

# Voluntary (NGO) Sector Involvement in Health Promotion for Older Population in Europe

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## ABSTRACT

**Background:** The NGOs' (non-governmental organisations') role in health promotion has been very much praised and encouraged. The basic features of this sector, namely social participation, voluntary activity and self-help, are by default considered beneficial for health promotion for older people. New policy approaches are stimulating NGOs' involvement in this field. Questions about this involvement – its role, context and successes – are becoming increasingly relevant across the EU member-states. These issues are addressed in this study.

**Method:** The research is based on a literature review of scientific and grey literature as well as surveys and semi-structured interviews with selected informers (practitioners and experts). The study is focused on Europe. However, in order to supplement gaps in the scientific literature, an additional focus was given to Central-Eastern European countries selected by the project's collaborating partners.

**Results:** The Voluntary/NGO sector is increasing its role as a complimentary or alternative source of health promotion for older people in Europe. Its involvement, roles and functions as well as actual significance, however, depend on a number of factors such as the sustainability of funding, the stability of employment, the elderly participation rate and the recognised availability of services. Those factors are determined by socio-economic and systemic conditions: a country-specific model of the third sector, overall social attitudes towards participation and the system of governance in health promotion. Also, a lacking aspect of the sector's activity is expertise and programmes evaluation.

**Conclusion:** The sector's significance is widely acknowledged, however, its impact is often only assumed rather than being sufficiently assessed and proven. This indicates an institutional deficiency of the sector – lack of systematic evaluation of impact of its activities. Also, by its voluntary nature, the sector might not be able to address the problem of health inequalities. Also, various political and economic changes across Europe are resulting in a change in the sector's performance. All this indicates a need for a greater coordination and stewardship.

*Key words:* NGO sector, health promotion, older adults

## INTRODUCTION

Health promotion for older people (HP4OP) has not

often been extensively addressed in the literature since health promotion itself aims at health factors from the early years of life and not from older age. However, in recent

years, with the ageing of societies, the subject is becoming more recognised [1]. In this context, a new approach to governance in health is stimulating a greater engagement of the NGO sector as a source of supplementary services. The increasing role of the NGOs is correlated with the growing interest in topics like: social participation, inclusion, empowerment, self-help groups or volunteering – as both: health promotion activities (e.g. volunteering of the elderly) and methods of delivery (e.g. volunteering for the elderly) [2]. The trend towards the “holistic” and intersectoral approach in health promotion – as present in the Ottawa Charter [3] and other policy documents that emphasise capacity building and health advocacy [4] – actually imposes and encourages involvement of NGOs in HP4OP. A growing interest which has been observed in involving the NGO sector in HP4OP is driving a wide and growing trend towards contracting public services to non-public entities [5]. All this suggests that a more profound analysis of the role of the sector is required. While an extensive analysis of the impact of the third sector is in progress [6,7], an institutional analysis and an evaluation of its influence on the design of particular HP4OP programmes is particularly in order.

Following this growing interest – both in NGO involvement and HP4OP – and the relative lack of literature mentioned above, the goal of this paper is to explore the voluntary or NGO (non-governmental organisation) sector’s involvement in health promotion for older people (HP4OP). It will provide an overview answer to the following questions: What is the role of NGOs in HP4OP? How are NGOs involved in it – what solutions are being used? Is their activity in the matter considered adequate and successful?

The outline of this paper is based on the SPOFER framework that was developed for the institutional analysis of HP4OP in Europe [8]. It was based on the conclusion that the design of health promotion interventions (programmes, projects, etc.) requires certain key roles to be performed by one or many organisations. These roles are grouped as follows: (S) providing a setting and (P) promoting, as well as (O) organising, (F) funding, (E) providing expertise and

evaluation, and (R) regulating.

