



# Organization and provision of community-based home care

Minimum standards for Red Cross Red  
Crescent National Societies

.....

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network. With our 190 member National Red Cross and Red Crescent Societies worldwide, we are in every community reaching 160.7 million people annually through long-term services and development programmes, as well as 110 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by Strategy 2020 – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to saving lives and changing minds.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development, and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people.

The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

.....

#### **International Federation of Red Cross and Red Crescent Societies**

Any part of this publication may be cited, copied, translated into other languages or adapted to meet local needs without prior permission from the International Federation of Red Cross and Red Crescent Societies, provided that the source is clearly stated.

Requests for commercial reproduction should be directed to the IFRC Secretariat at [secretariat@ifrc.org](mailto:secretariat@ifrc.org)

All photos used in this study are copyright of the IFRC unless otherwise indicated.

Cover photo: Bulgarian Red Cross

.....

#### **Regional Office for Europe**

Berkenye Ut 13–15  
1025 Budapest  
Hungary

For further information:  
E-mail: [zone.europe@ifrc.org](mailto:zone.europe@ifrc.org) or  
[maresh.gunasekara@ifrc.org](mailto:maresh.gunasekara@ifrc.org)

.....

#### **Follow us:**



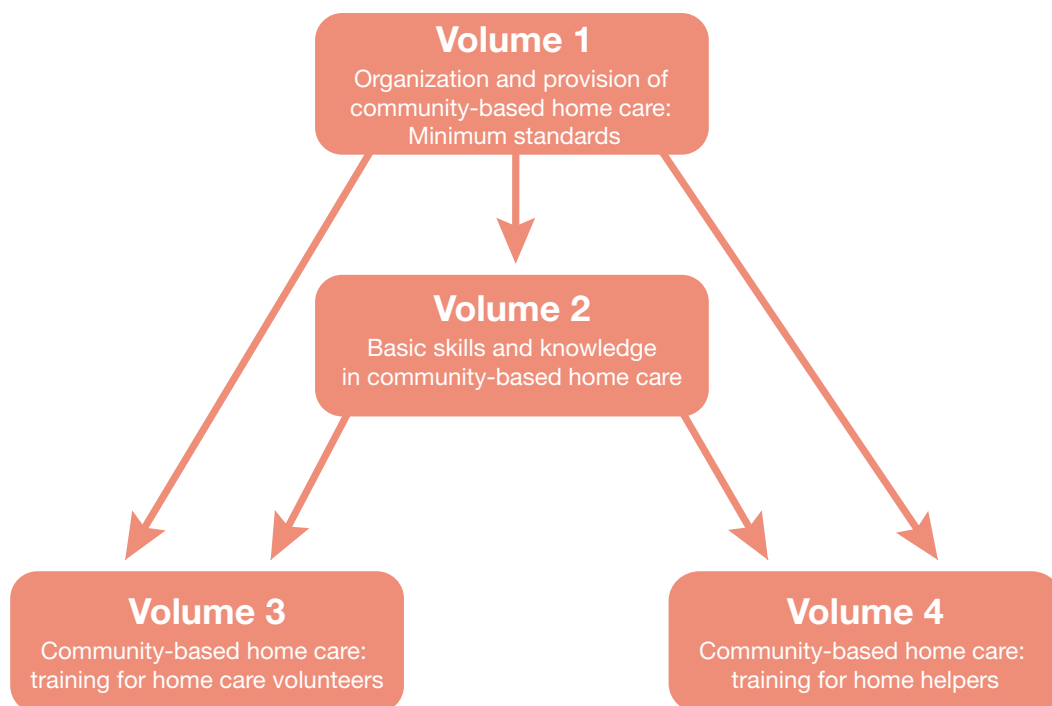
# Volume 1 of the *Community-based home care* toolkit

November 2015

## Note on the *Community-based home care* toolkit

The *Community-based home care* toolkit comprises four volumes. The first gives the minimum standards in the organization and provision of community-based home care services. The second gives information on the basic skills and knowledge required by home care workers, of which National Societies should be aware when planning a community-based home care programme. The skills and knowledge include theory on the ageing process, psychosocial support, integration in the community, relationship with the family, communication, handling conflict, mapping needs, and violence and abuse.

Volumes 3 and 4 are training programmes for home care volunteers and home helpers respectively. The training for volunteers contains a set of PowerPoint slides and is designed to be facilitated by an experienced member of staff. The home helper training, which is much longer and more rigorous, is designed for facilitation by a professional trainer in the field of home care.



# Table of contents

<b>Acknowledgements</b>	<b>6</b>
<b>Foreword</b>	<b>7</b>
<b>Executive summary</b>	<b>8</b>
<b>Organization and provision of community-based home care: Minimum standards for Red Cross Red Crescent National Societies</b>	
<b>1. The framework</b>	<b>11</b>
1.1 Support for vulnerable people in the community .....	11
1.2 Minimum standards .....	13
<b>2. Home care programme planning</b>	<b>15</b>
<b>3. Objectives of home care</b>	<b>16</b>
<b>4. Home care principles</b>	<b>17</b>
4.1. Based on individual needs .....	17
4.2. Working with available resources .....	17
4.3. Empowerment .....	17
4.4 Balancing living conditions with need for care .....	17
4.5 Working with informal carers .....	18
4.6 Respecting and practising equality .....	18
4.7 Confidentiality .....	18
4.8 Cooperating with partners .....	18
<b>5. Home care definitions</b>	<b>19</b>
5.1 Community-based home care service .....	19
5.2 Staff of community-based home care service .....	20
5.3 Clients .....	21
<b>6. Characteristics of a home helper or home care volunteer</b>	<b>23</b>
<b>7. Rights and responsibilities of home helpers and home care volunteers</b>	<b>24</b>
7.1 Home helpers .....	24
7.2 Home care volunteers .....	26
<b>8. Recruitment, training and supervision of home helpers and home care volunteers</b>	<b>29</b>
8.1. Recruitment .....	29
8.2. Training .....	30
8.3. Supervision .....	32
8.4. Compassion fatigue and burn-out syndrome .....	34
<b>9. Reporting and documentation</b>	<b>37</b>
9.1 Why documentation? .....	37
9.2 What kind of documentation? .....	37
9.3 How to document .....	38
9.4 Measuring impact .....	38
<b>10. Conclusion</b>	<b>39</b>

