

Care of the Aged in Great Britain

By Miss *Kathleen Proud**

Introduction

An outstanding challenge of our time is the maintenance of an ageing population living in contentment and health within the normal community. This, I believe, calls for an understanding of certain principles and a willingness on the part of everybody to co-operate generously.

The vast majority of old people fundamentally desire to remain independent within the community. They are at their best in familiar conditions and with those who are in sympathy with them. Like the young they need affection to ensure some security.

The Individual's Contribution

We all know those who are wonderful examples of preservation of mind and body, who live well ordered useful lives. Their special gifts and accumulated wisdom springing from the experience of a long life give them an important position in society. This brings them pleasure and they give to society a rich contribution. They demonstrate a quality of living which cannot be measured, they radiate happiness and the young enjoy their company. On the other hand, all of us know those at the other extreme who are vacant in mind and feeble in body, who exist rather than live and who show little interest in anything or anybody. As in most things, however, it is between two extremes we find the majority of old people. It is understandable that the wear and tear of a long life with its stresses and strains must leave their marks. Few escape without some physical frailty; many suffer mental deterioration and the majority need some personal help if they are not to become a burden to themselves and society. So it is that more medical and welfare services are required, and these, to be most effective, need to be complementary. In Great Britain we enjoy a happy working partnership between doctors and welfare workers in this field of service. Where the general public appreciates the difficulties of ageing persons, there is an atmosphere of sympathetic understanding and a desire to overcome the difficulties as easily and economically as possible. And where the individual old person has faced and understood the adjustment required of him and is wise enough to live within his own physical strength, he makes his own contribution to society's task, and a creative and constructive way of living can be achieved in the later part of life.

* General Secretary to the London Council of Social Service, 7 Bayley Street, Bedford Square, London W. C. 1

Old Age in itself should not be a problem for it is in God's pattern for life. The importance of some preparation by the individual for old age cannot be overlooked. Much has been written by specialists for specialists on the medical aspect of ageing and some helpful contributions have been added on the religious aspect but less on the social side. We have felt a great need for some research into the attitude of the community on ageing. Two years ago our National Old People's Welfare Committee set up a special group to study «Preparation for Retirement». We realize that this must cover at least the following aspects: health, nutrition, the psychological approach, spiritual needs, employment over pensionable age, and the need for provision at work for adjustment to retirement, educational facilities and occupational interests, and the financial adjustment required to live, rather than just manage, on a lower income.

It is not possible to go into the result of this study now—indeed the group's work is not finished yet. An interim report has, however, been made and this leads me to have some hope that the findings and recommendations of the final report are likely to make an important contribution to what may be known already in part by a limited few, and through forms of carefully selected publicity may help the community to understand and accept old age as a normal process.

For those whose work has absorbed their interest, who do not want to retire, or whose home conditions are not entirely congenial, the anticipated lack of regular occupation and reduced income probably brings disappointment and depression. During the past few years, schemes have been devised in some of our big cities to provide simple jobs for those no longer able to compete on the open market. Experience has shown that a few of the older people so improve in health and outlook that after a short time they are able to take up ordinary work in industry again. The chief purpose, however, is to lift elderly men and women out of their loneliness and the sense of being useless and unwanted by giving them for a short time each day simple routine jobs well within their capacity and paying them a small sum in keeping with the value of the work done. The work is usually obtained from local firms who often show much interest in these developments. The pioneer scheme was established in Finsbury in London nearly five years ago through the initiative of Dr. Blythe Brooke, the Medical Officer of Health.

There are other people who see in the cessation of their regular occupation an opportunity when they will have time to enjoy hobbies, time to follow some things for which they have a special interest, time to serve the community. While some turn readily to constructive work, others remain indispensable members of the three generation family unit.

