

THE ELDERLY MIND

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THE ELDERLY MIND

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THE ELDERLY MIND

FOREWORD

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, with particular reference to psychogeriatric care.

It does not attempt to provide an exhaustive index of all the best ideas. It aims rather to provide a simple narrative describing some of the ideas and practices that have come to the notice of the Centre in recent months mainly in response to an invitation which was sent to health and social service authorities throughout the country, and to a large number of voluntary organisations asking for details of any innovations or experiments which might usefully be adopted or adapted by other workers in this field.

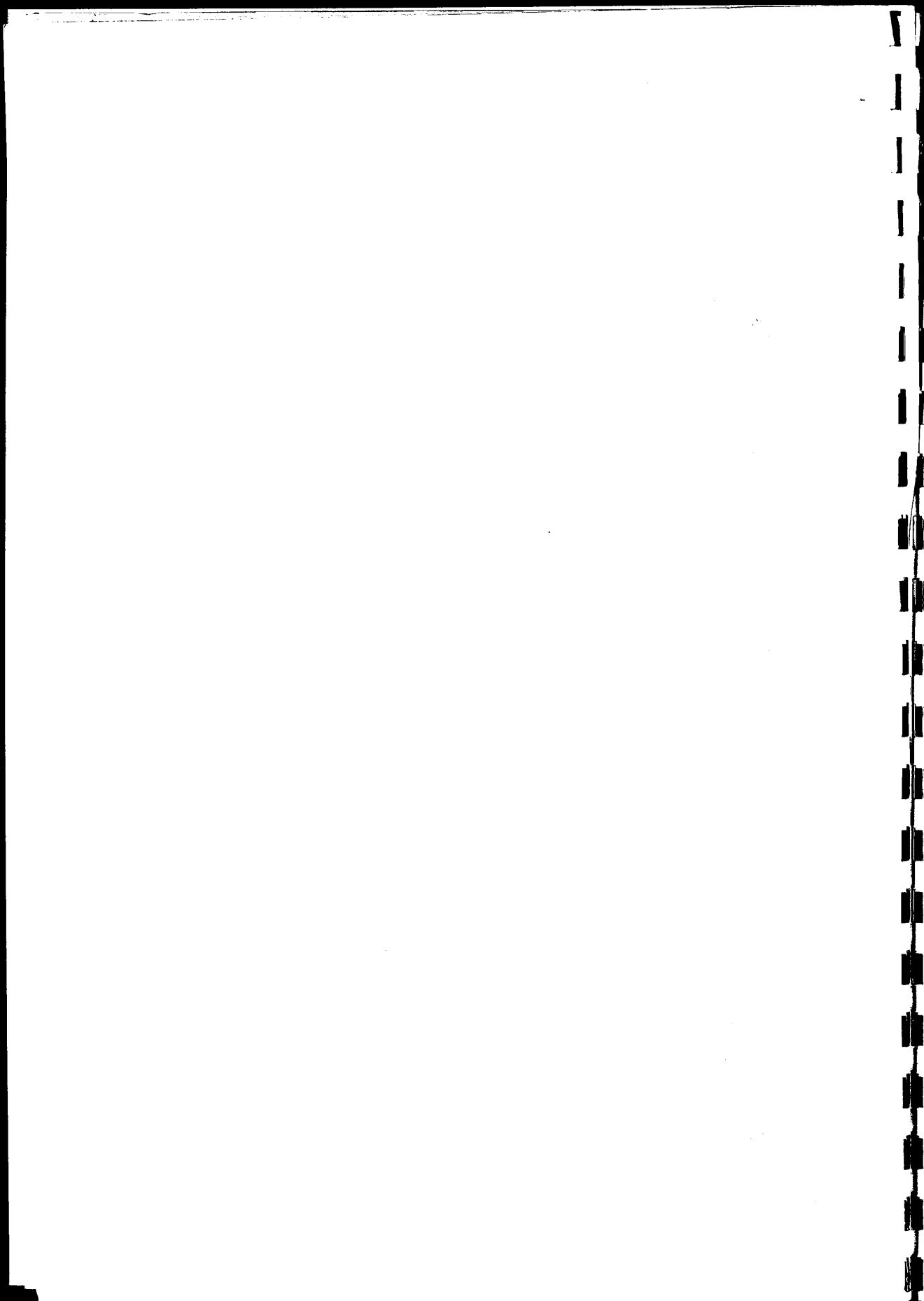
Some of the information thus gathered has been used to prepare for the Centre exhibition - The Elderly Mind. Few of the contributors would claim that their ideas are unique. No doubt some organisations which have not contributed will be able to claim that they have already developed similar or better practices. To those people we say, please send us all the information you can, so that we may pass this on to enquirers and perhaps include it in a later edition of the booklet. To all who receive the booklet, we hope that the contributions of so many people working in the field will help to stimulate thought about possible improvements in the local service. It would help us if you could find time to complete the questionnaire at the end of this booklet.

Those who wish to make further enquiries about particular schemes are advised to write direct to the organisation concerned; but if this proves a difficulty, the Hospital Centre will try to help. Enquiries should be addressed to Mrs Joan Rush, Project Officer, The Hospital Centre, 24 Nutford Place, London, W1H 6AN.

The Centre sends its thanks to all the authorities and organisations that have sent in the information upon which this booklet is based. Last but not least, thanks are also due to Joan Rush who collected and collated the replies received and to Ann Shearer who took on the task of editing the information and writing the narrative which appears in the following pages.

September, 1972

Miles Hardie
Director
King's Fund Hospital Centre



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INTRODUCTION

The booklet has been set out to try to illustrate the way that services appear to the people on the receiving end, moving from home to the local community to hospital. There is no section on one of the favourite catchwords of the day - "prevention" and only a short one on another "cooperation".

For the first, all services can be seen as prevention of deterioration into a further stage of dependence. Services in the home and centres in the community help prevent elderly people from having to seek residential care, just as sheltered housing and group homes help prevent dependence on others to make their daily decisions for them. A careful use of residential homes in the community helps prevent admission to hospital. So the booklet can be seen as a sequence of preventive measures. For the second, the theme of cooperation runs throughout the booklet, whether between statutory authorities or between them and voluntary bodies. Some reference to the second appears in every section; voluntary organisations have their own directory at the end of the booklet, which should be read straight through to pick up ideas rather than simply being used to see how an idea can be put into practice.

The theme of the booklet is "the elderly mind", and no attempt has been made to divide it up into different sections according to various definitions of what constitutes "psychogeriatrics". Rather, the booklet tries to recognise that an unplanned discharge from hospital after a physical illness can cause distress to an elderly person which may in turn lead to depression, even though in the strict sense this is not a "psychogeriatric problem". For this reason, many of the examples in the booklet are drawn from geriatric hospitals rather than units which specialise in dealing with elderly people with mental confusion. This has been done deliberately, in the hope that in an area where definitions are so hazy, each side can learn from the other.

Finally, the booklet raises some important questions for the future development of services to elderly people. Should the assessment and care of people with mental confusion properly be the responsibility of a geriatric physician or a psychiatrist? Both approaches are illustrated here. Should hospitals and local authorities both continue to make residential provision for the same group of elderly people? Does the development of sheltered housing and group homes illustrated here suggest that local authorities should direct their energies in this field, and give up running residential homes which may be virtually indistinguishable from hospital units in the type of people they cater for? On the other hand, there are illustrations of local authority residential provision which suggest the reverse may be true, that it is the hospital service which should withdraw from providing what is often residential care, rather than full hospital treatment.

These are some of the important questions the booklet raises. If it sometimes seems lacking in direction, presenting merely a set of alternatives without a clear pattern, then that is a reflection of the state of our services to elderly people with mental disorders. We hope it also throws up some suggestions about how we can improve these services before another generation of elderly people is launched into the maze.

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THE BASIS OF SERVICES

EDUCATION FOR RETIREMENT

The sudden break from a working routine to a life of full-time leisure can cause a great deal of distress. Preparation for the change is now increasingly recognised as important; many people would say as well that the opportunity to continue working after the official retirement age is no less so.

The Glasgow Retirement Council provides one example of how people can get help around and after the time of their retirement. It was set up through a gathering of local employers, educationalists, voluntary organisations and city counsellors, and provides day-release courses and personal interviews for people about to retire as well as hobbies and craft centres for those who have. An important development has been the formation of Retired Employees' Associations, which meet in the factories in which their members worked and provide continuing links as well with the personnel officers of the firms. Any member who needs help can drop a pre-paid postcard to his officer and will get a visit either from him or from a member of the association. The Retirement Council has also opened a bureau for people who want part-time employment which is open every afternoon and staffed by voluntary workers. Some industries in the area will employ their own retired workers on full pay for a day a week, up to the age of 75. (1)

Further education colleges play an important part in pre-retirement courses. The Department of Adult Education at Mander College, Bedford, for instance, runs a 10-week course in weekly afternoon sessions, and anyone over 55 can come. This course covers health, housing and social services as well as leisure activities and opportunities to give rather than receive social help. An important spin-off has been the Retirement Club, formed and run by people who had been on the course.

The Pre-Retirement Association was set up eight years ago to educate the public in preparation for retirement and to encourage courses for employees. Details of its work are in the section on Voluntary Organisations.

EARLY DETECTION OF NEEDS

Some authorities have now recognised that it is more valuable to search out possible problems in elderly people than to wait for these people to report their troubles themselves.

The Health Department of Devon County Council runs "retirement clinics", to which people between 65 and 70 are invited to go by their general practitioners. Health visitors fill in a detailed questionnaire about the visitors' physical and mental health, and there are facilities for medical examination. The results are then reported to the general practitioners.

Doncaster's health department runs similar clinics, although as yet there are no facilities for special screening tests. Here an important aspect of the work is telling people where to apply for

different sorts of help and introducing people who are lonely to each other, especially the recently bereaved. On a practical level, welfare foods are sold at the clinics, hearing aid batteries are supplied and chiropody is provided on an appointment system.

The Enfield Department also runs a Health Advisory Service, which gives advice to people about to retire as well as providing medical check-ups. The clinic is held at the moment in an old people's clubhouse; which brings advantages as well as the disadvantages of lack of privacy.

The success of early detection programmes for elderly people depends on the willingness of general practitioners and social service staff to use them and let their customers know that they exist.

General practitioners, however, themselves may play an important part in early detection by routine visits from themselves or their attached health visitors to people who fall into categories of special risk. One such scheme suggests visits to all people who are over 75, recently bereaved, or physically disabled, and is now operating in eight group practices in Edinburgh. Other practices offer variations of this theme. One London practice, for instance, has an attached health visitor who visits all old people on the practice's age-sex register who have not been seen by the doctor recently. Another group practice visit its housebound patients regularly, and a third visits all elderly people within walking distance of the surgery at intervals not greater than a month.

ASSESSMENT

The Department of Health and Social Security advises that assessment should, wherever possible, be carried out in the old person's home, and suggests that a member of the hospital psychogeriatric team should be available to consult with the general practitioner and social worker. For people who cannot be assessed either at home or as out-patients, it advises a psychogeriatric assessment unit within the geriatric department of the district general hospital. Until these are set up, it says, units should be established in either psychiatric or geriatric hospitals. The geriatric physician should, however, be responsible for the unit. (2)

Services for the Elderly with Mental Disorder from the Scottish Home and Health Department, recommends much the same pattern though with a stay of up to eight weeks instead of a month. (3)

Both departments emphasise the need for cooperation between geriatrician, psychiatrist and local authority social work departments within assessment units. There are, however, a number of variations on this pattern in operation at the moment.

AT HOME

The general practitioner and his team is generally seen as the first assessing agency, but there are different views about whether he should next consult the geriatrician, the psychiatrist or both. The London Borough of Lewisham, in a pilot scheme, introduced two experienced health visitors who had worked with both geriatrician

and psychiatrist and had hospital experience as the next stage in the assessment procedure. The health visitor makes her assessment when the case is brought to either, and after four days reports to both consultants as well as to the GP and the chief nursing officer. On this basis, it is decided whether the elderly person should be offered full hospital care, day hospital treatment or support in the community. As both health visitors have other work, assessments are limited to two a month.