## Acknowledgements

In the preparation of the four volumes of the *Community-based home care* toolkit, thanks are due to the Task Force of Red Cross personnel from the Regional Office for Europe who contributed their knowledge, expertise and technical support. The Task Force, set up in 2011, was coordinated by Mahesh Gunasekara, Health and Care Coordinator, International Federation of Red Cross and Red Crescent Societies, Regional Office for Europe. Other members of the Task Force are:

Susanne Egloff, Swiss Red Cross  
Urs Fernau, German Red Cross  
Lasha Gogvadze, IFRC  
Cornelia Hackl, Austrian Red Cross  
Mari Kaihovaara, Finnish Red Cross  
Sophia Keri, IFRC  
Milica Kovacevic, Red Cross of Montenegro  
Narine Matevosyan, Armenian Red Cross Society  
Yuliya Matusevich, Belarus Red Cross  
Ketevan Mindeli, Georgia Red Cross  
Flavia Pugliese, IFRC  
Flavio Ronzi, IFRC  
Christine Rutschmann, Swiss Red Cross  
Jelena Sofranac, Red Cross of Montenegro  
Natasa Todorovic, The Red Cross of Serbia  
Maria Vânia Nunes, Portuguese Red Cross  
Katarina Vardanyan, Armenian Red Cross Society  
Monika Wild, Austrian Red Cross

Consultant editor: Vivienne Seabright

## Foreword

Community-based home care services are increasingly in demand. The groups that are targets for the services of Red Cross Red Crescent National Society home care programmes are older people, people living with chronic disease and those living with disabilities. Many of the people in the last two target groups may also be older people. In a society where the trend towards an ageing population continues to grow, the need for support increases.

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 people in the target groups still do and always will need assistance in the form of professional health support or visiting services if they are to be helped to remain in their own homes and continue to contribute to their community.

Many of the people in the target groups find themselves socially isolated and have difficulties accessing the services provided by the national health system. The support of Red Cross Red Crescent home helpers or home care volunteers, who come from and are an integral part of the same community, can be crucial. Training and support must be given to these people who offer care services in the homes of their clients.

The four volumes of the *Community-based home care* toolkit were developed in an inclusive participatory process with National Society experts. We hope these prove to be an extremely useful set of materials to assist a National Society already running or planning to roll out a community-based home care programme. The toolkit details the minimum standards required in a home care programme, provides information on essential basic knowledge and skills and sets out training programmes for both home care volunteers and home helpers.

National Societies are encouraged to use these materials, adapted to their own situations and contexts.

**Simon Missiri**

Regional Director, Europe  
International Federation of Red Cross and Red Crescent Societies

## Executive summary

1. Volume 1 of the *Community-based home care* toolkit aims to describe minimum standards for the community-based home care of older people, those with disabilities and those living with chronic disease, many of whom may also be older people. The minimum standards apply to both semi-professional home helpers and home care volunteers working within Red Cross Red Crescent branches in the Europe zone.
2. Red Cross Red Crescent National Societies in Europe have committed to make an active contribution in the field of ageing, seeking to promote the social inclusion of older people and a culture of solidarity within communities. People in the target groups in need of home care are identified as a special focus for action.
3. Red Cross Red Crescent National Societies should plan a community-based home care programme carefully, making a thorough analysis (VCA/SWOT) of their organization and considering a number of different factors to enable the programme to be long term and financially sustainable within the health and social framework.
4. Home care has a number of objectives, including allowing the person in need of care to stay at home as long as possible with a good quality of life. While the programming context may vary, the principles of community-based home care are common. Home care should be based on individual needs, work with available resources, work to empower, balance living conditions with need for care, work respectfully with informal carers, practise equality and confidentiality, and cooperate with partner organizations.
5. Community-based home care may provide a number of different services: this volume describes home nursing, provided by professional nurses and assistant nurses, home help usually provided by a home helper or social carer, and visiting services, usually provided by Red Cross Red Crescent volunteers.



6. Home helpers and home care volunteers should have certain desirable personal characteristics, such as friendliness, compassion, patience, respect, integrity and resilience. They need to be reliable and accurate with good interpersonal and communication skills. Training will help them to acquire or enhance a number of skills and competences, such as communication skills, observing, reporting and documenting, planning and organizational skills, enabling them to care for clients effectively. Both home helpers and home care volunteers have specific rights and responsibilities.

7. The work undertaken by home helpers and home care volunteers is supervised by a nurse-supervisor/programme manager, although the title of this person may vary from country to country. He/she is the link between the client and the organization and is responsible for selection of the appropriate home care person, for supervision and support. It is important to set selection criteria, to recruit and train home helpers and home care volunteers in their role and the tasks that they will perform, ensuring that they have adequate knowledge and skills and the right attitude towards clients. Support to home helpers and home care volunteers is vital, not just to deal with issues or problems, but to help avoid compassion fatigue and burn-out syndrome and to encourage and show appreciation.

