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Richard Carr-Gomm found The Abbeyfield society in 1956. After 16 years in the army he began volunteering as the first male home help in Britain. He felt that people he cared for were lonely, as he was often the only person to visit them. He purchased his first home out of his own money and invited two local residents to live there, Mr Halnan and Miss Saunders. It went so well that he bought his second home shortly after, after receiving donations.

Today The Abbeyfield Society has over 400 houses in seven countries worldwide. Swansea opened in 1990.

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Previous experiences of trauma and mental health difficulties. Residents must be able to live independently, low mental health needs. Abbeyfield focuses on community and the well-being of the residents.

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‘Community’

Socialising, not everyone is social so they spend a lot of time together. They all care for each other, look out for one another.

Living room time, they respect each others routines. Eg not watching tv when ‘D’ is in there.

There are cleaning rotas, everyone has a role – officially and unofficially

Meal times – Very important. ‘J’ sets the table every meal time, it’s her routine. It structures the day with reflects the findings of Watkins et al.

Took me into their community but it took a few visits – ‘when will you interview us’

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‘Independence’

Another part of Abbeyfield Swansea’s ethos

Very important that residents are able to live independently

- Unable to give medication
- Are supported but encouraged to live independently

‘Identity’ – Within being part of a community, also being their own person.

This really impacted me, all staff encourage their independence.

For example, when I first met one of the gentlemen the first thing he told me was about his wife. Very important – continue to visit her, retain his independence but also their relationships.

Easy to slip into dependency, can hinder them – important to encourage autonomy

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‘Relationships’

I was really impacted by the relationships formed.

Many have been there for years, they have become their own sort of family.

Romantic relationships

- D and his wife, significant mental health difficulties and traumatic experiences, meaning that they are living in separate homes. She is unable to live with him due to her care needs. They still spend time together, it’s evident that he is proud to be married and their relationship is very important.
- ‘J’ spoke about her family with pride
- ‘J’ and ‘E’ have a shared experience, not only being residents, but spoke about the war and told me things I never knew.
- I felt really grateful, I personally love my family and friends

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‘Activities’

Abbeyfield also pride themselves arranging activities for residents

Birthdays are a celebration/ books and board games in the living room

Once I had built trust and discussed hobbies, I suggested a colouring in afternoon. It showed me how powerful art can be,

Positive change, small but big impact

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‘Ethical issues & Boundaries’

There is dependency of some form with staff, balancing act

It also showed me how important it was to keep encouraging independence - sorting things for people isn't always helpful even though it feels like it should be – did help build rapport though.

Banking app issues – report to manager

I was also aware of discussing things in front of other residents, in communal areas

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‘Overall Experience’

I really see the impact of the counselling skills

Especially active listening – for example one resident told me about some time they spent in France and on another occasion they brought France up and I reflected back on the previous experience and this seemed to have a positive impact – he opened up more

Sometimes I was just 'present' in the living room (colouring in) I made sure I used SOLER and I could see they felt they were being listened to and I was focused on them.

They often thanked me for the chat, which warmed my heart, the pleasure was all mine.

Ethical boundaries in real life – awareness needed and confidence in keeping boundaries.

This was out of my comfort zone, I have never worked with older people or in this type of care setting. I have worked in crisis care – DV. So I wanted to learn new skills and experiences.