

Involvement of 3-5 Year Old Children as Volunteers

By Hedy Peyser, ACSW

The Hebrew Home of Greater Washington has been successful in involving children ages 3-5, with their mothers, in visiting residents of the institution on a weekly basis.

In developing the volunteer program to better meet the psychosocial needs of the 264 residents of the Hebrew Home, we found many with no families (i.e. no children and/or grandchildren). Coincidentally, one of our new volunteers, Mrs. S., asked whether her family (husband, three teenagers and 3-year old David), could "adopt a grandparent, preferably an individual with no family". She stated that her children were isolated from seniors since their grandparents lived some distance away, and their suburban environment consisted exclusively of younger people. This phenomena of family separation is typical of the Washington, D.C. metropolitan area, but with increased mobility in our society, certainly not unique.

Mrs. S. and David were assigned to visit Mrs. R., who had no family. Mrs. R. was alert, lonely and depressed; a chronic complainer; had few friends and failed to participate in social activities. She had little pride

in her personal appearance and wore housedresses daily.

Mrs. R. liked David from the start and positive interaction was immediate. In fact, she seemed to prefer David's company to that of his mother. Within four weeks, improvements were noted in her physical appearance. She began wearing dresses, going to the beauty shop and attending activities even outside the Home. For example, she attended a country club luncheon because "Mrs. S. asked her to go." For many months, however, she would make statements to the volunteer which reflected her underlying depression and self-depreciation such as, "I don't understand why you come to see an old and ugly lady - I have nothing to offer you." She felt better when Mrs. S. and David started visiting an elderly couple living in the Home with no grandchildren, who sought out David and his mother. In addition to her two hours a week with David, Mrs. S. did additional volunteer work on another day, and her husband and three teenage sons were frequent visitors on weekends. Mrs. R's feelings toward the S. family can best be reflected in her comment to the supervising nurse, "I've never had children but now I have four boys without bellyaches."

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RECRUITMENT OF OTHER CHILDREN

Within three months after Mrs. S. and David began their volunteer activities, a number of residents

asked for David to visit them. For some, having a young friend was a status symbol; others enjoyed seeing children.

This innovative approach of utilizing a mother-child team to visit residents was discussed with the staff and volunteers. Many were enthusiastic, some indifferent and one expressed concern and stated, "It isn't fair to expose young children to old and sick people." Most agreed that the mother's attitude towards seniors was the important factor.

An intensive effort was made to recruit additional mothers with young children. Articles were published in the local press. Volunteers were encouraged to publicize this program among their friends, and those with young children were asked to participate in the program.

PHILOSOPHICAL IMPLICATIONS OF MOTHER-CHILD TEAM

Today, in an era of increasing family mobility, there is an artificial separation of the elderly, especially from children. Our institutions for the elderly tend to further separate and isolate the elderly from the young, to the disadvantage of both generations. From the viewpoint of the elderly who have the need to be needed, it is unfortunate that they are deprived of the opportunity to give of themselves to a child. It is apparent that a wealth of experience is being lost.

Older individuals readily and easily identify with young children. A child has the unique ability to pose no threats and make no demands. It is easier for a child to be non-judgemental than it is for an adult, and young children enjoy hearing the stories that older people love to tell.

Most experts in the field believe that contact of children with old people contributes to personal development. Children brought up without prejudices toward others grow up to become more accepting individuals, without

biases toward the aged or to other minorities. The Jewish concept of "tzedakah," of concern for others through deeds of justice and charity remains only a 'concept' unless it is taught by direct example. Indeed, it is never too early to begin teaching children how to help others.

CHARACTERISTICS OF MOTHER-CHILD TEAMS

Since the onset of the program in 1971, there have been a total of over 35 mother-child teams. Of these, ten were chosen for the purpose of this study, during a two year period. Four of the ten dropped out due to illness, pregnancy, or departure from the area.

The mothers seemed to share many similar characteristics; warmth, articulateness, sensitivity and assertiveness. Most important, they had positive feelings toward seniors. The children (two boys, four girls - average age 4) were generally well-behaved-disciplined, and articulate.

ADMINISTRATION OF THE PROGRAM

At the first meeting the mother was asked to come in alone to meet with the Director of Volunteers so that she could be oriented to the facility and to the general needs of the elderly residents. Included in this orientation was fact-giving as well as role-playing. For example, the question was posed, "How would you respond if a resident said 'I wish I were dead.'" The mother received a thorough briefing on the two or three residents assigned. More than one resident was assigned to each team since; 1) Residents are not always available to receive visitors and 2) Should loss and separation occur as a result of death, it would be less traumatic if there were other residents being visited. Goals were set which often included forming a relationship, and then attempting to motivate the resident to go outside for a walk or to attend programs at the Home.

