National Council for Volunteering Organisations

Volunteering in Care Homes Project

Learn and Share Event March 2014

Presentation by Lisa Carpenter of My Home Life Essex Community Association

Good morning everyone, as Janet has mentioned, I am a community visitor and have been for the past year. I am based in one residential home in Colchester where I visit once or twice a week.

Today I would like to tell you about some of mine and my colleagues' successes, along with some of the challenges we have faced.

Two years ago a friend of mine was a patient in a hospital unit. I would visit regularly and it struck me how few visitors the other patients would have. Every time I walked into the unit, I noticed many of the patients would look up in the hope that the visitor was for them. When they realised this wasn’t the case, they looked sad and disappointed and their heads would go down again.

That always pulled at my heart strings and although at the end of my visits I would make time to chat to the other patients, it made me realise just how many people can feel lonely and isolated in hospital units and long term residential care.

I made a new year’s resolution that year (one I’m pleased to say hasn’t been broken) and I decided I wanted to take on some voluntary work to try to make a small difference to people in residential care and break up their loneliness for a short time if I could.

Coincidentally a family member mentioned to me that My Home Life Essex Community Association was looking for volunteers to become community visitors. Shortly after this, I met with Debbie Tanner, their development officer, who explained about the role and what it would involve..... and I knew instantly that it was for me. As with any professional organisation I was put through an induction, a CRB check and as always since then, I received a great deal of support from Debbie and the team.

Soon after this, I made my first visit to the home. I met with the manager, staff and the residents. During this visit, I sat and chatted with one resident, Edna and explained why I was there and what my community visitor role entailed. I will never forget her reply; she touched my hand, smiled and said, “So, we haven’t been forgotten then – thank you”. That bought tears to my eyes and reinforced that what I was doing was right.

Later I sat with another lady, Doris and once again explained my role; her reply was “so really you’re our friend’ and yes, that’s how I look at it too …… we are friends.

But the role is much more that that, we are not only there to chat to the residents, we are there to support them where we can, we are there to support staff and the families in what is often a very difficult time in their lives too. It is not easy making the decision for your loved one to live in residential care and sometimes it’s the only option. This can be a time of worry and concern for the whole family, for some family members there is, of course, associated guilt. As community visitors, we are very aware of these feelings and are there for the families to talk to and express any concerns or worries they might have. Families have told me that this helps them, especially as we are independent visitors and not staff members, I think maybe they can open up a bit more.

We are also there for the staff, to support them when they are busy by sitting with a resident who feels low, is unwell or someone who they feel needs that bit of extra attention.

For my colleagues and myself, when we started our roles, the relationship between the community visitors and the staff was one of our biggest concerns. The staff seemed, understandably so, very suspicious of us and some were not very welcoming. I think they felt that we were there to check up on them, which wasn’t the case at all. My colleagues and myself discussed this at length at our monthly meetings and we knew that positive relationships with the staff and managers was to be crucial in developing the role and making the project a success.

I started to take extra time to chat to the staff about un-work related things, joining them on their tea breaks at times, listening to their stories and sharing stories about my family, holidays and life in general. Slowly they came to trust me more and the relationships started to build. As with any relationship in life, it takes time, but I feel it is a privilege when the staff come to me now and ask if I could help by spending extra time with a certain resident or help in another way. The staff do a wonderful job, but as much as they would like to, they don’t always have the time to sit and chat with the residents or read a newspaper and discuss the daily news with them. The manager has invited me to attend the resident’s meetings and has offered to include me in certain staff training, which I am happy to do and has certainly made me feel part of things.

In the beginning, I received a profile from the manager of each resident, with their photograph, room number and some details of their lives. This was so helpful, as I could not only address each resident by name, I had a brief idea of their background, how long they had lived there, whether they had visitors and any relevant medical problems like hard of hearing, limited vision etc. and of course confidentiality is always maintained where appropriate.

When I first started my visits, I was struck by how little the residents would communicate with each other. It saddened me to walk in and see them just sitting around the edge of the room and not conversing, this I know was especially hard for the younger residents as at times they didn’t feel stimulated enough. I then started to change the way I visited, for example I wouldn’t always sit chatting one to one, and I would pull up a chair and sit with ‘everyone’. I would start a reminiscent session, which would encourage the residents to chat about their lives and start to converse with each other. It was lovely to hear them chatting and swapping stories and even lovelier when the next day they told me that the conversation was carried on well into the afternoon. They said they shared stories of their younger days - dancing, dresses, music, old boyfriends etc …… and the antics they used to get up to – some of the stories were hilarious!

