

A new EAPC Task Force will investigate hospice volunteering in Europe

Volunteers bring a unique quality to palliative care and help to meet rising demand for care. How can their involvement be further developed? An EAPC Task Force has been created to explore this question, as **Leena Pelttari**, **Anna H Pissarek** and **Ros Scott** explain

At the 13th World Congress of the European Association for Palliative Care (EAPC) in Prague in May 2013, Leena Pelttari and Karl Bitschnau chaired a full-day workshop ('The colourful life of hospice volunteers in Europe') that gave a glimpse into the very diverse situations of hospice volunteers in Europe.

Diversity seems to be the appropriate term to describe volunteering in the different regions and countries of Europe. In some, volunteers have long been involved in hospice and palliative care, sometimes setting up services. The history of volunteer work ranges from a long tradition in the UK to developing services in Eastern European countries.

The range of tasks carried out by volunteers varies greatly. For example, in the UK, volunteers provide different types of support to patients and families in hospices and the community, including complementary therapies, counselling, befriending, bereavement support, transport, administration, catering, gardening and housekeeping. In Austria and Germany, volunteers spend most of their time in direct contact with patients and families. These

differences in what volunteers do lead to different needs when it comes to training and organisation.

Many services depend on volunteers to deliver the range and quality of services they provide. Volunteers have an important role in the multidisciplinary team; they bring a unique quality to patient care, as they have more time to listen, are less focused on the patient's medical condition and will often casually discuss other matters (including what is going on in their own lives) with patients. However, volunteers are not always acknowledged as part of the professional team, and their skills and expertise are not always recognised.¹⁻⁵

In this article, we will focus on specific aspects of volunteering in Austria and the UK, before introducing the EAPC Task Force on Volunteering in Hospice and Palliative Care.

Steady rise of volunteering in Austria

In 2012, Austria had 149 volunteer hospice teams comprising 3,263 volunteers, compared with 110 teams and 2,572 volunteers in 2005. The volunteers (88% of which were women) contributed 368,227 hours of work, 65% in direct contact with patients and families and 35% in supporting roles; for example, in administration and fundraising.

The volunteer hospice teams supported 11,064 patients in total (family members are not included in this figure). Among volunteers who were in direct contact with patients, 32% visited them at home, 26% in palliative care units, 26% in nursing homes, 11% on hospital wards, 2% in inpatient hospices and 2% in day hospices (there are only two inpatient hospices and three day hospices in Austria).⁶ All volunteers had had solid training in

Key points

- The situation of volunteers involved in hospice and palliative care varies greatly between European countries.
- Volunteers often play an important part in the care of patients and families, but also in a variety of other tasks, including fundraising and administration. Many hospices depend on volunteers to be able to deliver the services they provide.
- The European Association for Palliative Care Task Force on Volunteering in Hospice and Palliative Care was launched in November 2013 to explore the current state of volunteering in Europe and identify ways of improving volunteers' involvement.

accordance with the standards of Hospice Austria (Hospiz Österreich), comprising 80 hours of theory and 40 hours of practice.

Since 2007, Hospice Austria has collaborated with an Austrian financial institution, the Österreichische Sparkassenverband, which includes the ERSTE Bank and ERSTE Foundation, on a project supporting hospice volunteer work. The growth in the number and quality of volunteer hospice teams since 2007 – when there were 135 teams, compared with 149 in 2012 – is, among other things, a reflection of this additional financial support.

The Austrian example shows that structural and financial support is needed to ensure the quality and sustainability of volunteering. The financial support should cover the cost of training and supervision as well as travel and communication expenses. However, one of the most important factors for the successful involvement of volunteers is the professional co-ordination of the volunteer teams.

Contribution of volunteers to the economy of UK hospices

In the UK, there are around 241 hospices, of which 43 are children's hospices.⁷ In these hospices, there are an estimated 241 volunteering services, as most, if not all, hospices will have a significant level of volunteer involvement. It is estimated that there are 100,000 volunteers, and only 14,000 paid staff, in UK hospices.⁸ Help the Hospices also estimates that the economic value of volunteering in hospices in the UK is over £112 million annually.⁸ If volunteers were not involved, costs would rise by almost a quarter. A recent study⁹ has demonstrated that volunteers are vital to the sustainability of independent hospices in the UK, as they participate in areas such as governance, service delivery and community engagement. Of the 32 hospices that participated in the study, 12% indicated that, without their volunteers, they would have to close.

A new EAPC Task Force

The EAPC Task Force on Volunteering in Hospice and Palliative Care was officially set up in November 2013 and its steering group first met in December that year. Co-chaired by two of the authors of this article, Leena Pelttari and Ros Scott, it aims to explore:

- The numbers of volunteers involved in hospice and palliative care in Europe

- The roles undertaken by volunteers
- How volunteering is managed
- What training is offered to volunteers
- What the challenges are for volunteers, those who manage them and the organisations they work for.

The new EAPC Task Force is also interested in differences in approaches to the management and training of volunteers, as well as in any barriers that might stop them from getting involved.

The work of the Task Force will rely on networking at European level. Practitioners in volunteer management, hospice managers, volunteers and academics will all contribute. The approach will be a mixture of research and direct evidence gathered from both professionals and volunteers. The general goal is to expand the knowledge and understanding of hospice volunteering in order to develop and improve practice.

Conclusion

With demand for hospice and palliative care steadily increasing, volunteers will certainly continue to play a significant role. It is thus important to explore the current situation of hospice and palliative care volunteers in Europe, and to identify ways of improving and increasing their involvement, which is what the new EAPC Task Force has set itself to do.

Declaration of interest

The authors declare that they have no conflict of interest, relationships or activities that have influenced the submitted work.

Further reading

Read more about the EAPC Task Force on Volunteering in Hospice and Palliative Care at: www.eapcnet.eu/Themes/Organisation/Volunteering.aspx

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