



Church-based Volunteers in Community Care: Offering Support to Informal Caregivers

Oral Presentation (Practice-related)

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Background: In Switzerland, informal caregivers (IC) currently contribute about 65 million unpaid hours. IC contribution is expected to further increase due to the rising care needs of an ageing population and the growing prevalence of (multiple) chronic conditions, in particular dementia. Problem IG are a vulnerable population since they are subject to burnout and largely unrecognized actors in the health system. The sustainability of IC contribution appears to become a core public health issue. Supporting IG is in the interest of the person receiving the care, the health care system and society in general.

Aims: Our project aims at providing support to IC. For that purpose, we integrate church-based volunteers (GBV) in community care. The CBV are to be trained to support and provide relief for informal caregivers. CBV are to visit and coach dementia patients, chronically ill people and elderly frail patients at their homes.

Procedure: The project is taking place in two rural areas in Switzerland. It is framed in a pilot pre-post intervention study in which we seek to train CBV in order to enable them to support IG. The methodological approach chosen is that of Action Research (AR). Key features of AR include: a reflective process of problem solving, individuals working with others in teams, improving the ability of professionals to solve problems, an egalitarian approach to power, and emphasis on taking action on an issue. AR is ideally suited to run community-based projects like this.

Experience: The AR project participants include: (1) researchers from universities (from the areas of Nursing, Public Health and Theology), (2) health professionals from the project sites (GPs, Nurses, "Spitex"). (3) pastors and parish staff; (3) community-based volunteers and (4) informal carers. So far, our campaign to raise awareness among GBV has been highly successful. CBV, in numbers larger than expected, are willing to be trained. The first group of them has been interviewed. The wants and needs of these CBV will shape the training that is being offered to them. The training consists of three one-day workshops and several days of coached visits to IC in the community.

Discussion: The present project is relevant for the Swiss health system: The integration of GBV in the health system is likely to a) strengthen the quality of community care, b) means a less heavy reliance on specialists and doctors, c) strengthens the network of health professionals and volunteers and (d) addresses the health workforce shortage at the most vulnerable level, the community. Finally, it takes into consideration "transprofessional" health care (see the seminal Lancet article by Frenk et al "Health professionals for a new century: transforming education to strengthen health systems in an interdependent world"). because health professionals and non-health professionals will work together.

Conclusion: The integration GBV in community care in support of IC is, in our view, an untapped resource in times of scarce health system resources.