As time went on, the relationships with the residents began to flourish and I knew I was making a difference. It’s not always something you can put your finger on, sometimes it’s just a smile, a wave, or I would hear someone say “oh good, Lisa’s here” when I walked in ……… and sometimes it’s just the atmosphere in the room, you just know you’re making a difference!

The ladies (my residents are all ladies) often ask after my daughters who occasionally visit with me. The ladies love seeing them and spend time enthusiastically telling them about their lives in the war and growing up. My daughters love to hear these stories too.

I have made many new friends; I have learnt that if you take a bit of time and trouble, you discover the most amazing things about people, who although very elderly, have wonderful stories to tell of lives full and interesting.  I have learnt that I get far more out of volunteering than the residents, I lead a busy and very full life, but if I go into the home, somehow it is calming, relaxing and I leave refreshed and invigorated.  It is wonderful to feel you might have cheered someone up a bit.  I have become very interested in elderly people and have made an effort to learn how I could help them more fully.

It’s so important to look at each resident as the individual they are and not assume everyone likes the same things. Some like to chat, some don’t, some like to play a game, others don’t and some are just happy sitting. I like to think about their individuality and help to improve things, just for them.

One lady told me she always loved to read novels but was saddened that with failing eyesight she could no longer do so. I realized that she really missed this I and wanted to help her enjoy it again. I researched audio equipment and audio books and chose a book from the author she liked. When I took the simple machine into her she was so delighted, I showed her how it worked and she was off! She is now on her 5th book and loves to tell me about each one.

Another lady shared with me her love of the musical Joseph; she had been to see it three times and would sing little parts of the songs with me. I love the musical too and at my next visit I took in a cd of the music and my programme of the show. We sat for an hour or more listening to the cd and reading the programme, she said when she closed her eyes she felt that she was in the theatre watching the stage show again with her late husband and she felt wonderful. She now carries the programme and the cd in her bag attached to her walking frame so she can look at it whenever she wants to.

Music is a wonderful way of expressing ourselves and we often sit and sing songs as a group or arrange for singers and small groups to visit the homes, which the residents really enjoy. We try to bring the community in where we can and try to share some of what the community offers with the residents.

Sarah a colleague has set up a resident’s choir in her home. They meet once a week and word has quickly spread how enjoyable the residents find it. The numbers quickly increased and some of the residents that are usually very quiet and uninvolved also joined in. It’s amazing how this has brought them together. They have held ‘shows’ and proudly sing to their audience of family and staff and their next aim is to visit other care homes and sing there too.

One of my colleagues Amy told me that one resident in her home had a tooth complaint but was so fearful of the dentist; she wouldn’t go and get it checked. As their friendship developed, so did the trust and Amy encouraged the lady to visit the dentist by promising she would take her herself. It emerged that the lady had been coughing blood and the blood was not coming from her tooth at all. She had a chest x-ray and sadly was diagnosed with a lung condition. Thanks to Amy she received a quick diagnosis and is now receiving treatment.

Sarah also shared a story of one of her residents, she told me;

One of the most rewarding things I feel I have done was for a resident with dementia, she never remembered my name, she could no longer express herself, was timid and vulnerable, but somehow we got on. Her face lit up when I went in!  She never would go outside before I met her, then gradually she would walk round the gardens with me. The manager noticed this progression and asked if I would take her on a dementia walk in a park in Chelmsford. We went with a carer in a taxi and she obviously loved it.  Amazing!  Whilst on the walk I managed to piece together some aspects of her life, how she loved nature, and music and children and County Durham. She stopped to smile at a flower or a ladybird and I know she loved it. It was a very special day for both of us.

When she died I wrote a piece about the privilege of knowing her in the homes newsletter, her son wrote to me to say I had got her character completely right, he sadly rarely visited, so upset by the dementia.

She was a true friend who never even knew my name, but I did make a difference to her life and will never forget her.

And that is why we do this, to make a difference to each individual person, in any way we can. The ability to notice is key and sometimes it’s the small things that make the difference.

I am not from a care background, I don’t have a carer’s experience but what I can bring is life experience, sensitivity, empathy and a little time. When I am in the home I think “would I want that for my Mum or my Granddad”, or “what would my Nan have liked to do, or see”. I often relate things to someone I love.

Our pilot scheme has finished now but we are all carrying on in our roles, still being a friend, holding a hand, sharing a story, sharing a joke ……… and just to let them know that no, they haven’t been forgotten.

Thank you for listening.