8. Adequate documentation should be developed within each home care programme. This requires information on both client and home helper/home care volunteer in order to find fitting pairings. Records of visits and services should be rigorously kept, and should include links with other home care services, such as medical services.



# 1. The framework

## 1.1 Support for vulnerable people in the community

The humanitarian assistance to vulnerable people which, as auxiliaries to governments, Red Cross Red Crescent National Societies have a responsibility to provide, may include community-based home care. Prime target groups for this kind of care include older people, people living with disabilities, and people suffering from chronic disease. Many of those in the two latter groups may well also be older people.

A major demographic transition is taking place in the world as the percentage of older people increases. This is particularly the case in the International Federation of Red Cross and Red Crescent Societies' (IFRC) Europe Zone, where the population is ageing rapidly. The World Health Organization notes 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 particular the number of people aged 85 years and older in the zone is projected to rise from 14 million to 19 million by 2020 and to 40 million by 2050. In most of the region, 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.

Many European countries face a shortage of health and social care professionals, especially in the field of long-term care, caused by a variety of factors. There has been some migration of qualified personnel from developing countries but all countries are facing the challenge of too few younger people in the workforce to support their ageing populations and disabled people or those with a chronic disease. By taking away the younger people, migration changes deep-rooted family traditions, whereby those needing looking after were cared for in the extended family. Migration of younger people to urban environments to seek work also results in insufficient capacity in health and social services in rural areas, leading to health inequities and poorer health outcomes for older people and others needing care in those areas.

The 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 those target groups which, for various reasons, may be vulnerable. In the ageing population, 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, people living with disabilities and those with chronic disease may experience some form of violence

### Age 65 and older



**14% in 2010**



**25% in 2050**

---

*“The aim is to provide recommendations to National Societies in the Europe Zone, together with background information, in order to improve the quality of life of people in need of care and assistance, and to contribute to more resilient communities.”*

---

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 these groups, possibly causing further vulnerability.

In 2010, European Red Cross Red Crescent Societies held the Eighth European Conference in which they committed themselves to make an active contribution in the field of ageing (Vienna Commitments<sup>1 2</sup>). Older people should become a special focus of Red Cross Red Crescent attention. In the effort to prevent, mitigate and respond to the vulnerability of older people, Red Cross Red Crescent 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, through:

- 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 the target groups, 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 target groups.

Within this framework, people in the target groups in need of home care are identified as a special focus for Red Cross Red Crescent action. In response to the situation in Europe and Central Asia, a Task Force was established in 2011 with representation from the IFRC and National Societies to look at the issues and to compile a set of minimum standards for home helpers and home care volunteers in community-based home care services. The aim is to provide recommendations to National Societies in the Europe Zone, together with background information, in order to improve the quality of life of people in need of care and assistance, and to contribute to more resilient communities.

The aim is also to help National Societies to decide whether their particular need is for a community-based programme that uses highly-trained semi-professional home helpers, or whether it is more appropriate and effective to put in place a network of home care volunteers who will receive suitable training and will be supported by supervisory staff at branch level.

<sup>1</sup> See: [www.unecp.org/fileadmin/DAM/pau/age/Ministerial\\_Conference\\_Vienna/Documents/ECE.AC.30-2012-3.pdf](http://www.unecp.org/fileadmin/DAM/pau/age/Ministerial_Conference_Vienna/Documents/ECE.AC.30-2012-3.pdf)

<sup>2</sup> The Commitments can be found in full at [fednet.ifrc.org/en/ourifrc/statutory-meetings/regional-meetings-and-conferences/europe/vienna-2010](http://fednet.ifrc.org/en/ourifrc/statutory-meetings/regional-meetings-and-conferences/europe/vienna-2010)





Magnus Bergstrom/Swedish Red Cross

## 1.2 Minimum standards

The standards that follow focus on the home care of older people, disabled people and people living with chronic disease, providing recommendations on the recruitment and training of home helper staff and home care volunteers. People needing home care are not a homogeneous group, but are as diverse as any other group. As a consequence, these standards need to be adapted to local needs and the national legal framework, as well as to the institutional framework and individual clients. They should, however, be treated as “minimum” standards, and any adaptation should reflect the principles contained therein.

The standards provide information on the definitions and objectives of home care, the principles on which home care must be based, characteristics of home helpers and home care volunteers, and their rights and responsibilities. In addition, the requirements for supervision and monitoring and the role and responsibilities of nurse-supervisors are described.

Volume 2 of the *Community-based home care* toolkit focuses on the knowledge and skills required by people working in the organization and provision of community-based home care programmes. Background information and current thinking on the subject will allow the knowledge, skills and attitudes that home helpers and home care volunteers require in discharging their roles in compliance with the minimum standards to be acquired. These include knowledge of the ageing process, good communication, handling conflict, mapping needs, organizing support, cooperating with others, recognition of possible violence or abuse and what to do if violence or abuse are suspected.



ÖSTERREICHISCHES ROTES KREUZ

## 2. Home care programme planning

This section makes suggestions for the kind of analysis that National Societies should undertake before setting up their own community-based home care programme. The analysis needs to take into consideration whether conditions are favourable or not, and should investigate opportunities for National Societies, such as creation of workplaces and income-generating potential. Analysis of risks should include sustainability within the health and social framework, the ability to programme in the long term rather than taking a project approach and potential competition.

