

VOLUNTEERS AND HOME CARE

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In the Netherlands, the professional sector of home care resides in large measure on medical and social action and the work of volunteers.

Nearly one million Dutch citizens provide **medical or social assistance** to a person close to them in need.

The work of volunteers in the area of home care essentially is **complementary to medical- social assistance**, or even acts as a stopgap measure providing such assistance. Women are the predominant care givers.

Often, the fact that people can continue to live in their own homes depends on the capacity to make use of medical-social assistance and volunteers can play an important role in this respect. For instance, think of the volunteers who, in so many places in the Netherlands, offer home care to terminally ill patients. Another example is the group providing care for senile persons.

In 1996, the sector estimated at 690,000 the number of persons age 18 and over having made an active commitment at least once in a care-providing institution.

A rather large number of volunteers are active in hospitals. They are used for tasks that provide **added value to professional care**: helping patients do their hair, playing music with them, making conversation, and so on.

The impression of those who work with volunteers is that their number declines as jobs on the labour market increase.

A number of themes came to mind as I was preparing for this conference. I would like to go through them with you:

- The paradox between volunteering and the "professionalisation" of volunteers (training, quality policies for volunteering, the more complex nature of care, increase in the demands made of volunteers). However, many current (and future) volunteers also express a need. They wish to benefit from their activity; it has to give them something in return. They also want to provide a quality service. The question is whether there are sufficient resources to invest in this quality.
- The ageing and decrease in the number of volunteers due to growing participation in the labour market: is there a need for political action? For example, by making volunteer work as attractive as possible? Or by approaching working persons with part-time jobs or younger senior citizens? At the same time, there is a tendency among young people, motivated by a sort of idealism and as a counterpoint to pragmatism, to want to do voluntary work (temporarily).
- The use of volunteers as a safety net when there are waiting lists in the care sector. But will there still be enough volunteers, in the not-so-distant future? And does the economic situation still permit people to "buy" a solution themselves?

- The choice of using volunteers as a complement to the professional care sector or, on the contrary, in support of professionals. In the Netherlands, home care is complementary to medical-social assistance. In Denmark and Sweden, the opposite is true: care is a right and medical-social assistance comes on top of it. Politically, this choice contains important implications about the professionalisation or -inversely- the de-professionalisation of the care sector.
- A solution being mentioned in the event of a shortage of volunteers is the introduction of a mixed residential centre, where mobile and less mobile senior citizens would live together and help each other. Seniors would therefore become volunteers at the service of older seniors. The question is: Will it work? Some tend to believe that able-bodied senior citizens would not be interested in providing substantial support for their neighbours suffering from one handicap or another.
- The same is true in a more general context, when one thinks of able-bodied senior citizens volunteering to assist frailer seniors. One wonders whether it would work. The great wave of senior citizens of the future will in all likelihood continue to work until age 70 or prefer to travel, play golf, etc. Indeed, a number of them no doubt have room for manoeuvre financially speaking.

My conclusion is that, in the future, volunteers will remain an indispensable complement for health-care professionals (at home) and that they will even be irreplaceable in terms of medical- social assistance. This means that, in the care sector, we will have to harmonise our voluntary service policy with a smaller and more demanding voluntary market and see to it that it remains -or becomes- attractive for potential volunteers. We will have to make an effort to "pamper" those involved providing home services and facilitate their work, because they are essential players helping to ensure that those who need assistance and care can continue to live as long as possible in their familiar environment.

Stimulating voluntary work and medical-social assistance is therefore a very important political issue in Europe and also demands structural financing and financial incentives to make it possible to invest in voluntary and care organisations. And since we are seeing a transition from voluntary work to professionalism, there is a need to invest in careers that enable volunteers to use voluntary work as a platform towards professional work.

Indeed, the welfare of European senior citizens remaining active socially as a source of health can only be guaranteed if the machinery of medical-social assistance, voluntary service and professional care is finely tuned and in good working order.

Original Dutch text annexed.