasting Association at Coppenhall Hospital, and has proved of great value in supplementing television and radio services.

9.21 London Borough of Tower Hamlets

The Borough welfare department maintains very close liaison with the leaders of old people's clubs through a joint committee of club leaders and members of the Council and through two younger members of the staff who are appointed as liaison officers to encourage assistance from youth organisations in the Borough.

9.22 Mental Health Association for Nottingham & Nottinghamshire

This local association has set up a number of groups to look into problems concerned with the prevention of mental ill-health. One of these groups is concerned with old people; other groups are concerned with children and adolescents, delinquency and local services for the elderly. A former physician-superintendent of a large psychiatric hospital acts as honorary secretary of the local association.

9.23 Wharfedale HMC

An organiser of voluntary services has been appointed at Wharfedale General Hospital with a particular view to increasing the social activities of the patients. Her original title was in fact social therapist. The hospital sees the aims of social therapy as being to stimulate the patients, to occupy their minds, to provide an opportunity for observation and participation, to create interests and to relieve boredom. The methods and media used include film and slide shows, concerts and entertainments, games sessions, discussion groups, outings and visits, community singing, light industry, internal broadcasting, social intercourse and group therapy.

The organiser has been successful in recruiting volunteers and in organising entertainments of this type. She has also helped to organise ward visiting, assistance with purchasing for patients, a garden party with patient participation, a book and record library and an exhibition of works by local artists, followed by ward visits to help the patients in their own activities.

9.24 City & County of Newcastle upon Tyne

Local authority medical staff and the principal social worker serve on the council coordinating voluntary services in Newcastle upon Tyne. There is a close liaison between voluntary workers and local authority field staff to improve support of elderly persons at risk. Voluntary organisations have co-operated in the publication of an information booklet on local services for the elderly and in a door-to-door survey to reveal unmet needs and sources of voluntary help. The British Red Cross has cooperated in the initiation of a domiciliary physiotherapy service for stroke patients. This is now organised under the auspices of the Regional Hospital Board for a 2-year trial period.

9.25 Hull Old People's Welfare Committee

There has been developed in Hull a visiting organisation to help combat loneliness in old people. It is a cooperative effort between the voluntary services and the local authority, with a welfare officer as liaison between the two. The local authority pays his salary and the Old People's Welfare Committee his expenses. The work has been decentralised and with the exception of the city centre, has been divided into 13 autonomous Community Care Associations. They were given an initial grant of £10 and from then on have been self-supporting. They are responsible for visiting in their own area and requests for visits come from all quarters. Much helpful information can be obtained from the local authority through the welfare officer. Training meetings for voluntary workers are held four times a year with a professional speaker on some relevant subject.

See: Health Visitor, July 1968, p.347

9.26 Executive Council for Dorset

A medical group practice in one area of the county has organised a Voluntary Domiciliary Care Unit of 24-30 persons who will help old people in an emergency, by sitting up at night, fetching medicines, etc.

9.27 Walthamstow Social Responsibility Centre

The Social Responsibility Centre was established in March, 1968, in the Borough of Waltham Forest at Peterhouse (122 Forest Rise, Walthamstow, London E17). The Centre is an entirely voluntary organisation that owes its existence to the initiative of the churches in Walthamstow. Its aim is to provide a centre of operations from which can be developed existing and new ways of work in educational, social and industrial fields, by a few full-time workers with secretarial help and the voluntary assistance of members of the Waltham Council of Christian Churches. The work of the Centre is under the guidance of an ecumenical Advisory Committee. The Chairman is the Archdeacon of West Ham; the President of the Walthamstow Council of Christian Churches is a member of the Advisory Committee, the Council being fully associated with the work of the Centre.

Since it started, the Centre has given much help to the elderly (and to people of all ages) in the Borough and it has developed an effective relationship between statutory and voluntary workers, which has enabled the Centre to undertake over 500 cases of care and assistance in the Borough. Daily consultations with mental health officers, health visitors, medical social workers, probation officers, etc., bring in a wide variety

of tasks both emergency and long-term, which are undertaken by church members from all the churches in the Borough. A local Rotary Club presented a new minibus to the Centre in 1969 to help meet the urgent need for transport. Many of the 50 churches of all denominations in the Borough are now participating in the work of the Centre.

9.28 London Borough of Camden

Side by side with its Home Help service, the Borough runs a Good Neighbour service. Under this scheme, volunteers are recruited who are willing to look after people in their neighbourhood who need visiting and some small, maybe repeated, service. A small honorarium is paid to the volunteers. It is interesting to note that many of the recruits to the Good Neighbour service are old people themselves, who are helped to keep young in this way. The service is found to be invaluable and started as a pilot scheme by the London Council of Social Service in 1961.

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10 OTHER AIDS, SERVICES AND PROJECTS

10.1 Department of Geriatric Medicine, University of Glasgow

At the University of Glasgow, the Department of Geriatric Medicine is conducting a research programme that is designed: to examine the needs of the elderly population with particular reference to their social, medical and dietary problems; to relate the present availability and deployment of community services to those needs; and in particular to show the nature of the relationships between the community service provided, those considered to be needed by the survey team, and the need expressed by the subject (or the person looking after the subject). It is hoped that it should eventually be possible to lay down the specific requirements for maintaining in the community the greatest number of elderly people, particularly the elderly disabled, to predict the changing needs of this group of people and how these future needs can most effectively and economically be met.

10.2 Northampton and District HMC

At Dantre Hospital, the administrative sister prepares nursing instruction cards which are clipped to the head of each bed. They give details of feeding, care, mobility, hearing, etc., so that any assistant can deal with the individual patient without considerable instruction. At St Edmund's Hospital, the matron has instituted a system of in-service training for nursing assistance. Study days are held six-monthly for all staff involved in geriatric nursing in the area.

10.3 County Borough of Bolton

The Bolton health department holds a store of emergency equipment in four categories: nursing equipment, emergency food rations and cooking utensils, cleaning materials including firelighters and wood and finally, other equipment, including a folding bed and mattress, a commode and a camping Gaz lantern. This equipment can be taken into the house of an old person when required in an emergency, e.g. when someone is found with inadequate food and bedding in a cold house, the materials can be taken there quickly and the individual put to bed, given a hot meal and the house cleaned and heated. A health visitor and a home help are on call at weekends to give emergency help. All these facilities have been used from time to time.

10.4 Exeter and Mid-Devon HMC

For the past two years, clinical thermometers have been banned in the geriatric wards run by the Exeter and Mid-Devon Hospital Management Committee. Only low reading thermometers are allowed for geriatric work. As a result, instead of one or two diagnosed cases of hypothermia each winter, there are

now between a dozen and twenty cases which are all diagnosed by the nursing staff. Clinical thermometers can be misleading because the column of mercury does not fall unless it is shaken down, and it is rarely shaken below 96°F.

10.5 Glamorgan County Council

Glamorgan recently amended its scheme to enable sick persons to be boarded out. A lady of 65 years who lived on her own and suffered from a severe heart complaint was boarded out with a special home help "good neighbour". The Welfare Services Committee however have no arrangements for boarding out elderly persons.

10.6 Leeds (A) Group HMC

Those inpatients who have their financial affairs looked after by the hospital staff are visited weekly by a member of the medical social work department to see what they would like to buy. They make suggestions and a local shopkeeper will call in to measure for dresses and to make alterations. The member of staff tries to give the patients information as to what is available in shops as the patients are so often out of touch.

10.7 Executive Council for Middlesex

Many people at Christmas time and at other times buy for old people gifts which are not particularly useful. It would be an excellent idea if some of the leading stores could be persuaded to set up a counter, at least at Christmas time, with inexpensive gifts known to be particularly suitable for elderly people such as a small milk saucepan or a chain which can be used to hang spectacles around the neck so that they do not fall from the neck into the fire, should be old person doze near the fireside. Many spectacles and dentures are inadvertently thrown away (often into the fire) by elderly people or by those who have to care for them. Wallets to hold pension books, etc., are useful presents.

10.8 City of Cardiff

A "bathing club" exists in Cardiff, provided by the health department at one of its clinic premises, staffed by nursing auxiliaries and with transport provided by a voluntary organisation. Persons who lack bathing facilities in their own homes, or who find that because of frailty they need some assistance, can make use of this service. This not only avoids the deployment of district nursing staff to this end, it also enables the old people to spend some time out of their own homes in an affable social environment.

10.9 Leeds (A) Group HMC

Once a year, in January, geriatric patients who attend the day hospital, occupational therapy and physiotherapy departments have a party. This gives a great deal of pleasure and is a conversation and discussion piece for a long time.

10.10 Bath Institute of Medical Engineering

A number of projects with geriatric application are now in hand at Bath Institute of Medical Engineering which has been in operation since 1968. These include a variety of chairs for the elderly and disabled and disposable equipment.

10.11 Isle of Thanet HMC

The administrative department of the Isle of Thanet Hospital Management Committee recently carried out a management survey of the Group's geriatric hospital and day hospital which proved most valuable. It gave adequate re-assurance of the services provided for patients and showed up a number of areas where it was possible to effect improvements. There is a need for services to be occasionally examined by persons not engaged in the direct day to day environment of the hospital.

10.12 City of Portsmouth

A night attendant service is provided by the City of Portsmouth to give relief to families who are looking after elderly relatives, to provide temporary care for acutely ill patients awaiting admission to hospital and to give short-term care to patients suffering from terminal illness. Staff are in three categories, SRN, SEN, and unqualified persons with some nursing experience. This allows the service to be flexible to meet the needs of all patients. There are now 15 attendants employed on a casual basis and paid on the appropriate Whitley scale. Ninety-five per cent of patients pay little or nothing towards the charge of 4/- an hour.

10.13 County Borough of Great Yarmouth

Yarmouth was the first Borough in the country to provide a free home help service. Approximately 91% of their work is concerned with maintaining the elderly in their own homes. Some of the home helps go far beyond the bounds of duty in caring for the people on their lists, in their own time and at weekends. They go in to ensure that the elderly have adequate heating and will light fires, cook a mid-day meal, etc., if required.

Friends of the hospital in Yarmouth have purchased six ejector seats for use by elderly, housebound, rheumatoid arthritic patients in their own homes, and these have been issued to patients who are very delighted with them.

10.14 County Borough of Grimsby

The William Molson Centre in Grimsby includes a chiropody clinic which has been specifically designed for the elderly and physically handicapped. It includes an electric hydraulic chair because many elderly people cannot manage the step type and because it allows for a better presentation of the elderly arthritic foot. There are 10 controls to ensure that even the most obese or arthritic patient can be treated in comfort. The chiropodial suite contains a dust extractor which affords good health protection to the chiropodist and to a lesser degree to the patient.

See: Chiropodist, Vol.24, March, 1969

10.15 Leicester Area Geriatric Service

Staff shortages and the need to assess better the ability of patients to live independently before their discharge, were two of the reasons behind the establishment of a minimal care ward at Hillcrest Hospital. Patients carry on a routine as much like home life as possible and are encouraged to do practically everything for themselves under the supervision of a sister, state enrolled nurse and auxiliary. With 20 beds this gives a 1:6.7 staffing ratio. The size of the minimal care unit seems to depend on the number of eligible patients in other wards. If turnover is reduced by a shortage of welfare accommodation, it is logical, on cost grounds, to expand the ward and to keep the waiting patients in the minimal care unit until they can move on. This prevents comparatively fit patients from occupying beds in other wards which are well staffed.

See: Gerontologia Clinica, Vol.11, 1969, p.216

10.16 West Somerset HMC

As the Taunton and Somerset Hospital has to rely to a great extent on nursing auxiliaries, they have now started a scheme whereby, before such staff are drafted to the wards, they are given a course of instruction lasting one week by nursing officers. No tests or examinations are given after the training, which includes the nursing auxiliary's position in the geriatric unit, basic nursing procedures involving feeding, bathing, bed-making, care of patients' property and procedure in cases of accident. They have also introduced a colour code, which helps the staff to know what is expected of them in carrying out the required nursing care of any particular patient, e.g., red requires special nursing care, amber normal nursing care, green convalescent nursing care.