The SPOFER framework has determined the structure of this paper. The presentation of results will begin with NGOs most popular and specific HP4OP functions within their role as promoters (P) and setting providers (S) – social inclusion and integration. This will be followed by a presentation of the interesting implication that empowerment has for health promotion strategies, namely the blurring of the line between health promoter (P) and health promotion beneficiary (target group). After that, NGOs’ supportive roles – organisation (O), financing (F), and expertise and evaluation (E) – for HP4OP will be explored on the backdrop of their collaboration with other sectors – including providing setting (S) and organisation (O) for promoters from other sectors. All this will lead to the identification of overall trends in the wider system, followed by a summary attributing various types of NGOs to health promotion functions and the activities they usually perform.

## METHODS

This paper is a result of research performed within the *ProHealth 65+* project and draws from its methodology [8]. The research is based on a literature review (of scientific and grey literature) as well as surveys and semi-structured interviews with selected informers (practitioners).

The reviewed literature sources were selected specifically for the NGO sector from the overall sources selected in the aforementioned project. A scientific literature review was performed for English-language papers on NGOs’ (the Third Sector’s) HP4OP activities in Europe. Follow-up reviews of other sources resulted from web browser searches, surveys and interviews. The following sources were searched:

- journal databases: PubMed (published between 2000 and 2015, and concerning 10 project countries: Bulgaria, the Czech Republic, Germany, Greece, Hungary, Italy, Lithuania, the Netherlands, Poland and Portugal,);
- the HealthPROelderly Project database (search

**TABLE 1. Roles performed by institutions for HP4OP.**

SPOFER role	Description of functions performed by an institution for a HP4OP programme:
(S) Setting	The given institution constitutes a health promotion setting (e.g. a hospital).
(P) Promoter	The institution (its personnel) implements the programme as street-level promoters, educators, informers or advocates.
(O) Organiser	The institution is responsible for organising a given intervention by initiating, providing administrative support, coordinating actions, managing, etc.
(F) Financing	The institution provides funding (entirely or partly) for the given intervention.
(E) Expertise & evaluation	The institution guarantees the proper evidence-based quality of health promotion intervention by providing: guidelines, knowledge, advisement, training, collecting and sharing experiences, but also by evaluating results, etc.
(R) Regulation, monitoring & control	The institution provides legal regulations, monitoring and control: through supervision, registration or by issuing obligatory approval.

Source: [8]

- criteria as above);
- specific journals (search specified for Europe): *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, *Health Policy Journal*, *Public Health*, and *Journal of Public Health*.
- grey literature, policy declarations of various institutions, projects reports, and other non-indexed sources (e.g. Third Sector Impact).

Four Central-Eastern European countries were selected to supplement the scientific literature review: the Czech Republic, Hungary, Lithuania, and Poland. Those were selected among the ten member countries by the experts surveyed in the previous stages of the *ProHealth 65+* as representative of a region where NGO sector activities are emerging and where those activities are relatively sparsely described in the scientific literature. For those countries an additional grey literature and other non-indexed source review was performed – including, particularly, websites of institutions (NGOs and public institutions dealing with them). Expert surveys were also performed. Within a dedicated county-specific questionnaire developed for *ProHealth 65+* [8] a number of questions concerning NGO sector activities provided the following: an overview of the situation in the four countries; indicated country specific sources for additional review (institutions' and projects' webpages and reports); and indicated informers for interviews. Semi-structured interviews were performed with four informers from Poland (due to budgetary constraints interviews with informers from other countries could not be performed):

- two representatives of the MANKO Association involved in a wide range of HP4OP activities in Poland;
- a representative of the Jagiellonian University of the Third Age, active in the (Polish) Forum of the Universities of the Third Age (including NGOs);
- and a representative of a municipal self-government (City of Kraków), responsible for municipal policies for older people and collaboration with NGOs.

Health promotion – as a core function of public health – is defined here as the process of improving people's health status by enabling them – individually but also within a community and through the organised efforts of the society [3] – to increase control over their health and its determinants [9]. Interestingly, health promotion activities [1] strongly associated with the NGO sector – such as social participation, inclusion, empowerment, self-help or volunteering – are not only health promotion activities to be practiced by the target group (e.g. volunteering of the elderly) but also methods of delivery by health promoters (e.g. volunteering for the elderly).

