Community-based home care for older people

Minimum standards of home care for older people in Red Cross Red Crescent volunteer-based programming in the Europe Zone

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Minimum standards of home care for older people

Cover photo: Gordana Jeftovic, Red Cross volunteer from Pale, Bosnia and Herzegovina, together with Saima Brdaric, one of three sisters supported by the home care programme of the National Society in Pale. IFRC/Giovanni Zambello

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Foreword

In April 2010, when 52 National Societies in the Europe Zone gathered in Vienna for the 8th European Red Cross Red Crescent Conference, they collectively committed to moving forward in preventing, mitigating and addressing the vulnerabilities that may affect older people in their national contexts.

In the progressively ageing society of the last decades, the Red Cross Red Crescent, through its network of community-based volunteers, has become increasingly engaged in services that benefit older persons. Even though the public health systems of most European countries now enable people to live longer and healthier lives than ever before, a number of the older people in society still do and always will need assistance during the last years of their lives, be it in the form of professional health support, or visiting services.

Particularly in the case of older people who are socially isolated and find difficulties accessing the services provided by the national health system, the support of Red Cross Red Crescent volunteers, who come from and are an integral part of the same community, can be crucial. However, what training and support is being provided to these volunteers before and while they become involved in these services?

According to the IFRC Volunteering Policy, *"National Societies shall provide training that will enable a volunteer to meet his or her responsibilities towards the movement, the specific task or role they were recruited to carry out"*.

In June 2011, during the South Eastern Europe Home Care Conference in Montenegro, Red Cross Red Crescent Societies agreed on the recommendation to develop regional minimum standards for volunteer training in home care, also introducing psychosocial support, first aid and disaster management as an integral part of the basic training for volunteers.

This document can be seen as a first step in the process of setting what we call the minimum standards of home care for older people in Red Cross Red Crescent volunteer-based programming, as well as of enhancing the active involvement of older people themselves in health care programmes and training.

I would like to encourage National Societies to adapt this tool to your respective contexts and I hope you will find it useful in the design of your community-based home care programmes for older people.

Anitta Underlin
Director of Europe Zone

1. About this publication

1.1   Minimum standards of care

A major demographic transition is taking place in the world as numbers of older persons are increasing considerably. Decreasing fertility rates and increasing longevity will lead to the continued ageing of the global population. As a consequence of these demographic changes, the need to support older people livin g at home is likely to increase in the future. The Red Cross Red Crescent is active in various fields concerning older people, both as service provider and advocate. In community-based home care, however, standards of care differ from one country to another.

Usually, professional staff, such as nurses, home helps and social workers work together with volunteers, but there are differences in the kind of information and training that volunteers are given and the support they receive.

Volunteering for older people requires specific training, and clear information on the role and responsibilities of the volunteer in the home. Furthermore, volunteers need adequate support, supervision and management.

In response to this situation in Europe and Central Asia, a Task Force was established in 2011 with representation from the IFRC and Red Cross National Societies to look at the issues, and to compile a set of minimum standards, or guidelines, for volunteers in community-based home care services for older people. The aim of the guidelines is to provide recommendations to National Societies in the Europe Zone, together with background information, in order to improve the quality of life of older people in need of care and assistance, and to contribute to more resilience in society. The guidelines, which will need to be adapted to suit each country-specific situation, offer minimum standards on the framework conditions and volunteer management that should be in place when providing services for older people.

The guidelines focus on a number of areas of particular interest to the home care of older people, providing recommendations on how programme managers, volunteer managers and supervisors can recruit, manage and support volunteers in various situations. The current thinking about ageing and the care of older people serves as background information, and is followed by what Red Cross Red Crescent National Societies can do to ensure that the community-based home care programme is staffed effectively with trained volunteers who are in possession of specific information about the care of the older person, and are aware of their rights and responsibilities within the programme.

Tools, skills and background information are necessary to provide a quality service to older people. A training curriculum, based on this publication, is planned for the near future. In the meantime, volunteer trainers and coordinators should find the following related publication useful in planning their training sessions: Lay Counselling: A Trainer's Manual, prepared by the IFRC Reference Centre for Psychosocial Support in cooperation with the Danish Cancer Society, University of Innsbruck and the War Trauma Foundation. The manual can be found at **www.ifrc.org/psychosocial,** or ordered at **psychosocial.centre@ifrc.org.** See also Section 10.2 where a brief description of the content and duration of training for volunteers in home care of older people can be found.

1.2 Definitions

Home care: Red Cross Red Crescent defines community-based home care as help and support for older people who are in need of care and/or nursing and who are living at home. They may live alone or with their family members. Home care can support their informal carers, as well as the older people themselves. Informal carers may be relatives, but may also be friends and neighbours.

Within community-based home care services three services may be provided:

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                    │    HOME CARE    │
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         ┌───────────────────┼───────────────────┐
┌─────────────────┐  ┌─────────────────┐  ┌─────────────────┐
│  Home nursing   │  │   Home help     │  │Visiting services│
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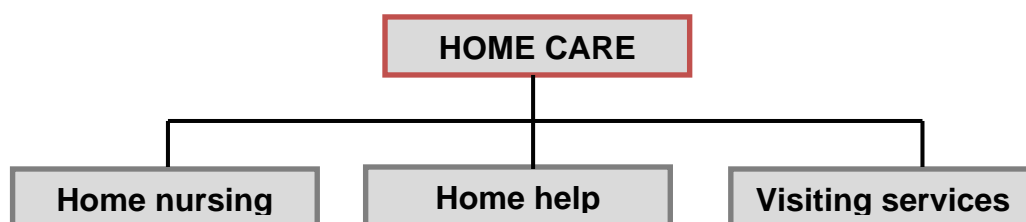
Home nursing is provided by nurses and assistant nurses. In some countries it is requested by a medical doctor. The main tasks of the service are to develop a nursing plan based on the nursing process, carry out typical nursing activities like supporting personal hygiene, mobility etc., and medical activities such as changing bandages or giving injections. Psychosocial support to the client and the informal carer(s) is also an important duty.

Home help is mainly provided by a home helper and/or social carer. It may include assistance with bodily and domestic tasks in the home of the recipient, such as home cleaning, shopping, getting dressed, preparing and eating meals, psychosocial support and help to participate in social activities.

Visiting services are mainly provided by volunteers. The services offer psychosocial support and help with social activities in order to improve the social environment and living conditions. Examples include chatting, listening, playing cards or accompanying the person on walks, as well as working with family members when needed. Visiting services can also be carried out in nursing homes and day care centres.

This publication focuses mainly on visiting services in the home, where Red Cross Red Crescent volunteers are most active.

Volunteers: According to the IFRC volunteering policy, a Red Cross Red Crescent volunteer is "a person who carries out volunteering activities for a National Society, occasionally or regularly".

Volunteering with the Red Cross Red Crescent is an activity that is:

- motivated by free will, and not by a desire for material or financial gain, or by external social, economic or political pressure
- intended to serve vulnerable people, to prevent and reduce vulnerability and to contribute to a more humane and peaceful world
- carried out always in accordance with the Fundamental Principles of the Red Cross Red Crescent Movement
- organized by recognized representatives of National Societies.

Older people: A number of different criteria are used to define an older person. Most commonly an older person is defined by age, i.e., using chronological criteria. According to the World Health Organization (WHO), in the majority of developed countries, it is considered that a person with a chronological age of 65 years or more is an older person. However, at the moment no standard United Nations numerical criterion has been officially adopted. The cut-off generally used is the age at which a person becomes eligible for statutory or occupational retirement pension. There is, however, no clear worldwide agreement concerning at what age a person becomes old.

The definition using chronological criteria alone is problematic, since those criteria are not equivalent to ageing. It is widely accepted that several factors can influence how we age. As well as a biological root, other aspects, such as change or loss of social roles, changes in work patterns and changes in capabilities need to be taken into consideration.

2. The framework: an ageing population

2.1 The ageing trend

The population of the Europe Zone covered by the International Federation of Red Cross and Red Crescent Societies (IFRC) is ageing rapidly. The World Health Organization notes[1] that the median age in the Europe Zone is already the highest in the world, and the proportion of people aged 65 and older is forecast to increase from 14 per cent in 2010 to 25 per cent by 2050. In most of the region, the people are living longer, but variations within and between countries mean that not all will spend their later years in good health and well-being.

This trend towards an ageing population is likely to pose social and economic challenges to individuals, communities and public authorities as an increase in support systems is needed for older people who, for various reasons, may be vulnerable. Although dependence does not necessarily come with ageing, it is likely that the dependency ratio will increase, a fact that will lay a bigger burden on social welfare regimes providing support systems for vulnerable older people.

