

Good Ideas

A practical handbook for supporting
older people in their own homes



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1	Introduction	4
2	Information for day carers, respite carers, volunteer befrienders and others using 'Good Ideas'	7
3	Some guiding principles	8
4	Providing 'person centred' support	10
5	Prompters – activities around the 'Good Ideas' three key themes: nutrition, physical activity and social relationships and others	15
	Motivation	16
	Choice and control	17
	Giving as well as getting	18
	Habit and routine	19
	Matching	20
	Time	21
	The right care at the right time	22
	Working in partnership	23
	Supporting family carers	24
	Access to money	25
	Cost of living	26
	Shopping	27
	Computers	28
	Promoting a good appetite	29
	Company at mealtimes	30
	Eating enough of the right foods	31
	Continuing to cook	32
	Storing food	33
	Helping someone to take enough fluids	34
	Using the home	35
	Staying warm	36
	Equipment to make life easier	37
	Building physical activity into ordinary life	38
	Walking as exercise	39
	Regular exercise	40
	Taking positive steps to avoid trips and falls	41
	Music	42
	Access to professionals	43
	Practical help	44
	Visitors	45
	Library services	46
	Flowers and gardens	47
	Telephoning	48
	Television	49
	Hearing loss	50
	Vulnerability	51
	Spirituality and places of worship	52
6	Examples of good practice	53
7	Suggested activities	55
8	Wish List	57
9	Contacts List	58
10	References and further information	64

“It’s a privilege to be able to care for people – in a care home as well – but more, for me, to be able to care for people in their own homes. It’s a privilege”

It is well known that older people want to be able to stay in their own homes for as long as possible, rather than have to go into residential or nursing care. However, being able to stay at home can come at a price. If you cannot get down your tenement stairs, if you are frightened to leave the house in case you fall, if going anywhere causes you pain and discomfort, you can become trapped within your home and isolated from the wider community. If you are being cared for by your wife or husband, they can become trapped and isolated along with you.



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Services in Edinburgh that provide support to older people and their families are increasingly being asked to provide ‘outreach’ day care to older people who are housebound. Paid day carers visit the older person in their own home, to provide company, stimulation and contact with the world outside. There are also local organisations and church groups providing volunteer befrienders to visit isolated older people.

Some organisations also provide paid carers or volunteers to provide respite to family carers. Respite services within the home – formerly called ‘sitter services’ (a term avoided in ‘Good Ideas’ because of its associations with children’s services) – are also much in demand. According to the 2001 census figures¹, there are almost half a million people providing unpaid care in Scotland, a quarter of whom provide 50 or more hours a week of care. A respite break of a few hours, provided by someone the family carer knows and trusts, can allow informal carers regular time to themselves and give them enough support to enable them to continue to care. One to one day services and home based respite services can therefore form an important and cost-effective element of the network of support at home for older people.

However, being a day carer or a respite carer can be hard work, particularly if the person has severe communication difficulties or dementia, because the carer is working on their own, outwith the supportive environment of a care home or day centre. The carer is required to use him or herself, to build a relationship with the older person and their family carer, where there is one. Visiting someone on a regular basis, perhaps – at least

initially - without a clear focus, requires a range of skills, sensitivity and ingenuity.

In order to highlight this area of work, to support carers and to promote good practice, the RBS Centre for the Older Person's Agenda (COPA) at Queen Margaret University in Edinburgh, NHS Health Scotland and the City of Edinburgh Council together devised a one year project. The aims of the project were to:

- review what is already known about the needs and wishes of older people who are housebound, from older people themselves.²
- explore and record what carers are currently doing when they visit older people at home and, in particular, to highlight examples of good practice.
- develop, evaluate and share good ideas to support carers in their work.

The project focused on three specific areas: **social relationships**; **nutrition** and **physical activity**. Staying fit and well is particularly challenging if you are frail, or are restricted to your own four walls. Retaining interest in food and healthy eating is similarly challenging if you always eat alone.

The project was carried out by having 'conversational interviews' with 15 older people who are housebound, 10 of whom live alone and 12 of whom are women, and by consulting 13 carers, through focus groups or interview. We

were interested in finding out what older people who are housebound already do to help themselves - and what support would enable them to make the most of their own resources, promote social relationships, help to ensure they eat well and drink enough fluids, and stay physically active.

Only one of the older people we interviewed had a diagnosis of dementia. A further project, with fewer time constraints, could use observational or other techniques to explore the experiences of older people who have dementia and who are also housebound.

Employing conversational interviews ensured that much of 'Good Ideas' came from the stories of older people themselves. Although developed in Edinburgh, we hope that the information and suggestions in the booklet will be useful to anyone – paid or unpaid – who provides support to older people in their own homes.

Involving older people

Older people have been involved at every level and stage of this project: giving initial advice; as researchers and as interviewees; reading and commenting on the draft. As stated above, most of the 'good ideas' have come from older people themselves, by listening to and learning from their individual experiences of being restricted within their own homes, and translating these experiences into

suggestions for other older people in similar situations. Some ideas have come from paid carers and volunteers; others have come from finding out about projects and organisations providing services to older people who are housebound. Some suggestions have also come from the members of the Project Advisory Group, who are experts in their fields. The project has also benefited from a research team which included four research associates from COPA, who are themselves 'older people'.



Information for organisations providing day care or respite care for older people who are housebound

'Good Ideas' has been developed to support day carers and respite carers -

and volunteer befrienders. However, the booklet is intended to be used alongside relevant training, in order to promote discussion and awareness of the issues, and to help generate other ideas. The project highlighted the skills required for someone to be an effective outreach day carer or home-based respite carer; in particular, carers need the support of good quality training that focuses on the provision of person-centred care in order to develop these skills.

If funding is available, there are a number of agencies and consultants who specialise in promoting person centred values and approaches. (See Contacts List for suggestions)

The carers who attended the focus groups very much enjoyed the opportunity of meeting each other and discussing the issues. There is clearly value in enabling carers to get together, for peer support and to share ideas.

For anyone reading Good Ideas

If, as you read, other ideas come to mind which could be added to an electronic version of the booklet, we would be very pleased to hear from you. (See back page for a sheet to send to COPA.)

Information for day carers, respite carers, volunteer befrienders and others using ‘Good Ideas’

‘Good Ideas’ has been written to support you in the work you do. Providing a truly individualised service, sometimes every week over a long period of time, is no easy task. We hope that the booklet gives you practical suggestions that also help you develop or expand on your own ‘good ideas’.

The booklet starts with some ‘guiding principles’ – things which we thought would be useful to keep in mind when providing day or respite services for someone who is housebound. A key principle is the need to get to know what is important to the person you support. In light of this, there is a section on life story work.

Talking to day carers and respite carers showed us that carers often work very creatively and with great sensitivity and we have included just a few examples of good practice. You may have many more examples of your own.

The main section includes a number of different ‘prompters’ to help you think about things you might do, or which might lead you to other ideas. These have come from looking at all the conversations we held with older people who are housebound. We asked older people for their views on the following three key themes:

Physical activity - how do older people who are housebound keep themselves active and mobile? If someone cannot get outside, what can they do to make sure they get enough exercise?

Nutrition and hydration – what helps someone who is housebound to eat the right food and drink enough?

Social relationships – if someone is housebound, how can they keep in touch with the outside world? What helps? What gets in the way?

Although this is not a standard ‘activities’ book, we have included a list of ‘things to do indoors’ that were suggested by carers and by an occupational therapist.

There is also a ‘Wish List’ – things we thought would be useful, but which are outwith the scope of this project. Again, there may be many other wishes, from your experience as a carer, that you would want to add to this list.

“Old age is part of life. And life is a long term process of interaction and relationship, of strength and weakness, of giving and taking.... Each one of us, at every age and stage, finds ourselves struggling to do the best we can with what we have.”
(Kivnick, 1991)³

The following are some ‘guiding principles’ for everyone to bear in mind when supporting older people who are housebound - who are largely confined to their own four walls and who may spend many hours in their own company.

Building on strengths

Many of the people we spoke to were in their 80’s and 90’s. They have lived long lives, and will have had to cope with many challenges. The services we provide should support older people in their independence, and build on the strengths and resources that have carried them through the difficult times.



The importance of ‘empathy’

We cannot assume that an older person is experiencing being restricted

within their own home as we would experience this now, at our own age. Ageing is a gradual process and the people you support may well have learned to adapt to and to accept their changed situation. The project taught us that, for some people, staying in their own home, whatever its restrictions, was a positive choice; moving into more ‘suitable’ accommodation would mean having to leave behind memories of husbands, wives and family life.

Challenging the restrictions of home

However, no-one should have to stay housebound if they do not want to be, if there is any way for them to be able to get out and about. Some people are indeed housebound because they don’t want to leave their home, but others are anxious about leaving the familiarity of their own home, whatever its disadvantages.

Providing a service for adults

Whatever someone’s level of dependency, older people are adults and deserve to be treated as adults. If someone has difficulty holding a

conversation, or is very confused, it is all the more important to continue to respond to them and treat them with the respect and seriousness owed to all of us as adults.

Supporting family carers

Although the carer's time will be spent with the older person, if they receive most of their care from a family member it is important for the day carer or respite carer to spend a little time with the family carer too. Developing a trusting relationship is very important if the family carer is to get a real break from caring. The family carer needs to be able to relax and trust that their relative is safe and as comfortable as possible while someone else is caring for them.

Making sure it is the right service

It is also important that the service provided is the service the older person really wants and needs. One lady said, "I wanted if possible somebody who could take me to the library, dump me there for an hour and go and do their shopping or do what they liked, and bring me back. That's all I wanted really". If the carer is concerned that perhaps the older person needs or wants some other kind of service, this should be discussed with their line manager or co-ordinator.



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Boundaries

Day carers and respite carers often become very close to the older people and their families, who they support through difficult times. It can be hard for them to say 'no' to requests for their phone number, or if asked for additional help, because they can see how much their support is needed. Carers need to be reassured that their involvement has legitimate boundaries. However skilled and experienced they are, they are not social workers; they also need reassurance that it is the responsibility of their line manager or co-ordinator to take up issues that are brought to their attention.

"I think possibly the most important thing is if you can try and find out what the person's interests are - what kind of life they've led..."

In order to provide the right kind of help for someone who is housebound, it is important to work in a 'person centred' way. This starts with finding out who the person is. What is their 'story'? Who are the people and things that are important to them? What are their particular gifts? What are the things that really matter to them – now, at this stage of their lives? What are their dreams, their hopes and their fears?

The interviews for 'Good Ideas' told us a great deal about the people who agreed to take part. We were looking in particular for people's strengths – how they have coped with the challenges that life presents and how they continue to cope and adapt to the losses and challenges that now face them. We knew we could learn from them and pass on what we learned to others through 'Good Ideas'.

However, although the interviews allowed us to hear a little of each person's 'story', they took place during only one meeting. As a regular day or respite carer - or volunteer visitor - you will have the time to get to know each older person well. You will also learn about them from those closest to them.

Where to begin?

Getting to know the older person you

support starts with the assessment or personal profile that is drawn up by the service you work for. Most services will gather information for matching purposes which includes facts about the person's past - such as their occupation, hobbies, likes and dislikes, family life, involvement with church or other places of religion.

This factual information will provide you with a foundation to build on during the time you spend with the person.

