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Ref: Consultation on the Commission Communication ‘Solidarity in Health’

**Contribution of the European Volunteer Centre (CEV)
How volunteering contributes to reducing health inequalities**

CEV would like to thank the European Commission for launching consultations on ‘Solidarity in Health’ in view of reducing health inequalities and for the possibility to contribute to this topic. CEV and its member organisations feel that this is a very important subject, which deserves further consideration and action at EU level.

In order to provide the Commission with a meaningful input, CEV also launched internal consultations within its members. CEV is a European network of currently 65 mainly national and regional volunteer centres and volunteer development agencies across Europe, that together work to support and promote voluntary activity. The member organisations of CEV represent thousands of volunteer organisations, associations and other voluntary and community groups at local, regional, national and in some cases international level.

However, as CEV does not represent directly health institutions and services but organisations and volunteers who engage in health services we decided to focus on those questions in the consultation paper we have expertise to contribute to. We decided therefore to concentrate in our response on volunteering and health, responding mainly on the questions how can health inequalities can be better addresses and how should relevant stakeholders be supported and engaged in tackling health inequalities. We want to point the Commission’s attention to the fact that volunteering is helpful and that volunteers and voluntary organisations are relevant stakeholders. Thus, this document makes recommendations on how they can be supported, details the contributions of volunteering to the health sector and more concretely to the reduction of health inequalities, it provides some studies on the subject and gives some examples of good practices on the topic.

On the basis of consultations, CEV calls on the Commission to include in its Communication ‘Solidarity in Health’ the following points:

The EU and national governments should recognise the role and contribution of volunteers and voluntary organisations to reducing of health inequalities between people.



Hundred thousands of people in Europe engage as volunteers in health care and social service provisions. Actions of voluntary organisations implemented in the Member States show that volunteers significantly contribute to the services provided in the health and social care sector through: hospitals services, visiting services for socially isolated people and day centres for older people, services for people chronically ill and disabled (in homes and hospitals), for children in need or special care; coaching activities: supporting and empowering people; organising holidays for people with disabilities and/or chronic disease, assistance to drug users and prisoners; assistance to people living with HIV/AIDS (care, hotlines, counselling, information); assistance to women threatened by domestic and/or gender related violence.

Volunteers especially work with people with fewer opportunities and provide an equal care to all users regardless their origins, gender, social condition and economic situation. Volunteering brings people together and it helps to keep individuals mentally and physically active with consequent benefit to their general health, thus have a direct impact on the quality of their life. This is especially important for older people. Senior volunteering prevents older persons' isolation, it helps them to maintain their social networks and, therefore, makes them more active and healthy during their retirement. Volunteers are also especially important when it comes to assistance and support for those that care for disabled / elder people as well as to mobility assistance. They enable physically impaired people to visit health centres, services and pharmacists. Volunteers can also become multipliers. For example some volunteers who are visually impaired act as mentors or as peer counsellors to newly vision impaired individuals (see below good practice section).

Another important aspect is that volunteers can contribute to improvement of information about healthcare and health programmes. Volunteers are the ones who know the reality of local communities and certain households at risk and can contribute to adapting information on health to the needs of local communities. This is especially important for people with a lower level of education, lower income, living in remote or isolated areas or suffering from so called 'digital gap'. Because volunteers reach people more easily thus they serve as 'intermediate' between most disadvantaged people and health programmes. In that way, they can also have a major contribution to preventive healthcare.

The role of volunteers and their contribution to addressing health inequalities should be reflected in health policies and strategies at all levels.

Voluntary organisations and volunteers in health sector should be supported and actively engaged in policies to tackle health inequalities.



There must be a comprehensive strategy on “mainstreaming volunteering” in the health sector. The EU should promote, support and encourage volunteering in the health area. Fighting health inequalities requires a strategic approach. The EU should take a two-fold approach – there should both programmes AND policy processes. The European Union would be more supportive if more emphasis was given to long-term strategic development of voluntary health services, taking into account volunteers and their contributions.

Actions on reducing health inequalities can only be effective if they are developed together with the people affected by the health inequalities and people working with them – including volunteers. It is important to listen to them to learn which ways are the most effective ones to bring information on health and ultimately helping them to live a healthier life. Our members also propose to organise small exchange seminars bringing together people involved in health services, from urban and rural areas and from different regions and countries within the EU. This would be more useful than larger conferences where there is less opportunity for participation, learning and exchange of experience.

[As an example can serve a training seminar entitled ‘Capacity Building through Volunteering’ organised by the Malta Resource Centre in October 2008 at St James Cavalier, Valletta (Malta). The overall aim of the seminar was to further equip health NGOs with the appropriate knowledge, skills and attitudes linked to managing and retaining volunteers, who are vital resources in these organisations. The training focused on the principles of volunteer management including the cycle linked to recruiting, screening, training and retaining volunteers active in the health sector.]

On the regional and local level, local and national authorities should better support voluntary infrastructure. There is also a need to raise awareness of the contribution of volunteering to reducing health inequalities in order to raise the number of people who engage in voluntary activities. Working with disadvantaged people means working with small groups, which requires more volunteers. Organisations should get more support to organise special trainings for volunteers working in the health field and to be able to engage enough professional workers to start working with groups of volunteers in local areas, close to the people.

EU and national governments should also collect and make available data on the number of volunteers who engage in health service provision. This would allow EU policies to address more adequately health inequalities.

The involvement of volunteers and the contribution they make is often taken for granted by policy-makers. Only a few European countries support volunteering through targeted policies, strategies and investment in the volunteering infrastructure



and few include data on volunteering in national statistics. There is insufficient knowledge and recognition of the cost and economic value of volunteering in the health sector. The efforts of volunteers and people working in the voluntary sector often remain invisible.

