



Sophie (left) picture here with volunteer team.

“The cash prize I was awarded by Cosyfeet was put towards my expedition to perform podiatry treatment within Romanian children's large foster-type homes and adult institutions during June to July 2015. The trip revealed shocking conditions of care; the reality that a lack of resources hugely impacts the wellbeing of vulnerable people, and a concerning presentation of podiatry issues.

My trip was organised by The Life Foundation (Life), which has provided healthcare specific teams of UK medical professionals in the area for the past 4 years. I was amazed at the passion, hard work and dedication that the Life volunteers gave the cause; many knew the children and adults by name, and some had volunteered annually over several years.

Initially I visited the children's large foster homes as part of a small team of 3. Each home housed 6-8 children with a range of disabilities. The need for podiatric intervention here was not due to lack of hygiene, but due to a need to accommodate deformity in the lower limb. Many kids had disabilities affecting their legs and had difficulty walking. I observed various conditions in the foster home, such as cerebral palsy, foetal alcohol syndrome, downs syndrome, hydrocephalus, autism, cleft lips and learning difficulties. I saw a few good examples of love and affection displayed by carers towards the children. One instance of this was when a carer encouraged the house's occupants to call her 'mama'. Some of the carers clearly were very protective of the children, and participated with the input of the UK health professionals.

The children I met were adorable, keen to interact and engage. I was encouraged to see that at least a few of the kids had specialised footwear to accommodate their deformities. Most of my time was spent playing with the children, assessing feet and making small repairs to shoes. When I return to the country, I intend to come supplied

particularly with more infant-orthotic materials. However, following feedback from the adult healthcare group about the state of care and need for podiatric intervention in the institution, I volunteered as part of the adult healthcare team for the remainder of the trip.

The state of the adult institution was even worse than I could have envisaged. Serious shortages, of both resources and staff, left the residents extremely neglected and housing inappropriate. When I inquired, only 2 carers and 1 at night were on duty for 67 residents, many of whom in England would require one-on-one care, which left the avalanche of work as an impossible task. Furthermore, the carers were paid a very small amount, significantly below the Romanian national average. I quickly felt the utmost respect for the carers, that despite the lack of pay, dangers and workload, they continued their employment at the institution.

The complex where the adult institution sits is comprised of several buildings: several smaller buildings including a school room and rarely used gym, and a large 2 storey building which houses the majority of the residents. At the back of the house there was another recent improvement, a large gazebo style shelter which allows the less able to reside outside during the daytime without risk of sunburn or overexposure. The rest of the outdoor area was in disrepair; the paths connecting the complex were reduced to rubble in many areas, significantly limiting the use of wheelchairs. However there are plans in place to improve the paths over the next month, once more due to the committed supporters of The Life Foundation.

Perhaps due to their bleak surroundings, many residents met us at the gates each day, where the minibus dropped us off. It was overwhelming how excited they were to see us - the volunteers usually walked around the complex with at least two residents holding their hands. Sometimes I had three or four residents holding hands or putting their arm around me at once! They were eager for your attention, loving and endearing.

The conditions that the residents suffer from were divided into the 'more' and 'less' able. The more able can walk, sometimes talk and perform basic self-care. Some leave the institution and interact with the local community. During my trip, I found it concerning how many residents took on caring roles for the less able, such as personal care, clothes washing and manual handling.

Despite The Life Foundation recently funding new showering and toilet facilities, there was no fixed hygiene routine for the adult residents. It was a deeply distressing and tragic sight to see, and highlighted the desperate need for more care staff, and the effect that institutionalisation has had on this vulnerable group of people.

Many of the residents' medical disorders were undiagnosed and arguably the result of a lifetime in institutional care. However, conditions which were commonly noted were mild to significant learning difficulties, schizophrenia and autistic spectrum disorders. Behaviors displayed included rocking, self-harm, teeth grinding, eating faeces

or other inappropriate material, stealing, intentional regurgitation and hair pulling.

Many of the less able residents could not walk, were doubly incontinent and lacked verbal communication skills. As with such patients in the UK, they enjoyed tactile interaction, gentle sounds and being cradled. Simple things like hand-washing or massage with scented oils and painting their nails gave them a huge amount of pleasure. Unfortunately the employed staff have no time to undertake such therapies, and apart from Life volunteer placements, their therapeutic input is minimal.