Why is getting to know someone so important?

These are just a few of the reasons why really getting to know someone can help you provide better, more sensitive support to the older person and his or her family carer(s).

Appreciating people as individuals – Being housebound can be damaging to your self esteem. You are physically cut off from the community at large, dependent on others, and without a valued role. Having someone listen to your 'story' helps to affirm who you are as an individual. This is true for anyone, whether they are 18 or 80. Think what it feels like when you know someone is genuinely interested in you and inquisitive about what you are saying.

Knowing how to help them – If you know what is of greatest value to someone, you know where to put your own energies. For Mr Simpson, being

able to have a conversation with his brother, via the telephone, may be the thing that keeps him from sliding into depression. For Miss Taylor, having something to contribute – being involved with others in some way – is what keeps her going. You may think that what someone needs is delivery of a regular supply of ready meals, but if cooking has always been important to them, they may prefer help in continuing to provide basic meals.

Understanding the person – Knowing who someone is can help you to understand why they behave in the way they do. Why does Miss Jackson not 'do the sensible thing' and move to more suitable accommodation? How has Mr Parker managed to stay so resolutely optimistic in the face of enormous barriers? Why does Mrs Graham never mention her daughter, even though she is her only child?

It is particularly important, if supporting someone who is in the advanced stages of dementia, to know something about their past history. As one carer described to us:

"Some days you might not get any communication from her because you can see she's frightened and she's crying so She's back in the past and normally I find ... I cut off all the background noise like I turn off the television and that – just keep it nice and quiet ..."

Involving family carers – You may need to involve family carers in your efforts to get to know the person. This will help you to develop your relationship as partners in providing care for their relative.

How do you get to know someone?

"It's just, you know, it's just wheedling out what's... you know ... someone's done in their life and what they'd still like to do."

Unless the person you support has communication difficulties, you may find much of your time with the older person is spent simply in conversation. One of the people we interviewed said: "You're not talking all day – just like just now – I'd probably be all afternoon myself – and it just makes a difference having somebody to talk to for a wee while. It breaks the day up" Just having someone to talk to can make an enormous difference.

The older people we interviewed appeared to particularly enjoy the opportunity to talk about their lives. You can help someone tell their story by:

- using open ended questions – "You were telling me about the time when...."
- taking time – you need to try to get the pace right, and spend more time listening than talking. You are not a counsellor, but you do need to develop the ability to really listen.

- reflecting back – “You were a teacher for many years, but am I right in thinking that you enjoyed the years just after you retired more than when you were teaching?”
- being genuinely interested in who this person is and all they have done in their life;
- listening for stories in the conversations you have together – and being sensitive to the things that are avoided;
- being respectful and trying, at all times, to put yourself in the older person’s shoes.

However, you also need to be sensitive to the fact that someone may not want to tell you about themselves, or answer questions. You may need to find other ways to get to know them, and it will be important to take time in doing so.

You have an advantage over carers working in other settings in that you are visiting the person in his or her own home where you will be surrounded by ‘clues’ to who they were and are. There are likely to be photographs of people and things that were important to them. A painting or piece of craft work may be an indication of past hobbies and skills. Cookery books may provide evidence of the type of food someone loved to

cook, and you can then talk about who they cooked for. Favourite radio programmes give an indication of the topics which someone enjoys.

If the older person has dementia, or cannot communicate their life in words, these visual clues are all the more important.

Memory Boxes

Another way of bringing someone’s past to life, perhaps with the help of the person’s relative or friends, is by

putting together a

‘memory box’. A memory box – which may be transparent - contains objects that bring back happy memories of times past – photographs, cards, recipes, perhaps a model of a favourite car or a tool from the older

person’s working life. These objects provide you with things to talk about during your time together. If items are visible, they also provide talking points for others who visit, and encourage everyone involved in the older person’s care to recognise and acknowledge their individuality. This is particularly important if the person has dementia.



Life story books

'Life story' books can be developed by anyone, at any age, and have usefully been developed with and for older people who have dementia or other forms of cognitive impairment. Very little is needed in the way of equipment – a ring binder and plastic pockets being the cheapest and most flexible method of compiling materials. Many 'books' contain no more than 100 words; other forms of mementos of the past – and of the present too - can be included.

If you are supporting someone to put together a life story book, in whatever form, it is important not just to see the production of the 'book' as a task to be completed. The **process** – of identifying items to be included, of making decisions about what should be included and talking about them – are the things that are most important.

It will help you understand what the process feels like and help you develop your capacity for sensitivity if you do the following exercise:

Arrange a time and place when you can meet with a fellow carer. Each bring a significant photograph or other memento from your life. Firstly you spend five minutes telling your colleague about your item. Then reverse the process. Now each of you spends five minutes writing up a short (two sentences) description to go with the other's photographs

or memento. Look at what each other has written.

- How does it feel to read an important part of your life third hand?
- How accurate is the piece?
- Has it captured the feelings that the event(s) engender?
- Has it captured the significance of the event depicted?
- Has the other person used your words or their own in writing this?
- Which would you prefer?

What you should learn is:

- It is difficult to summarise a life, or major life event in a few words
- It will always be a second hand experience
- Using an individual's own words can help to interpret the material.⁴

You might like to produce a life story book for one of your own family members – perhaps a son or daughter for a special birthday. It could include, for example, early drawings, school photos, positive comments from teachers. Ask them how it feels to receive this.

Many older people have huge sadnesses and regrets – fractured relationships, dreams and ambitions that came to nothing, or perhaps the loss of a child. They may have struggled with alcoholism or drug abuse. Supporting older people to

remember requires sensitivity to the sadness that memories can bring. One carer commented:

"I have a selection (of photographs)... but she gets terribly upset now. She used to go through them – they had a cottage up on the west coast and there were loads of photographs of the cottage - - but now she just cries... Misses it and probably knows that she's not going to go there any more. I've kind of



stopped that, but I was going to ask her husband if he would just do a little album, but name people, so that I know who I'm talking about and asking about, but we'll skip the cottage I think."

If you are supporting someone with dementia you might like to look at 'Caring Memories' which has been developed in partnership with the Dementia Services Development Centre at Stirling University. 'Caring Memories' is described as 'the modern version of a scrap book photo album combined with weekly expert activity plans'.

The Dementia Services Development Centre at Stirling University provides training in life story work with people with dementia. (See Contacts List)

Memoirs

Someone you support may want to formally record their own life story, to pass on to their family or to come to terms with the past. They may wish to do this by themselves, in private, or they may value your help. If they have no means of writing or typing, perhaps you could help them record onto a tape recorder.

See Contacts List for useful web sites. See References for information about 'Person centred thinking with older People: Practicalities and Possibilities'⁵ and 'Understanding the Importance of Life Story Work'⁶.

5.PROMPTERS



Your role as a day carer or respite carer may be to help someone to motivate themselves - to spend time out of bed, to take exercise, to eat or drink more of the right things. People are motivated by different things – pleasing someone else, retaining a skill, maintaining one's independence. Getting to know them well will help you to help them. For example, if someone has been a teacher, what can you do together that will allow them to teach you, rather than the other way round?



For some of those interviewed it helped simply to be given information about what they should be eating or drinking. However, giving people advice generally does not work.

One older person said: *"I think you can casually get them into it, but if you're telling them 'that's great, you're trying something new', that's the day it stops and you'd find it wasn't done.."*

Being housebound for a long time can take its toll. The person you support may benefit from being sensitively and gently encouraged to rediscover their natural ability to be sociable.

One carer said she enjoyed her role as a motivator: *"she didn't have many visitors so I think she had a tendency to stay mostly in her bed unfortunately, but I was actually delighted that she'd made the effort to get up ... she's good company..."*

Frances, a day and respite carer, described encouraging someone who 'lies on her couch all day' to come through to the kitchen with her, so that she could show her where everything is. They then did some exercises while they stood together at the sink.

Idea... Helping someone to find out what motivates them is a complex skill, requiring tact, diplomacy and the ability to look behind someone's behaviour. Rather than trying to introduce gentle exercise, can you, like Frances, 'weave' activities that promote good health into your time with the person? Talk to your line manager and co-ordinator and, if you can, meet with other carers to share ideas.

“The freedom to make – and continue making – choices is perhaps the single greatest index of well being.”⁷ The older people we interviewed were choosing to stay in their own homes, however restricted, for a variety of reasons. One person may be afraid of moving to unfamiliar surroundings; someone else may prefer to remain housebound because home is where you can decide how to live your own life and where you retain most control.



Moving to live with relatives, or moving to sheltered housing may seem like a sensible option, but not for everyone.

One older person said, “I prefer dittering about here on my own. When I’m here, making meals, I’m up and down, but when I go to my daughter’s I’m sitting all the time. (My daughter) says, ‘but you can do the same here’ - but it’s not the same, not the same.”

If someone you support has dementia, it will be important to support them to retain as much control as possible as their dementia progresses and they become increasingly dependent on others making choices for them. One person we interviewed - who has dementia - was able to express how much her independence meant to her, “I would hate to be doing things... which I have done ... and they say ‘you’re not supposed to do that’.

You did it before and if I can do it I don’t see why I should stop...”

If your shopping is being done for you, you have to make do with the choices made by care staff, whose time is limited and whose tastes may be different from your own. Miss Newcombe spoke regretfully of the time when she was able to go to a supermarket and choose ‘a bit of that and a bit of that’ from the huge selection of cheeses.

Idea... Being able to choose – what you read, what you eat, what you wear - is limited when you are housebound. You could explore – perhaps with other day carers - how to bring more choice into someone’s life – perhaps via mail order catalogues or, if you have access, via a lap top with mobile broadband.

Visiting someone who is housebound on a regular basis reduces their social isolation and gives support to family carers. However, being visited does not, in itself, improve someone's self esteem.



Hopelessness and depression can result from negative life events, but also from a lack of positive life events. Older people who are housebound may experience few positive life events.

One older person said: "I like giving. I don't like getting. If I'd made a lot of money I'd have had the time of my life". She liked to bake cakes for visitors, but now has "nobody to bake for".

Some people may wish to contribute more formally. Volunteering First (Midlothian) (0131 663 6165) produced a booklet on Volunteering from Home. Although this is aimed at projects, it has some good ideas – such as telephone befriending. You could look out for any local initiatives or appeals in the locality where the older person lives which may be of interest to them.

A severely disabled older person, who was once a community activist, said: "See I would like to do something from the house, via any mode you want – like computer or whatever – to give, to the best of my ability ... some sort of advice or help or you know ways to reach other organisations"

For some people, just getting through each day is enough, but it is hard always to be on the receiving end of services, to be dependent on services and on the good will of friends and neighbours and feel you have nothing to give back. Those we visited demonstrated considerable resourcefulness. Many of the ideas in 'Good Ideas' have resulted from listening to and learning from older people.

Idea... Being able to contribute to a project which links you with others – such as a collection of recipes or memories, or a piece of craftwork to which individuals have contributed - has been shown to be the most effective form of 'volunteering'. Is there scope for working alongside other day carers or volunteers? For ideas, look at the web site of Edinburgh's Living Memory Association. (See Contacts List)

We are all creatures of habit and routine – the morning cup of tea, the favourite television programme. If someone is used to doing the same thing – perhaps at the same time each day - this can be put to good use.