Important steps for planning and programming are:

- baseline needs assessment, together with local and/or national authorities, about the most vulnerable people (see also vulnerability and capacity assessment at [www.ifrc.org/vca](http://www.ifrc.org/vca))
- analysis of the legal and regulatory framework, if existing, to check compliance with the minimum standards or otherwise
- analysis of government support and potential for a legal and regulatory framework to be established, if not yet in existence
- assessment of the responsibility and obligations of local, regional and national government in relation to home care, including funding
- analysis of strengths and weaknesses, opportunities and risks/threats (SWOT analysis, see also: [en.wikipedia.org/wiki/SWOT\\_analysis](http://en.wikipedia.org/wiki/SWOT_analysis)) of their own organization. This should include the capacities of the existing volunteer pool and the potential for new recruitment
- a stakeholder analysis to find out which bodies might be interested in community home care projects as potential partners or supporters, or as competitors, who might hinder plans

The findings will enable the Red Cross Red Crescent National Society to define the target group and the precise service they will deliver.

Choosing pilot regions for implementation will help to elaborate internal regulations (e.g., job descriptions, etc.), develop or adapt trainings, find the mechanisms of cooperation with local authorities and partners, and will allow a calculation of the costs of services for financial sustainability.



### 3. Objectives of home care

Home care in general has to respect the human dignity of older people, people with chronic illness and people with disabilities and should be provided without discrimination based on age, race, colour, national or social origin, financial means, beliefs, gender, sexual orientation or identity. The degree of care and assistance required will vary according to needs, and the home care service should be sufficiently adaptable to select an appropriate type of service for each individual person in need of care, depending on situation, such as the place and conditions in which they live and type of illness or disability.

Home care has several specific objectives. These are to:

- allow the person in need of care/nursing to stay at home as long as possible with a good quality of life
- support and alleviate the burden of relatives and other informal caregivers
- maintain and foster social contacts and prevent social isolation
- avoid or postpone moving to a hospital or nursing home
- facilitate an earlier release from a hospital





## 4. Home care principles

The context of community home-based care might be different from one country to another. However, there needs to be a common attitude towards the client and the care work, encapsulated in the following principles. All development and all activities should be based on these principles.

### *4.1 Based on individual needs*

Home helpers and volunteers in community-based home care are part of a multi-disciplinary team in the health and social sphere and as such, they contribute with their observation and activities to the process of care based on individual needs and goals.

### *4.2 Working with available resources*

Working with available resources means that the home helper and home care volunteer will always assess not only the needs but also the resources of the client and his/her family and surroundings in order to integrate them in her/his activities and to keep or enforce the independence and autonomy of the client.

The home helper and home care volunteer keeps in mind that resources can be found and strengthened in all spheres: physical, psychological, mental, economic, institutional and social. She/he plays a crucial role in knowing and being aware of potential resources which can be accessed to assist the process of home care.

### *4.3 Empowerment*

Home help professionals and home care volunteers respect the dependence of their clients on assistance and care. They always strive to minimize it by empowering clients and the care system by providing adequate information, decision-making and care methods and promoting self-help and self-assistance.

### *4.4 Balancing living conditions with need for care*

Home helpers and home care volunteers respect, adopt and accept any challenges concerning the living conditions of the client. Living conditions are an important influencing factor of quality of life, and should be respected as a resource, while at the same time a balance needs to be maintained to ensure an appropriate level of care and assistance is provided. As an example, making homes safer in order to avoid falls would be appropriate in some circumstances, even if it is difficult to convince the client to change habits.

#### *4.5 Working with informal carers*

Family members, neighbours and other informal carers will be respected, informed and treated as part of the care team in order to ensure continuous care and assistance.

#### *4.6 Respecting and practising equality*

As a Red Cross Red Crescent member, the home helper and home care volunteer takes into account all seven fundamental principles, in particular respect of equality. His/her care and assistance does not differ with nationality, gender, culture or religion.

#### *4.7 Confidentiality*

Community-based home care can only be successful if caregivers and clients trust each other. The home helper and home care volunteer respect confidentiality of observation, information and activities in both private and professional life.

#### *4.8 Cooperating with partners*

The close cooperation of the home helper and home care volunteer with partners in the health and social welfare system always aims at the improvement of the situation of the individual client.



## 5. Home care definitions

Red Cross Red Crescent defines community-based home care as help and support for people who are in need of care/nursing and who are living at home. The main target groups are older people, people with chronic illness and people with disabilities. They may live alone or with their family members. Home care can support their informal caregivers, as well as the people in need of care/nursing themselves. Informal caregivers may be relatives, but may also be friends and neighbours. Home care includes support with daily activities, individual care, and prevention and rehabilitation measures. To activate and empower the client to self-help is a guiding principle. Home care services cooperate with other services in the health and social field.

---

*“Home care includes support with daily activities, individual care, and prevention and rehabilitation measures. To activate and empower the client to self-help is a guiding principle.”*

---

### 5.1 Community-based home care service

The National Society may operate its community-based home care service using a pool of well-trained salaried home helpers or, depending on the analysis as set out in Section 2, may opt to use its network of community volunteers for home visits. A combination of both kinds of home carer is very likely to suit many countries and situations. At the management level, there should be a programme coordinator, plus a dedicated volunteer coordinator who will oversee and supervise the work of the home care volunteers. Home helpers should be supervised at the management level by a nurse supervisor. Titles of these managerial positions may vary from country to country, but the role should remain similar in principle.