As individuals age, non-communicable diseases become the leading cause of morbidity and disability; in addition, older people are more vulnerable to loneliness, social isolation and/or marginalization in a fast changing world. Older people may experience some form of violence or abuse, whether physical abuse, psychological abuse, neglect of basic needs, financial abuse or economic exploitation. All these issues are potential threats to the physical, mental and social well-being of older people, possibly causing further vulnerability.

2.2 The ageing process

Until relatively recently, ageing was considered as an ending phase of life. Most developmental models studied development in several dimensions from birth to adulthood, when it was assumed that capacities would reach a plateau. After that, capacities would decline.

Several important changes in this conceptual model have more recently been introduced. Ageing is no longer seen as a phase but as part of a process that begins at birth and ends with death. The concepts of "life course" or "lifespan" are now widely accepted, requiring us to think about what happens throughout all adulthood. In a very concrete way we age as we live since ageing is part of a lifelong process. The model assumes that we do not become old at any specified age, but instead, more dynamically, we age throughout our lives in several dimensions, such as:

- biological
- social
- health
- psychological

In addition to these dimensions, there are different contexts in which we age. These might include:
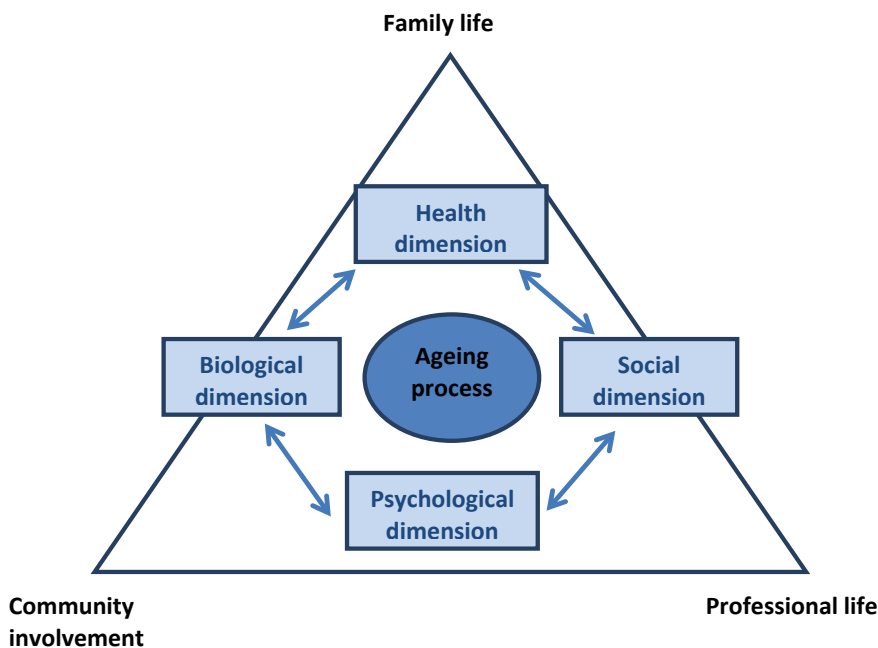
- professional life
- family life
- community involvement

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[1] See: www.euro.who.int/en/what-we-do/health-topics/Life-stages/healthy-ageing.

The following diagram shows the interconnectedness of dimensions and contexts:

Family life

**Community
involvement**

Professional life

An important consequence of this approach is that, as a result of the interaction of all these dimensions and contexts throughout life, older people as a group are highly heterogeneous.

A further consequence is that we realize that ageing, as a part of a lifelong process, is not all about loss, but about a balance between loss and gain. That is, as in any other moment of our lives we may lose something but gains are still possible. As an example it is frequently said that an older person gains in wisdom.

2.3   Biological ageing

We have seen that ageing is a multidimensional process and that older persons are very variable. Nevertheless everyone ages. This is because some of the causes of the ageing process are endogenous, or biologically determined. While these biological factors are very variable, because they interact with other kinds of factors, there is no doubt that ageing is a process that is subject to biological constraints.

Some parts of the body are more vulnerable than others to ageing, for instance, the nervous system. Even in a normal ageing process, memory or concentration difficulties tend to be found. There are also several physical changes associated with ageing in the nervous system, the majority of them detrimental. For example, some brain structures related to memory decline, and the ability to learn decreases. However, these abilities do still exist, and the impact of them can be moderated by exogenous factors, such as mental stimulation.

Another system vulnerable to ageing is the cardiovascular system. Strokes are more common, with sometimes devastating consequences. However, exogenous factors, such as eating habits and healthy lifestyles can help to mitigate risk.

The perceptive systems, namely hearing and vision, may decline. The effect of this is sometimes dramatic, because it undermines participation and can lead to isolation. It may even be misinterpreted as cognitive deficit or symptoms of depression. However, with strategies and devices, such as hearing aids, the impact of these changes can be diminished.

2.4   Social ageing

For a long time, and as a result of a very strict division between childhood, active age, and retirement age, social roles were well established. Youth was a learning process to acquire sufficient knowledge and skills to undertake a profession. Middle-age was for work. Retirement was for rest and the time to do things that there was no time for before. It was expected that retired people would engage in new activities, see more of their friends and families and enjoy learning opportunities. However, the transition into retirement was often abrupt, affecting the psychological well-being and the social status of the older person. From one day to the next, the retired person will not enter the work-place that he or she may have entered every day for many years. This transition may seriously affect the way we perceive ourselves. Many older persons feel that they are useless and non-productive. Some people talk about retirement as a social death.

Several organisations and entities have pointed out that, regardless of the existence of statutory retirement age limits; there should be explicit preparation for this transition throughout life, particularly with the increase in life expectancy. The opinion today is that there is not such a structured division between working life and retirement. However, more work needs to be done. Lifelong learning is recommended, but it is recognized that employers still spend less money in the training of older employees.

As well as continuing to learn, work life should be balanced with leisure. Investment in work may mean a pension in retirement, but investment in leisure, whether that is spending time with other people, or undertaking another activity, has a different value. The most important idea is that older people need a sense of their own worth and belonging, that is not only dependent on their work life.

2.5   Psychological and cognitive ageing

While we have been looking at the various dimensions separately, we must remember that they are all interconnected. For example, abrupt retirement can have an enormous impact on psychological well-being. Old age can bring a sense of fulfilment and accomplishment, but in some cases, it can be accompanied by a sense of lack of achievement or even despair. Some older people feel that they have no value to society or are useless because they no longer have a job.

Ageing is, of course, a reflection of the character of the person as well as of the events experienced by the person throughout life. In some cases, those events are normal, i.e. experienced by the majority of people, but other events are more individual. Often older people are more vulnerable to a distressing event, such as the death of a spouse that will cause a major lifestyle change, and is likely to bring psychological stress and severe emotional pain that may lead to isolation. Isolation is in itself a risk factor for psychological, cognitive and emotional well-being. It is also important to take into consideration that sometimes ageing can be accompanied by a sense of loss of control that can diminish the sense of self-worth.

It is generally accepted that ageing brings changes in the majority of functions, particularly memory. These changes can in themselves affect psychological well-being, and are also a risk factor for isolation. Nevertheless, these changes are not identical in all older people. In some cases, older people can present distressing mental disorders, such as depression.

It is not easy to distinguish between normality and disorder, and that is well beyond the scope of this document, but it is important to be aware of apathy, lack of interest and negative thoughts of the older person. Changes of this kind are not specific to older people, and have to be interpreted in the individual context. Dementia is also an important issue. It is progressive, and impairs cognitive functions such as memory and language, and it is sufficiently severe to affect daily life activities. Other cognitive impairment, such as that caused by neglect, general memory loss, confusion, Alzheimer's disease, for example, also have an effect.

It is important to bear in mind that each individual is unique, and that older people are no exception.

2.6   Active ageing

According to WHO (2002)[2], active ageing can be defined as the "process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age….. (It) allows people to realize their potential for physical, social and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need".

This really means that, after the age of 65, biological factors are not determinant of how we age, but lifestyle is, as is the environment and culture in which we live. Health status is a factor that has a strong effect on ageing and is particularly important for active ageing. WHO notes that healthy ageing starts with healthy behaviours in earlier stages of life. These include what we eat, how physically active we are and our levels of exposure to health risks such as those caused by smoking, harmful consumption of alcohol, or exposure to toxic substances. But it is never too late to start: for example, the risk of premature death decreases by 50 per cent if someone gives up smoking between 60 and 75 years of age[3].

WHO also clarifies that the word "active" in "active ageing" refers to "continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Older people who retire from work ill or live with disabilities can remain active contributors to their families, peers, communities and nations."

So, as a process, active ageing can be recognized as a way to promote "growing old in good health and as a full member of society, feeling more fulfilled in our jobs, more independent in our daily lives and more involved as citizens. No matter how old we are, we can still play our part in society and enjoy a better quality of life"[4].