10.17 West Somerset HMC

The Taunton and Somerset Hospital provides holiday relief for families who are caring for elderly relatives throughout the year, by taking the patient into

hospital for a period of 19 days. This enables the family to have a clear two weeks away. This has proved extremely popular and it helps to keep the old person where he/she should be, within the community.

10.18 London Borough of Greenwich

Apart from the normal holiday scheme at the local authority's hotel at Westgate, the Directorate of Social Services for the London Borough of Greenwich arranges for short-term holiday relief for the relatives of elderly people, by taking them into Part III accommodation when some of the permanent residents are away on their private vacations. In addition, a special holiday fortnight is arranged at Avery Hill Training College for 60-70 elderly housebound people. This again provides relief for the relatives and a certain interest for the patients who are mostly confined to their own homes. While this service in undoubtedly expensive, the main difficulty that is now being experienced is in getting suitable staff, either paid or voluntary, to undertake these onerous duties. If the staffing problem could be overcome this would prove to be a most socially profitable service.

10.19 Bromley Group HMC

A three year experiment in medical care is under way at the Farnborough and Lennard Hospitals, Kent. Three general practitioners are being employed to work four sessions a week each, in the departments of general medicine, geriatrics and psychiatry. Each practitioner is spending one year in each department. It is seen as a training programme which will leave doctors equipped to assume posts in the medical assistant grade with some responsibility for inpatients in the three specialties. It is also intended to assessthe usefulness of such a programme as a form of post graduate training for the general practitioner and from the hospital point of view to see how well general practitioners working for three or four sessions may contribute to the work of the total hospital department.

During their year in the geriatric department the general practitioners have direct care of one ward of 20 beds, comprising 7 rehabilitation patients and 12 long stay patients. Their responsibilities for day to day care, note keeping and supervisions of therapy and investigations but not for night or weekend emergency cover. They also attend the rehabilitation patients' weekly case conference, the assessment ward round, the weekly clinical conference and journal club, the long-stay ward round and visit the day hospital. This totals four sessions.

10.20 Executive Council for Middlesex

From the early years the Middlesex Executive Council has discouraged doctors having lock-up surgeries. It frequently happens that young parents

of families leave children in the care of a grandparent as a baby sitter. In such cases, if the grandparent is taken ill, a child of perhaps twelve may have to run to the doctor's and be faced with a very difficult situation if the premises are locked and in darkness. For this reason, if there is a lock-up surgery the Executive Council encourage the doctor to arrange with a local resident, e.g. the person next-door, to take messages or possibly to have a connecting door bell; at the very least a bold notice where a child could notice it. Children are not able to handle such situations or use a local telephone box with the same facility as an adult.

Where elderly people are faced with a steep hill or a long distance to get to the doctor's surgery or health centre, the Council (and indeed the medical profession and the Department of Health) are looking into the question of arranging transport. This would have many advantages: it could solve the problem of the practitioner's time and the old people enjoy being conveyed, especially from outlying villages, to the doctor's surgery rather than having to trouble him for a visit. The expense is not very high, but there are at present no arrangements for financial reimbursement for practitioners operating such a service.

10.21 Institute of Community Studies

The Institute of Community Studies is currently running a survey to evaluate the use of a transport service for patients in general practice. Research has taken place in six areas of the British Isles, where a minibus was provided to take elderly patients, and mothers with young children, to and from the surgery as an alternative to home visits. It is hoped that this will show considerable savings in doctors' time. The results are currently being collated and analysed.

It is then hoped to run a further study to show whether transport can be used to bring about an overall improvement in care for the elderly, beginning with routine check ups to detect unsuspected illness and disability. Doctors could give these check ups as part of a normal consultation or the transport service could be used to bring in old people who had not consulted the doctor for some time. All this would depend on the general practitioner finding time and being prepared to carry out these check ups, and on the availability of adequate services in the practice, the community or the hospital to meet the need for treatment revealed by the check ups. The appointment of a nurse attached to the practice might help to meet these needs. It has already been noted that old people benefit both physically and psychologically from almost any form of treatment or care and a transport system has a most therapeutic effect on patients who otherwise would not be able to leave their homes. The proposed study will show whether doctors can be persuaded to use the time, it is hoped they will save on visiting, to try out a system of check ups for the elderly and to evaluate its usefulness. The study may also cover other help and facilities which can improve care for the elderly.

10.22 County of Denbigh

The County of Denbigh runs a training school for the education of field staff in the care of the elderly. It is a multi-purpose school within the health department. The staff, especially district nurses and domestic help personnel are given a great deal of guidance in the care of the elderly in their own homes. There is also orthodox training for domestic help staff who spend almost all their working time with the elderly and have greater contact with the elderly in the community than any other group of people. A special syllabus has been prepared for this training.

10.23 The National Suggestions Centre

The National Suggestions Centre have produced an exploratory research method to compare and assess the provision and expenditure of individual local authorities on 24 services for the old and disabled. These services were grouped under four headings:

- the provision of domestic help
- prevention, care and after-care
- special welfare services
- spending on the personal needs of those in small local authority homes

All London boroughs and a random sample of counties and county boroughs were asked to give details of services under these headings, which they provided by their own account or by grants to voluntary associations. These were compared with the statistics of expenditure published by the Institute of Municipal Treasurers and Accountants and the performance of individual authorities graded according to how their net expenditure per 1,000 population compared with the average. The results of this research were published in the Centre's magazine What?.

The tables produced by this method show clearly which local authorities are spending the most under each of the four headings but cannot indicate whether this equals value for money or satisfies actual consumer demand, e.g. some London boroughs may have a high expenditure on home helps because their wages are high rather than because their service is better. Some local authorities in retirement areas, such as the South Coast, were rated below the national average despite the high level of potential consumer demand. One London borough had an exceptional expenditure on home helps but was only average on other services because of a policy decision that expenditure on home helps saved on other preventative care. As the figures could not show up these choices made by local authorities, quantitative research had to be followed up by consumer surveys. The results of these surveys suggested that the better authorities, in terms of service, also made most use of voluntary organisations; that services were not well enough publicised, that some authorities did not seem to be looking for customers and that there were more doubts about the quality than about the range of services.

Despite its limitations, this research method can be applied to any local authority's welfare services, which can then be compared to the published table. The National Suggestions Centre, 18 Victoria Park Square, London EC 2, will supply the information from the Institute of Municipal Treasurers and Accountants as set out in the assessment tables, for any local authority area, together with a check list of services and researchers' briefing notes. They charge a fee of 10/- for this service.

See: What?, Winter, 1970, p.21

10.24 St Lawrence's HMC

Three Medic Baths have been installed in the geriatric section of St Lawrence's Hospital, Bodmin. A full evaluation of the merits of the use of these baths was undertaken which resulted in a commendation from the regional hospital board and changes in the design of new models by the manufacturer concerned.

10.25 Shrewsbury Group HMC

The geriatricians to the Shrewsbury Group actively participate in lectures and clinical demonstrations to their consultant colleagues, the senior nursing staff (post graduate instruction) and instruction of junior nurses and junior medical staff. Not only are pure geriatric topics raised, but there is also demonstrated to the staff the active nature of a great deal of geriatric work. The senior consultant geriatrician to the Group has made a colour film in one of the geriatric units illustrating treatment and rehabilitation. This film is used for educational purposes and has been shown to medical, nursing and lay audiences, and has been very well received because of the optimism it imparts as regards the cure and improvement of many patients. In this way it helps to remove the impression that geriatrics is virtually the end in all cases.

10.26 South Cheshire HMC

A few patients have derived considerable pleasure from individual visits to shops in the town of Sandbach. Such patients are accompanied by a member of the staff. When sufficient money had been saved to buy a particular piece of personal clothing the visit was arranged and almost invariably included "tea out" as well. Whilst this applies mainly to patients who need assistance, the reverse takes place at another hospital situated in Nantwich. Here patients capable of looking after themselves are frequent "shoppers" not only for themselves but for others. Some of the patients from the psychogeriatric wards are so well known in the town that they almost qualify for credit trading!

10.27 National Corporation for the Care of Old People

Numerous research projects concerned with the problems of old age are being

conducted in many parts of the country. The National Corporation for the Care of Old People instituted in 1960 a register of research in the social and socio-medical fields of old people's welfare, entitled Old Age - A Register of Social Research. Work that has been in process since 1955 has been included in this register and the latest loose-leaf additions have recently been issued by the NCCOP. The register aims to include all those projects which may be of importance to those considering undertaking or sponsoring research themselves.

10.28 City & County of Newcastle upon Tyne

The Newcastle upon Tyne Health and Social Services Department runs a comprehensive training programme in geriatrics. This includes formal training for medical students, district nurse and health visitor students, and social work students. Attendants of residential homes have a week's in-service course arranged twice a year in a local technical college. Caretakers employed by the housing department and the voluntary housing associations have day-release courses, and wardens and housekeepers employed by the same bodies have a two-day release course. Informal training programmes include meetings with local authority field staff, superintendents of local authority, voluntary and private residential homes, hospital ward sisters and organisers of voluntary services.

10.29 Wharfedale HMC

Notes for the guidance of hospital aides have been produced by the Wharfedale Hospital Management Committee. They stress particularly the importance of confidentiality in the work. They also cover the procedure in the case of an accident to a patient; the aide's normal duties on the ward and in the ward kitchen; cleaning procedures for the ward and sanitary annexes; escort duties and answering telephones; approaching visitors; running errands, etc. Aides attend an in-service course of lectures and demonstrations and after a period of experience and training are able to undertake additional duties such as keeping fluid balance charts and taking temperatures. The hospital has also produced a successful new advertising campaign for ward aides using the slogan "Mummy is a nurse". 68 full and part-time aides have joined the staff in the past year.

10.30 Lancashire County Council

During 1964, an experiment was introduced by the County Council of employing part-time male nursing auxiliaries to deal with the bathing and dressing of handicapped and aged male patients, so that qualified nursing staff could be released for more important duties. It was later decided that female auxiliaries should be employed to undertake similar work with female patients under the supervision of a qualified nurse. The aim was to produce a nursing team comprising, say, two district nursing sisters, two district nurses and two

nursing auxiliaries. Numbers would vary according to the needs of particular areas, but in each case a district nursing sister was to be the team leader. To make team roles clearer it was decided to call qualified SRN's nursing sisters; qualified SEN's district nurses and male district nurses, charge nurses.

10.31 South Cheshire HMC

The Management Committee welcomed a suggestion made some years ago that certain patients would welcome and benefit from a holiday away from the ward environment. Members of the nursing staff volunteered to act as helpers and so the scheme was launched. Free monies were made available and friendly car owners provided the necessary transport. Last year ten patients and two nurses spent an enjoyable holiday at Llandudno and this year a similar party is planning to go to Blackpool - and the Management Committee has now approved the provision of funds. This year several patients will pay their own expenses, but the others will draw from the Amenity Fund. The long holiday is the main event of the summer, but those who can take only a short break are also catered for. The North Wales coastal resorts are very handy and several coach parties are organised each year.

10.32 Institute of Community Studies

One of the most urgent problems of old people, especially those living alone, is obtaining help in emergencies. Various devices such as flashing red lights and window cards have been tried up and down the country by local authorities and voluntary organisations. Only Hull, however, has taken this further and provided a more meaningful lifeline - the telephone - on a systematic basis.

Under Part III of the National Assistance Act any local authority can subsidise or pay for telephones for the elderly and disabled. The fact that Hull is the only local authority to do this is partly explained by the fact that municipal ownership of the telephone service means that the cost is less in Hull than elsewhere. The Welfare Department gives a subsidy to the housebound or near housebound elderly of £4 annually on a party line costing £11 per annum(£15 elsewhere). The take up rate is also doubtless affected by the three hundred free calls a year (no longer available elsewhere) and the £10 installation fee (£20 elsewhere) which is not met by the Welfare Department.