You could help the person you support to look at their own routines. What might help them to remember to look after themselves? Could they be helped to remember to do particular exercises while watching *Eastenders* or to eat half an apple when they watch the late night news?

One older person we interviewed told us, "I usually walk about four times – back and forth four times, and that's basically all I do – just keep myself mobile, and after about a couple of times I normally have to visit the toilet."

Prompters could be used – for example, to remind the older person to use the work surface to support them to do some stretching exercises each time they boil the kettle.

As a regular day carer, you can get into the habit of always doing the same thing when you see someone each week. Although this can mean you get 'stuck', a habit can also be turned to

good effect – for example, establishing a routine of doing a few stretches together or walking to the kitchen and back before sitting down to a cup of tea.

One carer said, "What I would do when I went to a client's house was have a wee blether first. We'd maybe make tea and make something to eat and that was our routine and that was what the client enjoyed..."

Idea... If the person is not able to do this for themselves, work with their family carer on simple prompts and reminders. How can the older person reward their own success and achievements in order to maintain their motivation?

One older person said: "...ice cream cones – I'm a devil with them. That's usually my sweet at night...."

Inevitably, we find we have more in common with some people than with others. It might be easy to assume that if someone is housebound they would be grateful for any company. We did not find this to be the case. If you are a day carer or befriender, your organisation should have ‘matched’ you – by personality, interests and life experience - with the person you support. If your role is to provide respite, it may be more important to consider whether you have the right skills and knowledge to be able to meet the older person’s needs.

If, as a day carer, you find you cannot get along with the person to whom you are matched this may be no fault of yours – just a fact of life. You may need to suggest that you are matched with someone else.



There may be points of mutual interest. One carer said, “she had a cat and I had always been a cat lover so that was a big help. That won me a lot of points I have to say.”

If you are a day carer - spending regular time in the company of a housebound older person - it may be hard to pick up whether they actually want you to come and see them. They may not want to offend you – and the longer you visit, the harder it may be for them to ‘confess’ that they do not want the service, or that they would really rather have some other type of service. It may be very difficult for them

to say ‘no’ to a service that they recognise is kindly offered.

One lady would have preferred someone to visit her with whom she could discuss history and other subjects. “The trouble

is you see ... not really a trouble ... she’s very nice and ... but ... she’s younger and, um ... I’m not in contact with a lot of thoughts that she ”

Idea... Trying different activities may well lead you to find areas of common ground, but if you sense that you are not the right person, or this is not the right service, talk to your line manager or co-ordinator. He or she should be able to speak to the older person on their own and this may allow them to say what they really think and feel. Your help and support will always be needed somewhere else.

‘Good Ideas’ is being written in recognition of the fact that finding meaningful ways of spending time with someone who is housebound, week after week, can be a challenge. Unlike carers who mainly provide personal care, whose tasks are prescribed and generally very time limited, day carers and respite carers may have several hours available. As you may be providing the only break that a family carer receives during the week, it is important to find ways to make it work for everyone, so that you can sustain the length of time agreed.



If you are providing respite for the family, the break that you provide each week is likely to be a key service that helps them to continue to care for their relative. It may also open the door to other services.

One carer talked about the importance of providing a long enough break, “I think primarily the service is for the (family) carer and I find ... the thought of two hours ... if that’s the only break someone has in a week then that’s not a big break – and even three hours still give someone a chance to go out and do something whereas I don’t think two hours does.”

As a day carer, if you have been well ‘matched’, your visit is likely to provide welcome relief from hours spent alone. As Mrs Lawson said “it breaks the day up when you’ve got somebody”. However, it is still important to make an accurate judgement about the length of time to spend with someone who is

housebound. If you feel it is too long or too short, talk to your line manager or co-ordinator.

Idea... If you are a respite carer who is trying to give the family carer as long a break as possible and this is proving hard, are there ways in which you yourself can get ‘respite’ during your visit – perhaps by not feeling obliged to talk or be active, but just by being there? Perhaps you can build in a natural break with a cup of tea and a time for quiet reading.

One family carer told us, “She likes people just sitting, even beside her, watching telly. My Mum likes it that way.”

Whereas some care jobs have clear ‘tasks’, as a respite carer you may need to find what works for this person, at this point in time, particularly if the older person has dementia or mental ill health. It will be all the more important for you to work in partnership with the person’s relatives, and to seek advice, support – and, if necessary, additional training - from your own line manager or co-ordinator.



One carer said that, “...four hours is a long time to actually do something for somebody so ... I go a little bit earlier in the morning now and when I do I give her her breakfast and it takes an hour and a half to give her her breakfast. She’s a good appetite, but it just takes her so long so I find that it helps me as well.”

Another carer told us that she sometimes does her knitting while she sits beside the lady she supports. The lady has dementia and is sometimes distressed and agitated. The carer has discovered that watching her knitting is calming for her and helps her get off to asleep.

It may have been agreed that you will provide a particular type of care and, over time, you may feel that this is no longer appropriate, or that some other form of support is more important. There may come a time when you feel that the older person or their family needs another type of service. Talk to your line manager or co-ordinator.

Some carers provide a little personal care: “I turn off the television and that – just keeps it nice and quiet and then she loves .. I give her a massage – her hands and her legs and she’s absolutely ... and her face ... she loves that and it just kind of calms her down and she’ll probably fall away to sleep ...”

Idea... One of the most difficult things you may have to do is just be still, to be with the person without being busy. You may feel you are not ‘doing your job’, but just being with them may be what the older person needs.

The main task of a day carer, respite carer or volunteer is to help someone who is housebound to continue to lead the life they want to lead, however restricted. However, as one carer told us “you can be very isolated and lonely out there as a carer”. You may feel as though it is all up to you. Your line manager or co-ordinator is there to help you think through the work you do, and to help you generate ideas.

The older people you visit are themselves partners in this process. According to research carried out by the Joseph Rowntree Foundation, even the frailest older people they interviewed “invested significant time and energy in taking responsibility for and looking after themselves.”⁸ Working together, you can see what kind of help someone wants and needs from you.

One older person said, “I’d be reading the newspaper back to front, I mean everything – now see after five minutes ... I get tired ... and I love to know what’s going on you know and ... somebody coming in and ... all right, you read a wee bit... then they can read a wee bit to you...”

Family carers may be allies in helping you get to know the person. They are likely to know the person better than anyone and can help you decide how best to spend your time with them.

Home helps and other carers provide vital support to older people who are housebound. You may have the opportunity to develop a good relationship with other paid carers. One day carer involved a home help in buying items that she could then help the older person to cook.

As one carer told us, “...she has care in four times during the day, so it’s helpful if I can help in that respect, but she likes getting it (her nails) done They’re rushed. I’m not rushed. I’ve got plenty of time.”

Idea... If the older person you support has dementia, do they have a visitors’ book that you and others can use, so that everyone knows who has visited? This can provide reassurance and a topic of conversation.



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Living with and caring for someone who is housebound can result in their relative becoming equally isolated. Although your first responsibility is to the older person, you may find yourself – as day and respite carers told us – providing direct support to their relatives.



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Some carers said they deliberately make time for the family carer, either at the beginning of the time they spend with the older person, or when the carer returns.

One carer recognised the importance of this - "I feel it's really important because he's probably the only person... that he's going to be able to sound off to that's he's worried ... his own problems and how he's finding it..."

Respite carers told us how important it is to be tactful and sensitive to your own position, as someone coming into their home to provide help. Your values and their values may be very different and you have to be careful not to 'overstep the boundaries'.

Developing a good relationship with family carers can have positive results for everyone involved.

A carer gave us an example of this: "When I first started visiting, William

(husband) took advantage and went and did things, and when we did things in the kitchen I think it just reminded him so much of what it was like when Olive did things. He used to come and sit with us in the kitchen and that always turned out into a really good time."

Family carers may be too busy or too preoccupied with caring to look after themselves. One day carer noticed that the older person's husband was not eating properly. She carefully mentioned a firm that supplies ready meals and he now makes a regular order.

Idea... Your line manager or co-ordinator can refer the family carer, with their permission, for an assessment of their own needs. This is a legal entitlement. There may also be local carer organisations to which they could be referred. These provide services specifically for family carers, such as support groups, home visits, benefits checks, information, counselling or advocacy.

Having enough money to cover expenses was a worry for some people, but being able to draw money out of an account to pay for small items - or to pay for cleaners or private carers - was a problem for others. As one person said, “how do you get money out of the bank without going”?



The people we interviewed who had no close relatives were dependent on friends, neighbours and others drawing money out for them. Although this seemed to work for them, as you will know, older people can be subject to financial as well as other forms of abuse.

Although it can be hard to refuse, as a paid carer or volunteer visitor, you must not get involved in dealing with money on behalf of the older person. You must not be given PIN numbers. If accessing money is a real problem for the person you support, talk to your line manager or co-ordinator.

One older person told us how she accessed funds. **“My neighbour works in the bank and I give him a cheque and he clears it within the day.... you feel you can’t take out what I would normally take out .. so you’re having to have larger amounts of cash in the house than I’d want”**

Similarly, if you are worried that the older person is at risk of financial abuse, talk to your line manager or co-ordinator.

Idea ... Some of the people you support may be able to get to a bank or post office with the help of a wheelchair. Although some of those interviewed were reluctant to use a wheelchair, the person you support may find it helps to talk over their feelings with you about how people who use wheelchairs are treated. You can borrow wheelchairs from the Red Cross if they have a local depot. (See Contacts List for details)

Anyone can arrange for a trusted relative or friend to be given ‘power of attorney’, to help them manage their affairs. “...suddenly I found I couldn’t go to the bank and ... she took power of attorney and she goes for my pension and she pays bills, all sorts of things....”

The interviews took place at a time when there was a great deal of reporting in the news about the rising cost of living. If you are housebound, you can spend a lot of time in front of the television, with few people to talk to about your worries.



One older person advised us: "If you can do anything about getting the ordinary person, who is not on a subsidised way of living, I think that would be the biggest thing you can do – helping people to increase the amount of money they have to deal with the problems they have."

Age Concern England estimate that £4.6 billion in benefits are unclaimed by older people each year, perhaps, in part, because many older people are reluctant to claim the benefits they are due. The City of Edinburgh Council's Advice Shop will visit someone at home if they are housebound to give them benefits advice. Other local authorities may offer a similar service.

We gather much of our knowledge through contact with others – or increasingly via computers. Neither of these avenues are generally available to older people who are housebound, particularly if they live alone. They rely on carers and others to pass on information. One older person described finding out

how to save on her phone bill: "There was someone said to me: 'why don't you go on lighter user?' I said, 'What's that?' He said, 'if you don't use the phone as much you don't pay as much'" Another person told us: "My doctor said, 'I think you should do something about getting a care allowance' and I said, 'What on earth's that?'"

People we talked to had not forgotten the hard times they had lived through, when families went bargain hunting on a Saturday evening, before the shops – which had no fridges or freezers - were clearing their shelves for the weekend. Being clear of debt was very important.

Idea... Talk to the person you support about how they saved money previously. Having had to be resourceful, there may well be things we can learn from older people. But encourage them not to skimp on good quality food.

Being housebound results in dependency on others to do your shopping for you. For some, not being able to get out to the shops, as they had always done, was the thing they missed most. The obvious answer may seem to be to provide someone with a wheelchair, but it is not always so simple. Several of those we interviewed would rather be confined at home than use a wheelchair.