The Director of Volunteers introduced the mother-child team to the supervising nurse and then to the resident. Mothers were encouraged to bring coloring books and games in case the children became restless. These games often served as a joint activity with the residents. The duration of these visits ranged from half to 1 1/2 hours for each resident. Each team averaged 1 3/4 hours per week. The number of residents visited by each team ranged from one to four with an average of two residents visited per week.

After each visit, the mother-child team met with the Director of Volunteers to discuss their feelings about the visit and analyze the child-resident and mother-resident interaction. The Director of Volunteers developed rapport with the children by asking direct questions about their visits, about their personal life, e.g. nursery school, interests, etc.

METHOD OF MATCHING RESIDENTS TO MOTHER-CHILD TEAMS

The entire resident population was reviewed and lists tabulated by the Director of Volunteers to determine the following:

- a) The never-married
- b) residents with no children or grandchildren
- c) residents who had children of their own and were known to be particularly fond of children

These lists were screened to exclude those residents too disoriented to interact with the children. Conferences were held with each floor social worker and nurse to determine the following: a) residents who could benefit most from these visits, b) residents having problems in adjusting to the Home and c) residents diagnosed as being depressed.

A number of varying criteria were used to match resident and mother-child team. One question asked was whether a child might enjoy visiting a particular resident. In one case a resident

and volunteer team was matched on the basis of the mother's and residents interest in philology and religion. Other criteria used were: place of origin or other geographical similarities; language similarities; interest in music, etc. In general it was useful to look for and match those with socio-cultural similarities.

Seven of the thirteen residents who were chosen to participate in this project were selected because they were new admissions to the Home (one week to one month) and had no families. It was believed that the period of adjustment would be facilitated if the resident had a "surrogate family." Four residents were chosen because they had made a poor adjustment to the Home. All four had been at the Home over a year and were experiencing difficulties in many areas with the most prominent problem being severe depression. An elderly couple with no grandchildren chose the mother-child volunteer team.

RESIDENT INTERACTIONS

Ten residents accepted the mother-child team during the first visit. Their interaction was immediate and friendly. In two cases where the resident accepted the team with great enthusiasm, problems developed later on in the relationship.

CASE I: Miss P., new resident, with a history of hypochondriasis. For the first few weeks, she was too busy complaining about the food and did not have time for somatic complaints. She related very well to the child. When somatic complaints increased, she told the child not to come near her because "you'll get sick," and warned the child not to go near other residents because they were sick. This was followed by endless descriptions of her physical prob-

lems and resulted in the child totally ignoring her. Regular visits were discontinued.

CASE 2: Miss T., a new resident, was very desirous of coming to the Home as she was unable to take care of herself in her apartment due to a serious visual loss. However, as soon as she came to the Home she constantly complained about the other residents who she felt were not of her social class and to whom she referred as "KIKES." During these tirades, the child played by herself. Another difficulty arose due to her compulsive cleanliness. If the child sat on the bed, Miss T. would become flustered. However, despite these problems, interaction took place and the visits continued.

In only one case was there what appeared to be initial rejection of the child. The volunteer's impression was that Mrs. M. did not want to be bothered, and that the child's presence was annoying to the resident who was suffering from severe depression. After four visits the volunteer was ready to give up, but was encouraged to continue. Shortly thereafter, the resident began looking forward to the visits and refused to leave her room until the child came. Eventually, she became quite possessive towards her. Mrs. M. always had a candy bar ready and took pride in showing the child to others, but was jealous if other residents paid too much attention to the child. Within two months there was a noted improvement in her physical condition and in her relationships with the staff and other volunteers. She said she felt "wanted" by the child. An attempt was made to discourage this

extreme possessiveness and Mrs. M. was asked to become a resident-volunteer grandmother to the nursery school children at the Jewish Community Center. At first, she resisted, stating that she already had a child ... However, with the volunteers' and staff encouragement, she tried it reluctantly. Mrs. M. complained all the way to the Center but ended up enjoying it immensely.

All efforts to involve Mrs. M. in the Occupational Therapy program failed until she decided to make a gift for the child ... she now attends regularly. The volunteers also succeeded in getting her to attend a show, her first venture outside of the Home. One can only speculate that her initial reluctance to enter into a relationship was due to a fear of becoming involved with others, only to lose them.