The volunteers gained information on the condition of the residents and who would require treatment from the translators, who spoke to the carers. The translators, two of whom were full time employees funded by the project, worked closely with the Life volunteers. Having worked for the project for several years, they have nurtured a relationship between the Romanian staff and the charity body. They were extremely hardworking, lovely, genuine and valuable in providing us with an insight into Romanian culture. Medical professionals also gained an understanding of what treatment was required from personal observation and assessment of the residents.

We stayed at the adults' institution from 10am until 3pm following the hour's drive on the minibus. At the end of the day, we would often feel very sleepy and the journey provided a convenient opportunity to nap! It gave me a huge appreciation for the dedication of the full time staff. The time spent with each patient varied greatly, between 20 minutes to 2 hours. Often a trainee doctor and I would wash and treat two patients at once; it became a good routine. However, when I was assessing feet of residents who were difficult to manoeuvre, I would often inspect, wash and treat feet in the grounds surrounding the complex.

Basic foot washing was a valuable addition to improving hygiene as residents commonly slept in their shoes, walked barefoot or used broken footwear. The limited levels of hygiene and lack of professional input resulted in feet similar to those I encountered while doing homeless voluntary work in the UK. At our makeshift clinic within the sensory room, previously donated by Life, residents often presented with onychomycosis, tinea pedis and other skin infections, combined with various wounds on the feet. I speculate that the wounds originated from poor/inadequate footwear and the environment, although the majority of patients I treated were lacking in verbal communication, and were unable to express the cause of their problem.

Several wounds were presented in the clinic; one particular example springs to mind of the treatment of a more able resident. After removing his damaged footwear, I noted exudate on his socks. Unfortunately I was unable to gauge a medical history or medication intake, and conducting neurological and vascular assessments were limited by the patient's inability to communicate. However, I was able to ascertain that the capillary refill was normal and the condition of the skin elsewhere was good. The feet were extremely macerated, indicative that the patient's shoes had not been removed for an extended period of time. He arrived in clinic with a dorsal wound expanding 12cm

x 6cm over the metatarsals and interdigitally between the 1st/2nd/3rd toes. After my initial wound cleaning via saline solution and sterile swabs, I cleared obtruding debris from the wound, and dressed it with menolin, inadine, mepilex and felt padding to reduce pressure from the shoes. Tinea pedis also manifested on the foot, which was treated throughout the remainder of the trip with anti-fungal topical cream.

Obviously maintaining a clean environment was a concern, therefore new socks and shoes were fitted to the resident at the end of treatment. Regular redressing every few days throughout the trip allowed the wound a chance to heal. Knowing that I would be leaving this patient without the laceration was a particular relief considering the highly hazardous environment in which the residents lived.

Although the lack of carers is clearly the most striking need, many basic products like incontinence pads, shampoo, toothpaste and cleaning materials are donated to supplement limited government funded resources. Clothing and footwear limitations are also a problem. It had been previously noted that some of the more able residents have tried to steal clothes and shoes donated by volunteers to sell them. When giving out shoes as part of the podiatry treatments, volunteers were careful to deface the items to make sure they lost their resale value.

Going to Romania, meeting the people and experiencing the reality of social care available there, has been one of the most profound experiences of my life. The stark contrast between the unimaginable hardships some residents face, and the love shown by those in the system was incredible. This cause is so worthy of more input. From a podiatry perspective, the work is rewarding, educational and valuable. I highly recommend this placement to anyone seeking a professional and personal challenge.

The Life Foundation is hoping to be in a position to employ additional care staff in the future and intend to continue their volunteering programme as the need dictates. I hope that, with aid and influence from the dedicated Life team, improvements to the basic level of care can continue to be made.

If you would like to find out about future volunteering opportunities or make a donation please contact Nicola Hamilton on [nhamiton@thelifefoundation.co.uk](mailto:nhamiton@thelifefoundation.co.uk) or write to The Life Foundation, Gilbert Wakefield House, 67 Bewsey Street, Warrington, WA2 7JQ."

*The Cosyfeet Podiatry Award supports one person each year in developing their professional knowledge and skills while benefitting others. The £1000 award is open to any podiatrist or podiatry student who is planning voluntary work, a work placement or research, whether in the UK or abroad. It is designed to contribute to travel and expenses. Applicants will be invited to apply for the 2016 Cosyfeet Podiatry Award early in the New Year.*