One older person told us: *"My granddaughter says 'never mind, Granny, you'll get in the wheelchair and we'll get you along to Asda.' And I think you just don't let anybody see you in a wheelchair."*

Understandably, some people we interviewed were very concerned at the rising cost of living. Home helps have little time to 'shop around'. Can you let the older person know – or their home help – if you notice special offers. Relatives may not be aware that most cities have food co-ops which provide access to good quality fruit and vegetables and basic products at cheaper rates.

Catalogues and brochures are another way of doing 'armchair shopping'. For several of those we interviewed, mail order is their main means of shopping for items such as clothes, but there are many other forms of mail order shopping. If they haven't already thought of it, family carers can do their relative's weekly supermarket shopping

for them on line. As well as giving the older person more choice, this will save them from having to pay for the time it takes for their home help to do their shopping.

Idea... If someone cannot be persuaded to use a wheelchair and there is no other way for them to get out to the shops, can you do as much as possible to bring the shops to them? Tell them about home deliveries in their area. Bring them in-house magazines from big department stores. Use the television – and the Internet, if you can find a way to access it with the older person.

You can help someone make up a shopping list while you are with them. One person said, *"I write my lists ... I start on a Sunday ... I've always got a piece of paper at my side for putting the shopping down."*

If you do not already use one, a computer is a valuable ‘box of tricks’, providing something for everyone, whatever their interests. More and more information is provided via the Internet and throughout ‘Good Ideas’ there are references to useful web sites and to documents that can be downloaded for free. Many older people – including those in their 80’s and 90’s – now use computers, for all sorts of reasons.



For someone who is housebound - or their family carer - a computer can provide a ‘window to the world’.

One lady told us what it was like to see as well as hear about family events: “I said to my daughter, ‘I’ve heard her (granddaughter) singing with the choir, but I’ve never heard her singing on her own’ and she said ‘next time I come up I’ll bring my lap top and I’ll let you see all the pictures of her graduation...’”

Moose in the Hoose is a project in Edinburgh which provides volunteers to spend time with residents in care homes and sheltered housing, helping them to communicate with relatives via e-mail or web cams. In years to come it is likely that having access to a computer will be taken for granted, but there is still some way to go.

A computer can also help a family carer who spends most of their time with their relative to stay in touch with others. The wife of one of the older

people we interviewed said, “I’ve got a lot of pen friends”. Her husband agreed, “She’s got fifty, all over the world”.

If an older person becomes ill, or has a spell in hospital, they may need your encouragement to take up the computer again. This happened to one older person we interviewed, who had given her computer away after she came home from hospital. She assumed she would not be using it again.

Idea... For someone who loved travelling, take a look at www.holidaysfromhome.co.uk. If your organisation can provide you with a lap top with Internet access, this site will allow you to experience a ‘virtual holiday’ together, visiting monuments, galleries, museums, theatres etc, in the country of your choice.

Older people lose their appetite for all sorts of reasons – depression, disability, because food no longer tastes good, because of dental problems. If they don't eat enough they risk falls and injuries, illness, and malnutrition. As with fluids, it is not easy for you, an infrequent visitor, to encourage someone to eat enough. However, you can help them to help themselves, or, if the person has dementia, you can work alongside Home Care staff or their family carer. For example, increasing physical activity and exercise will help the older person to improve their appetite.

One lady advised us that when she was ill, aged 90, and went down to six stone, she regained her strength by eating lots of good quality ice cream. She found that even when she had no appetite, she could still eat ice cream.

One carer said, "I used to take in things – to my previous client who's now in care – I used to take in things if she wasn't able to go out, or if it was a rotten day and we couldn't go out anywhere, in the winter. I would take in things and we would have a little tea picnic."

One organisation involved in the Good Ideas project said that they sometimes ask a dietitian to call and see the person they support. They will arrange to be present during the visit, so that they can help the older person and

family carer, where there is one, to take the dietician's advice.



Medication may also be having an effect on the older person's appetite. One older person we interviewed said, "I was on Co-codamol tablets ... and I phoned the doctor because I was very nauseated and every time I took anything that was cooked out of the oven – even the smell of it ..."

Idea... Perhaps you can encourage the older person you support to try unfamiliar foods or drinks, which they may now find more appetising. One older person told us that she has discovered that although she doesn't like water, she drinks a lot of soda water with lime. She has found she likes the sour/sweet taste.

Those older people we interviewed who live with family carers benefit from meals prepared by – but also eaten in the company of – their relatives. Mealtimes are social occasions and it is recognised that older people who eat alone often don't eat enough. One study⁹ found that increasing the amount of calories eaten could be achieved simply by arranging for the older person to have family members or others to keep them company at mealtimes.



Company does not have to involve lively conversation.

One lady said, "having the company makes an awful difference – my niece comes up on a Saturday. She brings sandwiches from Marks. She loves prawns and so do I... We sit and eat them together."

A company in America has developed a system called 'the virtual family dinner' which connects families at mealtimes, through speakers and a screen. We are not aware of any such initiative in Britain, but the City of Edinburgh Council's Home Care and Support Service is linking with voluntary organisations to look at the provision of volunteer 'mealtime companions' for older people who live alone.

Although the role of a day carer is not to provide meals - and some of the carers we spoke to said that it would not be possible to cook in the houses they visited - where it is possible, cooking and baking together can provide an enjoyable social activity.

One carer told us that she routinely involved the older person she supported – and her husband – in cooking or baking. "Normally we would do scones – the occasional cake – and then we always had a cup of tea about 4 o'clock so we always had something that we had baked."

Idea... If an older person has no-one to keep them company at mealtimes, they could perhaps follow the example of Miss Newcombe, who puts on an audio cassette to listen to a favourite author whenever she is having her meal.

Women and men over the age of 75 need an average of 1800 and 2100 calories a day, from a varied diet, ideally from meals spread throughout the day. To maintain good health – for example, to maintain bone density and avoid fractures - it is very important that an older person’s food contains the right nutrients. Eating well generally means a varied diet which provides all the essential nutrients, but does not contain too much fat, sugar and salt. However, some older people have small appetites or are underweight and will need to eat extra calories and fat.

Although your role is not to provide meals, the more you know, the more information you can pass on.

The eatwell plate makes healthy eating easier to understand by showing the types and proportions of foods we need in order to have a healthy and well balanced diet.

Something eaten regularly, such as porridge, can be boosted by slightly changing the ingredients – perhaps adding fruit or cream. One older person told us: *“I make good scrambled egg – and that’s a thing I use my cream on – if you put a spoonful of cream, always double cream, it makes them nice and fluffy.”*

There is a complex relationship between food and health. Everyone we interviewed had health problems, some of which are particularly affected by diet, but we found that their knowledge about their health condition and diet



was not always correct. Your line manager or co-ordinator may help them access a nutritionist.

Idea... Older people who are housebound may suffer from a lack of variety and be largely dependent on processed foods and ready meals. Perhaps you could spend your time with them preparing food which they can then freeze in single portions.

Most of the people we interviewed were older women who had years of experience of cooking for husbands and families. Those living alone tended to rely on frozen meals, bought from supermarkets or specialist suppliers. However, some of those interviewed still manage to continue to cook for themselves, in spite of disabilities. Cooking can help to pass a long day spent on your own.



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One person cooks most meals in a mini oven that stands on top of the work surface. It saves her money and means she does not need to bend to put dishes in the main oven.

One lady told us: "I could scrub a dozen houses with my left hand but not my right. I can cut bread and everything - I haven't any bother that way. It's just my legs."

Can you talk to the person you support about the meals they used to cook. What do they wish they could still cook? What would help them manage? For example, if they find peeling vegetables too difficult, can they substitute frozen vegetables for fresh ones? If they can't manage to measure ingredients, could you, or someone else, do this for them? Can you help them to learn to use a microwave?

Some of those interviewed found they could still cook if they shared the task with someone else. One family carer prepares all the ingredients for a meal

for her mother, aged 90, but her mother does the cooking.

It is important to continue doing what you have always been good at, if it can be made possible. One older person said, "I used to do the majority of the cooking before I broke my back. (My wife) does the cooking, but I can still do a lot...as long as the ingredients are still beside me – because I know – I'm quite good at what goes with what... I love cooking."

Idea... There are lots of simple recipes that can be cooked without too much effort. Take a look at the BBC web site (see Contacts List) or look out together for easy recipes in cookery magazines and supermarkets. An occupational therapist can help identify suitable equipment. (See 'Access to Professionals', page 43)

Older people who are dependent on carers or relatives doing their shopping may have to make food last longer than it should. If they are worried about money, they may also not want to throw food away. Older people risk food poisoning by eating foods that are past their sell by dates. This could be avoided with a little forward planning.



Some of the people we interviewed made batches of soup and froze it for future use. This could be something you did together – and a good way to share recipes.

A carer told us: “He’d buy bread for the week. I asked, ‘what do you do when it goes green?’ He said, ‘well I just eat it because I cannae go up and down all the time ...’.”

Food that is approaching its sell by date can be cooked, or frozen. You may already be aware of firms that supply ready meals. One lady we interviewed gets a fortnightly delivery and finds them very easy because they can be put into the oven frozen.

For advice and ideas on storing food, saving money and avoiding waste, have a look at the Food Standards Agency website – www.eatwell.gov.uk and / or at a website called www.lovefoodhatewaste.com

One lady told us, “I have this little brown loaf. It’s called ... Danish malt.. and it’s the best wee loaf. I’ve been over them all. It keeps a whole week. Sometimes a home help doesn’t come and it happened one weekend and I was left stranded.”

If you hear from other people who are housebound about food that lasts well – like the malt loaf - pass on the information.

You are likely to have more time to spend with the older person than the person who does their shopping. You could help them plan their shopping and look at what they could do to store food more effectively.

Idea... You can suggest that the older person freezes bread and removes a slice or two at a time. They could also buy food with a neighbour and split large packs of fruit and vegetables.

Water is essential for health. Our bodies are made up of 60% water. In order to stay healthy we should drink around 1.5 litres to 2 litres of fluid every 24 hours.

This amount is equal to about 6 – 8 glasses, a glass containing around 250 mls. Ensuring an older person drinks enough can help reduce the risk of falls, urinary infections, constipation, and may also help decrease agitation.



Older people who may be most at risk of dehydration are those who are semi independent – who seem to be able to manage to get their own drinks, but don't. It is a challenge to find ways to encourage someone you only see once a week to drink more. Perhaps a starting point is making sure that they, or those who care for them, know how much fluids they should be taking. You could discuss pictures of drinks. Miss Campbell, 84, a former nurse who now has dementia, said: " I know it's a difficulty with me and therefore I must see I get enough fluid – nourishing fluid I'm talking about".

Drinking a variety of drinks, including water and fruit juice, is best. Perhaps bottles of the right amount of a favourite drink can be left in the fridge. Eating things like ice cream, jelly, fruit or soup may be another way of encouraging someone to increase their fluid intake.

One carer said the person she supports, who has dementia and is bedbound, has been given a cup with a lid, but she can't use it unaided. The carer is looking for a bright red cup which she thought the older person might recognise as a cup.