At the same time a number of studies highlight not only the role that volunteering (volunteers) play in the health sector but also that volunteering contributes to health of volunteers themselves. For example the report *Volunteering and Health: What Impact Does It Really Have? Final Report to Volunteering England* (the University of Wales Lampeter, UK, 2008) has found qualified evidence that volunteering can deliver health benefits both to volunteers and to health service users. Volunteering was shown to decrease mortality and to improve self-rated health, mental health, life satisfaction, the ability to carry out activities of daily living without functional impairment, social support and interaction, healthy behaviours and the ability to cope with one's own illness. There was also evidence of activities in which volunteers can make a difference to the health and well being of service users. Outcomes for service users included increased self esteem, improved disease management and acceptance, increased breastfeeding and better parenting skills, mental health, survival time for hospice patients, adoption of healthy behaviours, concordance with medical treatments, and improved relationships with health care professionals. The report stresses that the volunteering programmes were highly context dependent, and any success or failure of an intervention may have been a result of other aspects of the programme or of the ways that volunteers were trained and managed. Further research on the training and management of volunteers in healthcare settings is needed.

Also, publications such as:

- *Volontariat dans le secteur des soins de santé, Compréhension, Enjeux et Perspectives* Quête de sens et levier d'humanisation, Etude et témoignages dans le cadre du programme, VOLONTIERS VOLONTAIRES aux côtés des patients, CERA, Belgium, June 2008 ; and
- VOL – Revista Trimestral de la Federacio Catalana de Voluntariad Social N° 92 ‘*Volontariat de salut*’, Spain, March 2009

sheds some light on the contribution of volunteers in the health sector in Belgium and in Spain. In Portugal, according to our members estimations there are at least 60.000 thousands volunteers working in the health sector.

Volunteering reality in health sector should be further examined. Also existing and new data should be taken into account while planning EU further actions on health.



Annexe

Good practices examples in addressing health inequities through volunteering

Here beneath you can find some good practices projects examples:

1) Belgium - Two projects of VIVA-SVV, a Flemish women association, connected to the social healthcare-organisation De VoorZorg and Socialistische Mutualiteit.

A) A project that aims to introduce persons from deprived areas in Flanders to preventive healthcare by offering them a health care course. Ultimately, these persons will become contact points – health ambassadors – in their neighbourhood. Aim: to offer a health education course to persons from deprived areas. These persons will hopefully pass their knowledge on to others living in the same neighbourhood, eventually leading an area where people are living their life in a healthier way.

B) Second project is: Desing: “Healthy Food? It’s all over the place!” . It is also set up for, and together with persons from deprived areas. VIVA-SVV works together with a meeting centre (“Open Huis”) in the middle of a deprived neighbourhood, to give lower socio-economic groups a one year health care course. After this, these persons become contactpoints for questions about health in their neighbourhood. They don’t serve as doctors but they are able to give advice and information. Also, “healthy vegetable recipes” were made and are distributed among visitors of the food bank, an event that takes place every week at the Open Huis. Here, people learn how to cook healthier with the products they get from the food bank and they learn the importance of using vegetables. Evaluation: So far twelve persons participated and are nominated as health ambassadors after an “examination” about their knowledge and skills. During the course they indicated that they cook healthier more often, pay more attention to their cholesterol and blood pressure levels and are more physically active. The project will continue running on the organisation’s own budget, and is planned to be implemented in another deprived area in Flanders.

Contact: Suzy Schorrewegen, +32 2 515 04 63 – Suzy.Schorrewegen@viva-svv.be
– www.viva-svv.be



2) Ireland

A) St Francis Hospice. Thanks to volunteers, the Hospice provides palliative care for all people in North Dublin city and county with advanced stages of cancer, motor neurone disease and HIV/AIDS as well as support for their families and friends. There are no charges to anyone for use of any of our services. The service is available to all – irrespective of their culture or religious background. There are over 200 volunteers at the hospice and without them the Hospice simply would not be able to provide the services without their extraordinary commitment and support. The sheer variety of activities volunteers perform shows their importance. Volunteers teach art, assist in administration, provide bereavement support, bus escort duties or drive patients to Hospice Day Care and our Out-Patients clinic, chapel care, complementary therapies, Coffee Shop, dog visits, flower arranging, fundraising, gardening, hairdressing, contribute to the Hospice Connection newsletter, hospitality in the DayCare and In-Patient Units, Library, provide listening and befriending skills to patients in their own homes, music and also cover at reception desks.

Contact: Brenda Farrelly, Co-ordinator Volunteer Services, St Francis Hospice, Station Road, Raheny, Dublin 5, Telephone: 01 8327535, Fax: 01 8327635, www.stfranchishospice.ie

B) NCBI working with visually impaired people, makes extensive use of volunteers, about 700 altogether, but only about 100 are engaged in roles that have a direct impact on the quality of life of our service users and through that, an impact on health inequalities. They are mainly involve in providing mobility assistance which has the practical benefit of enabling vision impaired people to visit their doctor, health centre or chemist. Volunteers acting as drivers also provide the benefit of such social activities as visiting shops, the cinema, social clubs or church. These activities all help to keep individuals mentally and physically active with consequent benefit to their general health. Some vision impaired volunteers act as mentors or as peer counsellors to newly vision impaired individuals helping them to maintain a positive attitude and good mental health during a period that is often characterised by anxiety and depression. Also, NCBI uses volunteers in a range of sporting and outdoor pursuit activities that helps to promote the health of young vision impaired people.

Contact: Gordon Dryden, Policy Advisor, NCBI, gordon.dryden@ncbi.ie