This scheme has been in operation for several years. Currently, with the help of the local authority, welfare and telephone departments, research is being undertaken by the National Suggestions Centre and financed by National Corporation for the Care of Old People into the impact of telephones. Matched groups of old people wanting telephones have been compared at the end of a year during which half were supplied with telephones. Preliminary findings indicate that a substantial proportion have heart conditions where the telephone is literally a matter of life and death - the death and institutionalisation rate among the control group has been twice as numerous as within the experimental

group. It also seems to be the case that installation fees are a greater deterrent than having to meet the full rental because there are more than twice as many subsidised subscribers now that the National Suggestions Centre has paid installation fees than before.

It is hoped that the final results of the experiment will provide guidelines for government and local authorities in the new era opening up for the disabled and elderly heralded by the publication of Mr Alfred Morris's Chronically Sick and Disabled Persons Bill.

10.33 County Borough of Doncaster

Amongst the recent development in this Borough are provision of gardening for old people, i.e. helping them to keep their small gardens neat and tidy; a screening service for those who are retiring, run in conjunction with a course in Preparation for Retirement; the airing and cleaning of houses and provision of food prior to a patient being discharged from hospital; a special section of the Home Help Service who are prepared to clean up the very dirty homes which occasionally are found; a system whereby the local vicar is contacted if this is desired by the elderly person. Details of these and other services provided by the Borough are given in a booklet Services for the elderly in the Doncaster area, which is a report by the Doncaster Geriatric Advisory Committee covering the period May, 1966, to December, 1969.

10.34 Kent County Council

The Health and Welfare Department of Kent County Council has paid particular attention to the question of lift safety. The danger to elderly residents operating a passenger lift un-aided lies in the doors closing whilst they are entering or leaving the car when it is called to another floor. A sliding door with a sensitive edge which would re-open when meeting an obstruction proved ineffective in that the pressure required to activate it could still injure elderly people. Present lift safety devices used in Kent comprise:

1. Pressure mat outside lift doors. Whilst anyone is standing on this mat the doors will not close.
2. Magic eye. A photo-electric cell shining across the actual door opening prevents the door closing when the beam is broken. It will also re-open already closing doors.
3. Pressure floor. The floor of the lift car is balanced in the form of a pressure mat which when depressed prevents the lift being called to another floor.

These three devices give complete safety against the closure of lift car doors at any stage of entry or exit.

Hospital, Croydon and St John's Hospital, Battersea, for many years. Published research has covered such topics as staff morale, the administration of admissions and discharges, other problems of administration and communications and a time-study in an out-patient clinic. The unit at St John's Hospital is a designated research unit and has also provided information on the problem of the chronic sick in a large geriatric unit. One of the first half-way houses for the aged sick was set up for patients from St John's and has continued to fill a valuable social need.

See: The Hospital, August, 1963, "Admissions and discharges in a geriatric unit"

The Hospital, August, 1965, "Morale in a geriatric unit"

The Hospital, May, 1968, "Strategy and tactics of a geriatric unit"

10.41 Oxford Regional Hospital Board

In April, 1970, the Oxford Regional Hospital Board organised a conference on "Preparation for retirement", for administrative, medical, nursing and other staff of hospital and health service authorities in the region. The conference was arranged by the Board's Nursing Advisory Committee in co-operation with the Medical Officer of Health for Reading County Borough Council. The work of the Pre-Retirement Association was one of the main topics for discussion at the conference.

10.42 Community Service Volunteers

Pupils in the science department at Walkden County Secondary School, Lancashire, have developed a device to give warning in cases where elderly people, living alone, collapse through accident or illness, and are unable to summon help.

The device consists of a time switch mounted on the wall at the side of the person's lavatory, and each time the chain is pulled the setting knob is returned to the ten hour mark. If a continuous period of ten hours passes without the chain being pulled, the time switch brings into operation a suitably located warning light or signal. Some alteration to the time period of ten hours is possible.

The idea has already attracted interest in the press and enquiries from welfare departments. One authority is arranging to set up the system for a trial period in an old person's house.

10.43 Community Service Volunteers

Young volunteers, chiefly Venture Scouts, have been helping in a scheme to protect the houses of old people in the Meanwood area of Leeds against break-ins and vandalisms. It was realised that up-to-date locks and bolts, properly installed, could do much to give the old people protection and a sense of security. The city Watch Committee made a grant towards the purchase of fitments. Most are bought by the old people themselves. The installation work is done by the volunteers, many of whom are apprentice joiners. They are insured for this service because of the possibility of involvement with vandals. Appointments are made in advance and the scouts work in uniform. The service is not advertised; names are obtained through the voluntary services, clubs, etc. As the scheme grows it is anticipated that Guides will be asked to help with the clerical work or to make follow up friendly visits.

10.44 Hendon Group HMC - Relatives' Conference

A relatives' conference is run by the geriatric department at Edgware General Hospital on one evening each month. Coffee and biscuits are also provided but timing, structure, length, venue and numbers attending vary considerably. There are usually about 20-40 people present. A good mixture of vocal patients and their supporting relatives, key staff from the department, some representatives of local authorities plus some voluntary workers is the most dynamic group. The meeting usually has a focus for discussion such as a talk by an interesting guest or a film. The doctor acts as informal chairman.

Much constructive discussion emerges. The cross fertilisation of ideas and support that relatives and patients give to each other and to the staff is considerable. The opportunity to be critical of the hospital is also a valuable safety valve. The meetings are felt to be most important but require a staunch and well balanced team to keep them going faithfully month after month.

10.45 Further Activity Centre

The Further Activity Centre in the geriatric department at Edgware General Hospital is not only used to work out physical problems of patients' management and mobility, it is also a meeting ground for patients, supporting relative and hospital and community teams. For it is on the cooperation and communication between these groups that the success of a patient's re-establishment in the community can depend.

The Centre consists of a big room away from the main hospital building but integral with the Geriatric Department offices, with an adjoining functional kitchen and a lavatory with rails and supports. It has a carpeted floor and domestic furniture and fittings. The Centre means time saved on communication. Everyone has an opportunity to know at first hand in what direction the force of action is to be, in the attempt to ameliorate problems of personal relationship and management of disability.

10.35 Ipswich & East Suffolk HMC

Special features of the Geriatric Department of the Ipswich and East Suffolk HMC are: the wide distribution of hospitals over the area (over-concentration being undesirable in a country district with poor communications); two rehabilitation sections in ideal rural surroundings; unusually high capital expenditure, approaching £1,000,000, in the last 12 years for new building and for reconstruction, redecoration and re-equipment of some very old hospitals (three of the Department's Hospitals are 200 years old). In particular, attention has been given to providing stimulating colour schemes for therapeutic purposes, and large comfortable carpeted day-rooms, sometimes for both sexes together, in which voluntary therapeutic communities from the nearby towns assist in the care and entertainment of the patients. Holiday and intermittent care facilities are also provided by the Department, which has a new day hospital in Ipswich, whilst a second "country" day hospital is now in prospect.

10.36 Harrogate and Ripon HMC

There are in use in the Harrogate and Ripon group of hospitals carrying chairs which have been designed for the purpose of evacuating patients in case of fire.

It was decided that some form of chair or stretcher was necessary into which patients could be placed and taken out of the danger zone quickly. In view of the probability that stairs would have to be negotiated it was essential for the construction to be light so that the patient could be carried up or down stairs, and it was also essential to have wheels so that the chairs could be pushed along flat surfaces quickly and easily. The chair was designed in the group workshops and made up by a local contractor to a prototype design. The chairs have been approved by the Fire Prevention Officer and have been copied for use in one of the local Cheshire Homes.

10.37 St Helena Group HMC

A number of new items of equipment for use with geriatric patients have been developed at St Mary's Hospital, Colchester. These include a chair leg elevator for elderly patients who are likely to slip off their chairs and a splint to prevent foot drop. The hospital reports great success with their use of the Droitwich bathing hoist which was purchased for the geriatric patients by the League of Friends.

See: Nursing Times, February 12, 1970, p.203
Nursing Mirror, March 6, 1970, p.42

10.38 Leicestershire County Council

Although Hinckley, Leicestershire, has about the same percentage of pensioners in its population as the national average, a large number of these are single people living alone. A visiting scheme undertaken by young people had been in operation for some time when it was decided to further enlist their help to draw up an "at risk" register of old people in the town. The list was obtained as a result of house-to-house visiting and information from general practitioners, district nurses, voluntary services, etc. It is kept as up-to-date as possible with the help of the local medical officer of health.

A number of ways of providing emergency help for the old people on this list were discussed, before it was decided, at the suggestion of the local superintendent of police, to pass the names on to his police patrols. The police are almost the only service to provide 24-hour coverage of an area and are able to keep an eye on the houses concerned. The old people were informed of the scheme and were told to put a light on in their bedroom and open the curtains if they needed help at night. This avoided the expense of maintaining a bell, light or flash system and eliminated the old people's fear that such signs would be an open invitation to criminals.

The scheme is working well and the cooperation of the local police is greatly valued by the old people of Hinckley.

See: Nursing Mirror, April 2nd, 1970, p.426

10.39 Hendon Group HMC

The geriatric unit of the Hendon Group of hospitals organises study days at Edgware General Hospital twice a year, in the spring and autumn, for the staff of the eight geriatric hospitals in the group, together with representatives from the local authority and voluntary organisations in the three boroughs served by these geriatric units. The chief purpose of these study days is to promote closer understanding and cooperation between the staff of different authorities and organisations and between people of different persuasions and disciplines, and to serve as a forum for the exchange of information and ideas on the very wide range of affairs that affect in particular the older members of society. The autumn study day, held in 1969, was on the subject of preparation for retirement and this proved to be a great success. Very successful too was the spring study day of 1970, when the subject was communications. The really important problems are neither organisational nor technical, but conceptual, and it is with the forming and handling of the conceptual problems that the study days are basically concerned.

10.40 Battersea, Putney & Tooting Group HMC

Research into the best methods of management and administration in geriatric units and into the care of geriatric patients has taken place at Queen's

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11 JOURNALS ON GERIATRIC CARE

On the following pages there are given details of some of the journals dealing with aspects of geriatric care.

BRITISH JOURNAL OF GERIATRIC PRACTICE

The British Journal of Geriatric Practice was first published in 1962, under the general editorship of Trevor Howell, FRCPE with an Editorial Board which included Charles A Boucher, OBE, MA, DM, DPH, George F Stamp, MB, Ch B, Anthony M Angel, MB, BS, Stuart Phillips, B Sc, Ph D and M S Kataria, MRCS, LRCP, DPH, DIH. It was the first medical journal specialising in geriatric medicine to be published in Britain.

The editorial policy is to publish original papers, accepted by the editorial board, on all matters relating to the practice of geriatric medicine, particularly as a guide to general practitioners and to junior medical staff working in this speciality.

The Editorial Board is now changed to include a psychogeriatrician, geriatric physicians and general physicians with particular reference to the fields of cardiology, thoracic conditions and physical medicine, and the journal now tends towards these interests, also bringing news of developments in social welfare, nutritional problems and the rehabilitation of the elderly.

The circulation of the journal is approximately 5,000 copies per issue. It is published four times a year ; subscription 36s. or 10s. per single copy, post free. The publishing editor is Dr Stuart Phillips to whom all enquiries regarding editorial and advertising should be addressed:
British Journal of Geriatric Practice, Suffolk House, Copse Hill, Sutton, Surrey (Telephone 01-642 3063)

CONCORD

Concord is the magazine published on behalf of the Geriatric Care Association of Great Britain. This Association, which was set up in 1963 has as its aims:

i) the enhancement of the dignity of service to the elderly and chronic sick;

ii) the promotion of the best possible care in the geriatric field;

iii) the co-ordination of the services, medical and social, designed to assist the elderly; and

iv) to conduct research into the care of the elderly.

The editorial objectives of Concord reflect these aims and in addition articles of general interest to those working with the elderly are included. The magazine provides a forum for the exchange of views and news in the geriatric world and contributions are welcomed from all who are engaged in the welfare of old people.

Concord was first published in 1965 as a quarterly magazine of about 24 pages but since the beginning of 1970 publication has been taken over by Hartnall House Publications and the journal is now produced with 100 pages three times a year, in April, August and December.