One carer suggested, "these sports bottles (are) ideal because .. it's automatic – if there's a bottle sitting at the front it's amazing ... they'll drink it. The hand just goes out"

Idea... You are likely to get to know the person you support very well, and can pick up on changes. You may notice signs of dehydration. These include, among others, dry mouth, dry or chapped lips, irritability, confusion, dizziness, concentrated dark urine with a strong odour. If you are concerned about possible dehydration, you need to talk to your line manager or co-ordinator.

For someone who is inside all day every day, helping them to make the best use of their home becomes all the more important. One or two people we visited were creative about the way in which they used their home, using stairs or passageways for exercising, or adapting rooms to suit their needs. One respite carer suggested to a family carer that he might move his wife's bed into the sitting room. As his wife spends all day every day in bed, this has led to her being more included in everything that is going on, and has made it easier for her husband.

Never getting outside can itself cause problems. Lack of daylight and sunshine can result in nutritional vitamin D deficiency. Vitamin D is vital in helping to maintain strong and healthy bones because it assists the body to retain calcium. If someone you visit complains of joint pain and stiffness, this can be a sign of Vitamin D deficiency.

Some of the older people we interviewed use their environment to make the most of available sunshine. One person said, "I sit in there in the morning – the sun's in there ... and then I come through here and the sun's here from about half past two till it sets at night."

Another person told us, "I sometimes open the back door and put the chair inside if it's cold out and get the sun because sometimes you get a nice sunny day but a cold wind and it's too cold to sit out..."

One older person we spoke to cannot open her windows. She relies on someone opening them for her, and closing them again when they leave. How does the older people you support feel about having the windows open? Does he or she enjoy fresh air, or do open windows cause them anxiety? Are there any other ways in which they can enjoy fresh air?

Being able to see what is going on outside is important. One carer told us, "Some people you go in and they've been sitting with their back to the window for months ... and turn them ... and that encourages them to go and actually stand at the window."

Idea... If the person spends most of the day in a chair, is it placed in such a way that he or she can see out of the window? Is the window covered in net curtains? Does it need to be? Talk to them, or their relative, or your manager or co-ordinator, about placing the chair where the older person can enjoy a view.

As we get older our bodies become less efficient at dealing with cold (and extremes of heat) and older people are at increased risk of hypothermia. Keeping warm can be a particular challenge for someone who is housebound. Older people are often reluctant to spend money on themselves, or to pay for improvements to their home. Although you need to respect their wishes, it is important to help the person you support to keep warm.

Help the Aged have a leaflet called '3 steps to a warmer winter' with useful tips – such as wearing a number of thin layers of clothing. Wool, cotton or fleecy material is best. If heating the whole house is not an option, one main room can be kept warm during the day and a heater put on in the bedroom before the older person goes to bed.



www.campaigns.direct.gov.uk/keepwarmkeepwell

Energy saving advice centres (Tel: 0800 512 012) give free advice and information about grants that may be available for older people and disabled people, to help them to make their homes as energy efficient as possible. Some local energy advice organisations offer home visits.

Anxieties about receiving large bills can result in someone trying to put up with the cold. One lady told us, **“Food is getting so expensive and you’re frightened to put heating on...”**

Keep Warm Keep Well is a government campaign to reduce cold related deaths during the winter. They have a free booklet - Keep Warm Keep Well: a guide for people over 60. Their web site is also full of useful information and contacts

Idea... If saving on bills is a concern for the person you support, can this be something you research together? There is plenty of advice about staying warm, but also about how to save money on energy - for example, don't put furniture in front of radiators; don't boil more water than is needed; close the curtains at dusk; don't leave appliances on standby.

We found that some people, or their families, had bought items of equipment that might or might not be suitable for them, or that remained unused.

A family carer told us about equipment she had bought for her mother,

“I bought one of those for her (massage cushion). I don’t know where she put it now. She can’t be bothered. She says she’s not in the mood for doing it ... I don’t know where the cushion is. I paid £10 for it.”



Age Concern England have a factsheet called Disability Equipment and how to get it which is downloadable from their web site. (See Contacts List)

Your line manager or co-ordinator can refer someone, with their permission, for an assessment by an occupational therapist. Most equipment will then be supplied free of charge. If someone does not want a referral to be made, you could tell them or their family carer about the Disabled Living Foundation, a charity which provides free, impartial advice about all types of equipment for people with disabilities. Their number is 0845 130 9177.

Someone may be able to continue with ordinary household tasks if they change the type of equipment they use, or the way they use it. For example, if they don’t want a ‘tipping kettle’, they may be happy to consider a small travel kettle. One person uses a low fat grill (like a sandwich toaster). She finds it both easy to use and economical. There are lots of catalogues available

which may give the older person ideas.

One of the older people we interviewed said, “I’ve a sweeper or a wee hoover if I need. But I can’t use the big one. It’s too heavy” ... “I still manage to iron sitting on a seat you know.”

For someone who loves to paint, The Society for All Artists (SAA) provide a small ‘comfy easel’ – a padded cushion which allows you to paint with the easel on your lap. Call 0800 980 1123 for a catalogue.

Idea... Listen to the person you support. What are the things that really matter to them, that they miss, or don’t want to have to give up? Keep the person you support in mind when reading magazines and looking at adverts. Ideas can come from unlikely sources. Talk to other carers - who may come up with even more ideas.

Older people who are physically active are less prone to falls and fractures, strokes, high blood pressure and heart disease – and are also at reduced risk of developing depression. If someone is housebound, maintaining a level of physical activity is very important if they are to retain their independence.



Finding the motivation to take exercise can be a challenge for anyone. However, we learned from our interviewees that it isn't necessary to follow an exercise regime; just doing whatever you are able to do can keep you moving. One lady said, "My home help does all the heavy work and I don't mind the polishing. I can sit on a chair and polish a bit of the table – it fills up the day."

If the time you spend with someone seems long, and you run out of things to talk about, or the person you support has dementia and finds it difficult to communicate in words, are there ordinary household tasks that you could do together? A family carer may be able to help with suggestions.

One older person told us, " I love silver ... my mother had a lot of silver and I've got some of hers and I clean all these" Another person said, "It's very important to me ... that I can do these things. I just would feel that I had come to an

end of my days if I could not get going."

Perhaps helping someone look at the things they do routinely would help them stay active – such as establishing a routine around a favourite television or radio programme, or using the work surface to support them to do some stretching exercises each time they boil the kettle. (See also 'Habit and Routine', page 19)

Several older people said they made soup and put it in individual portions in the freezer. This is an activity that could also be shared – (along with recipes) – and result in home made soup for someone who otherwise relies on tinned and frozen food.

Idea... Sharing household tasks can be an opportunity for reminiscing, for talking about the people who mattered – and still matter - and the times and places where household objects were used.

The National Institute for Clinical Excellence (NICE) has produced guidance¹⁰ on physical activity interventions that promote the mental wellbeing of older people. The guidance recommends helping older people, including those who are isolated, to develop their own programmes of physical activity. This can include walking.



One lady we interviewed told us, “she (physiotherapist) used to say ‘walk up and down the stair’ – and I used to do that you know, just once or twice...”

Sandwell in the west Midlands, run a ‘Walk from Home’ scheme. Older people are referred to the scheme who need a companion to encourage and support them to regain confidence in walking. Is there anyone who could be a ‘walking buddy’ – perhaps a younger neighbour – for a few minutes each day. Talk to your line manager or co-ordinator.

Some of the people we met during the project lived in roomy flats or houses, with many objects that could provide a focus for discussion and reminiscence during a round-the-home walk. This could be something you decide to build into your regular visit.

For older people with less space, a walk to the window to look at the view can also provide a focus for conversation.

One carer described using the older person’s flat for walking: “You could walk quite easily round the sitting room walk and talk ... it used to remind me of *Pride and Prejudice*, when they used to take a turn around the room’ and that’s what N and I would do – take a turn around the room and chat – about her husband, rather than Mr Darcy.”

Idea... Many older people endure painful conditions which make any form of exercise difficult. If someone is reluctant to walk because of problems with toenails, bunions, corns, or ill fitting shoes, can you suggest to them that they could access a podiatrist? (See ‘Access to Professionals’, page 43)

Keeping active is very important in maintaining health and well being in later life. The accepted recommendation is 30 minutes of moderate physical activity on five days a week. For those that might find this a challenge, it can be broken down into 10 or even 5 minute time slots.



Physical activity can be woven into ordinary everyday tasks, but some older people may want to exercise to maintain their mobility, balance, circulation and posture. If they wished, you could be there when a physiotherapist visits, to support them to continue with any exercises they are given.

One lady described the exercises she did while in hospital, which she tries to continue. *"We did all sorts of exercises for your legs and your armsyou had to row as though you were rowing a boat... and you had to clean a mirror sort of thing..."* (making rotating movements)

It is important to be guided by a physiotherapist, or to have some training, but Help the Aged also has leaflets and other materials to promote physical activity. Step to the Future and Be Strong, Be Steady are two Help the Aged videos / DVDs of chair-based and standing exercises devised specifically for older people that if done

regularly will strengthen muscles, increase flexibility and improve balance. (See Contacts List for details)

Older people told us about the advice they had been given. *"One of the times she (nurse) was moving my fingers about and she says 'right enough, Irene, they're in a bad state', she says, 'but if you sit and move them a bit. Just try to keep them moving like that you know'."*

Idea... Can you find out if the person you support has had any exercises prescribed. Can you help them find ways of sticking to their own exercise regime, by finding their own motivators and rewards.

Falls – especially in the home - are the most common accidents for older people. The older we get, the more serious the consequences of falling become. By the age of 80 over 40% of people have reported falling. Even trips that don't result in a fall can lead to fear of falling and an increased risk of future falls. However, falls do not have to be a normal part of ageing. There are things we can do to try to reduce the number of falls suffered by older people.



Frances – a day carer – takes a note of foot attire. If someone wears slippers or shoes that are too big she takes along a catalogue to help them choose more suitable footwear. Coffee tables, scatter rugs and loose carpets are a danger, but Frances recognises the need to handle these hazards very sensitively, as removing them can upset the older person whose home it is.

Anxiety about falling can itself result in someone becoming housebound because, however serious the fall, it can result in them losing their confidence. Remaining confined to one's own home can also seem preferable to the indignity and pain that might accompany a fall in a public place.

One lady described a recent fall to us. *"I'd just got up in the morning .. I don't know .. the zimmer didn't want to go that way so it went one way and I was lying on the floor for a couple of hours..."*

One lady told us, "I found my legs were twisting and that's what caused me to fall and as yet I'm not ... I'm just trying not to... too quickly... I would think my confidence is..."

NHS Health Scotland has developed Taking positive steps to avoid trips and falls video, DVD and booklet pack, to help people understand the issues and what can be done to minimise the risks of falling. It features Dorothy Paul, who provides a familiar, positive, fun tone. (See Contacts List for details)

Idea... An older person or their family carer can be encouraged to talk to the GP who can arrange for the older person to have a 'falls risk assessment' which will check such things as balance and walking, feet, eyesight and glasses, assess medication and also look at any potential hazards in the home.

Those carers we talked to who had worked in day centres said video tapes of exercise routines were popular with groups. Some carers said they used music in different ways.



Music can automatically set one's feet tapping without having to find the motivation to 'do exercises'. However, it is important to know what kind of music someone enjoys - now. Choice of music is as personal as any other choice, and the older person's tastes may also have changed.