Other hospitals think it impracticable to expect full multidisciplinary assessment of the needs of old people in their own homes. Goodmayes Hospital, in Essex, provides assessment at home by a consultant psychiatrist, and nearly all referrals of old people are now made to him; rather more than 10 per cent of them are re-referred to general medical, surgical or geriatric services. Severalls Hospital, also in Essex, sends social workers on home assessment visits, although a psychiatrist may visit as well.

IN HOSPITAL

Many hospitals, whether psychiatric, geriatric or general, make assessments in their day hospital. The Brighton Clinic at Newcastle General Hospital has developed a full psychiatric, physical and social and laboratory investigation, and doctors, nurses, occupational and physio-therapists take part, as well as hospital and local authority social workers.

In-patient assessment wards are at the moment found in all three types of hospital. Southampton University Management Committee is now planning to base one of these wards in a local mental hospital and one in a local geriatric hospital, and to compare practice. Both units will be under the control of psychiatrists, although more usual practice is for psychiatrists to control units in mental hospitals and geriatricians units in geriatric hospitals. Wherever the unit is, however, it is usual for full physical as well as psychiatric examination to be made. At Crichton Royal Psychiatric Hospital in Dumfries, for instance, over half the patients turn out to have some significant physical illness, and first emphasis is placed on complete physical examination. During the first week after admission, medical screening is routinely made, and full laboratory facilities are available if necessary. Two thirds of the patients who are admitted for assessment to Barncoose Geriatric Hospital in Cornwall, to take another example, have been seen before admission by either a geriatrician or a psychiatrist, and psychiatric assessment is as important here as physical. (4)

Some hospitals have not found it necessary to start a psychogeriatric assessment unit at all. In Cambridge, old people who need this type of assessment are admitted to the geriatric department of the general Chesterton Hospital, and there is close cooperation with the neighbouring mental hospital at Fulbourne for consultation.

Other hospitals have got over the meeting of physical and mental problems in these elderly people by planning joint psychogeriatric and geriatric units. Mile End Hospital, in London, plans this kind of unit to serve the London Borough of Tower Hamlets, under the joint charge of a geriatrician and a psychiatrist. A somewhat similar scheme is planned in the expansion of the Royal Victoria Hospital in Edinburgh, although there a psychogeriatric assessment unit is to be grafted onto an already existing geriatric hospital, so that the whole will provide a comprehensive assessment service for a section of the city.

Assessment units under the joint charge of psychiatrist and geriatrician are also seen as a way of ensuring that physical and psychiatric investigation are both equally complete. St Thomas' Hospital development of a Department of Geriatrics at the South Western Hospital in London envisages a unit which, although under the charge of a geriatrician, will be staffed by both geriatric and psychiatric teams. Goodmayes has a small joint unit with a local geriatric hospital.

The most complete pattern of assessment units to emerge so far is the one which also incorporates local authority social service departments. In Doncaster, three social workers as well as the Medical Officer of Health, a geriatrician and two psychiatrists have the right to admit patients to the unit, if no bed is available, it is the responsibility of the admitting officer to find an alternative. Much the same policy applies at St Francis' hospital in Nottingham, where patients may be admitted by either the psycho-geriatrician, the geriatrician or a designated social worker. At the new psychogeriatric assessment unit at the Royal Victoria Hospital in Edinburgh, the psychiatrist, the geriatrician and a senior social worker will have equal admitting rights, which will mean that the hospital not only provides a comprehensive assessment service for all old people in one section of the city, but that the people responsible for organising future care will all be working together from the start.

LIFE AT HOME

JOINT HOSPITAL AND LOCAL AUTHORITY SUPPORT

Although traditional support to elderly people and their families at home comes from local authority social service and health departments, a number of authorities are now establishing closer cooperation between hospitals and local authority staff.

In Oxfordshire, geriatric liaison health visitors are appointed jointly between the County Health Department and two of the geriatric units that serve the greater part of Oxfordshire. This has brought greater cooperation between the two arms of the service and meant a more discriminating use of the service that are available to elderly people, both with and without psychiatric problems, and their families. The health visitors attend case conferences in hospital, and so learn of plans for rehabilitation in the community well in advance of discharge; this has made for smoother moving between hospital and home. After discharge, the advice of the hospital on the care of elderly people is easily available, and this has proved especially valuable when they are confused.

At the same time, the health visitor is able to have good liaison with social service departments when someone can be discharged from hospital into local authority residential accommodation. These hospitals provide "floating bed admissions", which means beds for two nights in a fortnight as well as accommodation while the family is on holiday or the elderly person's home help is away. St John's Psychiatric Hospital at Stone in Buckinghamshire is one of many others which have much the same sort of "relief" scheme; here old people can live in for two nights in every fortnight and a long weekend every five or six weeks. As well as this, elderly people who need less support can come in for a fortnight occasionally to allow their relatives to go on holiday.

This hospital, in cooperation with Buckinghamshire County Council in a Department of Mental Health of the Elderly, also runs a scheme to bring psychiatric nursing skills to the community. Two psychiatric nurses, one from the hospital and another a district nursing sister, helped families during a pilot scheme to care for their elderly relative, and also were in contact with other professional community workers, as well as reporting back to the consultant psychiatrist on the best ways to ration scarce resources. The experiment has been so successful that a permanent service has now been developed. Six joint appointments between hospital and local authority have been created, all based on general practices. The hope is that the need for help will be recognised earlier, so that families can be given support before they reach breaking-point. The work should also provide information on the effectiveness and limitations of care in the community.

A research project in Northamptonshire over the last three years has been looking at the use of psychiatric nurses in the community. The three nurses here were attached to general practices

and responsible to the GP, but able to ask the local psychiatric hospital if they needed advice. Although the effects of this scheme for elderly mentally ill people and their families are still being assessed, it is now being extended to cover Northampton as well as Kettering, where it started. The nurses accept from general practitioners any patient over the age of 65 who is causing concern because of his or her physical, psychiatric or social deterioration or who are thought to be taking up a disproportionate amount of their GP's time. Other referrals come from joint GP-consultant assessments after an old person has had a period in hospital. The nurses report on their visits to the GP and also mobilise any other community help that may be necessary. Visits can be made several times a day or once every three weeks. Few of the old people are admitted to hospital, but if they are, the nurse keeps in contact with them there and with the family at home.

AIDS TO INDEPENDENCE

Local authorities provide, if not always in large enough quantities, a battery of help towards independence, ranging from home help to meals on wheels to walking aids. The London Borough of Hounslow is one that is using the powers granted to local authorities under the 1968 Health Services and Public Health Act to provide mostly housebound old people with television or wireless, and the same group with telephones, as well as heating appliances and power points. Telephones should in any case now be provided to old people in need under the 1970 Chronic Sick and Disabled Persons Act.

Hospital departments which specialise in the rehabilitation of elderly people sometimes produce their own range of aids to independent living. A workshop for the disabled in the Royal Cornwall Hospital in Truro, for instance, has produced a teapot pourer for people who find it hard to hold a teapot, as well as a one-handed tin opener and a gadget that enables people without the use of their hands to use a telephone. Barncoose Hospital in Cornwall as well, has its own range of gadgets, produced in its geriatric occupational therapy unit.

The Disabled Living Foundation specialises in all sorts of clothes and aids which could help elderly people to keep or regain their independence; details of the Foundation are in the last section of the book.

Local authority services such as sheltered housing, clubs and day centres can also be described as important aids to independence for elderly people; these are reported in the next section, Life in the Community.

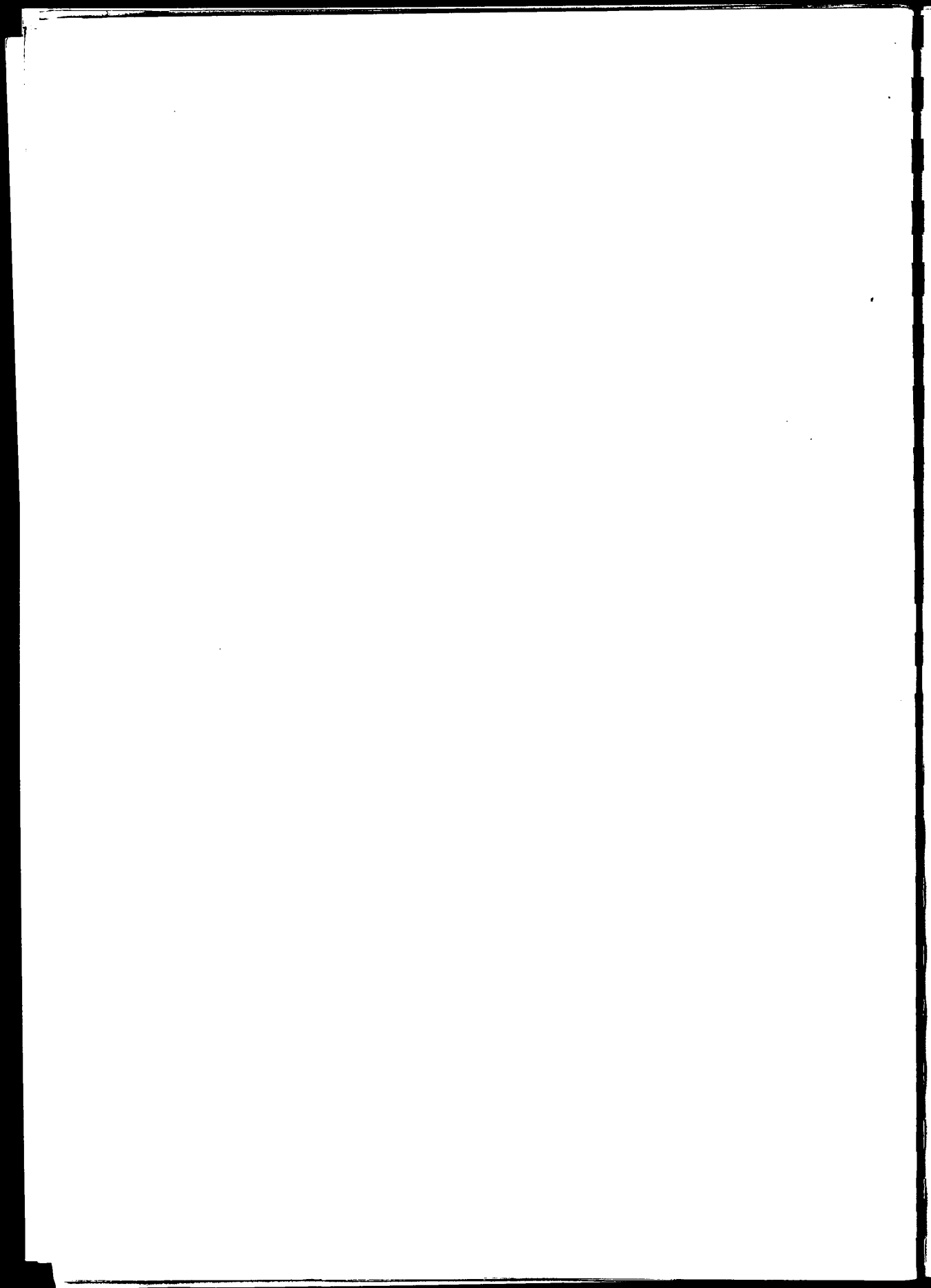
THE VOLUNTARY CONTRIBUTION

Visiting elderly people at home, shopping for the housebound and working in their garden, must be the most popular voluntary activities in the country for anyone, of school age upwards. There are over 1500 old people's welfare committees and Age Concern groups that foster these activities, in conjunction with local councils

of social service and community councils. Details of these and other organisations that offer such help and company for elderly people are given in the last section of the booklet.

Help to elderly people ought not to be all one way. Task Force, a young people's organisation set up specifically to help the elderly, has a scheme in its Barnet branch for children from the local school for the educationally handicapped to visit old people. This takes some planning to make sure that the both sides enjoy each others' company, but once this is established, the idea is a great success. Both sides feel that they can offer something to the other, which is especially good as they both tend usually to be on the receiving end of services.