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[2] *See: www.who.int/ageing/active_ageing/en/index.*

[3] *See:www.euro.who.int/en/what-we-do/health-topics/Life-stages/healthy-ageing/facts-and-figures/risk-factors-of-ill-health-among-older-people. European Year for Active Ageing and Solidarity between Generations 2012.*

[4] *See: europa.eu/ey2012/ey2012main.p?catId=971&langId=en.*

[5] *See: www.who.int/ageing/active_ageing/en.*

This requires the right conditions in order to promote the participation of older people in communities, workplaces, families and societies, and the provision of learning and other opportunities so that they can fulfil their expectations and capacities, aiming to extend healthy life expectancy and quality of life for all people as they age"[5].

2.7   Ageism

Discrimination related to age is frequently felt by Europeans[6]. In general, society looks at older people in a rather negative way. Older people are a very heterogeneous group, but the younger generation tends to perceive them as a homogeneous group with negative characteristics. Sometimes discrimination is very clear, but it may also be very subtle. In the more evident cases, there might be abuse or neglect, perhaps with the idea that it is not "worthwhile" taking care of the older person. In more subtle cases, behaviour towards the older person might be over-protective, tending to make the person more incapacitated and reinforcing previous beliefs. This is known as "benevolent prejudice" with an underlying belief that older people are incompetent. It also leads to the reinforcement of self-ageism and promotes dependence.

Ageism is the reflection of societal values and institutional practices that must be faced. For example, doctors tend to spend less time with an older person than with someone younger with similar needs. Because we are embedded in our own society and share its values, it is sometimes difficult to be aware of ageism, not recognizing in ourselves our prejudices regarding age. Volunteers working with older people should try to become more aware of any prejudices.

[6] See:www.europeansocialsurvey.org.

3. Volunteers in home care of older people

3.1   The Red Cross Red Crescent commitment

Each country, through its public authorities, has a primary responsibility to provide humanitarian assistance to vulnerable people. As auxiliaries to public authorities in the humanitarian field, Red Cross Red Crescent National Societies should assist public authorities in fulfilling this responsibility. Within the agreed framework for humanitarian action, National Societies, with their unique capacity to mobilize resources at community level, should have clearly defined responsibilities and tasks.

Older people are a special focus of Red Cross Red Crescent attention. In our effort to prevent, mitigate and respond to the vulnerability of older people, we advocate for supportive public policies and influence social attitudes, seeking in this way to promote the social inclusion of older people and a culture of solidarity within communities.

Among the commitments taken by Red Cross Red Crescent National Societies from Europe and Central Asia, reflected in the Vienna Commitments adopted at the 8th European Red Cross Red Crescent Conference in 2010, are the following:

- self-empowerment and social inclusion of older people
- the promotion of active ageing
- advocacy at all levels for the public provision of, and access to, adequate services for older people
- the promotion of intergenerational solidarity

In moving forward to do more and better and to reach further in preventing, mitigating and addressing those vulnerabilities that may affect older people, the development of partnerships is a key factor for National Societies. Strong partnerships with governments and with other humanitarian actors, such as international organizations, non-governmental organizations (NGOs) and civil society, established in line with the Fundamental Principles, are essential to address effectively the needs of the vulnerable older population.

Vienna Commitments

The Vienna Commitments are the agreed outcome of the 8th European Regional Red Cross Red Crescent Conference and include general pledges to adhere to Strategy 2020 and other policy decisions of the IFRC, Ageing in Europe, and Diversity and Intercultural Dialogue.

The section concerning ageing is reproduced in full below:

- We will contribute to building a positive image of ageing, and will recognize older people as an important resource for society.
- We aim for self-empowerment of older people and will encourage active ageing, strengthening their resilience and allowing them to remain autonomous. We will encourage active ageing, and will highlight to our governments the strong evidence that it reduces the vulnerability of older people. We will advocate for the inclusion of older people in economic, social and cultural life, and for lifelong learning. We will promote their active participation as volunteers in our own activities and decision-making.
- We will advocate at all levels for the public provision of, and access to, adequate services for older people, such as proper living and housing conditions, appropriate health and social care and nursing in accordance with human dignity and relevant standards. We will actively tackle and prevent any mistreatment and abuse.
- We will develop sustainable services and activities at grassroots level to promote the physical, social and mental well-being of older people. We will recruit and train volunteers to provide assistance and support to those most in need and their caregivers. We will consider the specific needs of older people in the design of all our programmes.
- We will strengthen solidarity between younger and older people to mutual benefit, and will actively promote intergenerational dialogue and cooperation. We recognize the growing diversity of older people in our communities, and will adapt our services and communication tools accordingly.

The commitments in full can be found at _https://fednet.ifrc.org/en/news-and-events/events/ifrc-events/regional-meetings-and-conferences/europe/vienna-2010/_.

3.2 Strengthening communities

A well-established network of volunteers, whose composition reflects the diversity of the community, represents one of the most significant strengths of National Societies in tackling humanitarian and development challenges.

Moreover, as acknowledged by Strategy 2020, volunteering is at the heart of community-building; it promotes trust and reciprocity, strengthening ties of solidarity among community members. The involvement of volunteers in community-based home care services for older people can be particularly significant, as it should contribute to more cohesive and inclusive communities and enhance the capacity of the Red Cross Red Crescent to address the main underlying causes of older people's vulnerability.

By being directly involved in supporting vulnerable older members of their communities, Red Cross Red Crescent volunteers should generate a multiplier effect within their communities, both in terms of promoting a positive change in social attitudes, as well as in raising awareness about and advocating for the social inclusion of older people and the provision of, and access to, adequate support services.

By encouraging and supporting the engagement of youth volunteers, National Societies can also make a valuable contribution to further strengthen intergenerational solidarity and cooperation between younger and older people in the community. Moreover, through the mainstreaming of an intergenerational approach to community-based programmes, with younger and older volunteers working together to serve vulnerable older people, National Societies should be able to generate a deeper impact both internally and in the communities they serve.

One result of an active ageing population is an increase in the number of people living healthier lives, who have the time, skills and energy to volunteer. By involving older volunteers in community-based programmes, National Societies can generate a positive impact in terms of active ageing and can help to prevent future social marginalization.

3.3 Management and support of volunteers

The IFRC volunteering policy recognizes the duty of National Societies to ensure that their volunteers are properly prepared to carry out their work. In particular National Societies are responsible for providing volunteers with relevant and timely information, training and equipment, feedback on their performance, and appropriate safety and security measures. National Societies should therefore establish well-functioning management systems to supervise, support and encourage volunteers. They also have the responsibility of providing appropriate training that will enable volunteers to meet their responsibilities toward the Movement and the older people, to better undertake their agreed tasks or roles, as well as to motivate them and to provide them with personal development opportunities.

3.4 Rights and responsibilities of volunteers

Volunteers have specific rights and responsibilities when they work in any kind of volunteering programme. When working with older people, there are some basic recommendations, shown below. In addition the individual National Society may have some specific policies that must also be taken into consideration and conveyed to the volunteer.

Basic rights are:

- to be informed about the older person's physical and psychological condition, and his/her state of health
- to be trained in first aid in advance of any contact with older people.

Basic responsibilities are:

- to keep any information about the older person confidential (apart from health, safety and domestic violence information)
- not to take over or interfere in the older person's financial capability
- not to preach (on religion or polit ics) or advertise particular goods or services
- not to invite persons, unknown or not, into the older person's home without his/her permission
- to ask the older person before any kind of event is organized for him/her
- to listen to the older person's wishes and be empathetic
- to discuss any changes concerning the condition of the older person, or any other issues of concern, with the volunteer coordinator.

There must also be some rules and regulations to ensure the safety of both the older person and the volunteers. There are some restrictions on what a volunteer can do. Each National Society may have specific rules, in terms of limitation of number of older persons a volunteer may visit, number of hours permitted on voluntary work, team structures and procedures, responsibilities, etc., but any rules should include:

- safety first
- confidentiality
- some activities must be reserved for specialist professionals, e.g., medical
- activities must be covered by insurance, in case of accident, damage or injury

See also the volunteering policy of the IFRC, which can be found at: *https://fednet.ifrc.org/PageFiles/82992/VPIG2002_EN.pdf.*

4. Volunteering with older people: role and tasks

The main role and the most important contribution of volunteers to the well-being of older people at home is to be a link to daily life in the society of today. This does not detract from the role that the main caregiver might play, or from the role of the professional services or health and social institutions. The main resource volunteers can draw from is time, not restricted by special duties. Volunteers can be completely person-centred, although they should bring in their own personality as well.