One carer told us, "I discovered just the other week there my lady who has severe dementia she loved ABBA and of course Mamma Mia's on just now so I've got the tape of Abba... she can't really do much with her legs at all but she has the beat..."

One carer suggested that if you watch an activity video to music together, you may find you are both doing the exercises, without having to think too much about it. A 'walk around the room' to music could become more of a 'dance around the room'.

Music can be uplifting and stimulate activity, but can be used to alter moods in other ways. If you have used

complementary therapies you will have heard 'New Age' music which is used to promote an atmosphere of calm. Classical music is sometimes used in the same way.

A carer who provides respite for someone with advanced dementia said: "When I've got my CD player – and I'll put one in my ear and one in my lady's ear and I play whatever I've got on it ... it's nice, quiet music and ... sometimes she'll just go to sleep... She finds that quite relaxing ... but you have to be careful what you pick."

Idea... You can borrow music from most libraries. Can you find out what kind of music the person enjoys and listen to music together? This may be less of an effort for someone who has difficulty maintaining a conversation, for example if they have aphasia (problems with word retrieval) or some other type of communication difficulty. Or perhaps you can, like one carer, learn some songs from the person's country of origin, to sing with them.

The older person you support may already have help from a range of services. However, if they need additional help, their GP can put them in touch with other health professionals (such as a registered chiropodist, physiotherapist or dietitian). Your line manager or co-ordinator can also refer them to social services for a re-assessment of all their care needs. Finding out about other services – such as home hairdressing – can require some detective work. One lady told us she would start by asking her local church.

If someone needs an optician, you can try the local Health Board (see Yellow Pages). GPs may have a note of opticians willing to do house calls. Or it may be necessary to contact opticians directly.

A stay in hospital may result in the older person accessing other services: "It sort of kicked off with me because I fell... and I managed to double fracture my hip so I was in the hospital for a wee while with that but that's you in the system... If you're in the system you're OK."

Getting dental care at home can be a challenge although some dentists will continue to visit one of their patients when they become housebound. Other people may need to request a visit from the Community Dental Service. (See Contacts List)



An occupational therapist can provide many aids to help someone feel more comfortable, to increase their safety, or to help them maintain their independence.

One person said:
 "... and then I got this alarm and I keep saying I think – say if you were going down - it would be good for the likes of that... you know it's there and you feel secure..."

Idea... Help the Aged (see Contacts List) has many useful leaflets about accessing services. These include, for example, 'Your health services – where to start', 'Keep out the cold' and 'Fitter Feet'. If you don't have access to the Internet, perhaps your line manager or co-ordinator would get you copies of the Help the Aged leaflets, so that you can be as well informed as possible, or to pass on to older people and their families.

Being disabled and unable to get out and do the things you need to do can be immensely frustrating. There are any number of practical ways in which the older person you support may appreciate your assistance – sewing on buttons or helping to phone for someone to mend a washing machine. The kinds of help you may be able to offer will depend on your own skills and interests, as well as on the policies of your organisation.



One older person told us: *“I’m dying for a carpet here and I’m damned if I can get one. I would get it on my own but I can’t.”*

One of the people we interviewed had received a questionnaire from the Care Commission. She was anxious about it and about what she needed to do.

Some of those you support – older people or family carers – may not fully understand what help you could provide.

Interviewee: *“I don’t think – if I was possibly asking the person to do more – they would do more. I’m a bit lacking in pushing myself forward.”*

Interviewer: *“Are you sure you know what you could ask her to do though?”* Interviewee: *“No, I’m uncertain.”*

Some of the day carers we interviewed spoke about the importance of taking care not to overstep the boundaries.

Any help has to be offered with sensitivity, and with some attempt to understand what it is like to be dependent on others. Being independent and self-sufficient may be more important to someone than a little help, even though you know that help could make all the difference.

Mrs McLean, aged 93, has a friend, a former home help, who deals with her bills and phones the doctor on her behalf. Although appreciating the help, she implied that it comes at a price. *“She goes about now as if she belonged to the house.”*

Idea... If your organisation has not already got a leaflet describing the kinds of tasks you could help with, is this something you and one of the people you support could work on together. In comparison to some other forms of caring, there are probably many more things that could be included than left out.

Solitude means different things for different people. Some people are never happier than when they are on their own. For most people who are housebound, however, the solitude is not freely chosen. They may feel the lack of company desperately.



All the people we interviewed who have a day carer said how much they value just having someone to talk to. For some, they wanted nothing else.

One older person told us: *“We talk about all that’s going on in the world and so forth. It’s great when you can talk to somebody like that... it breaks the day up, this is the thing – that’s why I feel it at the weekends so much.”*

One person we interviewed, who has no close relatives, nevertheless has many visitors – the person who delivers the library books, the Rington’s tea man, the window cleaner, the fishmonger, Jehovah’s Witnesses. She was in the hospitality business and is skilled at making relationships with everyone with whom she comes in contact. Look at how you can help the person you support to make the most of their skills and life experience.

Family carers can also become isolated. If you are providing respite

care, rather than day care, are the older person’s relatives aware of services for family carers?

A carer said: *“What C wanted to do was cook – so we decided what we were going to do and I would get some of the ingredients – she would encourage her home help to get the others – and then we would cook a meal while I was there. She lived in sheltered housing and it was to share with someone who she had become friends with.”*

Idea... If the person you supports lives alone, can you help them entertain a friend – perhaps by helping them make the call and arrange the visit while you are there so that you can help them to lay a trolley and clear up afterwards. If you can help them to do this while you are there, perhaps the visits will continue when you are not there.

For some people, books are a great source of pleasure. Getting lost in a novel by your favourite author can be company and make life easier for someone living on their own.



Edinburgh's Library Services provide a home delivery service, for people who cannot get to their local library. Staff develop a profile of their housebound 'customers' so that they can choose a selection of items they know they will enjoy. The computer system makes sure they don't send the same item twice. The WRVS volunteer who delivers the books becomes a regular visitor. Your local library will tell you about services for older people who are housebound.

One carer told us: "I have a gentleman whose eyesight is really really bad and his arms get very tired and he loves audio books – and the libraries are full of them – even on CD now."

Idea... For some people a book can be too heavy to hold, or they are no longer able to concentrate. Some people may enjoy being read to, or taking turns reading and being read to.

Libraries also provide equipment for those who find reading difficult - such as audio tape players, magnifiers and book

stands. The library services can give you information about other, more specialist, services such as those provided by the Royal National Institute for the Blind.

Most of Edinburgh's local libraries provide a Door to Door service with an accessible minibus which takes housebound people to their local library.

One older person said, "They pick me up back of ten for the library, get on the mini bus... you're in the library back of 11. You get to choose your books, you have a cup of tea and then I'm back here quarter past twelve. That's fine!"

Idea... City of Edinburgh Council Access Services Department (0131 529 5683) can supply books and games about places and events that mattered to the older person. Most local authorities provide a housebound library service. See what is available in your local area.



Flowers and gardens were mentioned by several older people we interviewed, and by day and respite carers. Being inside, looking out, can be a particular source of sadness or frustration to someone if they have been a keen gardener, or have taken pride in their previously neat and tidy back green.

If someone has a garden and can get out a little, is there anything you can do with them in the garden? Alternatively, is there anything you can do together inside, such as watering, growing cuttings, potatoes in a bucket, bulbs, or tomatoes? The person you support may be very knowledgeable about plants and may be able to give you advice. Seed catalogues are colourful and a good focus for discussion.

One family carer said, about her mother: *“she would love to (walk in the garden with the support of a carer to dead-head the flowers) “She likes flowers a lot.”*

Someone who was once a keen gardener, may be very distressed by the sight of her now uncared for garden. Some authorities have garden schemes to help older people who qualify for support. You would find out by contacting your local Council. If the older person wants to employ a gardener, some garden firms now offer discounts for older people, and provide police-checked staff.

(See ‘Garden Services’ in Yellow Pages)

One older person said that in her day *‘people couldnae afford flowers’*. She makes floral displays using artificial flowers. Another person we interviewed had many vases full of artificial flowers.

A carer told us: *“Both my ladies like flowers and I thought maybe – this is my next ploy – I would take flowers there to arrange – to see if that can maybe hold her attention for a wee while. She’s been a really good gardener.”*

Idea... If the person you support cannot get out, can you find ways of bringing the outside in to them? Mrs McLean likes catkins; branches with berries or blossoms cost nothing. However, if you bring wild flowers, which don’t last long, make sure that someone else will put them in the bin once they are past their best, rather than waiting for your next visit. It may be distressing for the older person to have to look at dead flowers.

If you are confined to your own four walls, the telephone can be a lifeline to the outside world, both for the older person and for his / her carer. Unsurprisingly, the telephone featured in virtually every interview.



Family carers who are supporting someone from a distance have a particularly challenging task. Regular contact by telephone with family members who are not living close can provide an older person who is housebound with ongoing support and reduce their isolation.

One lady, who had experienced poor care, described a phone conversation with her daughter. She said, *“we were talking away and she said ‘you don’t sound right’... ‘I know by your voice there’s something wrong.’”*

Sadly, some of those interviewed are no longer able to use an ordinary phone, owing to hearing difficulties. One respite carer told us it has been arranged for a family member to phone the older person while she is there. She is then able to help facilitate the conversation as the person she supports is hard of hearing.

Age Concern (see Contacts List) have a leaflet called ‘Information about telephones’ which gives information about providers and other issues such as

changing a provider, dealing with telephone sales and silent calls or ‘scam calls’.

There are mobile phones - such as those supplied by the RNIB - that are simple to use. They may be preferred by someone unwilling to contemplate a community alarm. One site we found was www.matobmobile.co.uk – telephone 0845 2177712 (local rates). For people concerned about bills, using ‘Skype’ allows two people to communicate for free, wherever they are, via a computer.

The Disabled Living Foundation (see Contacts List) have a fact sheet called Choosing a telephone, textphone and accessories.

Idea... The daughter of a Chinese lady who has dementia had loaded in the speed dial numbers for her mother. This is something a day or respite carer could do. They could then help the older person to familiarise him or herself with the key numbers. One carer told us she is teaching an older person how to text his relatives.

For older people who are housebound, television is likely to be their main source of entertainment. News items and other programmes can be a source of worry, but television can also provide company, distraction from pain and discomfort, information and a ‘window on the world’.



One lady said, “If I see anything on the telly – you know you miss going to the shops – it’s adverts. When I saw Muller rice I said right, I’ll have them.”

A quick search of the Internet will lead you to a number of home delivery DVD rental services and you could choose DVDs to watch together. The daughter of an older person, who lives abroad, orders these for her mother in Scotland.

Miss Newcombe’s day is punctuated by listening to programmes on Radio 4. She has to watch out for ‘the danger period’ at 9 a.m. when she may find the morning slipping away as she listens to radio programmes - and again at bedtime – “If I listen to the News at Ten, that goes on until quarter to 11, and then...” “Book at Bedtime... and then we’ve got to 11 haven’t we... and then... and then...”

An older man and his day carer – both former scientists – discuss articles from scientific journals. Another carer makes a point of watching the older person’s regular ‘soap’ so that they have a shared topic of conversation.

Mrs Chan senior, who speaks no English and is also very hard of hearing, watches video tapes in Cantonese, sent to her by her daughter. This is cheaper than having to pay £20 a month for the Chinese channel, and also means she can watch them at her leisure.