The circulation of Concord is over 1,000 copies and the Association is expanding all the time. Membership comprises general practitioners and hospital doctors, nurses and administrators, social workers and health visitors, physiotherapists and occupational therapists.

Further information about Concord can be obtained from Mr Richard Thorne, Editor, "Concord", Notley Hospital, Braintree, Essex.
(Telephone Braintree 68)

GERONTOLOGIA CLINICA

Gerontologia Clinica is the official journal of the British Geriatrics Society. It is published bi-monthly and it is now in its 12th year of publication.

The majority of the papers are in English, although papers written in French and German are also accepted. Gerontologia Clinica has first call on all papers presented at meetings of the British Geriatrics Society and summaries of the proceedings of General Meetings and of Regional Group Meetings are published regularly. Contributions are also received from many European countries and from the United States. The aim of the Journal is to provide a forum for publishing original work carried out in the field of Geriatrics.

The Editors are Dr E Woodford-Williams and Dr A N Exton-Smith. Lord Almuree, Dr J H Sheldon, Professor Sir Ronald Tunbridge and Professor F Verzar are members of the Advisory Board. There are 12 members of the British Geriatrics Society on the Editorial Board and 14 contributing Editors for the United States and European countries.

Further information can be obtained from the publishers, S Karger A G, Arnold Böcklinstrasse 25, Basel, Switzerland.

GERONTOLOGY

Gerontology is a new quarterly journal (first issue : April 1970) which will deal with the occupational and social aspects of human ageing. The effects of ageing in adult life are becoming increasingly important to governments, industry, academic authorities and society in general - and in an era of accelerating rates of change, the ability to compensate for the human ageing factor is essential. The journal will study the causes and effects of ageing, and will provide a forum for discussion of all aspects of the subject.

Guided by a panel of advisory editors who are acknowledged experts in their fields, Gerontology will publish both interpretative articles and research papers on such topics as:-

Adult re-training to meet changing job demands
Job re-design for older workers
Physical and mental capacity and partial disability
Preparation for retirement
Widowhood
Private and state pensions and other income
Psychological aspects of companionship, status, etc
Diet, hygiene, exercise and preventive medicine
Short-term careers: armed services, sportsmen, etc
Re-deployment following career change
Age discrimination
Causes and effects of redundancy
Post-retirement employment and leisure activities
Housing: individual, family or communal living
Social services and health clinics

These articles will be complemented by international news and conference reports, book reviews, details of courses and many other features.

Editorial Board Members include:

Eunice Belbin, Director, Industrial Research and Training Unit, Cambridge.
H Berick Wright, Director of the Medical Centre, Institute of Directors, London.
W E Beveridge, Senior Lecturer in Occupational Psychology, Hendon College of Technology.
H A Jones, Head of Department of Adult Education and Vaughan Professor of Education, University of Leicester.
M H Oldfield, Director, Allied Breweries Pension Trust Ltd, Bristol.
N Sprague, Director, National Institute of Industrial Gerontology, New York, USA.
M L Winspear, Secretary, Civil Service Council for Further Education, London.

Further details can be obtained from "Gerontology", Iliffe House, 32 High Street, Guildford, Surrey. (Telephone 0483 71661)

MODERN GERIATRICS

Modern Geriatrics is a new journal to be published by Modern Medicine of Great Britain Ltd. The first issue is expected in October 1970; then, from January 1971 onwards it is to appear in alternate months.

The editorial aims are, first, to disseminate knowledge, particularly that of preventative medicine, to Doctors caring for patients who are middle-aged or elderly. Secondly, to impart up to date information on the treatment care and general management of elderly patients. Thirdly, to discuss topical and controversial medical subjects of a Geriatric and allied nature. Fourthly, to seek to improve generally the standard of medical care of elderly patients, both at home and in Hospitals and Homes.

The circulation of the Journal will be about 25,000. Copies will be sent free of charge to all General Practitioners, to Geriatric Physicians, to the Medical Staff of Geriatric and Mental Hospitals, and to Sister Tutors of Nurse Training Schools. Others may receive the Journal at a subscription of two guineas per annum.

The publisher is Peter H Barker. The Chairman of the Editorial Board is Professor Sir Ronald Tunbridge, OBE, MD, FRCP; the Editor is John Agate, MA, MD, FRCP. Further information can be obtained from the publisher or the Editor at "Modern Geriatrics", Empire House, 414 High Road, Chiswick, London W 4. (Telephone 01-995 0884)

New York, USA.
London.

High Street,

12 VOLUNTARY ORGANISATIONS

In the following pages a number of voluntary organisations have provided brief descriptions illustrating the services they provide for the elderly.

ABBEYFIELD SOCIETY

The Abbeyfield idea is to provide the kind of life that elderly people are used to, with comfort, security and friendship, within a warm family atmosphere, in districts familiar to them, and in the kind of houses that remind them of home and not of an institution. It is a realistic,neighbourly, community organisation, which is constantly expanding and learning by experience. The Society, founded as an expression of Christian concern for the elderly, is a co-operative effort by people of faith and goodwill.

A group of people in a particular town is enabled to set up its own local Abbeyfield Society, with the same legal structure as the parent Society. Local societies generally acquire ordinary family-sized houses, of various types to suit the particular background of residents, in ordinary roads and streets. These houses can accommodate six or seven residents, and are in areas which the residents either know or would wish to live in. Normally each has a separate bed-sitting-room, with his or her own furniture and belongings, with a wash-basin and minor cooking facilities for breakfast, hot drinks and tea or a hot drink before going to bed.

Residents can be alone if they want to be, or join the group within the house if they want company. They are encouraged to do what they can for themselves, and - more important - for each other. To be needed and to be useful are among the greatest needs of the elderly. Charges, naturally, vary from house to house according to its type, but the majority fall between £5 and £11 per week, which includes cost of room, food, the housekeeper, and all other charges apart from personal expenses. The intention is that each house should become self-supporting, with residents paying their own way.

There are over 300 local Abbeyfield Societies throughout the United Kingdom owning nearly 500 houses. Further information can be obtained from the head-quarters of the Abbeyfield Society at 22 Nottingham Place, London W 1

AEGIS

(Aid for the Elderly in Government Institutions)

This pressure group was formed in October, 1965 to protect the interests of the Government's elderly patients.

AEGIS has three basic aims:

1. to call public attention to some very serious defects that exist in the care of these patients
2. to devise remedies for them
3. to propagate modern methods of geriatric care with their strong emphasis on rehabilitation

Publications:

Project 70: on AEGIS publication. 1966

Sans Everything: a case to answer. Presented on behalf of AEGIS by Barbara Robb. Nelson 1967

The Antidote to Despair in the Care of the Old. by Dr. J Anthony Whitehead MB DPM. An AEGIS publication. 1969

Various pamphlets and handouts

Further information can be obtained from Mrs. Barbara Robb, 10 Hampstead Grove, London N W 3 (Telephone: 01-435 6155)

BRITISH GERIATRICS SOCIETY

About 22 years ago a small group of pioneers of geriatric medicine founded the "Medical Society for the Care of the Elderly", which evolved later into a national specialist medical organisation in this field, namely, the British Geriatric Society. The latter now has a membership of 500, comprised of consultants in geriatrics and psychiatry, medical officers of health, general practitioners and junior hospital staff.

The objects of the Society are:-

a) To improve the standard of medical care for elderly patients and to correlate the activities of medical practitioners so engaged.

b) To hold meetings for the discussion of clinical and administrative subjects relating to old age.

c) To encourage research into the problems of old age.

The Society restricts its membership to those with medical qualifications, and any doctors with a special interest in geriatrics are very welcome to apply to become members. The medical journal Gerontologia Clinica was founded by the Society and remains its official organ. The Society holds its main meetings twice a year for reading of scientific papers, presentation of symposia, and visiting the geriatric hospitals and local authority facilities in various centres. It acts as a reference point for inquiries about British geriatrics; presents the collective opinions of geriatric physicians to government departments and other authorities, and represents British geriatrics overseas. The Society offers prizes for original work in geriatrics and sponsors occasional special lectures. In addition it has twelve regional groups which meet in various parts of the British Isles for scientific sessions and for the discussion of local geriatric problems.

Inquiries should be addressed to the Secretary, The British Geriatrics Society, c/o The Institute of Biology, 41 Queens Gate, London S W 7

BRITISH RED CROSS SOCIETY

In accordance with the objects of its Charter, (to furnish aid to the sick and wounded in time of war; the improvement of health, the prevention of disease and the mitigation of suffering throughout the world), the Society and its Branches throughout the United Kingdom and overseas carries out a wide range of service to the elderly.

Whether complete or supplementary to the statutory services, the Red Cross carries out its activities under the following headings, always depending upon the local need:-

IN HOSPITAL

- Auxiliary nursing
- Beauty care
- Book and picture libraries
- Escort and hospital car service
- Feeding helpless patients and other personal services
- Care of visitors' children
- Shopping and telephone trolleys
- Social activities for psycho-geriatric patients
- Visiting, including linguists and language cards

Much distress can be avoided by Red Cross members helping and preparing patients for their visit to hospital, doing their packing, seeing to their pets, shutting up the house - and opening it again before their return, getting in food and fuel.

IN THE COMMUNITY

Health Care

- Regular visiting
- Medical loan equipment
- Aids to personal independence
- Sitting-in service to relieve relatives
- Meals on Wheels
- Auxiliary nursing in support of the District Nursing Service
- Day centres, lunch clubs
- Foot and physiotherapy clinics
- Education of relatives in simple nursing care and lifting

Housing

- Residential homes for the more infirm
- Flatlet schemes for sheltered living
- Short-stay homes providing rest and change, and relief to relatives
- Holidays with suitable care provided

Recreation

- Visiting for companionship - hobbies, reading, music
- Clubs with transport provided
- Providing opportunities for the elderly to be of service to the Community - knitting, visiting, etc

Emergency Care

- Additional nursing and personal care during epidemics, major accidents, national disaster, severe weather, or disruption of public services.

Further information may be obtained from the Red Cross County Branches (addresses in telephone directories) or from BRCS, National Headquarters, 9 Grosvenor Crescent, London, S W 1 (Telephone BELgravia 5454)

CENTRAL COUNCIL FOR THE DISABLED

The objects of the Central Council, laid down at its birth over 50 years ago, are to promote and support measures for the early discovery, efficient treatment, education training and general welfare of the disabled. These objects have remained unchanged despite considerable expansion within their terms. While not specifically catering for the elderly or encroaching on the responsibilities of national organisations and local authority departments which exist for the express purpose of making provision for the welfare of the elderly, the work of the Central Council inevitably benefits all disabled people, irrespective of age.

The Council is the heart of a country-wide system of voluntary associations working for the disabled and numbers among its 300 affiliates specialists, national organisations, local authorities, orthopaedic hospitals, training colleges, schools, residential homes, clubs and workshops. Itself the national affiliate organisation to the International Society for Rehabilitation of the Disabled it keeps in contact with all countries working for the disabled throughout the world.

Cooperation is fostered and maintained by conferences, meetings, correspondence, publicity, publications and reports, and every opportunity taken to work with other organisations in the field on special projects.

Current activities of the Central Council include:-

Access for the disabled: Campaign
Aids for the disabled: Information
Architectural award: "Building for the Disabled" competition
Help the disabled week: October 4-10, 1970. Publicity
Holidays for the disabled: Information booklet
Housing for the disabled: Information bureau (projected)
Information and Advisory Service: Free
Legal and Parliamentary Committee of the CCD. Vitally concerned with the Chronically Sick and Disabled Persons Bill now before Parliament
Prospect Hall: Projected College for short residential non-vocational courses for the disabled. CCD member of consortium to establish
Research: Projected Bio-Mechanics Unit
"Sparkle": Holiday boat designed for use by disabled people
Town Guides for the disabled: Promotion of a national series of publications, part of the Access Campaign
Travelling Exhibition of Aids for the Disabled (May-October): Jointly with the National Fund for Research into Crippling Diseases
W R A P Writing and Reading Aids for the Paralysed: Committee jointly with the National Fund for Research into Crippling Diseases.