Being a link to today's society means providing:

- psychosocial support
- assistance with social activities
- supporting social participation and integration in the community
- preventing accidents in the home
- identifying any further needs
- providing respite opportunities for the main caregivers

4.1 Psychosocial support

Psychosocial support requires the volunteer to listen and respond to the older person and family members. The role of the volunteer in visiting services is completely different from that of caregivers, family members and professionals. When trained and matched well, the volunteer is able to build a relationship of confidence with the older person. It is possible to treat him/her as a private person, but with "professional distance". The older person has the chance to present her/himself without the burden of an emotional history and corresponding frustrations, stereotypes and so on. If wanted, she/he has a wider range of freedom in communication in the sense of fewer taboos and fewer fixed expectations.

4.2 Social activities

Examples of social activities include household chores, help with administrative tasks and cultural activities. In most countries there are regulations on what a volunteer is allowed to do in the household, as well as rules on assistance with personal affairs (for example, incontinence or financial matters). Outdoor activities are also important. This might include helping to run errands, going to the market, pharmacy or cemetery, recreation in public places likes parks or nature reserves, visits to special places like zoos, and accompanying to special events like theatre, cinema or concerts. In all cases, the focus should be on the well-being, empowerment and independence of the client.

4.3 Supporting social participation and integration in the community

Volunteers can play a key role in helping the older person to become integrated in social activities and in keeping contact with people of all ages in a meaningful way. Promoting lifelong learning is also important. Social participation and learning are important factors for healthy ageing and should be supported as far as possible, as long as the policy to be put in place is agreed with the older person. He/she might wish to learn about new technologies, for example, to keep up with the modern world. There may also be help with writing letters, telephoning, filling in forms, and so on. The volunteer also has a duty to inform them about support options and services that might be helpful.

4.4 Preventing accidents in the home

Preventing accidents in the home involves the volunteer in observing and informing older people about risk and measures to minimize them, possibly by using a brochure or other written material.

Volunteers should be sensible and observant in regard to typical risks for injuries (e.g., tripping hazards) and inform the older person about measures and devices to mitigate the risks. They should not patronize the older person, who has a right to be safe but also has the right to take risks and the right to decide what should be removed or installed in his/her private home.

4.5 Identifying further needs

Volunteers should also be watchful in case they feel or get told that something is "not right" with older persons they visit. They should be informed about available services and supportive measures that could be useful for them. These include technical aids, information on additional services and contacts for information and support concerning different issues (e.g., violence). In most cases domestic violence cannot be observed directly, but there are many signs that hint that bad things may be happening. (See also Section 6: Neglect and violence).

4.6 Providing respite opportunities for caregivers

Family, friend or neighbour caregivers are indirect beneficiaries for visiting services and day-care centres. Many caregivers suffer from lack of time for themselves or family members and friends. They are under pressure to spend the majority of their time with the older person and may neglect other areas and interests of their lives. An opportunity to talk to a volunteer who understands their situation or simply having some time to themselves to relax or to run errands could be very welcome.

4.7 Relationship with the family

Volunteers are often very helpful and highly appreciated contact persons for caregivers or family members, but they can sometimes be seen as rivals. In the case of conflict between family members, they must take care to remain impartial. See also Section 8: Violence and abuse.

Given the complexity of family structures and relationships, every volunteer who takes care of an older person should understand the following:

- volunteers should always talk with family members with respect and preciation
- volunteers should not interfere, judge or evaluate family relationships, but should remain neutral
- volunteers should highlight the importance of a good relationship with the family and should behave accordingly
- volunteers may encounter distrust and a sense of competition by family members, and should clearly demonstrate that their role is different and that they cannot compare with the family
- volunteers can share the work with any family members who show interest
- the confidentiality of the family is vital, and volunteers should not try to learn more about them, or pass on information to anyone else
- if the volunteer sees negligence, abuse or violence towards a beneficiary, he or she must share that information with the coordinator who will pass on the problem to the relevant authorities.

5. Communicating with older people

5.1   The skill of communication

Good communication between the volunteer and the older person guarantees good cooperation, less conflict, better mutual understanding and the saving of emotional energy. Volunteers working with older people need to know what constitutes good, clear and constructive communication, and how to listen actively to them. They will also need to know how to communicate with older persons who might have sight or hearing impediments. It will often be necessary to provide training in communication skills.

Communication is the transfer of information from one place to another. It is a way of communicating wishes and requirements, and also of exchanging ideas and opinions. Communication can be divided into verbal and non-verbal. Verbal communication consists of two skills: speaking and listening. Non-verbal communication refers to gestures, facial expressions, tone of voice, posture, physical distance between communicators. Good communication involves both aspects. It is also possible, of course, to communicate by means of technology, but these guidelines do not cover that aspect.

5.2   Good communication[7]

Verbal communication can be clear or unclear, direct or indirect, constructive or destructive. Working with older people, the volunteer must learn skills of good communication, i.e. clear, direct and constructive.

Good communication is the most fundamental support skill for volunteers who are assisting older people. Learning how to listen and pay attention to them is crucial. In contrast to everyday conversation, which is usually an active dialogue for both parties, volunteers spend most of their time as active listeners rather than talkers. Learning to be a good listener is a skill that almost anyone can acquire through practice and training. Central to good listening is a set of attitudes that is conveyed when interacting with older people.

Listening and being present is a great gift that anyone can give to someone. The aim of listening is to provide the opportunity for the older person to express his/her thoughts and feelings in a supportive environment. The volunteer can create a supportive environment by conveying certain key attitudes that encourage older people to feel comfortable in sharing their experiences.

Finally, it is important for a volunteer to listen to another person's thoughts and feelings (e.g., stories about grief, loss or sorrow) with empathy, but without becoming overwhelmed by his/her own emotions. If the volunteer does find that he/she is becoming affected by the stories heard or is having difficulty remaining emotionally stable while helping others, then it is important to seek support from a supervisor. See also Section 10.4 on compassion fatigue and burn-out syndrome.

Key attitudes

Empathy is the ability to see and feel from the other person's point of view and understand from the heart what it is like to be that person. Responding to people's feelings with empathy is the most helpful way of supporting them.

Respect means having a warm acceptance of the older person and meeting him/her as an equal human being. The volunteer should be open-minded, non-judgmental and aware of his/her own prejudices and biases so he/she can set them aside in the interaction. This allows the volunteer to listen effectively and not make false assumptions about the older person. The volunteer should try to give the older person time and room to share emotions and thoughts, no matter what he/she gives voice to.

To be **genuine** is the ability to be authentic, natural and true to oneself in any interaction. It is important that older people perceive the volunteer as someone they can trust. This does not mean that the volunteer should tell the older people all of his/her own thoughts and feelings. Rather, it means responding in a natural and genuine way while communicating. The volunteer should be aware of his/her own issues – emotions, opinions or judgements – that may come up during the communication, but should not apply them to the older person. Rather, the volunteer should be able to balance his/her own experiences in order to stay with the older person in his/her needs, and still be human, real and authentic in the encounter.

5.3   Listening

Listening is a very important skill for volunteers when working with older people. Listening can be active or passive (silence). Active listening can be used with different verbal and non-verbal signals.

Active listening means giving full attention to the speaker. This means not only listening to what is being said, but also listening to the "music" behind the words and registering movements, body language, tone of voice and facial expressions. The art of listening, therefore, is to be able to distil the meaning both from what is said and how it is said.

Active listening in support situations requires an ability to focus on the speaker and allow them space to talk without voicing one's own thoughts, feelings and questions while they are speaking. Active listening makes the speaker feel that he/she is taken seriously, is being respected and is being treated as a full human being. When someone is given the opportunity to express their emotions and thoughts to another human being, it makes their difficulties seem somewhat easier to bear. It also can provide relief and further clarity as to how one can take the next little step to move on. In this sense, active listening provides a basis for the autonomy and independence of the older person.

"Active" listening contributes to making people feel better, encouraging them to talk and express their feelings, encourages their self-esteem, reduces fear and anxiety and facilitates the development of constructive change.

5.4   Particular issues in communicating with older people

If volunteers with older people want communication to be good, they must be familiar with the changes that occur due to ageing that may cause difficulties in everyday life. Very often, older people in the community-based home care programme will be living alone, isolated and inactive. They may also have health problems, and it is important to take into account their psychological status, and their physical and social environment. It is also important that the volunteer is aware of his/her own perceptions and prejudices, perhaps based on previous experiences with older people, or lack of information about the person he or she is visiting. The older person may also have a variety of prejudices about the organization, volunteers and the personality of volunteers.