Idea... Television watching can be turned into an activity you can share. It can be used to support someone’s interests, whatever they are - quizzes, programmes about the Royal Family, the Antiques Road Show, sports programmes – can all provide shared enjoyment and discussion. You could also enjoy an ‘afternoon at the races’ or at Wimbledon together, complete with strawberries and cream.

There are many losses associated with growing older – loss of spouses and friends, loss of strength and mobility. Hearing loss can be one of the main reasons why someone does not want to attend a day centre. They may be able to cope with one to one conversation, but find it hard to manage in a group setting. Hearing loss can in itself lead to someone being excluded from community activities.



Older people who are confined within their own four walls are made even more isolated by being unable to hear conversations with visitors who call, the telephone, the radio or television. This makes the time they spend with you all the more important. You need to discuss with your line manager or co-ordinator how best to use this time, and what support you may need. Are there activities you can enjoy together that don't involve talking? (See 'Suggested Activities', page 55)

One older person described her difficulty: "I've went off the phone. She (sister) used to come on the phone on a Sunday night... but I gradually got I couldn't hear her at all... she said 'for the love of goodness, get a pen or pencil and write'."

There is lots of equipment available for people with hearing impairments. There are also simple things you can do that will make it easier for the person you support, such as making sure you face the light so that your face is not in shadow, keeping background noise to a minimum,

and speaking clearly rather than shouting.

The frustration expressed by those who care for them may result in the older person who has a hearing loss being made to feel stupid, and further increase their isolation.

One family carer told us: "I used to talk to mum you know and I keep talking, but she can't hear very well. And then you're exhausted."

Idea... If you are matched with someone with hearing loss, ask your line manager or co-ordinator if you can access 'deaf awareness' training. (See Deaf Action in Contacts List) Perhaps the family carer of the older person you support would like to go along too, so that you can learn together how best to support the older person who has a hearing loss.

Almost all of those people we interviewed are older people with disabilities – physical disabilities, hearing impairment, dementia, chronic health conditions. Their vulnerability impacts on the way they live their lives. Mrs Norton, for example, regularly leaves her front door slightly open to save her getting up to let in her many visitors. Help the Aged have a free booklet called ‘Personal safety at home and in the street’. (See Contacts List for details)



There were examples of neighbours looking out for the people we interviewed, regularly dropping in, collecting papers, generally keeping an eye out for their vulnerable neighbour.

Those who did not have such good relationships with neighbours and who had little or no contact with family members, appeared the most vulnerable.

One lady was acutely aware of her vulnerability and was considering moving into care: *“My key went missing about five weeks ago... it was the idea of all these different people having my number and the key disappearing... of course I couldn’t lock my door at night because if anything happened to me they would have to break the door down to get in.”*

Sadly, the older people you support are also particularly vulnerable to poor care

and may be worried about making a fuss. If someone is afraid to complain or needs help to complain, suggest they talk to your line manager or co-ordinator.

If you show your ID, particularly in the early stages of your relationship, it is a gentle reminder to the older person to ask to see other people’s ID.

One older person told us: *“... this man came and he was a big hefty chap and he came in here about two or three months ago and after he went away I said he’s missed me out. He hadn’t left me anything for the evening meal at all...”*

Idea... Someone who is housebound may feel reassured if they know they are able to reach someone quickly. By working alongside a family carer, could you help them learn how to ‘speed dial’ someone in a hurry?

Older age may be accompanied by a desire to come to terms with one's life and all that has been contained within it. Having a connection with a place of worship, whatever one's faith, is clearly a great source of support for some of those we interviewed. Although no longer able to attend her church, some of those we interviewed, like Miss Newcombe (79), continue to have regular visits from ministers and other church representatives.



Others are looking for their own spiritual connection. One lady said: "I'm a heathen. I feel ashamed of myself. Now that I'm old I do a lot of praying – and ask for forgiveness. When you're younger you never stop to pray. I say a prayer every night. It makes me feel good."

For some, being unable to leave the house to participate in religious activities has resulted in a loss of many other things too – such as being involved in voluntary work. Mrs Turner (77), was a church organist and also helped her church to start a day centre. Mrs McLean (93) ran a day centre for her Catholic church.

There is a charity – Faith in Older People (Tel: 0131 346 9781) – which 'aims to celebrate the lives of older people, to support the spiritual care of older people and their families'. They have a web site: www.faithinolderpeople.org.uk, but also produce a newsletter which may be of interest to the person you support.

Mrs Turner told us that her church tapes the service each week and delivers the tape to her. She is able to hear not just the service but also christenings and other ceremonies. This is something that other places of worship might be willing to provide to housebound older people, whatever their faith. Delivery of the tape each week also results in the older person receiving a regular visitor.

Idea... Some of the churches were very helpful to us during the course of this project. Some have volunteer visiting schemes, but may not know about the person you support. Rather than being resigned to loss of contact, if this is something that is important to them, perhaps you can suggest they ask if someone from their former place of worship can come and visit them.

The project provided us with many examples of ways in which day and respite carers have used their imagination to provide the best possible support to older people and their carers and these have helped to shape the 'prompters'. The following are three examples in a little more detail.

Making connections

"Ester" – has provided day support to several older people during the past few years. She was a regular visitor to "Olive", whose mental health problems had resulted in her becoming housebound. Ester noticed that Olive spent a lot of her time watching property programmes on television. This led to Olive and Ester indulging in some 'armchair property development':

"Property was her big love – so we would go through the Scotsman property pages and if we found a property that we were interested in I would telephone the property people and ask them to send me the details.... when we got the details we would then look at the property and decide how we would change it. We could spend ages looking at the size of the rooms etc. We did really get into property



development – armchair property development..... any of the properties we'd looked at – we would follow it up (by computer) eventually with how much they'd made."

It is possible to have a virtual tour of properties via the Internet. However, Ester was not convinced that looking at the web site of the Edinburgh Solicitors' Property Centre would have been as satisfying for Olive as receiving printed schedules through the post – "because we always went for expensive properties so they were always lovely glossy brochures...."

Making the most of ordinary activities

When Olive and her husband were downsizing, Ester helped Olive to go through her clothes and decide what to do with them.

"The wardrobe sorting turned into a brilliant exercise because when they were going to move house we went through all of Olive's clothes and because there were lots of outfits she had worn to weddings, christening and, you know, special occasions, she could tell me all

about the occasion that such and such a dress had been worn. Then, when we had completed the wardrobe, we then went on to the photographs of said occasion and there were all the photographs of Olive wearing the outfits – and it took us weeks and it was great because it just took her mind off all her problems. So that was really a brilliant exercise and that just came about because they were downsizing.”

Taking care

“Janet” supports “Theresa”, a lady with severe dementia who is confined to bed and who is cared for by a devoted husband. Theresa lived in eastern Europe and, as Janet is aware, sometimes vividly remembers the bad times there. Janet has learned songs in Theresa’s own language: “I’ve heard them so often I can sing along and the client just looks at me and laughs and I think I’m obviously a rotten singer. I’m pronouncing it wrong.”

When a new bed was being moved into the house Janet saw that Theresa and her husband were both becoming distressed and decided to take action.

“They were bringing a hospital bed and the gentleman was getting himself all worked up in a great stoochy and because it’s a small house and I could see that the lady was also getting herself really distressed so I thought I need to

lighten the situation here so I said, ‘sorry, boys, you’re all going to have to go out’ because they had a mattress keeping the toilet door open – ‘I need to go to the toilet. You need to go out’...They were all standing outsideit calmed the situation ... so just after five minutes ... ‘That’s OK’, I says, ‘right, you can start again’, but it calmed everything because they were getting just so worked up....”

Knowing what would make a difference

Frances, a day carer, phoned the lady she supports on New Year’s day. She discovered that Mary was sad because she had no-one with whom to share a New Year’s Day meal. “I know she enjoys a fish tea as a treat occasionally so I suggested I get us each one the next day. She was delighted at the idea and when I arrived she had set the table for two with beautiful linen and very special glasses for our grape juice. She enjoyed it all so much and that she told me was the rounding off of the festive celebrations. We could do this on any special occasion, just to give them company over a meal. It’s something very special for them to be entertaining a dinner guest.”

These examples demonstrate the skills and sensitivity of experienced carers, who have come to know the people they support very well, and who are able to respond creatively to the needs of the moment.

- Try different crafts, such as cooking or baking – depending on the person and the facilities they have within their home.
- Demonstrate making foreign foods.
- Offer an element of personal care, as agreed with your line manager or co-ordinator, such as hand massage, ankle massage, manicure, hair washing and setting.
- Music quizzes – using tapes or CDs of music chosen by the older person or recommended by his or her family.



- Games – the older people and carers involved in the project mentioned dominoes, crosswords, jigsaws, word

searches, Scrabble etc. You could also both learn how to do other, less familiar games – such as Sudoku. Daily newspapers generally have a games page.

- Flower arranging is enjoyable to do, but also to watch, and does not have to be expensive if you make use of your own or your neighbour's garden or greenery from the countryside.
- Do chair-based gentle exercises together.
- Some people routinely donate to a charity. If they receive newsletters from the organisation, discussing them will help to keep the person involved.
- Sorting things for auction, or looking at eBay together - <http://www.ebay.co.uk> - was another suggestion.
- They may have a regular subscription to a magazine – something you can also discuss.

Some of the above ideas – such as massage or gentle exercise – may require you to do some additional training. (For example, some massage oils can interfere with medication.) Talk to your line manager or co-ordinator if you feel a particular activity might be enjoyed by and would potentially be of benefit to the person you support.

Some activities from care homes and day centres may be able to be 'translated' into activities within someone's own home – such as throwing a small soft ball.

This was a very small project. The research team were left thinking that, among other things, wouldn't it be wonderful if...

- there was a more strategic approach to the planning and delivery of services for older people who are housebound, linking organisations that could work together;
- there were more day carers, respite carers and volunteer visitors for older people who are housebound;
- there were opportunities for day carers, respite carers and volunteer visitors to get together to share ideas and learn from one another;
- there was an organisation that supplied lap tops and volunteers who could, on request, visit people who are housebound, to help them and/or their day carer (or family carer) to order shopping on line, send e-mails, do life story work, or access other services on line;
- funding could be found to enable Ageing Well volunteers to support an older person along with their day carer. The volunteer could become a regular additional visitor, providing gentle exercise in the home setting which the day carer and older person could continue between visits;
- there was more support for 'electronic socialising' - telephone conferencing groups for older people who cannot physically get out of the house to meet with other people. We discovered this has been used by the Community Resource Team in Hackney for many years and is cheap and easy to implement.
- there were more opportunities for older people and disabled people who are housebound to let others know what help would really make a difference to their lives.

Using the Internet

More and more information is provided through the Internet, rather than, or as well as, in paper copy. The Internet can provide you with information on every subject that may be of interest or value to the person you support. It will be immensely useful to you, both personally and as a carer, if you can learn how to find the information you are looking for via the Internet. However, if you don't use a computer, or if you don't have access to a computer, your local library will help you do the searching. Family carers who use computers are also sometimes happy to get involved.

As we all grow older, more and more older people will use a computer as a matter of course. If you are already supporting someone who uses a computer there are very many sites that would be of interest, but of which they may be unaware. See below.