Within community-based home care three services are described in this toolkit, although there may be a broader definition in some countries:



**Home nursing** is provided by nurses and assistant nurses. In some countries it is requested by a medical professional. 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

and mobility, consulting for a healthy life style and prevention of disease and medical activities such as changing bandages or giving injections. Psychosocial support to the client and the informal caregiver(s) is also an important duty.

**Home help** is mainly provided by the home helper and/or social carer<sup>3</sup>. It may include assistance with bodily and domestic tasks in the home of the recipient, such as cleaning, shopping, getting dressed, preparing and eating meals, psychosocial support and help to participate in social activities. Home helpers in this category are highly-trained semi-professionals, receiving a salary for their work.

**Visiting services** are mainly provided by home care 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. Some activities of the visiting service overlap with the activities of the home helper.

## *5.2 Staff of community-based home care service*

Nurses, home helpers, social workers and home care coordinators (title will vary from country to country): Salaried persons who are recruited and given rigorous training. They may be full- or part-time workers. For home helpers, training is aimed specifically at offering assistance to clients in the home.

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 service 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

In this publication, volunteers who carry out visiting services and offer home care to clients are called “home care volunteers”.

<sup>3</sup> Title may also be auxiliary nurse, junior nurse or social care assistant.

## 5.3 Clients

**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.

**Persons living with disability:** Disablement may cover physical or mental impairment, or a problem in body function or structure. It may also cover being limited with certain daily activities, or being restricted in certain life situations. Disability is therefore not just a health problem, but reflects the interaction between a person's body and the society in which he/she lives. Overcoming the difficulties faced by people with disabilities requires the removal of environmental and social barriers.

People with disabilities may experience poor health in other areas, possibly through poverty and social exclusion, and also because they may be vulnerable to secondary conditions, such as pressure sores. They may also face access barriers to the health services they need.

**Person living with a chronic disease:** Chronic diseases are also known as noncommunicable diseases (NCDs), i.e. not passed from person to person. They may be slow to progress. The four main types of NCD are cancers, chronic respiratory diseases, diabetes and cardiovascular diseases (heart attacks and strokes). Since these diseases become more common as people age, many people living with chronic disease may also be older persons.





Austrian Red Cross/ Anna Stöcher

## 6. Characteristics of a home helper or home care volunteer

Home helpers and home care volunteers offer a service whereby respect for human dignity is vital. While training can ensure that the home helper and home care volunteer acquire the skills and competences required to undertake the majority of the tasks, there are some desirable personal characteristics that should be sought during the recruitment process, and which are likely to be strengthened during training. These include:

- friendliness, compassion and patience
- respect and integrity
- flexibility
- reliability
- accuracy
- action-oriented
- sense of humour and ability to make the best out of a situation
- strong initiative and enthusiasm for the work
- good interpersonal and communication skills
- resilience











While in some countries formal education is not required to work as a non-medical home helper, the training is rigorous, and it is expected that applicants will have sufficient basic education to undertake the training and to benefit from it. Training for home care volunteers is equally important, although less lengthy and detailed. 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.

After training, as well as knowing about and practising the various tasks that he/she will undertake, the home helper and home care volunteer should have the following skills and competences:

- knowledge of national standards in community-based home care
- improved communication skills
- ability to work in a team
- planning and organizational skills
- work management and prioritizing skills
- knowledge of confidentiality issues
- attention to detail
- observing, reporting and documenting skills
- knowledge of how to establish a professional relationship with client
- knowledge of how to respond to different needs and situations

Volumes 3 and 4 of the *Community-based home care* toolkit give suggested training curricula for home care volunteers and home helpers respectively, and indicate the knowledge, skills and attitudes to be developed, alongside the tasks that they may perform. See also Section 8.

**Characteristics of a home helper or home care volunteer**

-  Friendliness, compassion and patience
-  Respect and integrity
-  Flexibility
-  Reliability
-  Accuracy
-  Action-oriented
-  Sense of humour and ability to make the best out of a situation
-  Strong initiative and enthusiasm for the work
-  Good interpersonal and communication skills
-  Resilience

## 7. Rights and responsibilities of home helpers and home care volunteers

### 7.1 Home helpers

Minimum standards for home helpers include the rights and responsibilities of the institution with respect to home helpers and the individual rights and responsibilities of home helpers. Both are required to be in place to guide the training and the care and assistance to be given.

Rights and responsibilities of the institution guide an organization on the framework and conditions in which home helpers offer care and assistance.

Individual rights and responsibilities are laid down in accordance with the plan of care and the agreed services and schedules.

## HOME HELPERS

INSTITUTION	
Rights	Responsibilities
To recruit the home helper	To ensure that home helpers are trained in order to comply with the minimum standards
To dismiss the home helper in the case of improper performance of their duties	To provide home helpers with adequate support for their work
To carry out appraisals on a regular basis	To inform home helpers about safe work conditions and support them
	To inform home helpers about their personal and professional competences and limitations
	To protect the rights of home helpers
	To control and supervise the work of home helpers
	To pay salaries to home helpers on a regular basis
	To provide social protection for home helpers
	To provide continuous professional development opportunities