Society's Task

The general structure of our so-called «Welfare State» and Health Service will be well known to you. It is important to point out, however, that in all our official social services a place has been planned for voluntary effort to play a part and the pioneer role of voluntary organisations is still accepted. Today there are even more voluntary organizations than in 1948 when our vast social service revolution took place. My own organization, the London Council of Social Service, while being a voluntary and autonomous body, has as its main function the co-ordination of all voluntary organizations in London, bringing them into co-operation with the various statutory bodies. No official scheme can legislate for all the needs of men and women as these are constantly changing. Gaps in the services are therefore always showing themselves, and to fill these we bring together groups of the appropriate voluntary organizations for discussions with the officials of the statutory services. In the sphere of Old People's Welfare, there are at the borough, regional and national levels, permanent committees bringing together for thought and action, representatives of all the private organizations, churches and the statutory health and welfare services concerned with old people. There are throughout Great Britain 1265 of these committees.

I said earlier that where the general public tries to understand the needs of the elderly and appreciates the reasons for their frailties, there will be an atmosphere in which much can be done economically and happily. Such a knowledge and understanding will lead to service and help to an individual from relatives, friends and good neighbours. Then the worst enemy of ageing people—loneliness—is avoided.

We would all agree that every soul needs friendship. In our big cities at home, due to the post-war housing shortage and development of industry, we find it needs some organization to reduce the number of lonely old people. To link every old person with someone with whom a natural friendship may flower, ought not to be an impossible task.

In London we have an Old People's Welfare Committee in each borough. These are representative bodies and they work in close co-operation with the geriatric units where these exist. These committees receive recognition and financial support from the statutory authorities but are independent of them. While their primary responsibility is to act as a co-ordinating body preventing duplication and ascertaining what further work needs to be undertaken, the Old People's Welfare committee itself carries out many services in agreement with all the other organizations. One of these is a visiting service. These visiting schemes I believe are the most important of all the services for old people. Indeed I would go as far as to say that if we had to cut down to one service only, it is a visiting scheme I would choose without any doubt. It is the most

important, yet the cheapest service, and one which gives many ordinary people an opportunity to give service. Groups of people as well as individuals can help. I know some very good examples where a church for instance has recruited from its members, men, women and young people willing to be used in this way. They appoint their leader who keeps in direct contact with the Secretary of the Old People's Welfare Committee. The church undertakes the responsibility of visiting regularly and sees that when necessary, reports are sent. The visitor, although apparently only «popping in» for a chat, takes note of other things and as she (or he) gains the old person's confidence, can help in many ways. All the voluntary organizations are encouraged to help, for a variety of people are required if natural friendships are to flourish.

The contribution of young people certainly should not be forgotten. They do not replace the adult visitor but they can be a delightful supplement and often do all kinds of jobs for an old person—jobs which they show no willingness to do at home! There is often a natural understanding between children and old people. My own attitude to old people was coloured quite young by my grandmother in whose company I found great delight. Her interest in my interests made her my friend. She had time when other adults were always so busy. She had a strong personal faith in God and I saw the times this was tested by some cruel personal accidents which came late in life. Hers was an enriching influence on my life.

It is not necessary for me to remind this conference that the specialist services, e. g. the hospitals, must be provided for the elderly as for everyone else, in a specialist way; but because the hospital is a place for treatment, not for permanent residence, we find that when the elderly patient is ready to be discharged from hospital there is often a need for special accommodation for those who cannot get sufficient care at home, so some voluntary organizations have endeavoured to fill this gap by providing what we sometimes call a «half way» home. The more usual term, however, is a «short stay» home. This is generally linked officially or unofficially with the geriatric unit, so that the doctor who was responsible for the patient in hospital can keep in touch and should a relapse occur, the patient can be readmitted to hospital. What is important is that the process of rehabilitation is continued gently until the patient is able to return to his own home. These Homes are also used to admit old people who are living at home, for two or three weeks, to enable the family to have a short break and a holiday.

The last ten years have seen a fresh appreciation of the importance of suitable housing for old people and the realization that this will reduce the demand for accommodation in the Homes. Many Housing Authorities have built special bungalows or flats. It is estimated that 95% of our old people live on their own or with relatives. This is generally the happiest situation for the old person and is certainly a cheaper way for Society. It is worth spending

money on some domiciliary services such as home nursing and laundering facilities to make it possible. For many years our Health Authorities have employed women as domestic helps for maternity cases at home. After the war this service was extended to old people. A few hours domestic help each week will often enable an elderly person to continue to live very happily in his/her home.