Key organisations which will 'signpost' you to other organisations which provide leaflets

Age Concern Scotland – runs 'the Scottish Helpline for Older People'. This operates from 10.00 – 4.00, Monday to Friday and the number is 0845 125 9732 (local rates apply). Their web site is at www.ageconcernscotland.org.uk



Age Concern England - is also a great source of information and links to other organisations. You will find them at <http://www.ageconcern.org.uk/>. If you click on 'Information and Advice' and then on the last headline 'Useful links', this will take you directly to the web sites of many other organisations that support older people and their families.

'Information and Advice' will also take you to a long list of fact sheets and free booklets. For example, 'Your Guide to Healthy Living' provides comprehensive advice on everything from eating sensibly, to taking exercise, foot care and eye care. 'Legal Arrangements for Managing Financial Affairs' gives information about Power of Attorney etc.

Help the Aged - have a huge number of advice leaflets on every subject – such as consumer and legal advice, housing, health, leisure, technology, living independently at home. Help the Aged (www.helptheaged.org.uk) also run an advice line – 'Seniorline' on 0808 800 6565.

Other organisations and links which you may find useful or helpful

Active for Later Life is a resource which provides guidance for everyone involved in providing physical activity programmes for older people. If you are interested, you or your line manager or co-ordinator can see the Active for Later Life report at <http://www.healthscotland.com/documents/1916.aspx>

Alzheimer Scotland Action on Dementia - <http://www.alzscot.org/> (and its English equivalent, the Alzheimer Society), both provide information for people who have dementia and about all aspects of caring for someone with dementia. Call Alzheimer Scotland on their 24 hour confidential helpline on 0808 808 3000

Arthritis Care - Arthritis is a common problem for older people. Arthritis Care provides advice, self management training and information and also training for organisations supporting people who have arthritis. You can phone them on 020 7380 6500, access their web site at <http://www.arthritiscare.org.uk> or call 0845 600 6868 and ask for an information pack.

The Baby Boomer Bistro - an on line chat room for the over 50's run by Age Concern. You will find it by putting

'Baby Boomer Bistro' into any search engine or going to: <http://www.ageconcern.org.uk/discuss/chat/>

The BBC – the BBC web site is useful for many areas of interest. For example, clicking on www.BBC.co.uk/food will take you to more than 10,000 recipes.

Breathing Space – a free and confidential phone line service, giving advice for people experiencing low mood or depression, or for anyone worried that someone they know may be depressed. Helpline in operation from 6 p.m. to 2 a.m. Telephone 0800 83 85 87, www.breathingspacescotland.co.uk

Care and Repair - Care & Repair services offer independent advice and assistance to help homeowners repair, improve or adapt their homes so that they can live in comfort and safety at home in their own community. Some areas have a 'handyman scheme'. Call 0141 221 9879 to find out about services in any area of Scotland or go to <http://www.careandrepairscotland.co.uk>

Connect in Care – a network for staff involved in caring for older people, wherever that care takes place. See www.connect-in-care.net – a place where carers can find out what is going on locally and nationally; share knowledge, problems and solutions; access resources

COPA - The RBS Centre for the Older Person's Agenda at Queen Margaret University is an established research and educational hub, promoting the involvement of older people. One project carried out by COPA aimed at finding better ways to support older people to eat well. They have a booklet called 'Eating well and getting older - nutrition in later life' which is full of useful information. See last page of 'Good Ideas' for COPA contact details.

Community Dental Service – see under 'dental' in the Business Listings section of the phone book for the number of the local Community Dental Service.

Community Food and Health (Scotland) – a one stop information and networking resource for staff and volunteers working in food and health www.communityfoodandhealth.org.uk

Deaf Action – Head Office, 49 Albany Street, Edinburgh, EH1 3QY. Telephone: 0131 556 3128 www.deafaction.org – for advice and information on care and support, equipment, learning opportunities etc.

The Dementia Services Development Centre, Iris Murdoch Building, University of Stirling, Stirling, FK9 4LA telephone 01786 467740 – Web: www.dementia.stir.ac.uk The DSDC promotes good practice in the care of people with dementia, through research, training, information etc.

The Disabled Living Foundation – gives 'free impartial advice about all types of daily living equipment and mobility products'. They can be contacted on 0845 130 9177, 9.00 – 4.00 Monday to Friday. Web: <http://www.dlf.org.uk>

Fire safety – Anyone can book a home visit from their local Fire and Rescue service. The home visit will provide advice on minimising the risk of fire. A free smoke alarm can also be supplied and fitted. See www.dontgivefireahome.com

Forces Reunited - <http://www.forcesreunited.org.uk> - can help people who were in the forces get in touch with old contacts. This site also allows someone to leave a memorial to an old friend lost during war time.

Life Story work – See www.caringmemories.net for older people who want to get their life story published, and who are willing to pay for it. For anyone who uses a computer, with or without help, www.TheRememberingSite.org is an American web site where people can record and illustrate their memoirs.

Living Memory Association – www.livingmemory.org.uk For the past 25 years this Edinburgh based group have been promoting reminiscence and oral history work.

NAPA – the National Association for Providers of Activities for Older People - <http://www.napa-activities.co.uk> - is a voluntary organisation that promotes understanding of the activity needs of older people, and skill development for staff. Although primarily aimed at residential care settings, their ideas may also be of interest to older people who are housebound.

NHS 24 – 24 hour health information and advice helpline. Tel: 08454 24 24 24. Web: www.nhs24.com

NHS Health Scotland – NHS Health Scotland is the national agency for improving the health of everyone in Scotland – Web: www.healthscotland.com Phone (Edinburgh): 0131 536 5500 / 0131 313 7500 (Glasgow) 0141 354 2900 / 01698 208188 Email: publications@health.scot.nhs.co.uk for information about obtaining information or publications

Pain Association – www.painassociation.com. Tel: 0800 783 6059 – The Pain Association provides support, advice, training and information to help people who are living with chronic pain.

The Red Cross – www.redcross.org.uk. Anyone can borrow equipment such as wheelchairs from the Red Cross. Look on the web site for your local branch or phone 0844 871 11 11 for details of your local branch.

Royal National Institute for the Blind – The RNIB offers information, support and advice to anyone with sight loss. The number of their helpline is: 0845 766 9999 / 020 7388 2525 Web: www.rnib.org.uk

The Pension Service – have a home visiting service and will check that someone is receiving all the benefits and support they are entitled to. The telephone number is 0800 99 1234

Person centred training – Mainly provided by specialist consultants. We found the following training, see www.helensandersonassociates.co.uk www.envision-uk.org and http://www.qmu.ac.uk/courses/PREPS_CPD_Course.cfm?c_id=416. If your organisation knows of others providing this training, please let COPA know.

Volunteering - www.volunteerscotland.org.uk will take you to your local volunteering centre. They can give advice relevant to 'Giving as well as getting'.

And, for funYou Tube – <http://uk.youtube.com/> – has short videos on every subject – good and bad - from opera to cake decorating. The older person could also video themselves.

Health Promotion Departments in Scotland – for information on all Health topics.

NHS Ayrshire & Arran
Health Promotion Department
Afton House
Ailsa Hospital
Dalmellington Road
Ayr KA6 6AB
01292 885926
01292 885894

NHS Forth Valley
Health Promotion Dept
9 Gladstone Place
Stirling
FK8 2AU
01786 434756
01786 434797

NHS Borders
Health Promotion Dep
Westgrove
Waverley Road
Melrose
TD6 9SJ
01896 824500
01896 824635

NHS Grampian
Health Information Resources Service
Summerfield House
2 Eday Road
Aberdeen
AB15 6RE
01224 558504

NHS Dumfries & Galloway
Health Information Centre
Ground Floor, Crichton Hall
Bankend Road
Dumfries
DG1 4TG
01387 244172
01387 244173

NHS Greater Glasgow & Clyde
Public Education Resource Library
Dalian House
350 St Vincent Street
Glasgow
G2 4JT
0141 201 4915
0141 201 4936

NHS Fife
Information & Resources Centre
Haig House, Cameron Hospital
Leven,
Fife,
KY8 5RA
01592 226494
01592 716858

NHS Highland
Health Promotion Department
Assynt House
Beechwood Park
Inverness
IV2 3BW
01463 704647
01463 704647

NHS Lanarkshire
Resource Library, HPD
Law House
Airdrie Road
Carluke
ML8 5ER
01698 377600
01698 377726

Lothian NHS Board
Library and Resource Centre
Deaconess House
148 Pleasance
Edinburgh
EH8 9RS
0131 536 9451
0131 536 9246

NHS Orkney
62/64 Victoria Street
Kirkwall
KW15 1DN
01856 870690
01856 870691

NHS Shetland
Health Promotion Department
Brevik House
South Road
Lerwick
ZE1 0TG
01595 743086
01595 696727

NHS Tayside
Specialist Health Promotion Services
Directorate of Public Health
Kings Cross Hospital
Cleington Road
Dundee
DD3 8EA
01382 424053
01382 424090

NHS Western Isles
Health Promotion Department
Health Centre
Springfield Road
Stornoway
HS1 2PS
01851 701545
01851 701545

- 1 <http://www.scrol.gov.uk>
- 2 "By listening to housebound people's views, solutions to some of the difficulties of providing services within and outside the home can begin to be uncovered" - Home Alone; combating isolation with older housebound people, Helen McCarthy and Gillian Thomas, Demos 2004 <http://www.demos.co.uk/files/HomeAlone.pdf>
- 3 Kivnick, HQ (1991) *Living with Care, Caring for Life: The Inventory of Life Strengths*. An assessment update of the University of Minnesota Long Term Care DECISIONS Resource Center
- 4 Murphy, CJ (September 1994) "It started with a sea-shell" – *Life Story Work and People with Dementia* Dementia Services Development Centre, University of Stirling
- 5 *Person centred thinking with Older People: Practicalities and Possibilities*, Bowers H, Bailey G, Sanderson H, Easterbrook L and Macadam A, 2007 HAS Press - downloadable from <http://www.opp-uk.org.uk/reports-and-publications/reports-and-publications.aspx> - a very useful and readable guide to life story work and other aspects of providing individualised care and support.
- 6 *Understanding the importance of Life Story Work* – a booklet explaining why life story work is important – written by Rosas Mitchell (edited by Alan Chapman) 2007 Cat.161, cost £3 – available from the Dementia Services Development Centre at Stirling University. (See Contacts List for details)
- 7 Kirkwood, T. (2001) *The End of Age: Why everything about ageing is changing* (Reith Lecture for BBC Radio 4) Profile Books Ltd., p 47.
- 8 Godfrey, M., Townsend, J., and Denby, T., *Building a good life for older people in local communities: the experience of ageing in time and place* (2004) Joseph Rowntree Foundation p222 <http://www.jrf.org.uk/knowledge/findings/socialcare/014.asp>
- 9 Locher, JL, Robinson, CO, Roth, DL, Ritchie, CS, Burgio, KL *The effect of the Presence of Others on Caloric Intake in Homebound Older Adults* The Journal of Gerontology Nov 2005; 60A, 11; ProQuest Medical Library pp 1475 – 1478
- 10 National Institute for Health and Clinical Excellence: Public Health Draft Guidance: *Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care*. Issue date April 2008 <http://www.nice.org.uk/guidance/index.jsp?action=download&o=39502>

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Please note down here any of your own ideas and suggestions and send the sheet to:

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EH21 6UU.

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