Another young voluntary organisation, Young Volunteer Force Foundation, has just established a two year project in cooperation with the Newcastle health authorities and social service authorities to look particularly at the special needs of old people returning home after a period in hospital, particularly those who come from or are going back to, a home on their own. Volunteers meet the old people either before they go into hospital or during their stay there, and establish a contact that continues for two months after they return home. This 'Health of the Elderly' project has a grant from a trust fund, together with a steering committee drawn from health and social service authorities and voluntary organisations in the Newcastle area. Volunteers are being recruited through existing community groups like schools and colleges, youth clubs and action groups, and are trained to the work by two paid YVFF staff through discussing the particular problems of old age and becoming familiar with local housing, medical and social services.



LIFE IN THE COMMUNITY

WORK

The employment bureau of the Glasgow Retirement Council, described in the first section, has had some success in finding work for retired people who nevertheless want to go on working. It manages to place about 100 workers a year, in occupations ranging from liftmen to traffic census takers, cooks and laundry sorters. Many of its customers are retired executives who enjoy the chance to take less responsible jobs, like clerical work. As the bureau is voluntary - its staff themselves retired people - there are no fees to either the person who wants employment or the employers.

The Council has also had some success in encouraging firms to go on employing their staff after retirement for a day a week at full rates.

Many local authorities now run workshops for the elderly which provide occupation and a small amount of pocket money. The work is chiefly repetitive and simple - like packaging and sorting - but one social service director at least says that this is the sort of work that elderly people enjoy most. The Employment Fellowship is a voluntary body which started in the 1920's to try to alleviate some of the problems of unemployment then and now concentrates on helping to set up workshops for elderly people; to date it has established over 100 of these, again concentrating on light work for a few hours a day in return for a small payment, details of the Fellowship are in the last section.

DAY CENTRES AND CLUBS

These can be run by either local authorities or voluntary bodies. Day centres, as one writer has described them, provide social facilities - company, a cooked meal, possibly a bath and chiropody, for instance. In this they differ from day hospitals, which have a wider range of facilities for medical and nursing treatment and investigation, and are usually attached to a hospital, so that in-patients as well as daily visitors can use them. (5)

Several local authorities have now established special centres for mentally infirm people. The London Borough of Hounslow has a centre at Heston which has some 60 customers on its books, and around 40 can come for five days every week. They are referred by GPs, health visitors and hospitals and the supervisor, who is herself an SRN and mental nurse, visits them at home to see if they could benefit from the centre. Many of them are very confused, some have been in hospital for many years; one observer says that many of them seem indistinguishable in the degree of their infirmity from patients in chronic psycho-geriatric wards. Priority is given to people living alone, but many live with their families who can cope if they have this degree of support. Activities in the centre emphasise handicrafts, though there is a small industrial

unit for the men. Clients are encouraged to participate in the running of the centre, and the more able help the less able, to do their shopping nearby, for instance. All the clients are under the care of their general practitioners, and a consultant psychiatrist visits the centre each week to prescribe medicines and treatment. The centre provides bathing, hairwashing and chiropody as well as coffee in the morning, lunch and tea.

In the London Borough of Richmond, a weekly/day clinic for some dozen elderly women was started when the Borough's screening clinic turned up people who were particularly "at risk" and had little support. About two thirds of the customers live alone, and several are housebound. A health visitor runs the clinic, but customers are encouraged to visit their GPs if they need medicines or treatment. A retired psychiatrist runs a psychotherapy session at the beginning of each clinic, where the customers can discuss their feeling about bereavement and the indignities of old age.

The Evelyn Coyle day centre run by the social services department of the London Borough of Southwark is purpose built, and has accommodation for 40 mentally infirm day visitors in a complex of building used as well for mentally handicapped children and adults. The centre provides work and occupation areas, sitting and dining rooms, but as well as this there are 12 attached bedrooms, with lavatories and a bathroom. These are used by the elderly people for short-term stays, when their family needs a break or is on holiday, or when a crisis has arisen at home. They can also come home during Bank Holidays, if they would deteriorate if left alone for three or four days. Anyone who uses this accommodation must have a home to go back to, and the maximum time they can stay is about eight weeks. The staff always aim to have one vacancy to cope with emergencies. Daily visitors are referred by a consultant psychiatrist. The centre is run by a trained nurse, and the residential wing by a warden and his wife. All the rest of the staff are unqualified, most of them local housewives with an understanding of and liking for old people.

This is where voluntary organisations come into their own, and there must be few church halls in the country which do not house an evening or luncheon club once a week. These can be run by local councils of social service or associations for mental health, a variety of other bodies, or simply individuals. Some of them cater especially for mentally infirm old people, or accept these people in the general mix.

Some of the most successful clubs are run by old people themselves. Loughborough Council of Social Service lays particular stress on not isolating elderly people in their own specially provided facilities. The council's headquarters at John Storer House cater for youth groups, marriage guidance and Scouts as well as a WRVS luncheon club for the elderly and a Darby and Joan club. Elderly people, as well as organising their own activities, are involved in other group's activities and can help as much as getting help. This aspect of club life is also emphasised in the Retirement Club in Bedford; one of the sessions in the pre-retirement course its members have been through (described in the first section) is on opportunities for voluntary work after retirement.

Problems can sometimes arise in matching voluntary goodwill to the need seen by statutory agencies. The social service department of West Bromwich has appointed a liaison officer with local voluntary organisations, who services the 50 old people's clubs in the Borough as well as all others. There is a regular monthly newsletter, which gives details of discount holiday for the elderly, local events, new welfare benefits and other information on education, hobbies and firms which give discount or concessions to the elderly - like hairdressers. As well as this, all the secretaries of old people's clubs meet once a month with the social service department to discuss what the department can provide for them. The system doesn't compromise the club's independence, but makes sure that they get the help they need.

DAY HOSPITALS

Many geriatric hospitals and psychiatric hospitals now run day hospitals and many of their customers will have some degree of mental confusion or deterioration. Often day hospitals serve as assessment centres as well. At Severalls psychiatric hospital in Colchester, there are nearly 300 patients on the books and over 100 come on five days a week; it caters for assessment and out-patient work as well as occupation and social rehabilitation.

St Helen's day hospital in Hastings began some 10 years ago for the rehabilitation of physically handicapped people, many of them suffering from arthritis and other crippling conditions or strokes. About a year ago, staff found that the number of customers with mental impairment was creating problems of management and disturbing the physically disabled people for whom the hospital was originally intended. Now one day a week has been set aside for people with mental disability, and this works well; staff feel more able to cope and the patients themselves are calmer with the individual attention that they now get. The hospital is run by an occupational therapist, with three trained OTs and three other helpers, a trained technical therapist and supporting nursing staff. There are now about 20 mentally disturbed patients, several over 80 and a few over 90. They all live with their families who can cope if they have this sort of support. The activity programme is very energetic, with collage making, woodwork for the men and cooking and ironing for people who are up to it. Although many of the clients are deluded, no-one is left to sit withdrawn on their own. Other activities include bathing, shaving, and hairwashing if this is needed, and games, singing and dancing which reach the unimpaired part of the clients' memories.

Another sort of day hospital support is provided at the Ingrebourne Centre, at St George's Hospital in Hornchurch. The weekly Senior Citizen's Group here is a joint project between a consultant psychiatrist and the London Borough of Havering, which provides a social worker specialising in mental health. The group caters for about 10 people every week, all women between 60 and 75 years old, mostly suffering from some kind of neurosis. Men have been offered places, but have preferred not to launch themselves into

such a female gathering. The organisers of the group reckon that a good number of their clients would have needed a spell in hospital if the group had not existed.

Sometimes out-patient appointments can lead to closer involvement with the social life of a local hospital. Coney Hill Hospital in Gloucester, for instance, has its own patients' Women's Institute, and out-patients can join this and other clubs as well as the hospital's occupational and industrial therapy groups.

Joyce Green Hospital in Kent provides another example of cooperation between disciplines. The geriatric physician there and a local consultant psychiatrist hold joint clinics in the geriatric day hospital.

One survey of geriatric day hospitals emphasises how important they have become in the pattern of caring for elderly people; in 1960 there were 12 in the country, but a decade later there were at least 120 and two thirds of geriatric physicians found them an essential part of a geriatric service. One important effect has been the stimulation of other help for elderly people; the survey found that as the need for social day centres was illustrated by the day hospital, these centres tended to follow a year or two after the hospital was established. Although the survey found the social care of confused elderly people well down in the list of priorities for the day hospitals it examined, after physical rehabilitation and preventing physical deterioration, it suggests that confused elderly people do gain from being in a mixed therapeutic environment. "Further discussions and experiments are needed to decide whether mentally confused patients can best be cared for in geriatric or psychiatric hospitals, or in social day centres". (6)

LODGING SCHEMES

There are, or have been, several schemes over the country to help elderly people find sympathetic lodgings. These have been run by psychiatric hospitals, local authorities and voluntary organisations, and although few have concentrated on elderly people with mental disorders specifically, they have proved a good way to enable some elderly people to leave mental hospitals after many years, and can be seen as well as one important way to alleviate the problems of loneliness and isolation in old age.

Severalls Hospital at Colcehster was one pioneer of boarding schemes, and in the first five years that it discharged elderly people - aged from 55 to 80 - to lodgings, 79 patients were able to find accommodation. Although some had been only a short time in hospital, the longest length of stay was 52 years. At the end of 5 years, only 10 had returned to hospital, while some others had gone back to their own homes or to welfare accommodation. The hospital found lodgings by advertising locally, and there was a careful programme of introduction of lodger to landlady which helped in its success.

Hampshire and Flintshire County Councils are two authorities which run boarding schemes. The Hampshire one finds both temporary

and permanent places for people living alone, through social work teams and advertisements. It's been found that a single advertisement in the newspaper can produce up to three dozen good addresses. In seven years, 238 men and 409 women have been found homes, their ages ranging from 45 to 92. The cost of full board is negotiated individually and ranges from £4.50 to £7.00; financial help is sometimes arranged through a charity.

Worcestershire Social Services Department is now considering developing the same sort of scheme, but limiting it at first at least to elderly people without specific psychiatric problems.

Voluntary associations over the years have done a lot in this field. Plymouth Guild of Social Service has had an officer who specifically deals with boarding schemes for the past two years. Since 1954, there have been 700 enquiries about lodgings and 54 people have been found a home. Other applications led to places being found in residential homes. The officer visits all applicants and landlords, and continues to supervise the arrangement.

Lewisham Old People's Welfare Association has been running a scheme for over 10 years, the original hope was that younger people would take elderly lodgers so that a "grandmotherly" relationship could develop, but this has not happened. There is now a part time organiser for the scheme, and new arrangements for its running are being worked out with the social services department.

SHELTERED HOUSING

The need for sheltered housing for old people is now widely accepted, and although there is a gross shortage of places, there are nearly 700 schemes run by housing associations alone. The Hanover Housing Association, started by the National Corporation for the Care of Old People is one example of large scale housing provision. It now has nearly 2,000 flats and bungalows on 71 different sites, all with a resident warden. Details of this and of other housing societies are in the last section of the booklet.

The Bradford Flower Fund scheme is one example of local voluntary work in this field. The idea of the Fund was copied from a similar and well-established scheme in Sweden, by which people who would like to send flowers to a funeral but are requested not to can send a donation to the Fund instead. The Bradford Fund opened its first group of 14 bungalows in 1960, and the average age of the people who live there is now 79. Other schemes include flats in converted houses with 17 bungalows on one site and 20 on another and a group of 23 bungalows on land leased at a nominal rent by the local authority.

Farrs Field Development in Chichester is also modelled on continental example, this time on a similar Dutch scheme. The scheme, which is so far unique in this country, consists of a block of 62 flatlets, built by the Chichester housing and health departments.

Each flatlet has a bed-sitting room and its own kitchen, shower and lavatory and while the tenants furnish the flat themselves, the local authority supplies a cooker and fridge. There are two double flats in the scheme, with two rooms each. The rent of £4.87 - £5.87 a week for a double unit - includes heating and lighting. There is a bathroom on each floor, with a Medic bath for people who need help from staff. A midday meal is available in the communal dining room at the cost of 17p, and there are television and sitting rooms where tenants can meet. The warden, who is an SRN, has two assistants, and each flatlet has an audio-call system to her office.