There will always remain approximately a 5% who will need communal care. There is not time to discuss now this subject, important as it is. I should say, however, we are realizing in Great Britain that in the future, Homes will need to specialize in providing for the more infirm.

The problem of laundry, often the last straw for old people, is being tackled energetically. In some London boroughs there is a laundry service for cases where bed linen cannot be washed at home and is not suitable for the commercial laundry. Such washing which is often a nightmare problem, in cases of incontinence for example, is collected three times a week in containers and returned quickly. There is also a service which enables bed linen and night wear to be kept by district nurses and loaned in cases of illness. This is given back to the central pool when no longer needed. In another city, five automatic washing machines plus special drying and ironing facilities have been arranged. Old people or their relatives or friends bring the laundry and do the work themselves. This scheme works in close co-operation with doctors, health visitors and district nurses. The capital cost was partly met by a grant from a private trust and the rest is being raised by voluntary effort. A charge is made of 1/6d for each bundle of washing, or 2/- where collection is undertaken.

Services of this kind are not only invaluable to old people themselves but also to those looking after them. Families who know they can depend on one or more of these services are much more likely to keep their elderly relatives at home. Our experience is that families do not generally neglect their elderly relatives; indeed we find that the strain often placed on the younger people can become a heavy burden. When this happens a little neighbourly help can often relieve such a situation. Our Old People's Welfare Committees arrange special holidays at the sea-side and we want more short-stay homes for those who need simple nursing and general care. To the old person and to the family with whom they live, small kindnesses mean a great deal. The friend who will take the old person for a car ride, to church, or out to tea, is doing a simple thing, but how much it is valued.

The Old People's Welfare Committee also sees that there are a number of social clubs at convenient places in the borough. These are organized by the churches and many voluntary organizations. They are very popular and serve to bring the old people out for social interest. There are over 5000 of these quite simple social clubs in the country. So far as possible the old people are encouraged to help run the clubs themselves and share the responsibility of

keeping in touch with members who are ill. All kinds of activities take place and interclub competitions are arranged for Handicrafts, Bulb Growing, and club choirs. Some clubs do their own bit of social service – such as Toy-making for a children's nursery, or rugs for refugees. They radiate a happy fellowship and are often a hive of industry. Mid-day meals are sometimes provided at the clubs, and for those who are housebound or cannot get a balanced meal, there are mobile meal services, taking hot meals in individual containers. This is generally organized by a voluntary organization and the cost subsidised by the local authority.

My Council has undertaken to bring into being an experimental club for the more infirm old people—a large group for whom insufficient is being done at present. The scheme has been planned in co-operation with the doctors and Old People's Welfare Committees of two London boroughs. The building has been specially designed, has doorways to take wheel-chairs, a hall and stage, a chiropody room, special lavatory and bathroom facilities and it may be possible for some light physiotherapy to be available. The kitchen will be equipped to cook a hot mid-day meal for the members and also supply the local mobile meals service. A motor vehicle equipped to bring the more infirm has been purchased. The club will draw its members from two boroughs with a total population of 410 017, of whom 45 614 are over 65 years of age. It is a typical working class neighbourhood; even so we are relying on the paid warden, ambulance driver and kitchen staff to be supplemented by considerable voluntary help. Able-bodied retired men will bring those who live reasonably near in wheeled chairs, others will accompany those who, if given a friendly arm for support, can come by bus, some business men will be asked to bring a club member once a week on their way to the office and take her/him home again.

It is over three years since this scheme was conceived. Next year I expect it to be a reality, for last month the builders started their work and it should be completed in May.

It is agreed that chiropody is a necessity to most elderly people. Simple, regular foot-care ensures that they can continue to walk about. Because in our country this is not yet recognized as a necessary Health Service, it has to be provided privately. Our Old People's Welfare Committees with the co-operation of professional chiropodists and often with some help from the local authority, provide an inexpensive service. This is often housed in one of the clubs and a home service is sometimes arranged for these who cannot get out.

If we are trying to help our older members of Society to live as long as possible in their own homes, we must plan for their periods of illness. The visiting home nurse is recognized as part of the Health Service. We need, however, more special laundry schemes which I have just described. For periods night attendance is necessary and is an important factor in view of the present shortage of hospital beds. Such a scheme can be organized at very little expense

by the Old People's Welfare Committee or as an extension of the official Home Help service.