Frequently, volunteers need to communicate with beneficiaries with impaired sight or hearing. In the case of impaired sight:

- everything needs to be explained in words, as non-verbal communication cannot be followed
- the volunteer should emphasize his/her presence
- the volunteer should explain any action or behaviour
- the volunteer should help as much as possible, by checking that spectacles are clean and that lighting is good
- people who are blind may like to touch the face of the other person

In the case of impaired hearing, volunteers should:

- reduce noise
- speak clearly
- talk more slowly
- emphasize gestures
- be in front of the client
- only one person should talk at the same time
- make sure the older person is understood
- take care of any hearing aid.

In communicating with older people, volunteers should be patient with slow reactions, keep sentences short and give instructions gradually.

6. Handling possible conflict

6.1   Understanding conflict

Volunteers may experience a conflict between an older person and family members or caregiver, or may even participate in a conflict with the older person or members of his family. Volunteers need to know how to avoid getting involved in a conflict or how to behave in a conflict situation if they witness one.

Conflict is any situation in which two or more persons or groups of people are faced with the fact that they have different needs, desires or interests, expectations, attitudes or opinions that do not match. In a conflict situation, each side tries to preserve its integrity. Interpretation is subjective, and conflict happens often when the two sides interpret a situation differently.

There are two parts to a conflict: the subject of the conflict and the persons who are involved in that conflict. When the subject is most important for us, we try to win. When the people with whom we are in conflict are more important to us, then we try to calm passions and remain on good terms with them.

6.2   Handling conflict situations

There are a number of ways of handling conflict situations:

- Indulgence: this technique, using "as you say", is characteristic of people who care more about the needs of others rather than their own. For them it is more important to stay on good terms with the other person.
- Withdrawal: withdrawing from the conflict situation is typical of individuals who do not care for either their own or the other person's interests.
- Competition: this emphasizes the importance of his or her own interest in blatant disregard for the other. In this case, victory is more important than the subject of the conflict.
- Compromise: this often leads to problem-solving, with both sides giving up their interests to accept a central solution.
- Troubleshooting: this is a most effective technique, taking care of both sides by concentrating on the subject of the conflict and not on the personality of the participants. The solution is sought jointly, with both sides open to new ideas and opinions.

Volunteers who find themselves in conflict situations should know, following their training, what their role is and what the rules of conduct are in relation to older persons. They should try their best to avoid conflict situations, and must learn to control their own behaviour if conflict does occur. It must be noted that conflict might also happen between volunteers, or between the volunteer and the volunteer coordinator.

In any conflict situation, volunteers should:

- not shout or be aggressive
- respect the opinion of the older person
- pay attention to the content of messages that are directed to the older person
- listen to the other side and look for a joint solution
- not send negative messages
- not make fun of the older person
- remember and put into practice the principles of the National Society

It should also be noted that conflict is not always a negative thing. It may often result in positive outcomes if managed well. It should be possible to come out of it satisfied and having learnt something, not defeated or thwarted.

7. Mapping needs, organizing support and cooperating with others

7.1   Mapping needs

Volunteers do have a very important impact on the well-being of those they visit, not only by their direct presence and support, but also by supporting the person's autonomy in reflecting, decision-making and planning, and as a bridge to information, advice and support from professionals from their own and other organizations.

Before a volunteer begins to visit an older person in the context of home care services, "helping" is in most cases not a question of intuitive action, but includes an analysis of the needs of the older person and of the options available to meet them. The best way to help is within a participatory planning and decision-making process, followed by the organization of measures that are based on the resources of the older person and his/her formal and informal network, taking into account the strengths and limitations of each "stakeholder", including the volunteer him/herself.

There is not always a simple link between needs and their fulfilment. Except in an emergency situation, there should be a clear assessment of needs over some time. The priority is on empowerment of the older person, which requires the volunteer not automatically to take over all responsibility which might weaken the older person's autonomy. It might also be the case that a member of the person's social network, such as a spouse or friend, might be the best person to act, which could have a positive effect on the well-being of the person.

In many cases, it is necessary to get a feeling of what the real needs are before acting. Awareness of different perspectives and sensitivity towards one's own and the older person's motives is most important. But it should be recognized that the perception of needs and preferences for action and interests are subjective. One must distinguish between emergency, short-term and long-term needs. Some needs can be defined easily and objectively, but others are less easy. There may be pressures, desires, anxieties and hidden interests that must, as far as possible, be recognized and taken into consideration. The volunteer must also distinguish between the interests of the older person and his/her own interests. A quick solution in the eyes of the volunteer might not help older person to regain autonomy. The volunteer must also beware agaits wanting to feel indispensable. In addition, the interests of other stakeholders - family, professionals and organizations, including the volunteer's own organization - must be considered.

It should also be noted that the contributions of volunteers are limited by rules to guarantee safety, comply with insurance regulations and protect them from being overburdened. If they are to offer high quality care services for older persons, they must not exceed their competence, which might lead to stress and conflict.

7.2   Organizing support

Volunteers should have good knowledge of the resources available from their own organization and of the range of formal support services that could be offered. In a situation where they are making a plan together with the person in need of help and assistance, volunteers should be aware of their own preferences in terms of how much help they would be willing to give, and should also be aware of the regulations of the organization in which they work. It is important not to promise what cannot be delivered, and not to interfere with other services.

While assessing what kind of support the older person might need, volunteers should:

- ask open questions and be alert to messages from the older person
- ensure the environment is stress-free
- ask the older person about his/her informal network, in terms of additional resources available, or if anyone else is to be involved in planning
- ensure that the older person is happy that the organization is informed of any additional needs and that someone else might come to make an assessment.

Often the older person will be able to solve any problems for him or herself with just a little encouragement or piece of advice. In this case, the assessment needs to find out what the older person requires to take over responsibility and retain autonomy. This might involve further information, technical aids or personal support. The volunteer should find out if there are other issues that need to be considered, such as related barriers or problems that need to be solved before the initial problem can be sorted out.

In the case of long-lasting situations, the volunteer should find out what has already been done, who was involved and any lessons learnt. Is there a history of support, and which measures were successful and which not? Were there any issues that cropped up time after time? Consulting with the programme coordinator is essential in these cases.

Once an assessment has been made, it must be made clear to the older person to what extent the volunteer will be able to give support. Clear limits to the engagement must be set, and must be communicated to the older person. Passing on any changes to the service offered must be communicated to the programme coordinator, particularly if there have been changes in terms of resources, time, etc. as a consequence of any problem.

8. Violence and abuse

8.1 Forms of abuse

Violence within the family has been a topic of increasing public attention in recent years. The IFRC has defined violence as "the use of force or power, either as an action or omission in any setting, threatened, perceived or actual against oneself, another person, a group, a community that either results in or has a high likelihood of resulting in death, physical injury, psychological or emotional harm, mal-development or deprivation".

Many laws, measures and programmes have been put in place in European countries to prevent different forms of abuse. The issue of violence and abuse of elderly people, however, is still taboo and there remains a lack of awareness of the matter among the general public. Most European countries lack provision of services for older people who are victims of violence and abuse.

The National Center on Elder Abuse defines elder abuse as "a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult"[8].

Volunteers who visit older people in their own homes are sometimes the only contact that isolated older victims of violence and abuse have, and it is therefore important that volunteers are aware of the issue and know how to act.

There is little information available on the frequency of violence and abuse against older people, but data from surveys in several countries suggest that 2.7 per cent of older people in the general population report physical violence, 19.4 per cent mental abuse, 0.7 per cent sexual abuse and 3.8 per cent financial abuse in the previous month. For vulnerable adults requiring care, however, abuse can be much higher, around 25 per cent, and about one third of family caregivers report being involved in violence.

Violence against an older person rarely takes just one form. Generally, several forms of abuse occur together and are interrelated.

Physical abuse	Inflicting, or threatening to inflict physical pain or injury, or depriving of a basic need, e.g., beating, hitting, hair-pulling, drug-induced restraint, such as administration of tranquilizing or narcoleptic medication.
Psychological or emotional abuse	All actions carried out with the intention of causing emotional pain, e.g. isolation from family and friends, humiliation, accusation, defamation, refusal to communicate, threat of abandonment or institutionalization, treating like a child.
Sexual abuse	All types of non-consensual sexual contact and sexual acts. Sexual contact with any person incapable of giving consent is also considered as sexual abuse. Examples include non-consensual sexual intercourse, and talking about or showing sexual things or acts, such as pornographic films or images.
Financial abuse	All actions where money or property is taken illegally, and/or the older person's funds or assets are misused or concealed. As examples, relatives or others use a pension or care allowance for themselves, sign or change a will or other legal documents, or misuse custodianship.

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[8] *See:* www.ncea.aoa.gov/Main_Site/FAQ/Questions.aspx.

Neglect and abandonment reflect the failure of the designated caregiver to meet the needs of a dependent older person. Neglect is defined as the failure by those responsible to provide food, shelter, health care, protection or emotional support for an older person. There are different degrees of abandonment, not easy to define. Examples include withholding food or necessary medication, leaving home and older person dirty and untidy, or disregarding pain.