The flatlets are next to one of Chichester's housing estates and not far from the city centre. There are two guestrooms for relations and friends who come from some distance to visit. Cirencester Urban District Council is one that has approached sheltered housing in a different way. The Triangle is an area slap in the centre of town, three minutes from the market place, which over the years had decayed into a slum. It has now been rebuilt as a housing area without traffic, and the houses include 18 flats and bungalows for elderly people as well as 12 family houses. Special care has been taken to design the flats so that their tenants have a good view of what's going on in the street below. For the elderly tenants, there is a common room, laundry and guest room, with an audio-call system to the warden's house. The scheme, which has been completed for about 18 months, has won Civic Trust and Department of Environment awards. The elderly tenants are particularly pleased with being so near to the centre of town, because of the bus fares this saves.

Salop County Council approaches sheltered housing in another way again. Three of its welfare homes have sheltered housing schemes attached; one of these complexes has been designed as a whole. An old institution with 85 beds has 11 bungalows with it, while a home of 40 places has eight. In the third scheme, a home with 50 places has 24 flats attached. All the housing units have audio-call to the homes, and although their tenants do not usually come into the homes very much, they can have meals there and share the sitting rooms if they wish.

They are also invited to join any entertainment or outings planned for the home. There is, according to the social service department, fairly ready exchange between the homes and the housing schemes. If the tenants become too frail to live alone, they can move into the homes, and from time to time someone who has had a spell in one of the homes moves out to more independent living.

GROUP HOMES

A small house where four or five people can live together is gradually catching on as another alternative in housing. The National Association for Mental Health (see last section) has pioneered

group homes as a way of helping people who have spent often many years in a mental hospital to return to their local community, and at the last count, 27 of its local associations had 48 group homes, while 22 local authorities had set up 39. There is nothing to stop hospitals going into this sort of venture; Dingleton Psychiatric Hospital in Melrose, in the Scottish Borders, is now discussing the possibility of forming its own housing association so that people can move from the hospital to a shared house.

Some of the earliest NAMH group homes were set up deliberately to offer a new chance to people who had spent very many years in hospital. In Norwich, where the local association has been most active in finding houses and persuading first local charities and then the local authority to pay for them, the first home included one elderly woman who had spent nearly 40 years in hospital as well as others who had been there for half that time or more. The one who had spent the longest time in hospital is now living in a local authority flat, on her own, and has never been happier. As the homes develop, the general pattern is that NAMH undertakes to furnish the home and befriend the tenants, while the local authority provides the house itself and social work support. At the moment, the tendency is for NAMH to provide homes more for a younger age group, but this sort of scheme is still a valuable way either to give elderly people a chance to leave hospital, or, to help them keep out of residential homes.

Phoenix Group Homes are an example of a project closely linked with a psychiatric hospital. Although Phoenix is an independent charity, most of its residents come from Severalls Hospital in Colchester and from Essex County Council hostels. Recently, however, the project has widened to include residents from other hospitals in East Anglia and Essex. At the last count there were 34 tenants in 8 homes some of them very elderly. Details of the organisation are in the last section.

Northampton Social Services Department provides one example of local authority activity in this field, and reports that the success of its first group home has shown that there should be more. Its home given by the housing committee houses four women in the late middle age who have come from the local mental hospital. There are three bedsitting rooms, one small bedroom and a sitting room, kitchen and bathroom. Furniture came from voluntary organisations, including a television from the local mental health association. Tenants pay £3.75 a week, which includes rent, rates, electricity, the hire of the cooker, upkeep of the house and laundry. One of the tenants had been in hospital since 1939. One of them works full time and the others are on social security, and the scheme is financially self-supporting.

RESIDENTIAL HOMES

The Scottish Home and Health Department, in its "Services for the Elderly with Mental Disorder" emphasises that more places should be available in residential homes for the "manageable psychogeriatric person" coming into residential care from home and from hospital. At the same time, it considers that there is an

urgent need for special homes for mentally infirm people, with a target of five places for every 1,000 people over 65. Other people question the idea of providing special homes for mentally confused people, and argue instead that they should either share whatever accommodation is provided for the rest of the elderly population, or should, if their need for help is very great indeed, be in hospital.

Present residential provision reflects these different views. Many local authorities are now planning specialist homes for mentally infirm people; Newcastle, for instance, makes a special point of assessing potential residents to make sure that those with different degrees of ability don't mix. It has one "psychogeriatric hostel" which gets weekly visits from a psychiatrist and takes most of its residents from the hospital where its matron previously worked.

The Green at Redruth is something of a prototype for this kind of specialist home. When it opened in 1963, its open-plan design was far from usual in old people's homes; today, it is still a remarkably intimate place for one that houses 48 residents, with its carefully angled day spaces and bedrooms opening off a balcony rather than a corridor. This sort of design has turned out to be good for confused residents, as much of wandering that is said to cause so much trouble stops if they can see where they are and aren't confronted with corners and corridors which demand to be explored. A high standard of furnishing and carpets, together with normal mixing of the sexes, has brought the by now expected improvements in behaviour and reduction of incontinence. The Green has very few trained staff. Although it was built and is run by Cornwall County Council, admissions are only through the assessment unit at Barncoose Hospital (see the section on assessment). The few residents who move on from the Green go either to Barncoose or to the county's mental hospital. A new home catering for the same population as the Green has just opened in Cornwall and a further one is planned. (7)

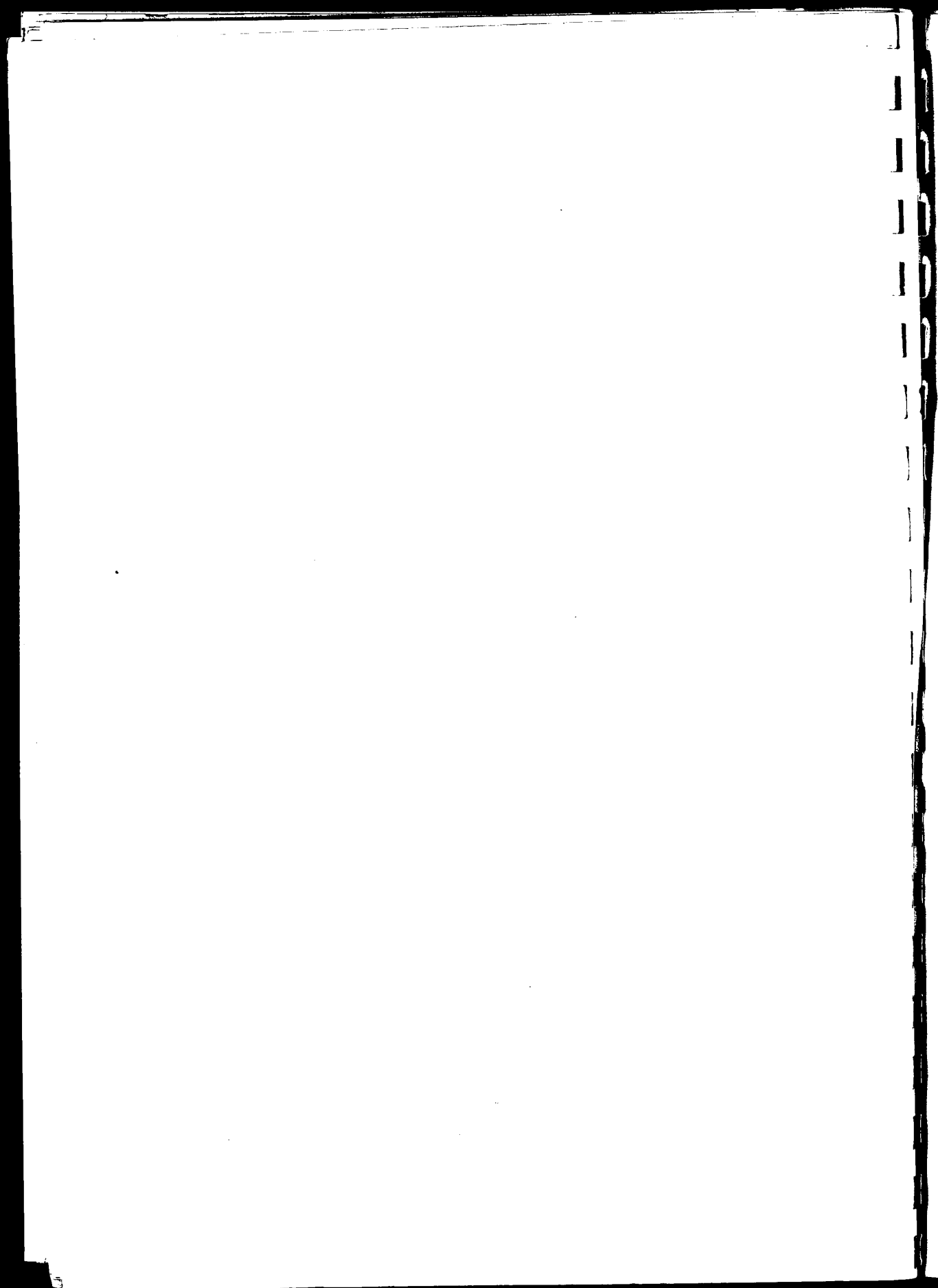
Other authorities, however, are less enthusiastic about specialist homes for mentally infirm old people. Bedfordshire was the first authority in the country to build such homes, and is now having doubts about the wisdom of the policy. This authority points out that medical "supervision and control" is always needed, and treatment nearly always, while the range of drugs now used brings its own problems of side effects the need for nursing supervision. "Residents require protection" from their tendencies to wander, and so one of the fundamental concepts of community care - mixing freely with the local population - has been abandoned in favour of locked doors. This authority concludes that a new hospital building with attractive dayrooms and allowing some privacy would offer the best of both worlds.

Essex County Councils social service department, on the other hand, has been resolutely opposed to segregated provision for mentally confused old people because one of its officers reports, of the danger that whatever was provided for them would become second rate and the need for reduce catchment areas in a residential service.

It provides 100 "special" places in its ordinary residential homes, in a total of 2,200. The aim is now to provide 10 beds for mentally confused people in each home as it opens, which means that in each home one of the wings will be given over to this group, and they will form about a quarter of the population. This has already been done in the newer homes, while mentally confused people have been scattered in ones or twos through the older ones, and the policy works well. Although the confused people can participate in the life in other wings, plans are aimed to providing enough interest for them in their own area - by putting birdbaths in their garden, for instance. They do, however, join other residents for entertainment. There are no special staffing arrangements for the special wing; Essex homes have an overall staff ratio and within that, staff go where the need for them is greatest.

The London Borough of Redbridge is one that used to operate a somewhat similar system of "intensive care units" for ten or 12 residents in its homes, with their own sitting and dining areas. Now however, the borough feels that their needs are too great, and it has just opened a home for 35 mentally and physically frail old people, where the care assistants are paid at a higher rate than in other homes, and the ratio of staff to residents is higher.

Salop County Council has a unique solution which cuts right through questions of responsibility for mentally confused old people. It runs the only purpose-built hospital and welfare home combined in the country. This grew from a joint-user institution, which both hospital and local authority wanted to replace. As this is in a rural area, however, it was decided that the sensible answer would be to combine to serve the local population. There are now 54 local authority places and 28 hospital places, including four short-stay GP beds. The local authority provides all the food and servicing, recouping a contribution from the hospital authority, although the hospital provides its own specialist equipment. A geriatrician is consultant to the complex and a psychiatrist runs a clinic there. The whole is administered by a married couple, one of whom is an SRN.



LIFE IN HOSPITAL

THE BUILDINGS

Many people now recognise the importance of the environment in the care and rehabilitation of elderly mentally impaired people no less than any others; more probably know of the conditions in which they are now forced to work and their patients to live. One of the growing problems in mental hospitals built on the villa pattern is the difficulty that an ageing population has in climbing stairs to the dormitories. The North East Regional Hospital Board in Scotland now has a policy of installing lifts that can take a bed as they are upgrading their villas. This policy is proving a considerable help in accommodation problems, though the fire safety needs it brings with it are expensive to meet.