The voluntary/NGO sector – or the sector – will be defined as being composed of “non-governmental organisations (NGO) in the form of associations, foundations and other private institutions (including non-

profit companies) [10] “which are value-driven” [11]. These organisations “may be profit-seeking but are guided above all by social purpose” [12] and thus, they “principally reinvest their surpluses to further social, environmental or cultural objectives” (public utility). To fulfil those objectives they may employ unpaid workers (volunteers) as well as paid staff. Due to the scope of the study (within the project), physical activity oriented NGOs (a typical form of sport organisations) will not be covered in this paper.

## RESULTS

The voluntary/NGO sector's involvement in HP4OP offers unique opportunities but also has certain limitations. The sector provides a wide spectrum of health promotion functions [1] and often combines many in one programme. Of those, the most notable and typical for the sector are social participation and volunteering that includes civic activities, self-help, and community building. In these activities for the elderly the NGOs serve not only as health promotion providers. They are also a tool or platform for self-delivery of health promotion. Through the sector there is also a gateway to other activities, most notably physical activities and education as well as providing care and assistance to others. NGOs also play a variety of supporting roles in HP4OP.

### Promoting social inclusion and integration

From the perspective of NGOs as a setting and provider of health promotion, social inclusion and integration play a particularly relevant role since older people are more prone to loneliness and its related health impact [13]. Together with volunteering those activities are heavily linked with other notable social science concepts associated with the sector such as civil society and social capital. Their impact on the health of older people only recently started to be recognised [2]. Social, emotional and cognitive resources – support networks, etc. (e.g., family, friends) enhance older people's self-respect and psychological well-being [14]. Volunteering as social participation of the elderly provides social contact (preventing marginalisation and isolation) and makes a positive impact on their mental and physical health (improves self-esteem and adds confidence) by giving an opportunity for personal development and mobility [15-17].

NGO sector activity is inherently linked with these activities as means of promoting health. The literature review emphasises the growing interest in the social participation of older people in the context of health promotion; however, with significant differences between selected countries [2]. A clear pattern is emerging of increasing involvement of the sector in HP4OP. The phenomena is

stimulated, on the one hand, by the growth of the NGO sector in Central-Eastern European countries, combined with a European – if not world-wide – trend to delegate various public tasks to civil society organisations. On the other hand, a strong stimulus here is the evolving approach in health promotion strategies – the growing emphasis on personalisation of services and the appreciation of social activation of the elderly [18–20].

In most EU countries, social participation and volunteering of older people is at least beginning to be present on the policy agenda (for instance in Italy [2] and in Hungary [21]). Educational activities are also prevalent, especially within universities of the third age [22]. The aim of volunteering is to engage older people in an active lifestyle during retirement [16], concentrating more on specifically active ageing rather than healthy ageing. Older people can be beneficiaries of the voluntary work of others, just as they can be volunteers themselves [23,24]. The latter is increasingly appreciated. However, it lacks sufficient policy determination [25]. Context for volunteering can vary from direct assistance and care for others to socio-cultural activities, recreation, social support (prevention of loneliness) and even involvement in politics or religion (for instance in Poland [26]). Reports from the HealthPROelderly project mention prejudice and stereotypes as two barriers hindering the increased social participation of older people. They lead to marginalisation and discrimination in this age group at various levels of social functioning, a fact painfully present in healthcare [2].

Social participation is often mentioned in the case of life-long learning, especially in the Czech Republic, Poland and Greece. In these countries, together with Italy, a significant role in HP4OP is played by universities of the third age (U3As), which often fall within the NGO category. These institutions are a relevant setting for health education. Still, however, there is a lack of extensive evidence of the beneficial role of U3As on the health of the older adults [2]. Examples of educational initiatives (covering language lessons and computer classes) of NGOs, indicated in the literature and associated with promoting volunteerism among older people, include: the Fullness of Life Academy in Kraków (Poland); the Academy for senior citizens in Germany; Open Care Centres for the Elderly (KAPI) in Greece; Healthy and Vital in the Netherlands.