Our other two reluctant residents were both single males whose initial reactions can be described as cool acceptance. After a period of time, however, marked verbal interaction occurred and one of the men now enjoys reading to the child.

IMPACT OF VISITS ON RESIDENTS:

In four of the thirteen cases there was marked deteriorated physical appearance prior to the mother-child visit. All four were diagnosed as chronic depressives. Within 4-5 visits, marked improvements were noted in all four cases. Housecoats were replaced with dresses; the beauty shop was frequented. One resident who needed to gain a few pounds, did so.

Six of the thirteen residents were diagnosed as suffering from mild to serious depression. They presented the following symptoms; poor physical appearance, lethargic behavior, self depreciation, and lack of feelings of self-worth. Three had never married, and the others never had children. In four of these cases, marked improvements were noted after introducing the mother-child team. The frequency

and duration of the depression diminished considerably.

In the eight cases where the residents were non-participants at social functions, six started to attend. The mother-child team efforts were a major factor in this increased socialization.

The improved relationships of the residents to other residents and staff was observed in two cases, eight have had good-excellent relationships with other residents; two remained socially isolated. Some improvement in relationships with staff was noted in six cases, primarily in terms of fewer complaints.

IMPACT ON THE CHILD

The mothers were asked to evaluate the impact of their volunteer activities on their children. Without hesitation, all stated that the experience was excellent. They found that the children developed a positive sensitivity to the residents which carried over into their relationships with other senior adults. They had a greater tendency to stop and talk to the elderly on the street or in the supermarket.

All the children seemed to accept the residents immediately. Of course, most of the residents fussed over them. In one instance, a mother thought that her child would be bored and was surprised to find that the child was excited. Another child, described by his mother as always being a good child, noticed that he was much more sensitive to his own grandmother when she visited their home. For example, he told his grandmother to cover her ears because "I'm going to make noise."

Most mothers felt that the interaction with the residents made their child a richer person and provided a foundation for them to develop as warm, caring and compassionate human beings. All the mothers agreed that young children do not find the elderly offensive unless taught otherwise by their parents.

With the exception of periodic illness or vacations, the attendance of the mother-child teams was slightly better than the average adult volunteer.

DEATH

Two years after the visits began, Mrs. R., the first resident involved in this program, passed away. It was inevitable that eventually we would have to face and deal with death. This matter was discussed with the mothers during the first interview. Most believed that they were prepared and could handle this with their child. Mrs. S. was notified of Mrs. R.'s death and was one of a handful of people who attended the funeral. She informed David who asked "how and why" and expected to see Mrs. R. in her room the following week. David was depressed for a week and told his mother "I don't want to be unadopted." Nevertheless, he continued visiting other residents.

Another child, Saul, age 4, was told by his mother of the death of his "friend" Max. The next day Saul appeared in the volunteer office and requested a private conference with the Director of Volunteers to "talk about Max." In a most serious, forthright and mature manner he said, "Max was very, very old. He did not die because he was very old but because he was very, very, very ... sick." He then proceeded to describe Max's physical problems, reiterating the "very, very" and talked about funerals and added that a monument would be erected over the grave. He appeared to be comfortable discussing the subject of Max's death. According to his mother, Saul did indeed seem (in his own way) to accept the finality of death.

Another volunteer found it impossible to tell her three-year-old son that the resident they visited passed away. Extensive efforts were made to help her work out her own feelings about death, but she was unable to deal with her own early losses. However, she continued visiting another resident until a difficult pregnancy forced

her to curtail all activities.

CONCLUSIONS

The success of this program is evidenced by the numerous requests from our social service and nursing departments, as well as residents, for a "child" volunteer. These youngsters have been accepted as an integral part of the Volunteer Department.

We know that volunteer visits in general are productive and stimulating for most residents in a long-term care facility. All the residents who were visited by the mother-child team had previously received visits from other volunteers. Many of these relationships had been meaningful, but few observable improvements were noted until we introduced the mother-child team.

We found one unexpected fringe benefit. This program allows a number of women to volunteer who ordinarily would not be able to because they would need baby sitters. In one case, a mother continued her volunteer activities after her child entered the first grade and still brings her to visit when time permits. We have been fortunate in finding the right combination of mother and child.

This program of involving young children as volunteers is also an investment in the future. Only time will tell whether these children will continue their volunteer efforts as adults. However, from what we know they are more likely to do so than those who have not had the parental example and first-hand experience.

Based on our nine year experience, we can conclude that involving 3-5 year olds as volunteers is a positive and constructive experience for both resident and child. This program has great potential for expansion and replication in long-term care facilities for the elderly.