Springfield Hospital is another which has tried to cope with an increasingly dependent population in upstairs accommodation. A three storey block, with a 45 bed ward on each floor, is now to be reduced to three 30 bed wards with access to a passenger lift large enough to take a stretcher. The old side rooms have been torn out - except for one - to give more space in the dormitories. On the top floor, the low roof had to be lifted to bring more light and a better atmosphere to the ward. Nursing staff welcome the chance to take patients from upstairs into the garden as well as the redecoration and new feeling of space. The cost of this conversion was £28,000, nearly half of which went on lifting the roof.

St James' Hospital in Portsmouth now has plans for a psychogeriatric unit which will be the first of its kind in the Wessex region. It has two wards, both ground floor, to work on; One will have places for 23 residents, in six single rooms, one five bedded bay and one with 12 beds, together with a large day room and a closed in verandah; the other will take up to 60 day patients. The cost of the adaptation has been £14,500, and the equipment £5,500.

Although many side rooms are now disappearing in upgrading schemes, Bow Arrow Hospital at Dartford has converted one of its large rooms into a double bed-room, so that husband and wife can be together if both should come to the hospital.

New buildings obviously make life easier for both staff and patients. The psychogeriatric assessment unit at Barncoose Hospital in Cornwall is now four years old. It provides 29 beds and is fully equipped for physical investigation and treatment as well as psychiatric procedures, with access to the full range of laboratory and radiological facilities. The building provides good space for physiotherapy and a very active occupational therapy department, as well as a day hospital. The ward area opens off an attractive waiting area, with four-bed bays and plenty of sitting areas.

The Amulree ward at the Ipswich and East Suffolk Hospital is an admission and early treatment unit for geriatric patients

This has room for 50 people, in six, three or single bed groups, and is designed to enable a flexible use for both men and women by using doors and internal windows. The day room is for both sexes. Special attention has been paid to labelling each room clearly at eye level, and each wall section is painted in a different colour, the same as its curtains, so that people can quickly identify their own area. This is specially useful for people with failing sight as well as those who are disoriented. (8)

REHABILITATION

Rehabilitation through work and occupational therapy, physiotherapy and medical treatment is clearly the ideal aim of any hospital department, whether it is helping people who have been admitted for the first time in its assessment unit or associated day hospital or trying to prevent deterioration in people who have become long-term patients in mental hospitals.

The psychiatric-geriatric unit at Crichton Royal Hospital in Dumfries lays great stress on the need for occupational therapy for all patients, not just those with a good prognosis for a functional illness. Each ward in the unit there has its own occupational therapy centre with a range of "aids to daily living" activities. For people with brain damage, these include dusting, polishing, knitting and fruit and vegetable preparation as well as music and movement exercises. More able people can garden as well as making a range of handwork, from soft toys to woodwork. Cooking is practised in an occupational therapy kitchen.

More hospitals are now trying to lay stress on rehabilitation that will mean something to elderly people who are going to cope with the chores of daily living rather than the simply diversional therapy of the traditional hospital industrial or occupational therapy department. The psychogeriatric occupational therapy department at Barncoose Hospital, for example, has an extremely well stocked kitchen area, full of gadgets which help even severely physically disabled people to make tea, open tins of food and so on.

Re building social contact is no less important a part of rehabilitation than getting to grips with the mechanics of daily living. Social events in the hospital and occasional trips out of it for shopping or sightseeing are the traditional approach. St Matthew's Hospital in London has opened a "relative's corner" in one of its upgraded wards, where visitors can make tea with their elderly relation. The tools for nailcutting and so on are also there, so that visitors are encouraged to play some part in the personal care of their relation.

Appearance is an important part of rehabilitation. The South Worcestershire Group Hospital Management Committee offers one way of keeping track of false teeth in a large ward: its art department makes a small label with the patient's name on it and sets this into a groove in the plate, covered with a plastic coating - waterproof, safe and effective. The same group is now looking at the possibility of finding an adjustable couch which is low enough

for the elderly person to sit on it easily and can be adjusted to a good height for medical examination. A third idea is for a bath of adjustable height for patients who can walk but for whom a comfortable level to get into is too low for the nurse who is helping.

Some hospitals have a thorough going approach to rehabilitation which aims to encourage social and mental contact rather than simply physical skills. The Isis psychogeriatric unit at Littlemore Hospital in Oxford, has up to 40 beds for elderly mentally ill people, about another 30 for people with organic brain disorder and a sick unit. The unit is run on the principle that people live up to the expectations you have of them. The day starts at 8.30am with a community meeting in which everyone is expected to participate and discuss what is going on in the unit, and where special attention is paid to personal interaction. The unit is for both sexes and has strong contact with younger people, who come to the day patients' groups and relatives' groups; there is a lot of emphasis on involving the patients' families. This approach, the hospital says, has excellent results, even for people with severe confusion: incontinence has virtually disappeared and so has the need for night sedation. A number of elderly people who have been in hospital for many years have been enabled to return to the community in group homes provided either by voluntary efforts or the local council.

Dingleton Hospital in Melrose is unique in this country in the degree of wholehearted participation it expects and encourages from all members of the community, whether young staff or elderly patients. In its geriatric wards, there is great emphasis on discussion and ward meetings, together with a programme of activities among which are tea-parties between the wards, with food baked by the patients themselves when this is possible.

Some hospitals take the "training in skills of daily living to a logical conclusion." Bethnal Green Hospital has a "discharge flatlet", with its own bedroom, kitchen, living room and lavatory within a ward, so that patients can test out their independence before they are discharged. Although the ward is primarily for old people with physical illness, those with mental disability can also use the unit.

The South Western Hospital in London has had a "half way house" for many years, and this is now being brought more closely into plans for a comprehensive geriatric service. The plan is to move people into the house at the earliest possible stage in their treatment, to avoid the over-dependence, cross infection and depersonalisation that can be picked up so easily in a hospital ward. They will stay there for some six weeks, until they are fit enough to return home or to welfare accommodation. An additional advantage is a "cottage" in the grounds where patients can prepare their breakfast and evening meals and keep house, their midday meal sent down from the main house as if it were meals on wheels at home. This unit is supervised by a social worker.

No programme of rehabilitation is possible unless there are the staff to carry it through, and over the years a number of hospitals have experimented with bringing people who otherwise might volunteer their services more closely into the working of wards, especially in positive rehabilitation work.

Perhaps the best known of these schemes in the geriatric department of Edgware General Hospital, where "reablists" - paid local women recruited more for their enthusiasm than any formal training - work with the patients, many of whom have been in the wards for some considerable time. These reablists organise activities which range from polishing the hospital silver to active painting classes, and bring a good deal of life and social contact to the wards. (9)

Goodmayes psychiatric hospital in Essex now has a somewhat similar scheme. It recruits local housewives as paid occupational therapy helpers to work on the wards, and this has, the hospital reports, transformed the atmosphere. The Department of Health is now carrying out a sociological study of aspects of the Goodmayes service, looking in particular at morale and job satisfaction in work with old people.

A third scheme which is well documented is an experiment in having a "ward hostess" in a geriatric ward at Cowglen Hospital in Glasgow. Here it was recognised that significant advances in the medical and nursing care of elderly people were not enough, and that even good surroundings were no substitute for mental and physical stimulation. A ward hostess was appointed to make sure that activities on the ward provided this rounding out of care. Training involved a spell as a nursing auxiliary and thorough knowledge of the occupational therapy department. The hostess is responsible to the head of this department, but under the day to day supervision of the ward sister. The programme included discussion groups, make-up sessions, group games and special parties to mark birthdays or anniversaries, to which relations were invited.

The greatest improvements were made at the end of the first month, when sleeping patterns and communication were much better. The work of the occupational and physio-therapy departments has become much better tied to the needs of the ward, but the most important result has been that patients now feel there is someone on the ward who is specifically billed as their companion and takes a continuing interest in their activities. (10)

COOPERATION

Earlier sections of this booklet have illustrated many forms of cooperation under various different headings. This section is to draw together a few more examples that have been put into practice - no doubt there are many more that could be added, but in fact the replies to the request for information on this topic were somewhat meagre.

While cooperation between different branches of the health authority work well enough on paper at least, the gap between them and social services can be yawning. Buckinghamshire and St John's Hospital Management Committee and Buckinghamshire County Council have together set up a Department of Mental Health of the Elderly. A consultant with a special interest in the problems of the elderly has a joint appointment between the hospital and the local authority, which has made for integrated planning of services. There is also a liaison committee, with senior medical and nursing staff from the hospital and the County Council as well as social workers and residential staff from the social service department. This committee, as well as dealing with the way local services are used, is now working on a comprehensive plan for the area.

The Scottish border counties have a somewhat similar committee, but wider in its interest. The Health and Social Service Committee consists of general practitioners, the Clerk to the Executive Council, representatives of local hospital management, the county clerks, medical officers of health and directors of social work of the four counties, as well as nursing staff from both the hospital and local authority services. It meets quarterly, but also has sub-committees to look at special areas. So far, it has commissioned a survey of the needs of elderly people and another on mental retardation and child psychiatry. The Department of Social Medicine at Edinburgh University is now preparing a study of a number of aspects of health needs, including those for elderly people.

Cooperation at working level is no less important, and many hospitals now run comprehensive case-conferences and meetings with local authorities. The Geriatric Care Association in Colchester has brought together hospital medical and nursing staff, local authority doctors social workers and residential staff as well as local voluntary associations concerned with elderly people. The geriatric hospital here also has a weekly meeting, bringing in representatives of meals on wheels and home helps as well as district nurses and health visitors, so the progress and needs of elderly people living at home can be discussed.

The Teesside Geriatric Association has now been running for some five years, and is open to anyone who works directly or indirectly with elderly people in the area; members include doctors, nurses, physiotherapists, social workers and others from geriatric departments and local health authorities. The association arranges regular lecture programmes as well as social events. Other areas have similar associations there is one, for instance, for workers with elderly people in the Luton and Dunstable area.

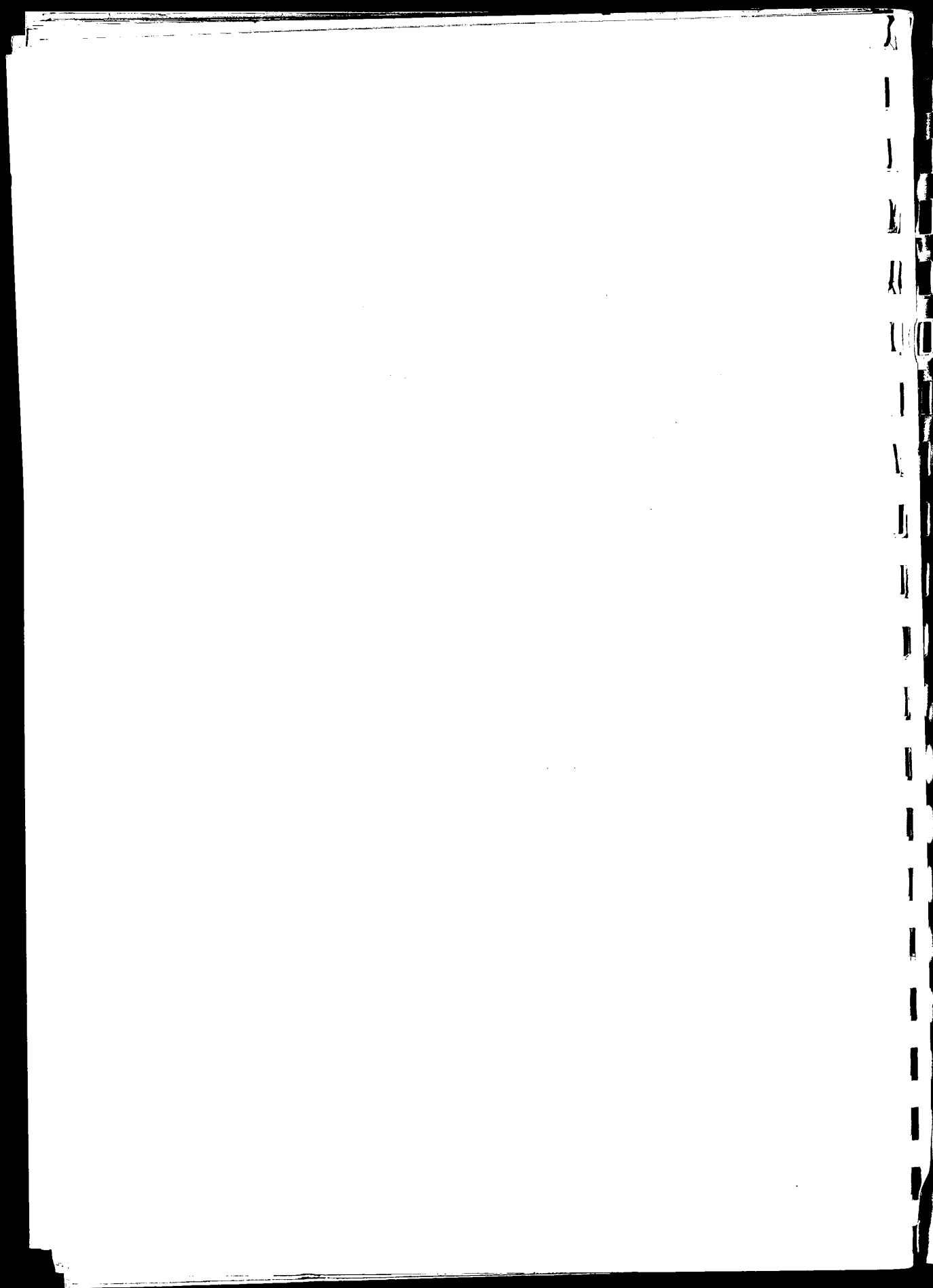
Cambridge is one of many areas that have a geriatric liaison committee, which has representatives from the local hospitals, local authority departments, general practitioners, voluntary bodies and the consumers. This committee discusses management problems and also sends out practical advice; it has, for instance, circulated local general practitioners with lists of equipment for physically disabled elderly people.