Annual Report and Accounts, Literature list and further information can be obtained from the Central Council for the Disabled, 34 Eccleston Square, London S W 1 (Telephone 01-834 0747)

COMMUNITY SERVICE VOLUNTEERS

Community Service Volunteers is concerned with many aspects of community service for all age-groups, including the elderly. It operates in the following ways:-

(a) Full-time volunteers - roughly aged between 17 and 20 - are placed for anything from four to twelve months uninterrupted service in institutions for the old, infirm or handicapped, to work in a face-to-face relationship, i.e. as nursing aides, but not as cooks. Details on request.

(b) Some of these full-time volunteers are available to serve as "catalysts" i.e. in an organising role both to discover ways in which part-time volunteers can be used in a neighbourhood or institution, and to involve local young people in these situations. Again, details on request.

(c) We endeavour ourselves - and likewise brief volunteers - to see the disadvantaged as potential donors of service, so that they in turn feel needed: e.g. so that the elderly can help the young or those more infirm or lonely, or produce material for Oxfam, etc: so that children in care or young immigrants can be involved in service to others.

(d) Books, pamphlets and broadsheets are produced by our Advisory Service on the techniques of community service in general and on specialist aspects: e.g. what can be undertaken in remoter rural areas, or in tutoring projects, or in work with the mentally handicapped. For schools, "Project 70" sends out a kit approximately every two months suggesting new approaches and sharing experience in what can be undertaken by pupils, e.g. the lavatory-operated device, produced by Walkden School, to alert neighbours when someone living alone collapses and cannot raise an alarm.

(e) In conjunction with LocalEducation Authorities, our Advisory Service helps to organise one-day conferences on community service, and is ready to cooperate with other organisations holding conferences or training courses.

Community Service Volunteers work from 28 Commercial Street, London E 1 (Telephone 01-247 8113) and in Scotland from 29 Queen Street, Edinburgh 2 (Telephone 031-225 7285)

DISABLED LIVING FOUNDATION

The philosophy of the Disabled Living Foundation (DLF) is that careful study will invariably ameliorate bad conditions, and in the case of the disabled and elderly, study of their environment in the widest sense, and subsequent action can return opportunities in life which otherwise could be lost to them.

Some of the projects being undertaken at the present time which concern the elderly include:

- design of furniture and equipment
- clothing
- incontinence
- gardening
- physical recreation
- music

Although the aim of the Disabled Living Foundation is to cover all aspects of living for all age groups, the studies being undertaken inevitably include the elderly, and a close link is maintained between the Foundation and other voluntary organisations concerned with old people and with the staffs of local authorities and other professional people concerned with their care.

For further particulars and information, and for a list of recent publications, please apply to the Director, Disabled Living Foundation, Vincent House, Vincent Square, London S W 1

DISABLED LIVING FOUNDATION

INFORMATION SERVICE FOR THE DISABLED

With the aid of grants from King Edward's Hospital Fund and the Greater London Council this Information Service was started in 1964. It now functions on a subscription basis to hospitals, local authorities and other interested organisations.

The Service aims to answer enquiries regarding the lives of the physically handicapped in hospital and the community, and this of course includes the elderly physically handicapped. Enquiries may be made by those professionally concerned for the disabled as well as by the disabled themselves. Subjects at present included in the Service are:

Equipment to help the disabled person and those caring for them
Design and construction of large buildings and private dwellings
Education
Training
Employment
Extra facilities and services, including information on adapted clothing and incontinence wear.

Further information about the Disabled Living Foundation and its Information Service for the Disabled may be obtained from the Information Officer, Disabled Living Foundation, Vincent House, Vincent Square, London S W 1 (Telephone 01-834 8016)

ELDERLY INVALIDS FUND

Accommodation for the Elderly Invalid

It is no longer accepted that patients of 65 or more who are admitted to hospital will necessarily remain there indefinitely. But in spite of the improved turnover in beds brought about by this changed outlook, there is still not room for all the patients who, though they need no hospital medical treatment, cannot be cared for in Welfare homes because they need nursing.

Since 1954 the Elderly Invalids Fund has, usually on the application of hospitals, provided beds in nursing homes for patients like these. Patients pay what they can and are admitted permanently or in some cases temporarily while those who nurse them at home have a holiday.

Information and Advice

The problem of providing care for elderly people arises more often through ignorance of what is available than through actual lack of services. When E I F discovered this six years ago it set up an Information and Advisory Service on accommodation and services for elderly people which is used by some 5,000 enquirers annually.

E I F limits the area, about which it can give detailed information, to Greater London and is building contacts throughout the country to whom to refer enquirers about local services elsewhere.

The address of the Elderly Invalids Fund is 10 Fleet Street, London E C 4 (Telephone 01-353 1892)

EMPLOYMENT FELLOWSHIP

The origin and object of the Employment Fellowship is to lighten the burden and lessen the loneliness of old age and to endeavour to utilise the willingness of the aged to be employed on tasks adjusted to their strength and skill.

The Fellowship is a small voluntary organisation whose aim is to see Work Centres established throughout the country, wherever they are needed. Old age can be either a peaceful sunset to life or a nightmare of dreary loneliness. The two principal factors that decide which it shall be are companionship and occupation. Work Centres for the elderly provide both.

Instead of lonely empty days the old people find warmth and comradeship, useful occupation and friendly team-work for some hours daily. The improved physical and mental health of these elderly workers show how well these Work Centres fill a need and offer an economic and practical answer to some of the problems involved in keeping the elderly active and happy in the community and out of costly hospital beds.

The first of the Employment Fellowship Work Centres was established in conjunction with the Borough of Finsbury in 1951 and there are now over 100 Work Centres in being in many different parts of the country. Nearly 70 of these are controlled by voluntary committees and the remainder by local authorities.

Further information can be obtained from the Secretary, The Employment Fellowship, Drayton House, Gordon Street, London W C 1
(Telephone EUSton 1828)

GERIATRIC CARE ASSOCIATION OF GREAT BRITAIN

This is a voluntary body formed in 1962 to co-ordinate services, both medical and social, for the care of the elderly. It is not a charitable organisation and is therefore more concerned with disseminating information amongst its members who consist mainly of hospital management committees, local health authorities, voluntary organisations and homes, as well as individual persons, e.g. doctors, nurses, occupational therapists, welfare officers and administrative officers, professionally engaged in the geriatric field. Membership now stands at 43 groups and 230 individual members.

The aims of the Association are to:

enhance the dignity of service to the elderly and chronic sick,
promote the best possible care in the geriatric field,
conduct research into the care of the elderly as may be appropriate.

The G C A encourages branch activities and issues a quarterly journal 'Concord' to every member. In addition it holds a conference annually when speakers are invited to talk specifically about some aspect of geriatric work.

Further information about the work of the G C A can be obtained from the Hon Secretary, 162a St. John's Hill, London S W 11

GIRL GUIDES ASSOCIATION

Service plays a very important part in the programme of the Association. Although much of it is directed into helping in small ways, and not through organised projects, looking back over the year it is possible to find a number of occasions on which Guides have shown a concern for old people.

There are many instances of elderly people being "Guests of the Guides" and from all over the country there are reports of tea parties being held quite regularly at which Guides have given entertainments and small gifts to their visitors. In some places the very old have been adopted by Guides and visited regularly both in their own homes and in residential homes. Money-raising efforts have been held so that some small comforts, as well as conversation, can be brought on each visit.

Old Age Pensioners' Clubs have given Guides the opportunity to stage shows, and one particularly successful performance which has led to old people showing an interest in young people was held in Enfield, Middlesex. A garden-party held near Dartford raised enough money to hire coaches to take elderly people from their home to Knowle Park at Sevenoaks in Kent. Hammersmith Division will be giving garden seats to St. Vincent's Old People's Home to commemorate Diamond Jubilee Year. The Lord Mayor of London's Award Scheme resulted in practical help being given by many Units, and Guides in Norwich made a creditable contribution through this scheme.

Many old people have been kind enough to allow Guides to gain their Hostess badge by accepting invitations to take part in expeditions and parties run by the Guides. Hospital visiting is taking place in many counties and many Guides have grown plants, knitted rugs, and made waste-paper baskets. Flower arranging has been very popular. A number of older Guides and Rangers belong to Task Force.

While aware of the continually changing interests of young people today, Guiding tries to encourage sustained service. Some of the projects undertaken are of course of a more permanent nature than others, but it is hoped that through the contacts Guides have made in service situations they are afforded a deeper understanding and awareness of the needs of old people and thus of their responsibility to the Community.

The Headquarters of the Association is at 17-19 Buckingham Palace Road, London S W 1.

HANOVER HOUSING ASSOCIATION

The Hanover Housing Association is a non-profit making organisation which was formed in 1963 by the National Corporation for the Care of Old People to provide purpose-built housing for letting to elderly people throughout the United Kingdom. At the end of 1969 it had completed 1,117 dwellings on 44 separate sites and a further 519 units were under construction.

Basically, each development comprises on average a group of 25-30 self-contained dwellings each having its own living room, bedroom, kitchen, bathroom and W C either in bungalow form or in blocks of flats (but not exceeding six storeys in height). Each scheme has a resident warden and bell system; handrails and other aids are provided in bathrooms; and door widths are adequate for movement of wheelchairs.

Every effort is made to obtain sites within close proximity to bus services, shops, churches, etc., and the whole emphasis is for the tenants retaining independence as long as possible using the normal and social community services in the locality. Any enquiries should be addressed to:
The General Manager, Hanover Housing Association, 168d High Street, Egham, Surrey.

HEALTH EDUCATION COUNCIL

The Health Education Council was established in 1968 and its objects are "to promote and encourage in England, Wales and Northern Ireland education and research in the science, and art of health living and the principles of hygiene and the teaching thereof, and to assist Government Departments, local authorities and other statutory and voluntary bodies in so far as their work comprises health education and propaganda directed to the promotion or safeguarding of public health or to the prevention and cure of disease, and to provide analogous service for bodies and for individuals overseas .....".

In the two years that it has been in existence, the Council has been very much concerned with organizing itself into a central body for the promotion of health education activities, including those related to the health of the elderly in hospitals and the community. In the task of helping old people to stay healthy and independent, and aiding their families to assist in this, the Council recognizes that health education must play its part and plans to co-ordinate its activities with the various organizations concerned in the care of the elderly and the preparation for their retirement.

One example of these activities is the course that was held in October, 1969, for doctors involved in pre-retirement education. This course was planned in association with the Pre-Retirement Association and its aim was to develop a more effective approach by such doctors in their teaching methods and in the content of advice given to people in preparation for retirement. The Council, the Association and the Department of Education of the University of Leicester are now jointly concerned in preparing new courses based upon this experiment.

Further information about the work of the Health Education Council can be obtained from the Director-General at Lynton House, 7-12 Tavistock Square, London W C 1 (Telephone 01-387 0581)

INDUSTRIAL SOCIETY

The Industrial Society was founded in 1918 as the Boys' Welfare Society and for much of its life was known as the Industrial Welfare Society. It is a voluntary body, promoting the best use of human resources in industry, commerce and the public services. For some years its concern for the older worker and the need to train for retirement has led it to have close links with the Pre-Retirement Association. It has mounted several successful conferences on Pre-Retirement Training. Recently it has formed, with the Pre-Retirement Association, an Older Worker Advisory Panel. In this way it is hoped that the wide experience and contacts of the Society together with the knowledge and expertise of the Pre-Retirement Association will be combined. The objectives of the Older Worker Advisory Panel, on which are represented a number of firms and organisations particularly concerned with the older worker, are three fold:

1. Retraining a person for the third stage of his or her career (i.e. when the promotion potential has been passed),

2. Training for retirement,

3. Part-time work after retirement.

The information services of the Industrial Society which supply members with loan material on a wide variety of topics are available to assist those firms and organisations who wish to have further advice and assistance about the ways in which they should train their older workers.