## HOME HELPERS

INDIVIDUALS	
Rights	Responsibilities
To receive the relevant documents of the Red Cross Red Crescent containing the information required to perform their duties	To receive training for the tasks included in community-based home care: <ul style="list-style-type: none"> <li>• <b>Domestic</b> (shopping, cooking, cleaning, laundry, heating, assuring safe environment, fetching water, simple accounting)</li> <li>• <b>Psychosocial assistance and care</b> (moral and psychological support to the beneficiaries, promoting social interaction, accompanying, recognition of conflict, building up relationship, social interaction/active listening, psychosocial support to relatives and informal caregivers, monitoring possible violence, abuse and neglect, monitoring possible mental health problems)</li> <li>• <b>Individual care</b> (motivating client for self-support, assistance in dressing, eating and drinking, using the toilet, personal hygiene, mobility, positioning and mobilization, assistance in taking medication, provision, if necessary, of first aid, assistance in health promotion and disease prevention, accompanying during severe illness and in the process of loss, dying and bereavement, provision, if necessary, of simple medical check-up activities)</li> </ul>
To inform their supervisor about any institutional shortcomings appearing during their work performance and to make proposals to eliminate them within their competence	
To introduce, for consideration by the management, proposals to improve the work and work-related instructions	
To ask the management for assistance in work performance and in the resolution of any disputes	
To receive all assistance, such as training and supervision, to develop continuously in their profession	To inform a supervisor about the health state of beneficiaries
	To keep records of work performed
	To participate in activities, health and social programmes of the Red Cross Red Crescent
	To promote the fundamental principles of the International Red Cross and Red Crescent Movement among the population
	To respect the rights of beneficiaries
	To follow the laws and regulations of the country
	To use in their work all the knowledge and skills gained during the training

## 7.2 Home care volunteers

Volunteers have specific rights and responsibilities when they work in any kind of volunteering programme. When working with people requiring home care, 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.

There must be some rules and regulations to ensure the safety of both the client and the volunteers. There are some restrictions on what a volunteer can do. Each National Society may have specific rules, in terms of limitation on number of clients 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:

[www.ifrc.org/en/what-we-do/volunteers/volunteering-policy/](http://www.ifrc.org/en/what-we-do/volunteers/volunteering-policy/)

In the case of both home helpers and home care volunteers, the organization needs to set limits on actions. Checklists can be useful to set out tasks, roles and responsibilities. At the same time, the training for both home helpers and home care volunteers should contain an element describing what to do in the case of a situation outside their normal competence.

## HOME CARE VOLUNTEERS

INSTITUTION	
Rights	Responsibilities
To recruit home care volunteers	To provide adequate training to home care volunteers in order to allow them to carry out their duties effectively
To supervise and appraise the work of home care volunteers	To support home care volunteers
To set limits on the actions of home care volunteers	To protect the rights of home care volunteers
	To control and supervise the work of home care volunteers
	To ensure the safety of home care volunteers
	To provide continuous professional development opportunities

INDIVIDUALS	
Rights	Responsibilities
To be informed about the physical and psychological condition of the person needing home care, and his/her state of health	To keep any information about the client confidential (apart from health, safety and domestic violence/abuse information)
To be trained in assistance (including first aid) in advance of any contact with a client	Not to take over or interfere in the financial capability of a client
	Not to preach (on religion or politics) or advertise particular goods or services
	Not to invite persons, unknown or not, into the client's home without his/her permission
	To ask the client before any kind of event is organized for him/her
	To listen to the client's wishes and be empathetic
	To discuss any changes concerning the condition of the client, or any other issues of concern, with the volunteer coordinator





## 8. Recruitment, training and supervision of home helpers and home care volunteers

### 8.1 Recruitment

#### General recruitment and selection criteria

According to the IFRC policy, National Societies, recognizing the value of a diverse workforce, actively recruit workers, 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 people, both staff and 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 home helpers and home care volunteers who will provide community-based home care services to clients in the target groups. They are heterogeneous groups which are as wide and varied as any other group, with different needs and wishes. Bearing this in mind, the recruitment process needs to determine the suitability of a potential home helper or home care volunteer, and should at the same time provide the candidate 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 home helper or home care volunteer is expected to serve, or limits to the personal services that they are expected to give.

The volunteer coordinator or nurse supervisor has an important role in matching a home helper or home care volunteer with a client needing support. Home helpers and home care volunteers must be able to take into consideration the personal resources of the client, 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 home helper or home care 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 written guidance and rules that set out the rights and responsibilities of both the National Society and the home helper or home care volunteer. They must also ensure that both are properly prepared to carry out their work by providing them with relevant training.

---

*“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.”*

---

## Volunteer recruitment

Home care volunteers are an asset in terms of 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, disabled people and people living with chronic disease 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 their clients' vulnerability.

By being directly involved in supporting vulnerable 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 their clients 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 the vulnerable, 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.

## 8.2 Training

### Home helpers

The training of home helpers includes both theory and practice. Altogether it should take at least 150 hours (approximately 25 days or five weeks). The Red Cross Red Crescent National Society can provide such training but they may also cooperate with other training institutions. The leader of this training should be a professional trainer or an expert in community-based home care.

The training is based on the five major categories of tasks to be carried out by home helpers:

1. Job management and working effectively/regulations and limitations for volunteers
2. Domestic assistance
3. Psychosocial assistance and care
4. Individual care
5. Assistance in health promotion and disease prevention

See Volume 4 of the *Community-based home care* toolkit which contains a training curriculum for home helpers.