Voluntary efforts, both in hospital and in the community, can sometimes suffer from too little liaison with statutory authorities, with the result that the volunteers get unhappy and the staff feel the volunteers are more trouble than they are worth. The Hospital Centre in London now has a voluntary service information office, headed by Mrs Chrystal King, designed to help guide people through the problems of organising voluntary service, whether in hospitals or in joint hospital and local authority schemes. Details of this are in the last section of the booklet.

With these few examples, it is perhaps fitting to end this booklet by thanking all the authorities and individuals concerned for their cooperation in providing material, and by reiterating that most of the work described would be impossible without close cooperation between different professions and different agencies, both statutory and voluntary.

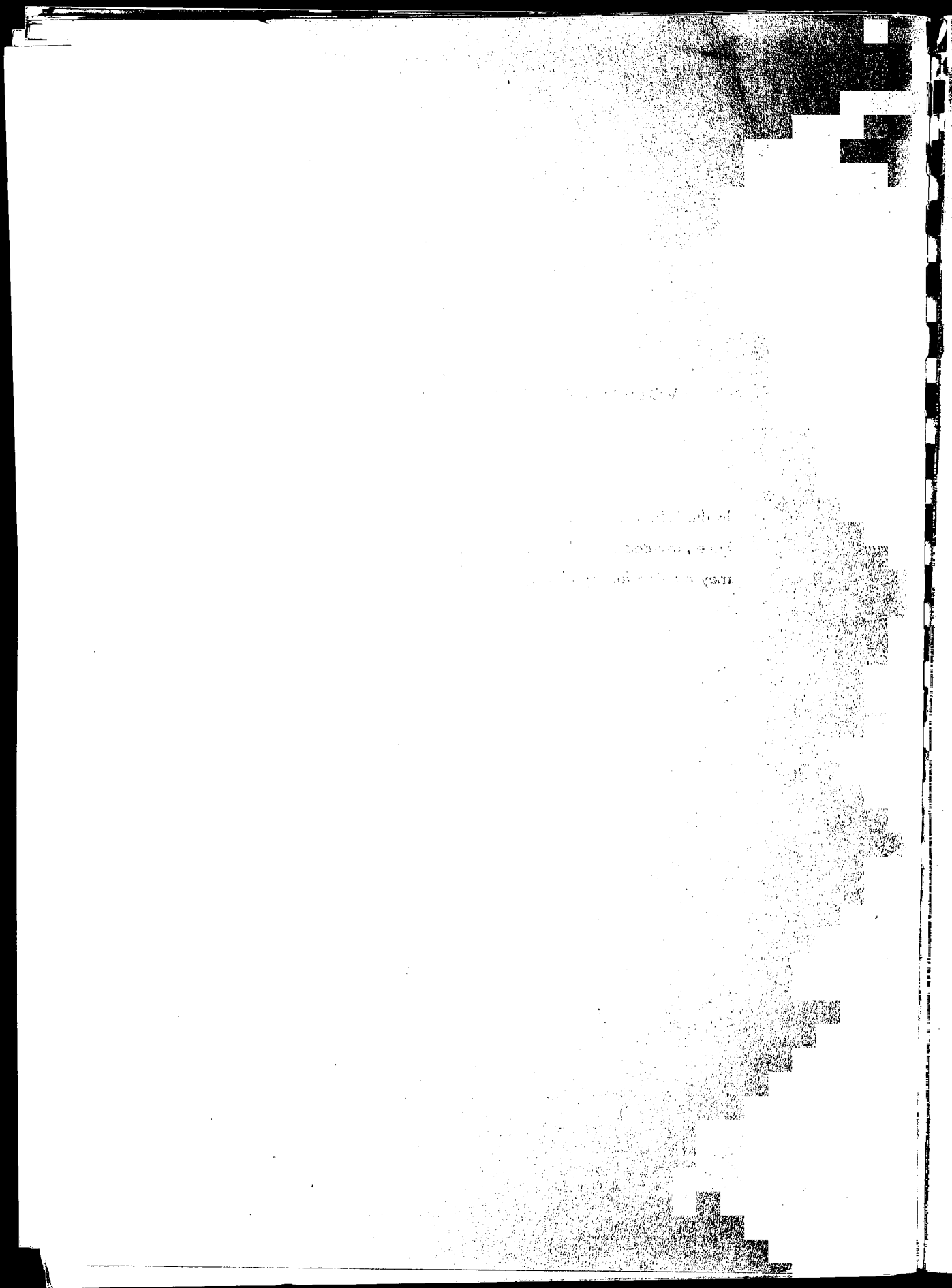
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VOLUNTARY ORGANISATIONS

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.

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 washbasin and minor cooking facilities for breakfast, hot drinks and tea or a hot drink before going to bed. A resident housekeeper does the shopping and cooks the two main meals.

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. Charges 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 over 500 houses. Further information can be obtained from the headquarters of the Abbeyfield Society at 22 Nottingham Place, London W1M 3FB.

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: an AEGIS publication. 1966

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

AEGIS (continued)

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 NW3 (Telephone: 01 435 6155).

AGE CONCERN

Age Concern is a national focal point for information and advice on all aspects of the care of the elderly. It brings together over 50 national voluntary organisations, 6 government departments, individuals with special experience, and the 1500 local old people's welfare committees and Age Concern groups for whom it acts as headquarters.

Age Concern grant-aids local groups, establishes new groups, and supports them with a team of Advisory Officers and a Training Department. Local groups provide, or assist, facilities and services such as

- social clubs
- day centres, with transport for the frail and housebound
- volunteer visiting
- lunch clubs and meals on wheels
- employment bureaux and sheltered workshops
- accommodation advice centres
- holiday schemes

Through local groups, Age Concern collects information about the needs and views of old people. It publishes reports and policy statements, advises the government on legislation affecting the elderly, and represents their needs to the public. It provides a comprehensive information service, which publishes a monthly information circular, numerous practical leaflets and a quarterly magazine, Age Concern today.

Further information can be obtained from AGE CONCERN (National Old People's Welfare Council). Director, David Hobman, 55 Gower Street, London WC1 (Telephone 01 637 2886).

BRITISH GERIATRICS SOCIETY

About 25 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 Geriatrics Society. The latter now has a membership of over 570, 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.

BRITISH GERIATRICS SOCIETY (continued)

- 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 "Age & Ageing" was founded jointly with the British Society for Research on Ageing and remains the Society's 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 seventeen regional groups which meet in various parts of the British Isles for scientific sessions and for the discussion of local geriatric problems.

Enquiries should be addressed to the Secretary, The British Geriatrics Society, c/o The Institute of Biology, 41 Queens Gate, London SW7 5HU.

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

Much distress can be avoided by Red Cross members helping and preparing patients for their visit to hospital, doing their packing,

BRITISH RED CROSS SOCIETY (continued)

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	Auxiliary nursing in support of
Medical loan equipment	the District Nursing Service
Aids to personal independence	Day centres, lunch clubs
Sitting-in service to	Foot and physiotherapy clinics
relieve relatives	Education of relatives in simple
Meals on Wheels	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, SW1 (Telephone BELgravia 5454).

CENTRE OF ENVIRONMENT FOR THE HANDICAPPED

CEH is a centre providing advice and information on the design of the environment for the handicapped, ranging from long-term regional planning down to details of finish and equipment. It covers all types of mental and physical handicap, including also the emotionally disturbed, the elderly, and chronic sick, the blind and the deaf. Its expert staff and specialised library are available for consultation without charge to architects, administrators, students and any other interested persons.

CEH is largely funded by the Department of Health and Social Security, but also by grants from such bodies as King Edward's Hospital Fund and the Spastics Society. It keeps in close touch with new developments overseas, and in addition to its advisory services CEH runs conferences and seminars, issues an international Newsletter and is currently preparing a series of design guidance broadsheets. A brochure

CENTRE ON ENVIRONMENT FOR THE HANDICAPPED (continued)

describing CEH in greater detail is available from the Centre on Environment for the Handicapped, 24 Nutford Place, London W1H 6AN (Telephone 01 262 2641).

CENTRAL COUNCIL FOR THE DISABLED

The objects of the Central Council are to promote and support measures for the early discovery efficient treatment, education training and general welfare of the disabled. 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 numbers among its 300 affiliates specialists, national organisations, local authorities, orthopaedic hospitals, training colleges, schools, residential homes, clubs and workshops. It keeps in contact with all countries working for the disabled throughout the world through the International Society for Rehabilitation of the Disabled.

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: Publicity October 1-8th, 1972
- Holidays for the disabled: Information booklet
- Housing for the disabled: Information bureau
- 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.
- 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
- WRAP 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 SW1 (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 homes and hospitals for the elderly and handicapped. They work in a face to face relationship, helping with basic nursing care and providing extra activities and entertainment. Some CSVs work with the elderly in the community, by being attached to area teams of local authority social service departments. 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. A number of these catalysts also live in old people's homes or in hospitals, and both work in the institution themselves and involve the local community in the life of the institution. 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.
- (d) Our Advisory Service shares information and ideas on the techniques and educational aspects of community service with schools and community agencies around the country through SACK (School and Community Kits), successor to Projects '70 and '71. The kits published six times a year, suggest new approaches for school students to adopt - e.g. 13-year olds at Aberconwy School designed and made aids ("Jumbo" draughts - amongst others) for old people at Conway Geriatric Hospital; in addition, the students learnt about the history and development of the social services, institution, the physical problems of old people and their nutritional requirements.
- (e) In conjunction with local education authorities, we organise workshops for schools and community agencies on community service. We are also ready to co-operate with other organisations holding conferences or training courses.

Community Service Volunteers work from 28 Commercial Street, London E1, (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.

DISABLED LIVING FOUNDATION (continued)

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, 346 Kensington High Street, London W14 8NS.

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 handicapped in hospital and the community, and this of course includes the elderly 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, 346 Kensington High Street, London W14 (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

ELDERLY INVALIDS FUND (continued)

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 EIF discovered this six years ago it set up an Information and Advisory Service on accommodation and services for elderly people which deals with some 5,000 enquiries annually.

EIF 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 EC4 (Telephone 01 353 1892).

THE EMPLOYMENT FELLOWSHIP

The Employment Fellowship started in 1921 as the Winter Distress League to help alleviate the problems of mass unemployment. Now the main object is to help establish workrooms for the elderly.

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.

The Fellowship does not run workrooms itself, as it believes that this demands local knowledge and support, but it helps people who want to start workshops with advice.

Further information can be obtained from the Secretary, The Employment Fellowship, Drayton House, Gordon Street, London WC1 (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 GCA 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 GCA can be obtained from the Hon. Secretary, St Mary's Hospital, Popes Lane, Colchester, Essex.