Further information can be obtained from the Head of Information Services, the Industrial Society, Robert Hyde House, 48 Bryanston Square, London W1H 8AH (Telephone 01-262 2401)

INTERNATIONAL VOLUNTARY SERVICE

International Voluntary Service, the British branch of Service Civil International, provides opportunities for volunteers of all nationalities, races and religious beliefs to work together on projects of practical assistance to communities. The elderly are one of many groups of people with whom IVS works, and assistance is given by three forms of service.

With more than 80 local groups throughout the British Isles, help is given on a year-round basis in the following ways:

Decoration of homes
Regular visiting in homes, institutions and hospitals
Assistance with shopping and special outings

Between Easter and October, IVS organises workcamps for periods of two and three weeks. About 30 of these camps provide service to the mentally ill, with volunteers working in geriatric wards in hospitals, improving facilities for patients at hospitals and helping at holiday camps.

IVS also places individual volunteers in institutions or hospitals for six months or longer to help extend services to patients and residents.

In all these forms of service, the unifying aim is breaking down barriers of ignorance and fear between different sections of the community and the creation of a community spirit to which all may contribute.

The headquarters of IVS is at 91 High Street, Harlesden, London N W 10.

NATIONAL ASSOCIATION FOR MENTAL HEALTH

Much help and support for improving mental health services for the elderly (and for all other age-groups) is provided by the National Association for Mental Health (NAMH) and over 75 Local Associations for Mental Health that are affiliated to it.

The aims of the NAMH and its local associations are to provide a channel through which the ordinary person can, in partnership with those trained in mental health work, help to improve the mental health of the community. Their educational work helps to dispel ignorance and prejudice which still surround mental disorder. Their practical work provides help of a kind not available from statutory sources. Examples of projects undertaken by Local Associations at the present time include:

Providing pleasant, supportive accommodation for men and women with mental health problems

social clubs for those recovering from mental breakdown

befriending lonely patients in hospital or in the community

organising meetings, conferences and study courses on mental health

helping with the employment problems of the mentally disordered

breaking down prejudice in the community

Further information about the work of the NAMH and its local associations can be obtained from the General Secretary, National Association for Mental Health, 39 Queen Anne Street, London W1M OAJ (Telephone 01-935 1272)

NATIONAL ASSOCIATION OF ALMSHOUSES

There are 2,500 groups of almshouses in Great Britain, providing about 30,000 separate dwellings for elderly couples, men and women. The essence of an almshouse is that its occupant continues to live an independent life. The desire for independence is a great incentive to preventing old people from becoming bed-ridden. Indeed, the great majority of almspeople die in their almshouses or within a few weeks of their terminal illness in hospital.

The Association, in its work of advising and assisting the Trustees of Almshouse Trusts, endeavours to ensure that all almshouses provide accommodation with modern amenities including central heating. This often requires the provision of additional funds. The Association, by producing over £650,000 additional to statutory grants, has enabled almshouse improvements and repairs costing fifteen million pounds to be undertaken in the last twenty years.

The Association encourages the employment of resident Matrons or Wardens, who provide the required supervision to enable aged occupants, who would otherwise require accommodation in a communal home, to continue their independent existence. This is often made possible by an annual welfare grant from the Welfare Authority, and it is a matter of regret that not all Welfare Authorities provide this assistance.

Further information can be obtained from the General Secretary, the National Association of Almshouses, Billingbear Lodge, Wokingham, Berkshire, RG11 5RU

NATIONAL CORPORATION FOR THE CARE OF OLD PEOPLE

This organisation was established in 1947. It administers funds made available, in the main by the Nuffield Foundation, for assistance to charitable organisations which are providing services or facilities to elderly people. In the course of doing so it accumulates information about old people's welfare generally, and becomes aware of needs for further experiment or research, and funds are therefore devoted in part to this activity. It publishes an Annual Report and occasional other books or booklets in which its views, and the results of research, are made known. It also publishes a loose-leaf book on current social and socio-medical research in old age, for which annual supplements are issued.

Where it has seemed appropriate, the Corporation has established other organisations to undertake specialised work for old people. Such a one is the Hanover Housing Association which provides housing for the elderly throughout the United Kingdom. In special circumstances it also accepts responsibility for other trusts, such as The George Edward Smart Homes, Scarborough, which provides two residential Homes there.

The Corporation works closely with other bodies in the field of old people's welfare in any way which seems likely to promote better statutory and voluntary services. Further information may be obtained from the Secretary, The National Corporation for the Care of Old People, Nuffield Lodge, Regent's Park, London N W 1

NATIONAL COUNCIL OF SOCIAL SERVICE

The NCSS is in touch with a wide network of community organisations throughout the country. Councils of Social Service, Rural Community Councils and Community Councils work at county level and in larger and smaller towns: they are representative of voluntary organisations within their areas. Community Associations work in neighbourhoods, areas of larger towns and smaller urban areas: they are made up of groups and individuals living in the areas they serve.

All these voluntary bodies are concerned to look at the needs of their areas, provide information, share ideas, promote discussion and take action where necessary.

Among the ways in which they are at present working to improve the care of the elderly are included some of the following services:-

Chiropody
Clubs, day centres and workshops
Craft courses
Homes and hostels
Boarding out and homefinding schemes
Co-ordination of christmas parcels
Provision of wireless and television sets
Guides for the elderly
Holiday arrangements
Home and hospital visiting and neighbourly service

Further information may be obtained from the Community Work Division, National Council of Social Service, 26 Bedford Square, London WC1B 3HU (Telephone 01-636 4066)

NATIONAL FEDERATION OF HOUSING SOCIETIES

The voluntary housing movement has for many years helped the elderly by providing accommodation suitable to their needs. Of the 1,900 housing associations affiliated to the National Federation of Housing Societies, over 500 have been formed specially to help the elderly, often as a result of the efforts of a small group of people aware of local needs. Approximately 25% of these associations provide residential Homes where all meals and varying amounts of nursing care are given. Some of these Homes have been running successfully for many years and will continue in future this essential service for the frailer elderly.

During the 1960's and currently, the policy of the National Federation of Housing Societies has been to increase the amount of housing accommodation for the elderly, encouraging them to live as actively and independently as possible. Many schemes of bungalows, flats and flatlets have been completed through converting existing property and also by new building. The majority of these include warden service and varying welfare amenities.

The voluntary housing movement exists as a "third arm" of housing and can provide a solution to special housing needs, both local and national as and when they arise, and in doing this is free to experiment. Special work for the elderly undertaken by housing associations currently includes:

- the provision in some sheltered housing schemes of a main meal and in other cases of a day centre,
- encouraging hobbies and activities,
- encouraging as much "self help" as possible including investment in loan stock by those with some capital to help themselves.

Information regarding the work of the National Federation of Housing Societies and its member associations can be obtained from the Development Officer for Old People's Housing, National Federation of Housing Societies, 86 Strand, London W C 2 (Telephone 01-836 2741/4)
(Please note that the Federation cannot deal with individual accommodation enquiries)

NATIONAL FEDERATION OF WOMEN'S INSTITUTES

Very many Women's Institutes give help to elderly people, each in its own way. Among the most usual activities are:

a) Help with car transport

b) Provision of entertainment (parties, whist drives, concerts, outings, etc)

c) "Adoption" of old people's homes (visits, sending flowers, birthday and Christmas cards, etc)

d) Visiting elderly people in hospital and sending them gifts

e) Help in the home (visits, changing library books, shopping, housework, "sitting up" service, etc)

f) Help in Senior and "Darby and Joan" clubs

g) Help with trolley services in hospital and with "Meals on Wheels"

The headquarters of the Federation is at 39 Eccleston Street, London S W 1 (Telephone SLOane 7212)

NATIONAL FUND FOR RESEARCH INTO CRIPPLING DISEASES

The National Fund for Research into Crippling Diseases was founded in 1952. Since that date over £4,000,000 has been given to medical research - research at first concerned with the cause, prevention, cure and treatment of poliomyelitis but in 1958 broadened to include all aspects of crippling. The greater part of this is, of course, concerned with children because so many of the problems of crippled children are also the problems of crippled adults - and, indeed, the disabled child of today can so easily become the disabled adult of tomorrow. But crippling of all kinds is the concern of the Fund and it does not forget the crippling of the elderly.

"Equipment for the Disabled" is a four volume loose-leaf publication of ideas and aids for the disabled and elderly, published at the cost price of £7.7s.0d. by the National Fund for Research into Crippling Diseases. Knowledge of how to live with disablement and the design of special equipment for the use of the disabled has progressed very rapidly in recent years. It has become difficult, sometimes impossible, for the disabled or those professionally concerned, to keep up with latest developments. "Equipment for the Disabled" aims to bridge this gap in communications.

An amendment service ensures that "Equipment for the Disabled" contains the very latest information and "The Disabled User - Comparative Test Reports" prepared by the Research Institute for Consumer Affairs, are now issued free as part of the amendments service. Reports have already been issued on refrigerators, page turners, reading aids, microfilm projectors, prismatic spectacles and cookers.

Further information can be obtained from the headquarters of the Fund at Vincent House, Vincent Square, London S W 1 (Telephone 01-834 7001)

NATIONAL OLD PEOPLE'S WELFARE COUNCIL

The Council is a national focal point for information and advice on all aspects of the care of the elderly. It is independent, non-political and inter-denominational. It brings together in consultation some fifty national voluntary societies, government departments, representatives of old people's welfare committees throughout the United Kingdom and individuals with special experience.

The Council believes that government provision for old people needs to be supplemented by voluntary provision. Its aim is a coordinated nation-wide service for the care of elderly people in need of help, comprising both statutory and voluntary assistance, ranging from care in sickness and infirmity to acts of neighbourliness and friendship. It publishes an Annual Report and a Quarterly Bulletin giving information on current developments affecting the welfare of the elderly, new legislation and recent literature.

The Council acts as headquarters for some 1,500 similar representative local coordinating bodies known as Old People's Welfare Committees, through which are provided or assisted directly or indirectly facilities and services such as

Social Clubs and other leisure time activities
Day Centres, and transport for the frail and housebound
Visiting by volunteers to maintain regular contact with lonely or isolated elderly individuals living at home, or living in residential homes, in hospitals , or in hotels
Lunch Clubs and other meal services
Transport

Local committees are assisted in their work by means of informative literature, advisory services, training courses and in other ways through the Council.

Further information regarding the work and publications of the Council can be obtained from the National Old People's Welfare Council, 55 Gower Street, London W C 1 (Telephone 01-637 2886)

NATIONAL SUGGESTIONS CENTRE

The National Suggestions Centre was established in October, 1968, with the financial assistance of private and nationalised companies and Government Departments (as listed below) to receive ideas from the public in their capacity as consumers of goods and services, to research the better ones and endeavour to get action on them. A quarterly journal called WHAT? is published to enable subscribers to see what ideas are being received and where progress is being made.

Examples of projects undertaken by the Centre include:-

> An experiment in Hull to assess whether telephones installed in the homes of housebound old people will alleviate loneliness and enable more of them to remain in their homes rather than having to go to hospital.
>
> Persuading local authorities and welfare organisations to invite the services of milkmen to provide early warning about elderly people, living alone, in urgent need of help.
>
> A rating of different local authority services to judge their standard in terms of welfare services for the elderly.
>
> An examination of the feasibility of providing special-sized food packages for the elderly.
>
> The setting-up of local registers of retired people for part-time jobs.

Organisations which support the Centre as Foundation Subscribers are - Beecham Group Ltd; Black & Decker Ltd; Consumers' Association; Department of Health & Social Security; Electricity Council; Gas Council; Imperial Chemical Industries Ltd; Joseph Lucas Ltd; King Edward's Hospital Fund; Lloyds Bank Ltd; Marks & Spencer Ltd; National Coal Board; Post Office Corporation; J Sainsbury Ltd; Shell-Mex & BP Ltd; Tube Investments Ltd, and Unilever Ltd.