8.2   Risk factors for violence and abuse

An act of violence or abuse does not always occur from one moment to the next. It is usually the result of a long cumulative process. There are several well-known risk factors which make it more probable that violence or abuse will occur sooner or later. It is important to keep an eye on these aspects and intervene at a very early stage to help prevent the occurrence.

Typical risk factors include:

- **Family history:** abusive behaviour may have a long tradition as a more or less conscious strategy for solving conflicts within the family. A history of marital violence may predict abuse in later life, sometimes with a change of roles
- **Mutual dependency:** mutual emotional as well as practical dependency can trigger conflicts which have been latent for a long time. Sharing a living situation provides a greater opportunity for tension and conflict.
- **Physical and/or psychological burden placed on caregivers:** poor health, disability and functional and cognitive impairment in older persons can make them very demanding "patients" for the family. Abuse may occur when the caregiver does not cope well with the victim's physical and mental incapacity, as well as his or her own lack of perspective and freedom. Additionally, diseases such as dementia can result in a change of character and habits.
- **Social isolation:** social isolation can promote the risk of becoming a victim by increasing dependency and stress. On the other hand, social isolation reduces the likelihood that abuse will be detected and stopped. Social isolation can also be a result of abuse. Families might refrain from social contact, afraid that thers might suspect maltreatment within their family. Emotional support and a supportive social network are essential to both caregivers and older persons. A missing supportive social network or a lack of social control might lead to or enforce abuse.

8.3   Recognizing abuse

Most abusive behaviour is not observed directly, and it is therefore not simple to recognize situations of violence or abuse against older people. To get a broad picture of the situation, the volunteer should observe actions and behaviour of the older person, and should talk to him/her and others involved. There are a number of signs that might indicate abuse.

For example:

- for physical abuse, bruises, pressure marks, repeated accidental injuries, anxious behaviour when someone approaches
- for psychological violence, unexplained withdrawal from normal activities, insomnia, fear of people, a sudden change in alertness and/or in appetite, unusual depression

- for sexual violence, anxious behaviour when getting undressed or being touched, bruises around the genital area, unexplained vaginal or anal bleeding, torn, stained, bloody underclothing

- for financial violence, sudden changes in bank account or banking practice, including unexplained withdrawals of large sums of money, sudden inability to pay bills
- for neglect or abandonment, unusual weight loss, malnutrition, unsanitary living conditions, lack of social control

Sometimes abuse is not recognized because of different perceptions and sensitivity for violent or abusive behaviour. These might have to do with different cultural and social backgrounds. Abuse might also not be recognized due to difficult communication with the older person, for example, if the older person is suffering from dementia. It might not be clear how certain symptoms, such as bruises, have come about. In seeking to recognize abuse, volunteers should:

- trust their intuition
- observe and record any incident
- verify any suspicions by discussing them with the volunteer coordinator

8.4   Taking action

Recognizing and identifying abuse are the first steps in dealing with the issue of violence against an older person. Volunteers who identify any injuries can carefully ask the older person how they occurred.

If the volunteer feels that there might be a more serious issue hidden, or that asking the older person directly may cause trouble for him/her, then it is sensible to discuss the issue with the volunteer coordinator. In any case, talking with a potential victim should take place in private, without an accompanying family member. An older person's own report of violence or abuse of any kind should always be considered as a "red flag" – something to listen to and watch for.

In talking to the older person some areas that can be addressed include:

- exploring the exact meaning of the complaint. What does he/she mean when complaining about the way he/she has been treated by someone else?
- capturing new events or trends. What has happened in the last few days? Were there any important (positive or negative) events?
- stimulating comments on the quality of social relationships and participation (or isolation). Is there some news about relatives and friends? How are things going with spouse, children, and so on?

In the case of obvious danger to the older person, immediate action must be taken. In situations of acute danger, the police must be called. In every case where there is a suspicion of violence or abuse, the volunteer coordinator should be informed, and further action agreed with him or her.

9. Reporting and documentation

9.1   Branch documentation

The community-based home care visiting services programme organized by the National Society is most likely to be implemented at branch level. In the branches, the local coordinator should keep a well-organized database of older persons and trained volunteer visitors. The database should contain information on:

- the kind of visiting requested for the older person
- the interests of the older person and the theme of a visit
- age, health status, etc.

The database should also have information on the volunteers, in terms of how often and what kind of visiting each is able to do, what their interests are, age and so on. Based on this information, the coordinator can "matchmake" between the older person and the volunteer, finding the most fitting pairing. In the database, the coordinator should also keep note of visits and their success, based on information received from the volunteer. Any changes in circumstances should also be noted, e.g. hospitalization of the client.

Volunteers need to keep in regular contact with the coordinator to give information about the visits. The branch should also organize a peer support group for volunteer visitors. Peer support groups offer an opportunity to meet with others, and to receive coaching and refresher training, such as in first aid and other basic skills. The groups can be led by specially trained volunteers.

9.2   Link with other services

If volunteers visit a person who is also under home care of another kind, such as home nursing or home help, they should record visits in a notebook provided for the situation. This is to ensure that there is a link from the visiting services to the healthcare providers. If the volunteer finds a situation in which the other services need to act, the coordinator should be informed and contact made with the relevant authorities, preferably with the involvement of the older person.

How any report is organized depends on the documentation policy adopted by the National Society. Some official written documentation, however, is recommended, both to ensure follow-up and to protect the volunteer visitor.

10. What National Societies can do

10.1   Volunteer recruitment

According to the IFRC volunteering policy, National Societies, recognizing the value of a diverse volunteer workforce, actively recruit volunteers, irrespective of race, ethnicity, gender, sexual orientation, religious belief, disability or age. National Societies remove physical, economic, social and cultural barriers to participation, and recruit volunteers based on their potential.

In some programmes, however, there may be specific selection criteria. Each National Society should, on an individual basis, define clear selection criteria for the volunteers who will provide a service to older people. Older people are a heterogeneous group which is as wide and varied as any other age group, with different needs and wishes. Bearing this in mind, the recruitment process needs to determine the suitability of a potential volunteer, and should at the same time provide the volunteer with appropriate information about the programme, the tasks that he/she is expected to carry out and the limitations of those tasks. Limitations may include the amount of time that a volunteer is expected to serve.

The volunteer manager or coordinator has an important role in matching a volunteer with an older person needing support. Volunteers must be able to take into consideration the personal resources of the older person, aiming to strengthen their resilience and encourage self-empowerment, especially in the case of physical, mental and social changes, such as loss of hearing, deterioration of sight, loss of partner and friends.
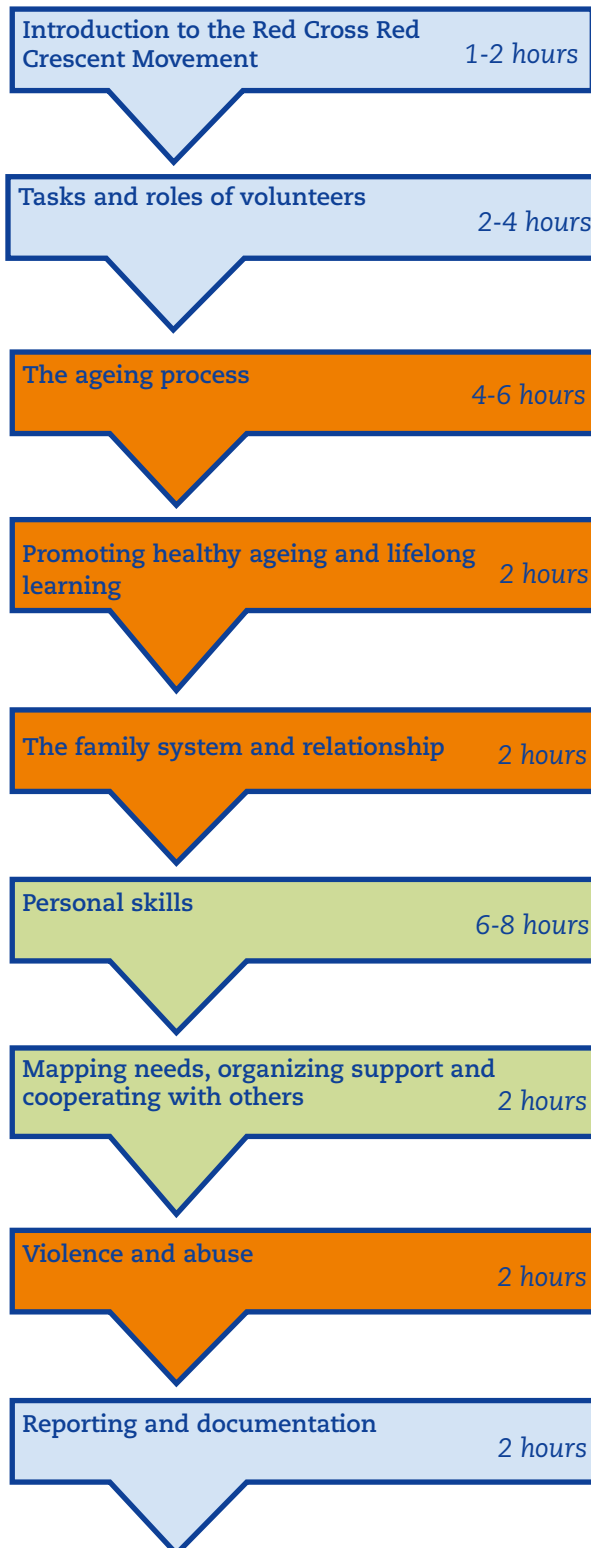
Selection criteria must be:

- set in accordance with the National Society's Statute and internal regulation
- in line with national law (e.g., relating to non-discrimination)
- appropriate to the types of activities and tasks a volunteer is expected to carry out, taking into consideration related health, safety and security requirements and obligations

During the recruitment process, National Societies should provide volunteers with written guidance and rules that set out the rights and responsibilities of both the National Society and the volunteer.

10.2   Volunteer training

National Societies must ensure that their volunteers are properly prepared to carry out their work by providing them with relevant training.

A training period of three to four days would be appropriate. In that time, the suggested topics to be covered can be seen in the diagram below. A training curriculum based on this model is currently being prepared, and should be available shortly. In the meantime, programme coordinators and trainers should consider adapting the training manual prepared for lay counsellors, adding some specific information on ageing. See *Lay Counselling: A Trainer's Guide*, prepared by the IFRC Reference Centre for Psychosocial Support in cooperation with the Danish Cancer Centre, University of Innsbruck and the War Trauma Foundation.

Introduction to the Red Cross Red Crescent Movement — 1-2 hours

Tasks and roles of volunteers — 2-4 hours

The ageing process — 4-6 hours

Promoting healthy ageing and lifelong learning — 2 hours

The family system and relationship — 2 hours

Personal skills — 6-8 hours

Mapping needs, organizing support and cooperating with others — 2 hours

Violence and abuse — 2 hours

Reporting and documentation — 2 hours

Blue = organizational issues
Orange = background information
Green = individual competencies

Training should familiarize volunteers with the National Society and the Red Cross Red Crescent Movement, including respect for the Fundamental Principles and knowledge of the regulations on the use of the emblems. It should go on to provide volunteers with practical skills and tools, as well as the background knowledge that they need to apply those tools and skills, so that they are able to carry out their duties effectively and efficiently. Practical skills can be facilitated in training with techniques such as role play or case studies. Exercises should be designed that encourage the volunteers to learn actively, and to put into effect immediately the skills and tools that they are learning about.

It should be noted that volunteers who visit older people with specific diseases, such as dementia or depression, need additional training and support, over and above this suggested training curriculum. It is important not to overburden the volunteer, and it is also important to revisit training with refresher training on a fairly regular basis.

10.3   Volunteer support

A community-based home care programme will be headed by a coordinator, a member of the National Society staff. This person is responsible for those volunteers who are in direct contact with the older people. The responsibilities of the coordinator include monitoring, supervision and evaluation, as well as guidance on performance and more personal support.

The coordinator should be familiar with the performance of volunteers and work constantly to motivate them and resolve any potential problems. Volunteers should be subject to the same safety standards as members of staff. Safety and security measures and the policy on insurance are often detailed in statutory provisions. See also: *https:// fednet.ifrc.org/en/resources/youth-and-volunteering/volunteering/volunteering-policy-review/.*

A number of different ways of supporting volunteers are recommended. For example, the coordinator might organize weekly or monthly meetings for all volunteers where various issues and experiences can be shared and discussed. The coordinator may also wish to conduct individual interviews with the volunteers to discuss their performance and any issues. Volunteers should be encouraged to participate in designing and improving the work in which they are involved.

An important task for volunteers is to provide psychosocial support to older persons, but they must also be supported themselves to ensure their own psychological well-being while they are undertaking home care. For volunteers, this kind of support can be achieved through group sessions in which they discuss their own work and the difficulties they encounter. In order to resolve participants' problems during the session, the coordinator must create a supportive environment with good communication. In this environment, the other volunteers and the coordinator will be able to provide support to individuals, showing them that they understand and want to help him or her.

If the coordinator hears of a problem that has previously been successfully resolved with another volunteer, he/she can ask the two volunteers to talk together, a conversation in which the coordinator may or may not be present. Knowing that someone else is going or has gone through the same issue significantly helps volunteers cope with problems that may appear in work with older people.

Support also takes the form of appreciation for the work of the volunteer. National Societies recognize that volunteers have a significant stake in the organization and they should take formal and informal opportunities to appreciate, individually and collectively, the work of volunteers and its impact

Volunteers also have a responsibility to assess their own competence, skills and ability to cope with stress and other challenges and to inform the coordinator at an early stage if they feel that they themselves require support.

10.4   Avoiding compassion fatigue and burn-out syndrome

The training process, or later refresher training, might include information on compassion fatigue and burn-out syndrome. Compassion fatigue is a risk for those who hear a great deal about loss or tragedy. Burn-out is a state of emotional, physical and mental exhaustion due to chronic work stress. It implies that stress has taken over and the person is no longer able to use their coping resources effectively. When burnout happens, it may be difficult for the volunteers to distance themselves from the situation or to recognize the signs of stress themselves[9].

Burn-out syndrome is most common among professionals who work in stressful situations and in occupations related to intensive communication with people. The syndrome is not common, and is often dependent on personality and environmental factors. Knowledge of the existence of this syndrome is important and opportunities should be taken to inform volunteers about how to recognize signs of exhaustion in time to seek assistance. The first signs of burn-out syndrome usually manifest as:

- moodiness
- insomnia and tearfulness
- unexplained, turbulent reactions to small occasions
- neglect of work and absenteeism
- making fun of the older people
- difficulties in oral and written expression
- increased time spent with colleagues rather than with the older people
- reduced efficiency at work
- inability to make decisions and wrong judgement
- complaining about the minor mistakes of others
- intellectualizing
- withdrawal from communication links

Professional burn-out can be affected by working conditions, work organization and personality traits. When there is a disproportionately large amount of work, inadequate work schedules, extended working time, badly defined work roles, poor organization of work, unclear organizational structure, and poor distribution of work and responsibility, there is a greater possibility that burn-out syndrome will occur.

The syndrome may also occur because of monotonous work, poor relationships within the team, lack of social support and inadequate compensation for the work, such as thanks and recognition of the service given.

Personality traits that may contribute to the development of burn-out syndrome are:

- the need for perfection
- the inability to say "no"
- a heightened need to prove oneself

- a refusal to share work with others
- unrealistic expectations of the work
- lack of professional competence
- problems in private life

The best way to prevent the occurrence of burn-out syndrome is to ensure well-organized work within a team that works well together, with individual roles clearly defined. Well-structured, flexible and permanent supervision by experts from outside is important. There must be a good atmosphere in the team, ensuring good interpersonal relationships, clear communication and the open possibility of expressing concern or discontent.

The most common forms of professional assistance for burn-out syndrome are relief (debriefing), and consultation with experts from various fields whose knowledge and experience can help in the work, through supervision and additional training for example.

Through all phases of providing support, the coordinator should:

- listen without prejudice
- not criticize the behaviour of the volunteer
- provide volunteers with the opportunity to come to their own solutions
- be patient
- allow volunteers to give an opinion and share their own opinion
- be prepared and able to cope with emotional content

In addition to providing psychosocial support, meetings organized by the coordinator can be educational. Providing further education is supportive, and practising teamwork and sharing experiences that may be outside the immediate work programme can be valuable.

11. Conclusion

As stated in the Vienna Commitments, the ageing population is seen as one of the main challenges of societies in the Europe Zone. Older people are as wide and varied a group as those in any age range. Their humanitarian needs require special attention at community and individual level. The Red Cross Red Crescent is active in various fields, both as service provider and as advocate for the concerns of older people. The need for services to support older people who require help and assistance is increasing. This need poses quite a challenge for Red Cross Red Crescent National Societies.

The IFRC aims with these minimum standards to put the focus on older people in need of help and assistance living at home. Within the IFRC and National Societies, these services are called "community-based home care services", with activities provided by staff and volunteers. We would like to ensure consistency in the information given to volunteers and their training to ensure high quality services.

