
WHY NOT?

Why not start a 'Karing' group?

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OURS is an urban general practice with two and a half partners and nearly 6,000 patients. Five years ago, with the help and encouragement of the practice team, a new patient who was a qualified social worker advertised in the surgery for volunteers to visit house-bound and lonely patients and offer practical help. 'One hour a week of your time' was the request, and 13 volunteers came forward. The group came to be known as Karing.

More needs than just visiting were soon discovered. Shopping and odd jobs became regular tasks and the need for an emergency meal service was soon put into practice. To deliver the meals, a transport service was formed.

By 1980, the group was flourishing but volunteers were being asked to do more than their hour a week. We, the doctors, realizing what a full-time job the organization and support of Karing had become, decided to employ the original volunteer as co-ordinator. The demands on the surgery switchboard were also considerable so a separate phone line was installed, and a girl from Youth Opportunities was engaged to answer it. On the good side, our financial position was healthy, and we had just acquired a beach hut supported by funds from the Rotary Club. We were able to set aside money for our community sister's 'comforts' for patients, increase the contribution to the expenses of our cooks and drivers, and purchase office equipment for Karing.

Karing's range of activities has grown with increasing numbers of patients and volunteers. The meals service operates on the three days a week (including Saturdays) when there are no meals-on-wheels or Red Cross meals. The transport service has been expanded, taking patients to hospital to visit relatives, or for appointments. There are outings, with transport provided,

coffee mornings and tea afternoons. Every Christmas Day a meal is served in a local church hall, and the volunteers put on a Christmas show for patients.

New volunteers arrive from all sources—surgery advertisements, word of mouth, friends and fellow patients. They are met by the co-ordinator, who explains the aims and rules of Karing and the working of the group. She will suit volunteers to the work they want to do. Patients are referred to Karing by practice team members, receptionists, relatives and friends, volunteers themselves and, increasingly, by social workers. Referrals are discussed at the weekly practice meeting with community nurses, the health visitor, social worker and the volunteer co-ordinator.

Finance is obtained from fund raising and donations, mainly from patients but also from local organizations. We also get a grant from social services. The only Karing service for which there is a charge are the meals, which are currently 70p per meal.

It would be wrong to suggest that this has all been achieved without problems. Being a seaside resort, many of our volunteers have a business to run in the season and they become 'non-active'. Filling the gaps is one of the most difficult tasks for organizers.

With the increasing pressure on statutory services, together with cutbacks in available services, the need for voluntary groups will grow. We hope this description of our practice-based voluntary service will encourage others to start one. We could not do without Karing.

During last year the beach hut project was so successful we have continued it into the winter by using hotel lounges as a venue. A very active handicrafts group has developed and we have a DHSS grant to fund this. Our other activities continue unabated.

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