Further information about the work of the National Suggestions Centre can be obtained from their offices at 18 Victoria Park Square, London E 2. (Telephone 01-980 4596)

THE NUFFIELD FOUNDATION

Much of the Foundation's support in this field is given through the National Corporation for the Care of Old People, which was set up in 1947. The division of responsibilities between the two organisations is not rigid, but in general the Corporation concentrates on practical schemes and applied research in welfare problems. The Foundation gives grants for these purposes when a project is relevant to its other interests (e.g. two grants to Task Force) or when it is beyond the resources of the Corporation (e.g. the building of a ward at St. Christopher's Hospice).

For the most part, however, the Foundation's grants are for fundamental research in ageing. Support of schemes for the welfare of old people is given by means of an annual grant to the National Corporation for the Care of Old People.

The headquarters of the Foundation is at Nuffield Lodge, Regent's Park, London N W 1

NUFFIELD PROVINCIAL HOSPITALS TRUST

The main objective of the Trust is the improvement of hospital and associated medical services in the provinces of the United Kingdom. Unlike its sister body, the Nuffield Foundation, the Trust has no express interest in the care of old people in its list of purposes. The trustees of the Trust have however always been alive to the needs of the geriatric services in the general context of medical care, and more particularly their place in the mental health field, which is a special sector of Trust interest. The trustees' policy is to support pioneering and experimental ventures which are likely to set patterns for future services to be developed by hospital and local health authorities.

The following are examples of projects specifically directed to the needs of elderly patients which have been sponsored over the past few years.

Day Centres for geriatric and psycho-geriatric patients at Mapperley Hospital, Nottingham and Cowley Road Hospital, Oxford	Nuffield Provincial Hospitals Trust Third Report, pp.23-24 and Fourth Report, pp.36-37
Study of discharged psycho-geriatric patients from the Royal Edinburgh Hospital	Gerontologia Clinica, 1965, 7, pp.286-302
Experiment in the domiciliary care of elderly patients in the Belfast area	"Rehabilitation of the Elderly Invalid at Home", Nuffield Provincial Hospitals Trust, 1957
Study of nursing in geriatric wards at the Belfast City Hospital	"Geriatric Nursing", Oxford University Press for the Nuffield Provincial Hospitals Trust, 1963
Survey of the needs of the aged population in the Aberdeen area	"Age and Need: A Study of Older People in North East Scotland", E & S Livingstone, 1964
Case-load studies of geriatric services in (a) the Barrow-in-Furness, and (b) the Barnsley areas	(a) Medical Care, November 1963 and February 1964 (b) Private report to the University of Sheffield
Epidemiological studies in gerontology at Glasgow University, to examine the process of ageing in the community environment	(This grant was approved in 1967 and will be described in the Eighth Report of the Nuffield Provincial Hospitals Trust)

As part of its policy in promoting private seminars concerned with important matters of the moment, the Trust has also sponsored a symposium for the Senior Administrative Medical Officers of Regional Hospital Boards in England and Wales on the future of geriatric services.

The headquarters of the Trust is at - 3 Prince Albert Road, London N W 1

OFFICE OF HEALTH ECONOMICS

The Office of Health Economics undertakes and publishes social and economic studies on health problems, including the care of the elderly. Although these do not usually give detailed advice on matters of organisation, they help to provide a broad perspective for planning the care of the elderly. The Office is also pleased to give facts or information in response to individual enquiries. Further information may be obtained from the Director, Office of Health Economics, 162 Regent Street, London W1R 6DD (Telephone 01-734 0757)

The following is a selection of OHE publications:

About OHE		free
Factors which may affect expenditure on health	1966	free
Reports of OHE Symposia		
Surveillance and early diagnosis in general practice	1966	7. 6
The provision of general medical care in new towns	1967	7. 6
The consumer and the health service	1968	7. 6
Human relations in general practice	1969	7. 6
Medicines in the 1990's: a technological forecast	1969	10. 0
Studies in Current Health Problems		
No.5 Health services in Western Europe	1963	2. 6
No.7 The personal health services	1963	2. 0
No.10 The costs of medical care	1964	2. 0
No.15 The cost of mental care	1965	2. 0
No.16 Work lost through sickness	1965	2. 0
No.17 The local health services	1965	2. 6
No.18 Progress in mental health	1966	7. 6
No.20 Medical manpower	1966	2. 6
No.22 Efficiency in the hospital service	1967	2. 6
No.26 Old age	1968	2. 6
No.28 General practice today	1968	2. 6
No.31 The age of maturity	1969	3.0

ORDER OF ST JOHN OF JERUSALEM
and the
BRITISH RED CROSS SOCIETY
JOINT COMMITTEE

The Joint Committee is primarily concerned with the war disabled. For those who are now elderly there is provided:

A residential home with full medical and nursing care

A convalescent hospital catering particularly for the elderly infirm

For elderly war pensioners living within the general community help of many kinds is provided to meet the special needs of old age and in particular assistance with the heating of the home, warm clothing and invalid foods.

In many cases social visits are paid to the elderly and handcraft clubs organised for their interest.

Two seaside residential homes provide accommodation for retired nurses. All residents have well furnished separate rooms and all meals are provided.

The Joint Committee's hospital library service provides large print books and other aids for those who, because of age, have failing eye-sight. Homebound war disability pensioners, many of whom are elderly are also provided with a library service.

Further information can be obtained from the General Secretary, Joint Committee of the Order of St John of Jerusalem and the British Red Cross Society, 6 Grosvenor Crescent, London S W 1

PATIENTS' ASSOCIATION

The work which the Patients' Association does to represent and promote the interests of patients generally, for example, by campaigning against lack of privacy and excessive waiting times, is liable to benefit elderly patients particularly because these patients tend to use the health services more than most people and to feel more acutely any deficiencies.

The Association produces information leaflets on such subjects as changing one's doctor and going into hospital. Its leaflet on lesser known benefits and concessions is especially useful to the elderly who so often have inadequate means. Its booklet on organizations concerned with particular diseases assists patients to contact helpful organizations and other sufferers.

The Association gives information and advice on individual queries, and if necessary takes up problems on behalf of patients, which may not only resolve the immediate difficulty but lead to general improvements.

The Association issues News Letters and if a member would like other members to get in touch with him, this is put in a News Letter. Elderly people often find it difficult to make new contacts and this gives an opportunity.

Further information about the Patients' Association can be obtained from the Secretary, Patients' Association, 335 Grays Inn Road, London W C 1

PRE-RETIREMENT ASSOCIATION

The Pre-Retirement Association was founded in 1964 to encourage people to explore the opportunities that earlier and longer retirement offered them. It publishes booklets and reports on the different aspects of retirement and preparation for it; organizes conferences at national and regional level to meet the interest and arouse the support of management, trade unions, educational and medical disciplines; assists in the running of pre-retirement advisory courses by educational, industrial and voluntary organizations; promotes research into pre and post-retirement attitudes and operates information services through the mass media and regional organizations to draw these facts to the attention of the public and those concerned professionally.

There are now 22 regional organisations offering a variety of services. Glasgow Retirement Council, for example, has run day-release courses for nearly 2000 people in the past ten years, has developed three craft centres and runs an employment bureau. Birmingham specialises in on-site courses at industrial premises and in its first five years ran courses for 5000 men and women. It has also developed activities centres for people who want to make the most of their opportunities to develop new, or resurrect old, interests. Liverpool has concentrated in the first instance on the needs of women workers and has noted that more stimulating discussion ensues from a group of people from mixed backgrounds.

Much of this work depends on the active co-operation of industry and the management's appreciation that preparation for retirement has to begin five to ten years in advance of the day. Residential and on-site courses are held by some firms, usually using group discussion techniques, as many workers have a barrier against anything described as education or re-training. Other courses are run by local education authorities through adult education institutes.

The continued need for work and the lost companionship of the work-place are very important in early retirement years. Firms are encouraged to run tapering-off schemes for their employees; voluntary organizations run agencies to find part-time work for the retired in some parts of the country and some special workshops are in existence. A few are sponsored by industrial firms, more by Old People's Welfare Committees. The Pre-Retirement Association also aims to provide greater interest in health education and preventive medicine directed towards the middle-aged.

Further information can be obtained from the Secretary, Pre-Retirement Association, 35 Queen Anne Street, London W1M 9FB.

QUEST

QUEST is a news service and information centre on the voluntary movement and social change in Britain. As such, it holds information on many of the groups which are currently working to bring about improvements or suggest alternatives to our present services for the elderly, as well as keeping extensive files on all the related areas such as poverty, employment, welfare rights and community.

In addition to publishing a monthly bulletin which gives a resume of the activities of all groups and organisations working in the field, QUEST acts as a live information service providing accurate, up-to-date information to its subscribers, on both the background to the current areas of social change, and the individual groups working within these areas.

Further details can be obtained from the headquarters of QUEST, 209 Abbey House, Victoria Street, London S W 1 (Telephone 01-799 3150)

RESEARCH INSTITUTE FOR CONSUMER AFFAIRS

The Research Institute for Consumer Affairs (RICA) is an independent non-profit-making charitable trust whose terms of reference include the investigation of provisions made for the under-privileged consumer. RICA is closely associated with the Consumers' Association (CA), publishersof WHICH?, and draws on CA's resources and accumulated experience in the comparative testing of equipment.

A programme of testing of equipment for the disabled is being carried out by RICA, sponsored jointly by the National Fund for Research into Crippling Diseases and the Sembal Trust, and this should be of help to the elderly in the population as well as to the disabled of all age-groups. Reports so far published are:

July 1969 No.1	Refrigerators
July 1969 No.2	Reading Aids: Page Turners
Jan. 1970 No.3	Reading Aids: Microfilm Projectors
Jan. 1970 No.4	Reading Aids: Prismatic Spectacles
Jan. 1970 No.5	Cookers

These are published by the National Fund for Research into Crippling Diseases (Vincent House, Vincent Square, London S W 1) as part of the Additions and Amendments Service (£2.2.0 per annum) of Equipment for the Disabled (£7.7.0) and are also available separately.

In the April issue of WHICH? there was published a comparative assessment on Easy Chairs for the Elderly. Current relevant work which RICA has in hand includes similar comparative assessments of bed/chair tables and their use as inclined book rests; pick-up sticks; gas fires; and can openers.

Further information about the Research Institute for Consumer Affairs can be obtained from its headquarters at 43 Villiers Street, London W C 2 (Telephone 01-930 3360)

ROTARY INTERNATIONAL

The members of the 1,069 Rotary Clubs in Great Britain and Ireland are pledged to service to the community, and many of them, individually and occasionally corporately, have made their contribution to the improvement of care for the elderly in hospital and in the community.

Some Rotary Clubs have been closely involved in housing schemes of various kinds; in the provision of sheltered workshops; in the institution of day centres or less elaborate amenities for older people; in the provision of caravans, etc., to provide for holidays; in transport in a wide variety of circumstances. The entertainment of elderly people at Christmas time has for long been common to most Rotary Clubs, who are often concerned, as well, with the distribution of gifts of food and fuel - the money for the provision of such gifts arising from collections made at locally-sited Christmas trees.

Rotary Clubs, through their individual members, undertaking a considerable amount of domiciliary and hospital visiting, and have been pioneers, in many areas, in the provision and maintenance of emergency call systems. There is among Rotary Clubs a growing interest in the arrangement of shopping facilities for the disabled and the elderly. This involves a special and "private" extension of normal shop hours which has, so far, been limited to the Christmas season, but it is hoped that it will shortly take place at other periods in the year.

Many hospitals have been presented with special equipment for their geriatric wards through the initiative of the local Rotary Club, and there has been an especially close link between Rotary Clubs and the "Meals on Wheels" service. In a number of towns, the Rotary Club has been responsible for the provision and conversion of motor-coaches which can be used for the conveyance of those who are elderly and/or disabled.

Rotary Clubs have evolved various means for assessing the needs of the older generation in their communities, and have made it an accepted part of their service to see to it that such needs have been met. The headquarters of Rotary International is at Sheen Lane House, Sheen Lane, London, S W 14 (Telephone 01-878 0931)

ROYAL SOCIETY OF HEALTH

The Royal Society of Health, the largest society of its kind in the world, with over 33,000 members, was founded in 1876 to promote the health of the people.