Necessity is the mother of intervention we are told. It is certainly true in the field of Old People's Welfare. Because it was impossible to find housing accommodation or a vacancy in a home for several individuals, the Secretary of one of our committees advertised in the local paper. This proved successful and so a Boarding-Out scheme was born, similar to that used by the authorities for children needing care and protection. This service needs a skilled person to arrange, but it can be done, and is another example of Society providing for its older members from its store of goodwill.

I would like to say something about the responsibility of organised christianity within Society. There is no doubt that some of the happiest old people are those with a living faith in God. But the churches are concerned, not only with the pastoral care of the elderly who remain members, but also with those who have drifted away in earlier years. With the time for thought and reflection which old age brings, there are many who would like to come into the fellowship and strengthen their faith. The thought of death and the unknown future with no personal faith can haunt the mind and bring on mental deterioration. This has added significance because in my country about one-third of those needing ward care are suffering from mental infirmity, and of all those admitted to mental hospitals more than one-quarter are over 60. Yet it is generally agreed that this is not only a medical, but also a social problem and even more a spiritual one.

Religion is hard to sustain in isolation, and it is important that old people be incorporated in the religious life of the church. Where a pastor and congregation are prepared to give some thought and organize a scheme, rich results can be achieved. The various church fellowships can be faced with the challenge to give service to the wider community in the name of the Church. We find that where some imagination is used and there is discussion with the local Old People's Welfare Committee, practical ways of offering friendship and service are devised. The vital contribution of the church offered by dedicated men and women of goodwill is still needed. Old people can make a valuable contribution to the life of their church if incorporated into the praying community and in so doing are helped to feel that they still belong and have a part to play in spite of the limitations which prevent the continuance of active work.

There is still a tendency to think of elderly people as a group apart who have to be looked after. In reality there is much they can give and they should be encouraged to do things for themselves and for other people. They have more time and a wealth of wisdom and experience to bring to the service of society. Where enough of us in the community concern ourselves and there is a comprehensive pattern of services to help the elderly, old age instead of

being a time spent in the gathering darkness waiting for night to fall can prove to be a long light evening. Then truly it can be said:

«Age is Opportunity—no less
Than Youth itself, though in another dress.
And as the evening twilight fades away,
The sky is filled with stars invisible by day.»

W. Longfellow from *Morituri Salutamus*

Summary

The vast majority of old people fundamentally desire to remain independent within the community. They are at their best in familiar conditions and with those who are in sympathy with them. They, like the young, need affection to ensure some security. The three main contributory factors to a creative and constructive way of living in old age are: 1. Complementary medical and welfare services; 2. an understanding by the general public of the difficulties of ageing persons; 3. individual old people facing frankly the adjustment required of them.

In Great Britain, the National Old People's Welfare Committee has set up a special group to study «Preparation for Retirement» and this will include the following aspects, health, nutrition, the psychological approach, spiritual needs, employment over pensionable age, and the need for provision at work for adjustment to retirement, educational facilities and occupational interests and the financial adjustment required to live on a lower income.

The responsibility of organized Christianity within society is important. Much of the mental deterioration seen in old age is recognized as being not only a medical and a social problem, but even more a spiritual one. Even with the physical limitations which prevent the continuance of active work, old people can make a valuable contribution if incorporated into the praying community, and in so doing are helped to feel that they still belong and have a part to play.

They have more time and a wealth of wisdom and experience to bring to the service of society. When sufficient people in the community concern themselves, a comprehensive pattern of services to help the elderly are arranged, and under these circumstances old age can be seen as a time of opportunity instead of a time spent in the gathering darkness waiting for night to fall.

Zusammenfassung

Die Betreuung einer alternden Bevölkerung, die innerhalb der normalen Gemeinschaft zufrieden und gesund lebt, ist eine besondere Forderung unseres Zeitalters. Die große Mehrheit der alten Leute will grundsätzlich unabhängig innerhalb der Gemeinschaft bleiben. Sie sind am besten aufgehoben in vertrauter Umgebung und unter Menschen, die ihnen sympathisch gegenüberstehen. Wie die Jugend, verlangt auch das Alter Liebe, um sich der Sicherheit zu vergewissern.