Certain principles are important to guide the training of home helpers. Training should:

- **Fit to the legal framework in the country:** Minimum standards for home helpers are useful where such a position in the health or social systems does not already exist. Where a semi-professional or technical care-assistance or social-assistance training already exists, the education and training of home helpers should follow the framework for the development of the profession. An organization which provides training for home helpers should aim at positioning the home helper in the legal framework of general professional education.
- **Combine theory and practice:** The training combines theory and practice during the whole course. Skills are demonstrated and exercised in a safe and protected environment and are based on principles, algorithms and experience. Based on the theoretical and practical training, the home helper should have the opportunity to undergo supervised practice in real situations and should receive feedback on his/her performance.
- **Take an adult training approach.** The following characteristics<sup>4</sup> distinguish adult learners:
  - Adults prefer an informal learning environment where they feel valued and respected for their experiences.
  - Adults prefer learning to be active rather than passively sitting and listening. Participation in a variety of activities is important.
  - Adults will be actively engaged in learning if they can see how the training will meet their needs and be of benefit to them.
  - Adults will want to be in charge of their own learning, and to have choices about the skills they learn.
  - Adults have varied learning styles: some will learn best visually, others by listening and still others by doing.
  - Adults learn new content when it relates to something they know already.
  - Adults appreciate having an opportunity to apply what they have learned as soon as possible.
  - Adults are motivated by positive encouragement.

<sup>4</sup> Adapted from IFRC (2009) *Facilitator Guide for Community-based health and first aid in action*.

## Home care 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 towards the Movement and the clients, to better undertake their agreed tasks or roles, as well as to motivate them and to provide them with personal development opportunities.

Preparing a volunteer for his/her tasks should include a minimum of the following topics:

- The Red Cross Red Crescent Movement and the Seven Fundamental Principles
- Tasks and roles of volunteers
- The ageing process
- Promoting active ageing and lifelong learning
- The family system and relationships
- Personal skills
- Violence and abuse
- Mapping individual needs and organizing support
- Reporting and documentation

The training of home care volunteers should take approximately three days. As for home helpers, training must be based on adult training principles, be competence-based and contain a mix of theory and practice. It should be aimed at providing sufficient knowledge and skills, and promoting an appropriate attitude towards clients. The curriculum and the training should take into account that the most important resource of a home care volunteer is his/her life experience. See Volume 3 of the *Community-based home care* toolkit for a training curriculum and suggested course materials for home care volunteers.

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

### 8.3/ Supervision

The nurse supervisor in the case of home helpers, or the volunteer coordinator in the case of home care volunteers, should be responsible for the following:

- linking the client with the organization
- assessment of needs of the client
- selection of the appropriate home helper/home care volunteer
- quality control



- motivation, support and empowerment of home helper/home care volunteer
- support in difficult or conflict situations
- monitoring service provision and supporting continuous improvement
- collection of reports and documentation of services

Supervision and control of services focus on three actors: the client, the caregiver (home helper or home care volunteer) and the service provider.

The client can build up trust if the work of the caregiver is evaluated on a regular basis. If the client is asked his/her opinion and satisfaction, he can influence the quality of the services and he will feel co-responsible. This is of great importance if the client is asked to contribute to financing the service.

The caregiver, through regular evaluation of his work, can improve his capacities, skills and knowledge. His task is appreciated not only by the client but also by the supervisor. Through evaluation and feedback, he can influence the work conditions, one of the most important factors in preventing burn-out and in keeping volunteers and home care staff motivated.

The service provider, Red Cross Red Crescent National Society, through regular evaluation, will receive important feedback on quality, emerging needs and image of the organization. Supervision and control can be carried out through:

- Analyses of documentation (reports, clients' documentation). Supervisors' questions can show interest in achievements, changes and needs of clients, home helpers and home care volunteers. This should be carried out every month.
- Meetings where experience can be exchanged, challenging situations and problems can be discussed and solutions suggested. These should be carried out every three months. It is advisable to introduce a defined procedure for problem discussion, such as:
  - presentation of a care situation by one of the participants (case owner), with a focus on the client: observations, behaviour (10 minutes)
  - questions from participants to clarify the situation (5 minutes)
  - comments or additional information on disease, symptoms, observations of other volunteers or professionals, family members
  - change of perspectives. The participants discuss the position of the client or family member, and try to see how he/she sees the situation
  - potential solutions are proposed and the case owner decides if and what he wants to implement
  - documentation by the case owner about what he will do. Achievements and experiences will be shared at the next meeting
- Visits at the workplace with or without the home helper or home care volunteer (every six months):
  - with the home helper or home care volunteer to observe communication, hygiene, care work or/and domestic work fulfilment. Feedback should be given immediately during or after the visit
  - without the home helper or home care volunteer to get information about the satisfaction of the client. Feedback should be given after the visit
- Questionnaire for clients and for caregivers to find out about their satisfaction and their suggestions for improvement (every year).

## Supervisor responsibilities



Linking the client with the organization



Assessment of needs of the client



Selection of the appropriate home helper/home care volunteer



Quality control



Motivation, support and empowerment of home helper/home care volunteer



Support in difficult or conflict situations










Monitoring service provision and supporting continuous improvement



Collection of reports and documentation of services

**Burn-out syndrome**

-   
Moodiness
-   
Insomnia and tearfulness
-   
Turbulent reactions to small occasions
-   
Neglect of work and absenteeism
-   
Making fun of clients
-   
Difficulties in oral and written expression
-   
Increased time spent with colleagues
-   
Reduced efficiency at work
-   
Inability to decide and wrong judgement
-   
Complaining about minor mistakes
-   
Intellectualizing
-   
Withdrawal from communication links

Feeling supported and appreciated aids retention. Support should also take the form of acknowledgement of the work of home helpers and home care volunteers. National Societies recognize that they have a significant stake in the organization and programme managers, volunteer coordinators and nurse supervisors should take formal and informal opportunities to appreciate, individually and collectively, the work and impact of home helpers and home care volunteers.