It maintains a large library, which includes books on most aspects of geriatric care. It also publishes the Royal Society of Health Journal, a bi-monthly publication which includes articles, from time to time, dealing with geriatrics, as well as book reviews on this subject.

Meetings are held in London and throughout the country, with an annual Health Congress and an International Health Conference every two years, when many Papers are devoted to the improvement of the health and living conditions of the elderly as well as the problem of loneliness which affects many old people.

The Society has several groups, one of which, the Health Education Group, devotes many of its meetings to improving geriatric care.

Further information about the work of the Society and details of membership can be obtained from the Secretary, Royal Society of Health, 90 Buckingham Palace Road, London S W 1 (Telephone 01-730 8942)

ST JOHN AMBULANCE ASSOCIATION AND BRIGADE

St John Ambulance provides many services for the elderly, with special emphasis on home nursing and the alleviation of loneliness and the effects of disability.

Services include:-

auxiliary nursing in Geriatric Hospitals and Homes for the elderly,

nursing aid, carried out in the patient's own home, under the supervision of the District Nurse,

neighbourly services, the care of invalids that would normally be given by a responsible relative. This may be short-term help in an emergency, long-term regular assistance in a chronic case, or an occasional duty to relieve a relative. It includes sitting-in with bed-ridden or helpless persons,

help in staffing Day Centres and Clubs for the elderly, and with the provision of transport for those attending,

escort duties, either for individuals who need to be accompanied to Church, shopping, hospital, etc., or on group outings for the elderly,

visiting the elderly, whether in hospital or at home, to help with letter-writing, shopping and general comfort and encouragement. St John Cadets often undertake this service.

St John is represented on the National Old People's Welfare Council and on many local Old People's Welfare Committees. A system of coordinated help from the Ambulance and Nursing Adult and Cadet Divisions undertaken for elderly people in a locality by arrangement with a local authority Welfare Department can provide a very useful service.

Further information on the contribution of St John Ambulance in this field may be obtained from the Chief Secretary, Headquarters St John Ambulance, 1 Grosvenor Crescent, London S W 1

SPASTICS SOCIETY

The Society is a national charity concerned with the welfare of children and adults suffering from cerebral palsy and associated handicaps and is concerned with the problems of old age. Where necessary its services are geared to provide help and support required by handicapped elderly people, or to secure that support through the statutory agencies.

The Spastics Society provides long term care facilities at some 25 residential centres in different parts of England and Wales. Each of these centres is able to relate the day-to-day activities of its residents to an industrial or less work-orientated background, depending largely on the abilities and wishes of the residents, and all have their share of older spastics.

The Society is able at a local level through the 160 or more local organisations affiliated to it to provide a continuing link with old people, to ensure regular visiting and the provision of much needed practical support and social contact, especially for those in hospital.

At a professional level the Society offers specialist help and advice through the medium of its Social Work and Employment Department, a service available to statutory and voluntary bodies as well as to the individuals concerned.

More recently the Society has become concerned about the inadequacy of accommodation for many handicapped old people and the need for improved housing facilities with appropriate welfare support is one of the problems being tackled by the Society through the HABINTEG Housing Association in different parts of the country.

Further information about the services provided by the Society and about its activities in the field of handicap may be obtained from the Spastics Society 12 Park Crescent, London W1N 4EQ

TOC H

There is no other voluntary association quite like Toc H. It exists that men and women of all ages, of all political belief and creeds or not at all, may test the truth of the Christian faith by experiencing true fellowship within the branch or group and through it participating in acts of service to the community.

Quite often the Toc H branch will pioneer new ways of service and will infect other people with their concern. Sometimes, too, the job is handed over to those other people leaving the branch free to seek fresh needs that are not, or cannot, be met by the statutory authorities. In this way Toc H encourages a growing number of people to take a sustained interest in their own lives and those of their neighbours.

There are no approved forms of community service for Toc H. Members may be found offering advice or practical help, either singly or corporately, across the entire span of voluntary service. Naturally, some of the work is with elderly people and examples of jobs being carried out at the moment are:

The Elderly at Home

Wood and coal deliveries. Sick visiting. Warning light systems. Shopping expeditions. Changing library books. Reading local newspapers for the blind and partially sighted. House decorating and gardening. Assistance with government forms and decimalisation.

The Elderly in Hospital

Hospital broadcast systems. Mobile book trolleys. Ward visiting. Motor car outings. Flower arrangement. Letter writing and reading. Ward entertainments. Carol services at Christmas. Providing funds for new equipment.

Further information about the Toc H Movement may be obtained from: the Public Relations Officer, Toc H, 41 Trinity Square, London E C 3
(Telephone 01-709 0472)

WOMEN'S ROYAL VOLUNTARY SERVICE

Women's Royal Voluntary Service provides help in meeting many kinds of personal and community needs, by supplementing the national health and welfare services as well as by initiating and undertaking projects to meet changing conditions and circumstances.

The following notes give some indication of the ways in which WRVS works to maintain the independence of, as well as to help to improve the care of, the elderly.

1. Everyday problems of living

   Visiting Schemes

   Clubs, including Luncheon and All-day Clubs

   Recreation and Handicrafts

   Meals on Wheels

   Books on Wheels

   Clothing Centres

   Chiropody)
   Laundry Service) In collaboration with the Local Authorities
   Home Help Services)

   Holidays

2. In Hospital and Geriatric Units

   Shop/Canteen Units

   Trolley Shops

   Helping with Occupational Therapy

   Visiting, taking patients out, etc

3. Housing

   Flatlets and Sheltered Housing

   Residential Clubs for those in need of care and attention

   Nursing Homes and Extra Care Clubs

Further information about the work of WRVS can be obtained from the WRVS Headquarters, 17 Old Park Lane, London W1Y4AJ (Telephone 01-499 6040)

YOUNG VOLUNTEER FORCE FOUNDATION

Launched in 1968 as an independent educational trust, the Foundation exists to promote the full involvement of young people in all aspects of the life and problems of their local communities. It does this through experimental projects of a wide variety carried out at the twelve centres the Foundation is running in different parts of the country at the invitation of the local authorities concerned .

YVFF also runs an information and advisory service which is able to supply a wide range of help to individuals, voluntary groups or statutory bodies.

The range of work undertaken by young people in the various projects is very wide. One of the many urgent problems confronting volunteers in the centres is the loneliness and incapacity of elderly people and how they may help to make life easier for them.

Examples of ways in which young people are involved include:

The elderly at home: visiting, decorating, gardening, shopping, outings, collecting pensions, changing library books, installing warning systems, adaptation of furniture, social clubs, helping old people to form friendships with their own age group, organising small groups who (e.g.) knit for Oxfam; holding Bingo parties, involving them in the life of the local school, tape recordings, sharing hobbies, etc.

The elderly in hospitals/homes, etc: visiting, running messages, posting letters, helping at meal-times, moving/accompanying patients to specialised departments; group activities - entertaining , bingo sessions, community singing; activities to assist in physiotherapy; recreational activities - social evenings, etc.

Further information can be obtained from the Director, YVFF, Abbey House, 2-8 Victoria Street, London S W 1

Appendix A

THC 70/25

Letter sent to: Hospital Boards & Committees
Local Health Authorities
Executive Councils

Geriatric Services

I am writing to ask for your help in connection with the exhibition, conferences and publication that the Centre is planning for the latter part of 1970 on the subject of geriatric services.

In this programme of activities, we hope to be able to illustrate some of the good ideas and practices that have already been introduced, or are being planned, in the provision of geriatric services in hospital, local authority and the home. We are therefore writing to hospital and health service authorities to ask for brief details of any noteworthy schemes that might be of interest generally throughout the health service and that might be usefully adopted or adapted by other authorities.

Accordingly, I should be very grateful if you could let me have, by 25th February, brief details, including references to any published articles or reports of any such scheme(s) with which your own authority has been concerned. Overleaf there are listed some of the topics in which we are interested, and there are doubtless many others which could be included.

It is realised that most authorities already have a high standard of achievement under most of the headings shown. We are particularly keen to get details of developments that could be considered to be innovations or experiments of special interest. Or putting the question another way, what would you consider to be the one or two outstanding contributions that your authority has made since 1965, or is planning for the future, in the development of geriatric services?

I hope this request will not cause you too much trouble; I shall be very grateful for your help.

January, 1970

M C Hardie

Geriatric Services

Prevention

Pre-retirement courses
Employment of retired people
Special housing
Old people's clubs
Geriatric advice clinics
Visiting of old people
Education and publicity about problems of old age and services available
Incontinence

Rehabilitation

Assessment, training and follow-up
Sheltered workshops
Boarding-out schemes
Re-placement in the community
Incontinence

Care

Assessment
Organisation of care
Psycho-geriatric services
Planning and design of new and old wards and buildings
Day centres and day hospitals
Design or adaptation of equipment and clothing
Training and deployment of staff
Use of volunteers
Incontinence

Coordination

Cooperation and coordination of hospital, local authority GP and domiciliary services
Cooperation between statutory and voluntary organisations

Any other schemes, projects or services

Appendix B

THC 70/160

Letter sent to voluntary organisations

Improving Care for the Elderly

I am writing to ask if you would be prepared to let me have a brief statement summarising the ways in which your organisation helps to improve care for the elderly in hospital and the community.

The background to this request is that from June-December this year the Hospital Centre is arranging an exhibition, conferences and publications on the subject of geriatric services. In this connection I enclose a copy of a letter (THC 70/25) that was sent in January to every statutory hospital and health service authority in the country. We have had a very good response to this letter, and as a result we are proposing to prepare a booklet entitled "Improving Care for the Elderly" giving brief descriptions of many of the good ideas and practices and interesting innovations and experiments that have been introduced in different parts of the country in recent years.

It is clear that much of the improvement has been aided or initiated by voluntary effort, and to supplement the descriptions in the booklet we should like to include a section giving brief details of the type of help and support provided for the elderly, directly or indirectly, by a number of voluntary organisations. As an example of the sort of thing I have in mind, I enclose a copy of the entry that we shall be including about one voluntary organisation. We should like to include a similar brief description, between 150-200 words in length, about your own organisation's work for the elderly.

I hope you will be prepared to help in this way. If you agree, could you please let me have the description, worded exactly as you would like to see it printed, by 10th April, or earlier if possible.

March, 1970

M C Hardie

IMPROVING CARE FOR THE ELDERLY

Please encircle your answers

1. How do you rate this booklet?

Very useful; Useful; Not much use; No use at all

2. Which section(s) of the booklet do you find of most use? Please list appropriate section headings from contents page of booklet.

3. Which section(s) of the booklet do you find of least use? Please list appropriate section headings from contents page of booklet.

4. a) In the field of geriatric care do you know of any other good ideas and practices, or interesting innovations or experiments, that you think could usefully be more widely publicised or more widely adopted or adapted elsewhere in the country? Yes / No

b) If answer is yes, please give brief note of the aspect(s) of geriatric care concerned (e.g. voluntary services; incontinence; co-ordination of services; etc)

c) If it should be decided to produce another edition of the booklet would you be prepared to contribute a summary, 100-200 words in length, describing each of the topic(s) mentioned in 4(b) above? Yes / No

Please encircle your answers

5. a) Do you think it would be useful to produce further editions of this booklet, with more examples of developments in geriatric care? Yes / No

b) If answer is yes, do you think that the booklet should be produced in about the same size in about two years' time? Yes / No

or

c) would it be better to aim to collect and circulate a fewer number of summaries more frequently - say, twice a year? Yes / No

or

d) have you any other suggestions for methods of collecting and disseminating this sort of information? If answer is yes, please give details below or on separate sheet

6. Are there any other fields of health service care in which you think it might be useful to try to produce similar booklets? If answer is yes, please give below, in order of priority, for which fields of care you think such a booklet might be useful.

7. Please give below any other comments or suggestions about this booklet and about ways in which future editions (if any) could be improved.

Please do not give your name or post unless you wish to do so, but it would be helpful to know the nature of your work.

Name ....

Post .....

Address ...

Nature of your work .... Date ....

Please complete and return this questionnaire to the Director, The Hospital Centre, 24 Nutford Place, London W1H 6AN

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