THE GIRL GUIDES ASSOCIATION

Services 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 small gifts to their visitors. 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.

In 1972 the power cuts alerted many Units to the needs of elderly people, one old lady of 92 was 'adopted' by a District. The Brownies knitted her blankets and older Guides devised a variety of ways to make sure their new friend did not feel the cold. Lancaster Rangers and Venture Scouts set up a special "Watch Committee" and in Nottingham logs were taken round to old people.

Rangers and Guides have enjoyed putting on entertainment. An Old Time Music Hall proved very popular and tremendous satisfaction was gained by a group of Handicapped Rangers who staged a successful concert for 300 old people in Sydenham.

THE GIRL GUIDES ASSOCIATION (continued)

Young people who enjoy the out of doors planned a sponsored walk to buy T.V. licences for the elderly, £225 was raised. Another worthwhile project carried through by young people in Kent has resulted in £222 being spent on alarm bells for old people who live alone.

Flower power was used by Brownies in Basingstoke to bring Spring at Christmas time; every old person in hospital on Christmas Day was given a hyacinth.

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 SW1 WOPT.

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 1971 it had completed 1,860 dwellings on 71 separate sites and a further 521 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 WC 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 Secretary, Hanover Housing Association, 168D High Street, Egham, Surrey.

HELP THE AGED

Help the Aged was launched in 1961 to relieve the distress of the needy aged at home and overseas. Overseas it has no teams of workers in the field, but, as a money-raising organisation, it channels its supplies through accredited relief agencies. In our own country it has its own Housing Associations which are responsible for the building, tenancing and running of housing schemes. By June

HELP THE AGED (continued)

1972 £15 million worth of housing was tenanted or in various stages of development. Other monies for the use of the needy aged in this country are passed on to welfare organisations who, without the extra funds, would not be able to carry out certain pieces of work. In particular grants are given to organisations starting new day centres to combat loneliness and to give the elderly opportunity to keep in close contact with the community. It is especially interested in centres which incorporate an employment bureau or workshop with their other facilities.

The aim behind all the work of Help the Aged is to enable elderly people to live their lives in happiness and to the full. In the belief that independence should be maintained for as long as possible its housing schemes are designed with this in mind. Groups of flats, normally about thirty-five, are all linked to a resident warden by an intercom which takes the fear out of living alone. Each resident has a key to his own front door and lives quite independently although there is a communal sitting room and launderette where people meet together as and when they wish. All the flats are centrally heated and consist of a living room with a curtained off recess for a comfortable bedroom, modern kitchen facilities, bathroom and lavatory. Married couples have a separate bedroom. The residents look after themselves and all the flats are near shops, a Post Office and on a bus route.

Help the Aged keeps a close watch on the needs of the elderly in the whole community and alerts local authority on governmental departments to gaps in the social system which affect the health, welfare and security of our old people.

Further information may be obtained from the Hon. Director, Help the Aged, 8 Denman Street, London W1.

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, and 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

INDUSTRIAL SOCIETY (continued)

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.

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.

The long term service progress of IVS provides volunteers for two years to work on technical assignments and community development projects in parts of Africa and South Asia.

In all these forms of service, the unifying aim to promote international understanding breaking down barriers between different sections of the community, and to create a community spirit to which all may contribute.

The headquarters of IVS is at 91 High Street, Harlesden, London NW10 4NU (Telephone 01 965 1446).

MENTAL HEALTH RESEARCH FUND

The Mental Health Research Fund was founded in 1949 as a body concerned with raising money for the support of research in the field of psychiatry and its related disciplines, from neuro-anatomy to social psychology and sociology. In 1972 the Fund was amalgamated with the Mental Health Trust.

The Fund annually awards fellowships for full-time research to doctors and scientists and during the year we make grants for research expenses of graduated and technical help and equipment to persons working in this field. The subjects studies cover the whole of psychiatry and its basic science; thus only a small proportion relates particularly to psychogeriatrics. Currently the Fund is supporting Miss Antonia Whitehead of the Department of Psychiatry at Oxford University, in a study of cognitive deficits in the elderly psychiatric patient.

Further information can be obtained from the Hon. Secretary, Research Committee, Mental Health Trust & Research Fund, 38 Wigmore Street, London W1H 9DF.

MIND/NATIONAL ASSOCIATION FOR MENTAL HEALTH

Help and support in improving the mental health services for the elderly and for all other age-groups is provided by the National Association for Mental Health and its 100 affiliated local associations for mental health.

The aim of MIND/NAMH and its local associations is 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. Educational programmes help to dispel ignorance and prejudice which still surround mental disorder. Through practical work, help is provided of a kind not available from statutory sources.

MIND/NAMH provides a home for the confused elderly, and advisory services concerning other private facilities for the elderly, including the mentally ill.

Projects undertaken by local associations at the present time include:-

- providing pleasant supportive accommodation for men and women with mental health problems
- running 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 MIND/NAMH and its local associations can be obtained from the General Secretary, MIND/National Association for Mental Health, 39 Queen Anne Street, London W1M 0AJ. (Telephone 01 935 1272).

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. It has formed a joint committee with AGE CONCERN to discuss matters of national policy relating to the care of the elderly, and the two organisations are in the process of setting up a joint information service.

Further information may be obtained from the Secretary, The National Corporation for the Care of Old People, Nuffield Lodge, Regent's Park, London NW1.

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 representatives 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 in conjunction with AGE CONCERN 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

NATIONAL COUNCIL OF SOCIAL SERVICE (continued)

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 2,300 housing associations affiliated to the National Federation of Housing Societies, over 700 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 buildings. 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, National Federation of Housing Societies, 86 Strand, London WC2 (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, whis 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 30 Eccleston Street, London SW1 19NT (Telephone 01 730 7212).

NATIONAL FUND FOR RESEARCH INTO CRIPPLING DISEASES

The National Fund for Research into Crippling Diseases was founded in 1952. Since that date over £4½ million 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.

The National Fund for Research into Crippling Diseases has published "Equipment for the Disabled" since 1960. Described as "an essential reference for anyone involved with handicapped people" the first and second editions of "Equipment for the Disabled" were issued in loose leaf form for easy amendment. As a result, the publication has grown to four thick volumes. Further amendments and new sections in preparation would bring "Equipment for the Disabled" to six unwieldy volumes.

To ensure that "Equipment for the Disabled" continues to fulfil its purpose as a complete and easily handled reference, it has been decided to issue the 3rd edition as a set of individually bound A.4 booklets. These booklets, each as a different subject, will be released over the next year - after which complete revised booklets will be published. The content and purpose of "Equipment for the Disabled" remains the same and the editorial work will continue to be carried out at the Nuffield Orthopaedic Centre, Oxford. Orders can be placed for the complete set of "Equipment for the Disabled" or for individual sections.

NATIONAL FUND FOR RESEARCH INTO CRIPPLING DISEASES (continued)

Further information can be obtained from the headquarters of the Fund at Vincent House, 1a Springfield Road, Horsham, Sussex (Telephone Horsham 64101).

THE NATIONAL INNOVATIONS CENTRE

The function of the National Innovations Centre (NIC), formerly the National Suggestions Centre, is to seek out schemes which break new ground in the field of social welfare, to spread information about them, and to promote their wider adoption, either by voluntary or by statutory bodies. Emphasis is given to projects which make a special contribution to the welfare of selected groups, notably the aged, the sick and the isolated.

In this field of welfare rights, the NIC has undertaken a study of the welfare rights stalls movement in an attempt to assess its effectiveness as a means of increasing the take-up of welfare benefits by the public. ("Welfare Rights Stalls: A Study". Price 60p plus 3½p postage).

The NIC instigated a pilot project at Hull to investigate the effects of providing a free telephone service for the housebound elderly. ("Lifeline Telephone Service for the Elderly". Peter Gregory and Michael Young. Price 60p plus 3½p postage).

The NIC has also produced a leaflet "A Guide to Benefits in the Welfare State". Price including postage £2.50 per 100 copies, or 30p per 10 copies up to 50 copies.

The NIC formerly published the magazine "What?" (the final issue came out in June 1971).

The NIC is a non-profit-making charitable organisation, now supported by grants from the Joseph Rowntree Memorial Trust and King Edward's Hospital Fund.

Further information about the work of the National Innovations Centre can be obtained from their offices at: Bedford Chambers, Covent Garden, London WC2E 8HA (Telephone 01 836 4935).

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 and which receives an annual grant from the Foundation.

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 give grants for these purposes when a project is relevant to its other interests or when it is beyond the resources of the Corporation but for the most part its grants are for research into the biology of the ageing process.

The headquarters of the Foundation is at Nuffield Lodge, Regent's Park, London NW1 4RS.

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	"The Practice of Geriatric Medicine in the Community" Chapter 3 in Problems and Progress in Medical Care No. 5 Nuffield Provincial Hospitals Trust, 1971.

As a result of the Trust's private seminar and publications programme, there have also been a number of other relevant reports published, amongst which are included:-

"Aspects of geriatric care where conflict or doubt arises" Chapter 9 in Patient, Doctor, Society, Oxford University Press for the Nuffield Provincial Hospitals Trust, 1971.

"Hospital beds for the elderly" Chapter 7 in Problems and Progress in Medical Care No. 7, Oxford University Press for the Nuffield Provincial Hospitals Trust, 1972.

NUFFIELD PROVINCIAL HOSPITALS TRUST (continued)

"Community services for the elderly" Chapter 8 in Problems and Progress in Medical Care No. 7, Oxford University Press for the Nuffield Provincial Hospitals Trust, 1972.

The headquarters of the Trust is at 3 Prince Albert Road, London NW1.

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 organisations, they help to provide a broad perspective for planning the care of the elderly.

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	38p
The provision of general medical care in new towns	1967	38p
The consumer and the health service	1968	38p
Human relations in general practice	1969	38p
Medicines in the 1990's: a technological forecast	1969	50p

Studies in Current Health Problems

No. 5 Health services in Western Europe	1963	15p
No. 7 The personal health services	1963	15p
No. 10 The costs of medical care	1964	15p
No. 15 The cost of mental care	1965	15p
No. 16 Work lost through sickness	1965	15p
No. 17 The local health services	1965	15p
No. 18 Progress in mental health	1966	15p
No. 20 Medical manpower	1966	15p
No. 22 Efficiency in the hospital service	1967	15p
No. 26 Old Age	1968	15p
No. 28 General practice today	1968	15p
No. 31 The age of maturity	1969	15p
No. 33 The Ophthalmic Service	1970	15p
No. 35 Building	1970	15p
No. 37 Prospect in Health	1971	15p
No. 39 Hypertension	1971	15p

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).

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 SW1.

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 organisations concerned with particular diseases assist patients to contact helpful organisations 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 WC1.

THE PRE-RETIREMENT ASSOCIATION

The Pre-Retirement Association started as the Preparation for Retirement Committee of the National Old People's Welfare Council and was financed by the National Corporation for the Care of Old People because both organisations realised the vital need of preparation for an important, but misunderstood and neglected phase of life.

The PRA has two main streams of activity, one in terms of social philosophy and creating community awareness, and the second to provide facilities and advice to individuals and organisations who want to deal with the problems of retirement.

Retirement must be planned for in terms of finance, residence, health and activity - which can be either gainful or purely for enjoyment. The Association runs courses for instructors in these topics and stimulates firms, groups and local educational authorities to provide adequate facilities for Preparation for Retirement on a country-wide basis. It also acts as a centre for disseminating information and publications. In October 1972 it is launching a monthly magazine, RETIREMENT Choice, for those who have or are about to retire.

The Pre-Retirement Association is registered as a charity and currently the address is 35 Queen Anne Street, London W1M 9FB. (Telephone 01 580 3155). Individual membership costs £4 (including a copy of the magazine).

QUEST

QUEST is a news service and information centre on social change. 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, 2/8 Victoria Street, London SW1H 0LD (Telephone 01 222 7456).

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), publishers of WHICH?, and draws on CA's resources and accumulated experience in the comparative testing of equipment.