Both home care volunteers and home helpers also have a responsibility to assess their own competence, skills and ability to cope with stress and other challenges and to inform their supervisor at an early stage if they feel that they themselves require support.

## 8.4 Compassion fatigue and burn-out syndrome

Compassion fatigue and burn-out syndrome are risks for both home helper and home care volunteer. Compassion fatigue may occur with 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 burn-out happens, it may be difficult for the home helpers or home care volunteers to distance themselves from the situation or to recognize the signs of stress themselves<sup>5</sup>.

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 home helpers and home care 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 clients
- difficulties in oral and written expression
- increased time spent with colleagues rather than with the clients
- 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

<sup>5</sup> Adapted from *Lay Counselling: A Trainer's Manual*, prepared by the IFRC Reference Centre for Psychosocial Support in cooperation with the Danish Cancer Centre, University of Innsbruck and the War Trauma Foundation. It is available in English, French, German and Danish, and can be downloaded free from the following websites: [pscentre.org/topics/lay-counselling](http://pscentre.org/topics/lay-counselling), [www.uibk.ac.at/psychologie](http://www.uibk.ac.at/psychologie), [www.cancer.dk](http://www.cancer.dk), [www.wartrauma.nl](http://www.wartrauma.nl)

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, whether that is the home helper team or the volunteer network. 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 volunteer coordinator/nurse supervisor should:

- listen without prejudice
- not criticize the behaviour of the home helper or home care volunteer
- provide home helpers and home care volunteers with the opportunity to come to their own solutions
- be patient
- allow home helpers and home care 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/supervisor 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.

---

*“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, whether that is the home helper team or the volunteer network.”*

---



The Red Cross Society of Bosnia and Herzegovina

## 9. Reporting and documentation

### 9.1 Why documentation?

How any reporting is organized depends on the documentation policy adopted by the National Society. Official written documentation is essential, however, both to ensure follow-up and to protect the home helper and home care volunteer. Whichever kind of reporting system is put in place, there are a number of principles that should be followed. Reporting and documentation should:

- capture the process and detail of service provision
- be used for quality assurance, evaluation and decision-making for improving the service
- be used for motivation of home helpers and home care volunteers
- inform accountability
- be used for advocacy
- be able to measure impact

### 9.2 What kind of documentation?

Documentation is required on:

- Client
  - basic personal information like name, age, health status, profession, address and how to get there, interests, family situation, other caregivers, etc.
  - assessment of needs and services agreed with the client, information about activities and observations, changes in subjective or objective health status
  - a kind of diary that remains with the client, in order to link different caregivers or service providers
- Home helper or home care volunteer
  - basic personal information like name, profession, address, age, interests
  - training, previous experience, availability
- Service provider (Red Cross Red Crescent National Society/branch)
  - number and kind of services per time unit
  - time spent for services

Based on this information, the coordinator can “match make” between the client and the home helper or home care volunteer, finding the most fitting pairing. This is an important influencing factor for satisfaction of both the caregiver and the client and therefore crucial for the quality of services.



### 9.3 How to document

There are a number of options to ensure that regular effective reporting takes place. Simple checklists can be used with home helpers or home care volunteers needing to check off items, such as timing of visits, services rendered, etc. There should be space for reporting any incidents or client needs outside the normal competence of the home care volunteer or home helper. Reports need to be filled in and transmitted on a regular basis, and should be collected and analysed by the volunteer coordinator/nurse supervisor immediately. An alternative to the paper and pencil method of data collection would be to use IFRC's Rapid Mobile Phone-based (RAMP) data collection system, which can lead to very fast receipt and analysis of reports. RAMP uses inexpensive mobile phones with a simple data checklist questionnaire, which can be easily tailored to the needs of the individual service provider. Home helpers and home care volunteers can be quickly trained to use this system, which enables reports to be uploaded directly to a server and analysed rapidly. Results can be available very quickly, to be used for management decision-making, for advocacy purposes, and for home helper/home care volunteer motivation.

### 9.4 Measuring impact

A major purpose of documentation is to measure what difference the community-based home care service is making. This is vital for home helper and home care volunteer motivation, and also for advocacy and accountability. There is a need to ensure that community-based home care programmes are attractive to governments and funding agencies, in the sense of impact and cost-effectiveness. Services for vulnerable community members should be measured in a number of different ways, both quantitative and qualitative. Indicators such as social inclusion and promotion of active ageing and lifelong learning should be built in, as well as cost-effectiveness.



Austrian Red Cross/Markus Hechenberger

## 10. Conclusion

Each country, through its public authorities, has a primary responsibility to provide humanitarian assistance to vulnerable people. As auxiliaries to governments, 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 in all their programming. This may include community-based home care.

Addressing the needs of the vulnerable people who require community-based home care is necessarily a broad remit. Partnerships are key, whether with governments, international and in-country non-governmental organizations, or civil society.

The *Community-based home care* toolkit is aimed at Red Cross Red Crescent National Societies in the Europe Region, and is intended to provide a set of minimum standards for community-based home care together with background information and a full set of training materials for home care volunteers and home helpers. It should provide a vital resource for National Society programme managers, volunteer coordinators, nurse supervisors and others working in the programme.

National Societies are urged to use this toolkit to ensure that their community-based home care programme provides effective, efficient and compassionate support to vulnerable older people, people living with disabilities and people living with chronic disease, allowing them to remain longer in their own homes and to continue to participate in society, contributing towards a more resilient community.

# 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 among 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 continue 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.