Within the voluntary/NGO sector an important form of institutions are self-help groups that provide volunteering and mutual support. They are organised in various forms, including associations, societies, and “senior clubs”. These institutions, as research show, are often strongly feminised, which brings a necessity to develop special recruitment strategies for older males [2]. They are a relatively new phenomena in Central-Eastern Europe, and still require in-depth research. In the “old” EU member states – especially in Germany – they are well established. In 2008 in Germany, there were between 70,000 to

100,000 self-help groups with an estimated membership of three million people [2]. Newer member states of the EU can provide certain examples of such institutions: the Czech Alzheimer’s Society [27]; the Polish Senior Council from Białystok [28].

Older people’s participation strongly depends on the overall situation of the third sector in each country. In Germany volunteering is a relevant part of the sector, though is not limited to it. One in three Germans regularly volunteers, though not so much in advocacy and community affairs. Volunteering is highly gendered, being profiled according to the field. Women volunteer much more often in health, education and social services as well as within religious organisations while men prefer sports and professional associations [29]. With certain exceptions, better health and greater resources are positively related to volunteering. Also among older people in particularly poor health, widowed persons, rather than married, are more often socially active [17]. Significant differences also occur between countries. In Hungary in 2007 4.7% of the adult population was involved in volunteering activities. From the overall number of volunteers only about 16% were people above the age of 60 [21,30]. The new UE member-states have the lowest civic activity indicators among the EU member-states [31]. Unfortunately, in some of them (including Poland) this level has remained the same for several years now. It is also a problem in the southern parts of the EU. In 2011, only 14% of Greeks engaged in volunteering and only 7% donated money. Generally Greeks, in the face of economic crisis, fall back on family support. This is especially visible in the case of the frail elderly [32].

Social inclusion and volunteering is a significant part of NGO activities in HP4OP. It is, however, strongly dependant on personal and societal context. Cultural attitudes and socio-economical position, but also health, are factors correlated strongly with chances of engaging in such health promotion activities. Informers have pointed out as a relevant factor, the advertising of the HP4OP activities and other recruitment strategies in order to reach a wider group of beneficiaries. This requires additional funds and should not be considered a superficial activity.

### **Beneficiary as health promoter: empowerment strategies**

NGO sector activities are strongly linked with the notion of empowerment. There is a growing interest in HP4OP in Europe – from being almost non-existent before 1995 to being included in nearly 50% of the European publications devoted to health promotion in 2006 [2]. This has also been discussed in the context of the growing popularity of behavioural economy [33]. Most effective projects aimed at behavioural change – initiatives that “intend to affect our everyday functioning” – tend to give the elderly “an active role in policy processes, if possible

from the beginning to the end" [2]. This approach is especially interested in utilising the capacities of the voluntary/NGO sector.

"In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health" [34]. Empowerment is an integral element of health promotion. However, it is not only a result of the intervention (as greater "control over health determinants") but is also an integral element of the health promotion process itself, as an ethical method of health promotion [35–38]. Key notions in such initiatives are also representation and advocacy of needs and interests. This corresponds to the issue of the sustainability of the intervention in terms of a lasting effect. When the project ends, and professional promoters or organisations providing health promotion cease their activities, the only guarantee for the sustainability of the effect is turning health promotion beneficiaries/recipients into promoters themselves. That is why active ageing projects – aimed at behavioural change for older adults – employ self-care, self-help and a social participation approach [9]. This indicates an interesting structural imperative for such projects – the role of beneficiary/recipient and promoter/provider must in the end be integrated.