RESEARCH INSTITUTE FOR CONSUMER AFFAIRS (continued)

Over the last four years, RICA has carried out a programme of testing equipment for the disabled user, sponsored jointly by the National Fund for Research into Crippling Diseases and the Sembal Trust. RICA's findings are of help to the elderly in the population as well as to handicapped people of all age groups. Twelve reports have been published:-

- No. 1 Refrigerators, 1969
- No. 2 Page-turners, 1969
- No. 3 Microfilm projectors, 1970)
- No. 4 Prismatic spectacles, 1970) as one report
- No. 5 Cookers, 1970
- No. 6 Easy chairs, 1970
- No. 7 Gas fires, 1970
- No. 8 Pick-up-sticks, 1971
- No. 9 Can openers, 1971
- No. 10 Vacuum cleaners, 1971
- No. 11 Bed/chair tables, 1972
- No. 12 Food mixers

A thirteenth report on bath aids is due later this summer.

These reports are published by the National Fund for Research into Crippling Diseases (Vincent House, Vincent Square, London SW1) at 43 Villiers Street, London WC2N 6NE (Telephone 01 930 3360).

ROTARY INTERNATIONAL IN GREAT BRITAIN AND IRELAND

The members of the 1,140 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 mainly limited to the Christmas season, but it is hoped that it will shortly take place more frequently at other periods in the year.

ROTARY INTERNATIONAL IN GREAT BRITAIN AND IRELAND (continued)

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 in Great Britain and Ireland is at Sheen Lane House, Sheen Lane, London SW14 8AF (Telephone 01 878 0931).

ROYAL SOCIETY OF HEALTH

The Royal Society of Health, the largest society of its kind in the world, with over 35,000 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, (the next is in Douglas, Isle of Man, 4-8 September, 1972, on the "Health and Social Services"), 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, two of which, the Health Education Group and the Community Health Group, devote many of their 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 SW1 W 0SX (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,

ST JOHN AMBULANCE ASSOCIATION AND BRIGADE (continued)

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 SW1.

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 26 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 170 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.

SPASTICS SOCIETY (continued)

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.

TASK FORCE

Task Force, started specifically to bring young people into contact with the elderly, now works with around 8,000 young people in 158 London schools and has some 2,000 older volunteers. Practical work done by the volunteers ranges from getting a house ready to welcome its owner back from hospital, to decorating and generally helping around the house. A more important role, as Task Force sees it, is visiting lonely and isolated old people. A volunteer has time to listen and talk, where other people who are in professional contact with old people are often working under the pressures of large case loads and shortage of staff. Old people living alone and struggling to keep their independence sometimes depend on voluntary visits to keep this independence.

Task Force also feels it has an educational job to do with its young volunteers, as they must be familiar with the problems of elderly people if they are to offer understanding and constructive help. Volunteers often question poverty and housing, heating needs and special services for the elderly and disabled, they hope to improve life for pensioners. As well as trying to improve physical conditions for the elderly, Task Force volunteers aim to stimulate provision for their social needs. Art, drama and jewellery making "forums" have been organised, and one was so popular that the local education authority and the Arts Council have now taken it over on a weekly basis. In this way, Task Force tries to make a sustained contribution to social development as well as providing a community service for old people.

Task Force, Abbey House, 2/8 Victoria Street, London SW1 (Telephone 01 222 2955).

TOC H

Toc H exists so that men and women of all ages, of all political beliefs and creeds or none 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 lives and those of their neighbours.

TOC H (continued)

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 to the blind and partially sighted or recording the news on tape. House decorating and gardening. Assistance with government forms. Outings in specially equipped vehicles for the disabled. Food parcels.

The Elderly in Hospital

Hospital broadcast systems. Mobile book trolleys. Ward visiting. Motor car outings. Flower arrangement. Letter writing and reading. Ward entertainment. Carol services at Christmas. Providing fund for new equipment. Transport for visitors. Young Toc H Volunteers act as relief staff during their holidays.

Further information about the Toc H Movement may be obtained from the Public Relations Officer, Toc H, 41 Trinity Square, London EC3 (Telephone 01 709 0472).

VOLUNTARY SERVICE INFORMATION OFFICE

The Voluntary Service Information Office (VSIO) at the King's Fund Hospital Centre was set up in 1969 in order to try and help meet the increasing demands from professionals of all disciplines in the health service for information and advice covering all aspects of voluntary help in the hospital and health service.

The objectives of the VSIO are as follows:-

- i) to collate information on existing schemes of voluntary help
- ii) to provide information on the various methods of making effective use of voluntary help, whether in general or specialised units or in joint/local authority schemes
- iii) to prepare guide material on the various methods of recruiting, use of support of voluntary help in the health services
- iv) to arrange study days or courses for representatives from statutory and voluntary organisations wishing to develop schemes of voluntary help and also for members of individual professions (eg doctors, nurses, occupational therapists, etc) on the way a particular profession can utilise voluntary help and on how such resources can be mobilised

VOLUNTARY SERVICE INFORMATION OFFICE (continued)

The VSIO will be very pleased to help both professionals and voluntary organisations in any way it can.

Further information can be obtained from Mrs C King, Voluntary Service Information Officer, The Hospital Centre, 24 Nutford Place, London W1H 6AN (Telephone 01 262 2641).

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 and good companions
Clubs, including luncheon and all-day clubs
Recreation and handicrafts
Meals on Wheels
Books on Wheels
Clothing centres
Chiropody)
Laundry service) in collaboration with local authorities
Home help services)
Holidays

2. In hospital and geriatric units

Shop/canteen units
Trolley shops and personal shopping
Helping with occupational therapy
Visiting, taking patients out, etc
Special visitors at request of relatives in other parts of the country
Escorting, when medical care is not required on journey

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 W1Y 4AJ (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 recording, sharing hobbies, etc.

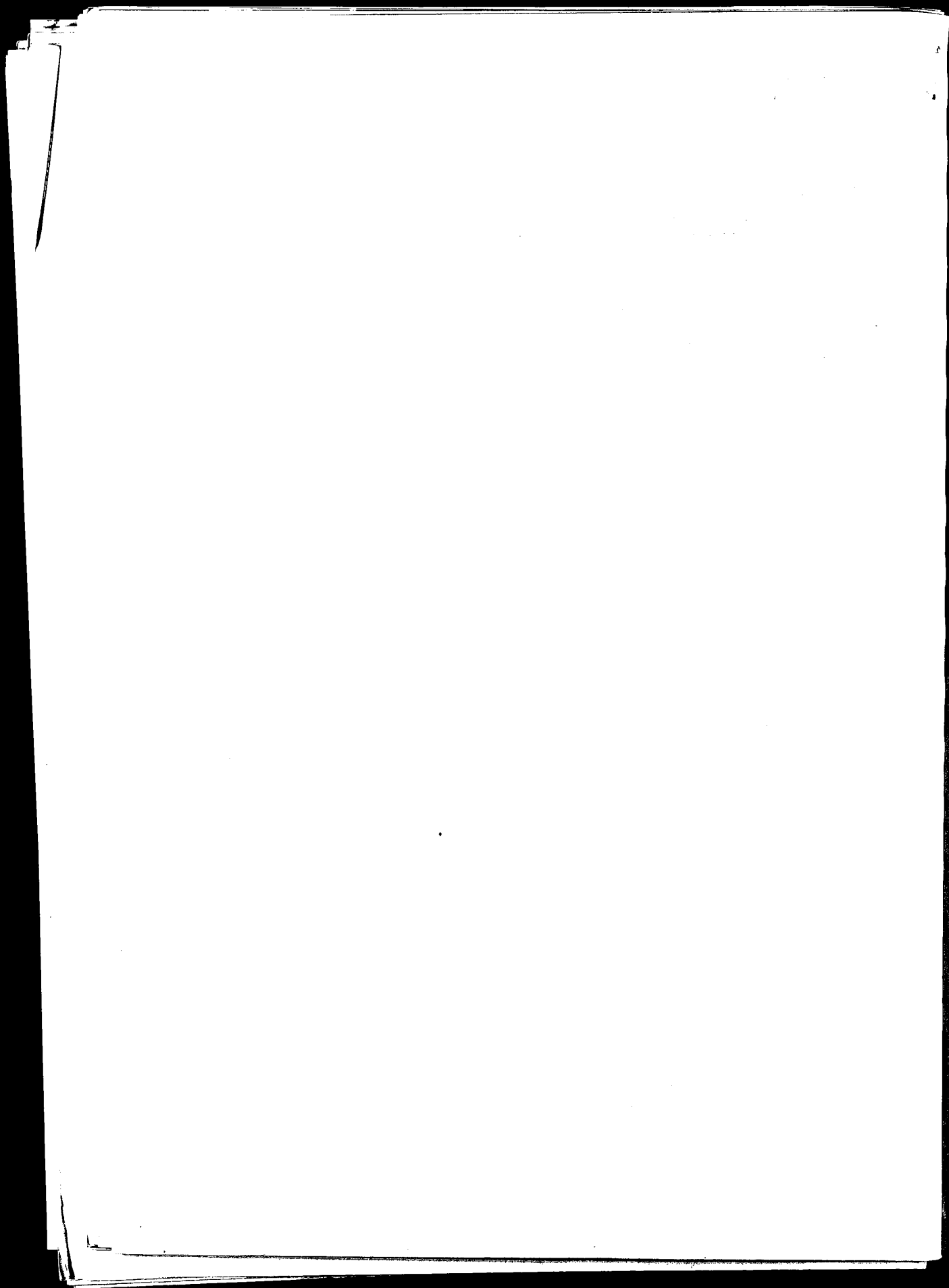
The elderly in hospitals/homes, etc: visiting, running messages, posting letters, helping at meal-times, moving/accompanying patients to specialised departments; group activities - entertaining, bingo sessions, community singing; activities to assist in physiotherapy; recreational activities - social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

Further information can be obtained from the Director, YVFF, Abbey House, 2-8 Victoria Street, London SW1.

THE ELDERLY MIND

We would be pleased to have your comments and opinions about this booklet. Would you kindly complete this questionnaire and return it to Mrs Joan Rush, Project Officer, The Hospital Centre, 24 Nutford Place, London, W1H 6AN.

1. HOW DO YOU RATE THIS BOOKLET (please encircle your answer)
Very useful Useful Not much use No use at all
2. WHICH SECTION(S) OF THE BOOKLET DO YOU FIND OF MOST USE?
AND WHY? (Please refer to appropriate section headings from contents page)
3. WHICH SECTION(S) DO YOU FIND OF LEAST USE? AND WHY?
- 4(a) IN THE FIELD OF PSYCHOGERIATRIC 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 widely adopted or adapted elsewhere in the country?
YES/NO
- (b) If your answer is YES, please give a brief note of the topic concerned.
- (c) If it should be decided to produce another edition of the handbook, would you be prepared to contribute a summary, 100-200 words in length, describing each of the topics mentioned in 4(b).
YES/NO



5(a) Do you think it would be useful to produce further editions of this handbook, with more examples of developments in psychogeriatric care. YES/NO

If your answer is YES -

(b) 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? YES/NO
If YES, please give us details of your ideas below, or on a separate sheet.

6. HAVE YOU ANY OTHER COMMENTS OR SUGGESTIONS about this booklet and about ways in which future editions could be improved.

NAME.....

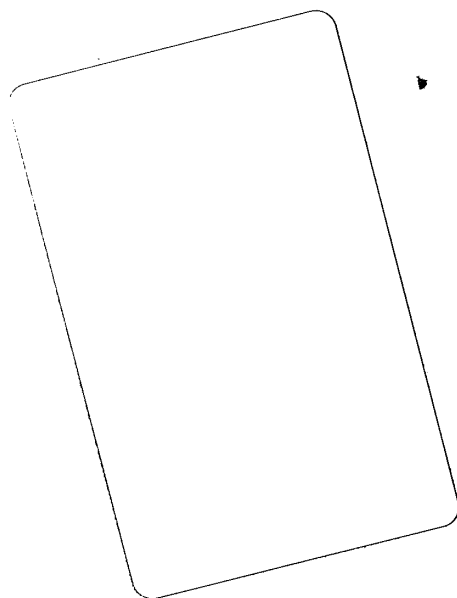
ADDRESS.....

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NATURE OF YOUR WORK.....

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Date.....



King's Fund



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