Die drei Hauptfaktoren, die zu einer schöpferischen und bejahenden Weltanschauung im Alter beitragen, sind: 1. sich ergänzende ärztliche und fürsorgliche Dienste; 2. Verständnis seitens der Öffentlichkeit für die Schwierigkeiten der Alternden; 3. daß die einzelnen alten Leute mutig der Umstellung entgegensehen, die von ihnen verlangt wird.

In Großbritannien hat der Nationale Altersfürsorgeausschuß eine besondere Gruppe zum Studium der Vorbereitung auf den Ruhestand gebildet, und diese soll folgende Gesichtspunkte in Betracht ziehen: Gesundheit, Ernährung, die psychologische Einstellung, Seelsorge, die Berufstätigkeit über das Pensionsalter hinaus und das Bedürfnis der Maß-

nahmen an der Arbeitsstelle für die Vorbereitung auf den Ruhestand, Bildungsgelegenheiten und Berufsinteressen und die finanzielle Umstellung auf ein verkleinertes Einkommen.

Die Verantwortung der organisierten Christenheit innerhalb der Gesellschaft ist wichtig. Viele Fälle von geistigem Rückgang im Alter werden nicht nur als ein ärztliches und soziales, sondern sogar noch mehr als ein geistliches Problem betrachtet. Trotz der körperlichen Einschränkung, die sie daran hindert, aktiv weiterzuarbeiten, können die Alten einen wertvollen Beitrag bringen, wenn sie Mitglieder der Gemeinschaft des Gebetes bleiben, und wenn sie dies tun, wird ihnen selber geholfen, sich als Mitglieder, die noch eine Rolle spielen können, zu betrachten.

Sie haben Muße und einen Schatz an Weisheit und Erfahrung, womit sie der Gesellschaft dienen können. Wenn eine ausreichende Zahl von Menschen innerhalb der Gemeinschaft sich damit befaßt, werden umfassende Dienste für die Alten organisiert, und unter diesen Bedingungen kann das Alter als eine Zeit der Gelegenheiten zum Helfen betrachtet werden, anstatt als eine Zeit der Dämmerung, wo man auf die Nacht wartet.

Der Haushilfedienst für gebrechliche Betagte in Zürich

Von Prof. Dr. med. W. Löffler, Direktor der medizinischen Klinik des Kantonsspitals Zürich

«Soll die Medizin ihre Aufgabe wirklich erfüllen, so muß sie in das große politische und soziale Leben eingreifen; sie muß die Hemmungen angeben, welche der normalen Erfüllung der Lebensvorgänge im Wege stehen, und ihre Beseitigung erwirken.» (Rudolf Virchow, der med. Theoretiker, 1849.)

«Mut für alte Rechte kommt allen Völkern zu; Maßregeln zu nehmen zur rechten Zeit, nur den verständigen. Wer auf die Not wartet, von dem geschieht alles leidenschaftlich, übereilt, übertrieben.» (Johannes von Müller, der Geschichtsschreiber.)

In Ihrem Kreise kann ich wohl nichts für Sie Neues sagen. Aber selbst Altbekanntes muß in solchen Situationen wieder gesagt werden, damit immer weitere Kreise von der Institution erfahren, *bis sie so zur Selbstverständlichkeit geworden ist*, daß die Leute glauben, sie habe *stets* bestanden. Dann ist sie sanktioniert, denn es heißt: Was grau vor Alter ist, das ist uns heilig.

So auch beim *Haushilfedienst*: Er ist aus der langjährigen Erfahrung des Fürsorgedienstes der Medizinischen Klinik Zürich herausgewachsen, völlig unabhängig von ausländischen ähnlichen Bestrebungen, von denen erst im späteren Zeitpunkt Kenntnis erhalten wurde.

Situation an der Klinik vor 20 Jahren und früher: Es bestand ein Überwiegen der jüngeren Jahrgänge. Seit etwa 20 Jahren besteht eine stärkere Zunahme älterer Jahrgänge, darunter vorübergehend Spitalbedürftige und auch leichter Pflegebedürftige. Für diese bestünde oft die Möglichkeit baldiger Entlassung,