In summary, in order to support the older person during a home visit, the volunteer must receive, as a minimum, information and training on:

- The Red Cross Red Crescent Movement, the Fundamental principles and use of the emblems
- The ageing process, and how it may affect the biological, social, health and psychological dimensions of life in various contexts, such as professional life, family life and community involvement (see Section 2)
- Active and healthy ageing (Section 2)
- Ageism and discrimination (Section 2)
- The commitment of Red Cross Red Crescent National Societies towards older people (Section 3)
- Rights, responsibilities and any rules and regulations as a volunteer (Section 3)
- Role in home-based visiting of older people (Section 4)
- Communication skills and specific issues in communicating with older people (Section 5)
- Handling conflict (Section 6)
- Mapping needs and organizing support (Section 7)
- Violence and abuse (Section 8)
- Reporting and documentation (Section 9)
- Compassion fatigue and burn-out syndrome (Section 10)

Red Cross Red Crescent National Societies should use these minimum standards in their design and planning of a community-based home care programme for older people. We hope that you find the information contained in this document useful and helpful. If there are any comments or questions, please get in contact with:

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References and further reading

Further information and background materials on the topics discussed in this document can be found in these publications.

IFRC documentation

- Strategy *2020. https://fednet.ifrc.org/PageFiles/80714/Strategy2020final.pdf*
- Vienna Commitments.*https://fednet.ifrc.org/en/newsevents/events/ifrc-events/regional-meetings-and-conferences/europe/vienna-2010/*
- Statutes of the Movement (Articles 2.3, 3 and 4.3). *www.icrc.org/eng/assets/files/other/statutes-en-a5.pdf*
- Resolution 2 of the 30th International Conference of the Red Cross Red Crescent: Specific nature of the International Red Cross Red Crescent Movement in action and partnerships and the role of National Societies as auxiliaries to the public authorities in the humanitarian field. *www.ifrc.org/Global/Governance/Meetings/International-Conference/2007/30IC-CoD-en.pdf*
- Resolution 3 of the Council of Delegates of 2007: Specific nature of the International Red Cross Red Crescent Movement in action and partnerships and the role of National Societies as auxiliaries to the public authorities in the humanitarian field. *www.icrc.org/eng/resources/documents/resolution/council-delegates-resolution-3-2007.htm*
- Strategy on Violence Prevention, Mitigation and Response 2011—2020. *https://fednet.ifrc.org/PageFiles/85418/SoV_English/IFRC%20SoV%20REPORT%202011%20EN.pdf*

On volunteering

- IFRC Volunteer Policy, 2011. The IFRC's official policy document describes the movement's commitment and approach to volunteering. *https://fednet.ifrc.org/global/governance/policies/volunteering-policy-en.pdf*
- IFRC Youth Policy, 2011. *https://fednet.ifrc.org/global/governance/policies/youth-policy-en.pdf*
- Furthering the auxiliary role: Partnership for stronger National Societies and volunteering development. Resolution 4 at the 31st International Conference of the Red Cross and Red Crescent, 2011. *https://fednet.ifrc.org/PageFiles/82948/IC%20resolution_EN.pdf*
- Habit of the heart: volunteering in disasters, Red Cross Red Crescent - World Disasters Report 2001 – Summary of Chapter 7. Discussion of some issues raised by "spontaneous helpers" in the aftermath of a disaster. *https://fednet.ifrc.org/pagefiles/92366/volchapterwdr2001.pdf*

Key publications on legal issues

- Drafting and Implementing Volunteerism Laws and Policies - A Guidance Note, UNV, ICNL, ECNL, 2011. This global research study looks at trends and lessons in the development of supportive volunteerism policies and legislation and analyses considerations in drafting and implementing volunteerism laws and policies. *www.unv.org/en/news-resources/resources/on-volunteerism/doc/drafting-and-implementing-volunteerism.html*
- The Legal Framework for Volunteerism: Ten Years After International Year of Volunteers 2001, ICNL, Global Trends in NGO Law, Volume 2, Issue 1, 2010. This article examines the major international trends and lessons learned in the development of supportive volunteerism policies and legislation over the past decade. *www.icnl.org/research/trends/trends2-1.html*
- Laws and Policies affecting Volunteerism since 2001, UNV, ECNL, ICNL, 2009. Thorough and wide-ranging study of different national laws and policies concerning volunteerism. www.unv/org/en/news-resources/resources/on-volunteerism/doc/research-report-volunteerism-laws.html
- Opinion of the Committee of Regions on the Contribution of Volunteering to Economic and Social Cohesion, European Union, 2008. European Union recommendations, calling on Member States to issue policies considering the "important EU dimension to volunteering" and providing "a more coherent and comprehensive policy approach" to volunteerism. *www.icnl.org/research/resources/volunteerism/CoR-Opinion.pdf*
- Comparative Analysis of the European Legal Systems and Practices Regarding Volunteering, Katerina Hadzi-Miceva, International Journal for Not-for-Profit Law, Volume 9, Issue 3, July 2007. This article looks at the rationale for regulating volunteering and provides an overview of the principles that should underpin any framework for volunteer initiatives. It also discusses the legal issues that affect volunteering, highlights recommendations developed by international experts, and provides examples of how certain country-specific laws have defined and regulated volunteer activities. *www.icnl.org/research/journal/vol9iss3/art_1.htm*
- Law on Volunteers and Volunteering in Central and Eastern Europe and Eurasia, USAID's 2007 NGO Sustainability Index for Central and Eastern Europe and Eurasia. This article provides an overview of legislation on volunteers from Azerbaijan, Croatia, Czech Republic, Hungary, Latvia, Lithuania, Macedonia, Poland, and Romania. www.icnl.org/research/resources/volunteerism/ngosiextract.pdf
- Volunteerism and Legislation: A Guidance Note, IFRC, IPU, UNV, 2004. This study identifies key legal issues concerning volunteerism. *www.ipu.org/pdf/publications/volunteer_en.pdf*
- Volunteering - The Long Arm of the Law, Debra Morris, International Journal for Not-for-Profit Law, Volume 2, Issue 4, June 2000. Academic discussion of various legal issues affecting volunteerism. *www.icnl.org/research/journal/vol2iss4/art_2.htm*

United Nations resolutions

- Resolution A/Res/52/17 of 20 November 1997. This UN General Assembly resolution proclaims 2001 the International Year of Volunteers.
  www.worldvolunteerweb.org/fileadmin/docdb/pdf/2001/A_RES_52-17_eng.pdf
- Resolution A/RES/55/57 of 17 January 2001.
  This UN General Assembly resolution calls upon States to promote an environment conducive to the discussion of the characteristics and trends of volunteer action in their own societies.
  www.worldvolunteerweb.org/fileadmin/docdb/pdf/2001/2001_A_RES_55-57_English.pdf
  Report of the Secretary-General: International Year of Volunteers: Outcomes and Future Perspectives, UN General Assembly, A/60/128, 2005. Report of the Secretary-General on follow-up to the implementation of the International Year of Volunteers, submitted during the sixtieth session of the UN General Assembly.
  www.worldvolunteerweb.org/resources/policy-documents/united-nations/doc/follow-up-to-the-implementation-1.html
- Resolution A/RES/60/134 of 31 January 2006. Resolution on the follow-up to the implementation of the International Year of Volunteers.
  www.un.org/ga/search/view_doc.asp?symbol=A/RES/60/134
- Resolution A/Res/63/153 of 11 February 2009. This resolution recognizes the importance of supportive legislative and fiscal frameworks for the growth and development of volunteerism, and encourages governments to enact such measures. A paragraph acknowledges the role of the IFRC to "promote volunteerism through its global network".
  www.un.org/ga/search/view_doc.asp?symbol=A/RES/63/153&Lang=E

Link to websites on volunteering

- IAVE. IAVE exists to promote, strengthen and celebrate the development of volunteering worldwide.
  iave.org
- UN Volunteers.
  The United Nations Volunteers program is the UN organization that contributes to peace and development through volunteerism worldwide.
  www.unv.org
- World Volunteer Web. World Volunteer Web supports the volunteer community by serving as a global clearing-house for information and resources linked to volunteerism that can be used for campaigning.
  www.worldvolunteerweb.org

Other references

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- Breaking the Taboo II: Training course for staff of health and social services for older people living at home. Available for download from Austrian Red Cross. See www.btt.project.eu.
- Danish Cancer Society, IFRC Reference Centre for Psychosocial Support, University of Innsbruck, War Trauma Foundation, Lay Counselling: A Trainer's Manual.
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  www.smith.soehd.csufresno.edu/system.html .
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  www.euro.who.int/en/what-we-publish/abstracts/european-report-on-preventing-elder-maltreatment.
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The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

International Federation
of Red Cross and Red Crescent Societies
www.ifrc.org Saving lives, changing minds.