Appreciation of the beneficiaries' autonomy – a form of promoter–beneficiary coalition building – reveals an interesting organisational feature of the latest approach to health promotion. Namely, that the promoter role can and even should be shared with the target group – beneficiaries of health promotion. This is particularly visible in the case of the project "Visiting service for older widowed individuals" [39] from the Netherlands. In this project widowed volunteers were trained to assist other widowed persons in providing support and combating loneliness.

The sectors' organisations, specially associations and NGOs employing elderly volunteers – as based on "civic virtues" and participation – blur the line between the promoter and the beneficiary (deliverer and the target group) by engaging in a sort of auto-health promotion by means of self-help and support groups. This also involves a type of snowball effect in health promotion, when elderly citizens continue their activities outside of the NGO setting – among family and friends.

This trend can, and should be supplemented by a flexible participatory way of designing HP4OP interventions. The literature review identified a new method developed under the term Action Research which strives towards "facilitating user involvement and collaborations in policymaking". This increases the effectiveness of any given programme by making it more responsive to beneficiaries' needs while fostering a negotiative, participatory approach within health promotion. For instance, the "in Good Company programme" from the Netherlands shows interventions that are open to

beneficiaries' feedback – involving democratic linkage strategies, such as needs assessments, local action plans and two way communication with programme designers – were deemed successful dissemination of health promotion activities [40,41]. The grass-roots character of many NGOs makes them particularly predisposed to such a flexible intervention design.

Empowerment is a unique element of HP4OP, being a key feature of personalised health promotion, but also bringing a special impact to its institutional dimension. It gives the elderly a new role in the process – not only the target group status, but also health promoter and even, in a way, an organisational role as co-designers of the intervention. This specificity is especially clear when it comes to the NGO sector's involvement.

### Supporting role: information and research in intersectoral relations

The most typical roles that NGOs perform within HP4OP is, obviously, the provision of services – various functions of health promotion – but also to be a setting for health promotion activities. However, for any given programme, or other initiative, NGOs can perform various support roles. This is particularly connected with the issue of intersectoral collaboration and networks. A Hungarian example of such is the "Walking Club for Healthier Ageing" programme that promotes physical activity through club activities and supplements them with lectures [42]. Another example is "Basic social services in rural settlements: Village and remote homestead community care-giving". This programme functions within governmental policy addressed to excluded older people but it involves civil society resources, especially social networks [43].

Individual HP4OP programmes can be designed to distribute roles among institutions from a variety of sectors. In this instance, NGOs can provide expertise in health promotion, describing good practices, indicating performance patterns and training of health promoters by – for instance, organising conferences, workshops for health promoters of various sectors. It was an NGO – the ProEthica Association – that developed a "personalised model of service provision" [20] for the Polish government's HP4OP policies [44]. Often NGOs organise and administer a given initiative or setting; they also coordinate action between various institutions and individuals [2,45]. This is especially significant in the case of governmental grants or contracts that only provide funding for those initiatives. NGOs also finance initiatives, though this is rather a task undertaken by large national or international institutions or even umbrella organisations that possess their own sustainable sources of funding [46].

Expertise in HP4OP for NGOs comes from various sources. A Hungarian example is the National Institute for

Health Development or NIHD that facilitates the exchange of ideas on health promotion [47]. In Poland, the MANKO Association received a training from the Johns Hopkins Bloomberg School of Public Health. Also, for the consultation of ongoing activities, MANKO created a Council of Experts (professors, practitioners) within the "Senior's Voice" magazine. In Germany the source of expertise for the voluntary/NGO sector in HP4OP is the Federal Centre for Health Education under the Federal Ministry of Health that provides good practice exchange [48].

There are a wide range of "delivery agents" of health promotion (promoter or providers) – organisations and staff members in various professions (individual personnel employed in the implementation of HP4OP) but also a non-professional personnel, most notably volunteers [2]. It might seem natural that NGOs, with their volunteers, will be involved predominantly in those HP4OP programmes that represent the non-professional model of delivery. However, one must note, that individual volunteers can also be employed for these purposes by institutions of other sectors, such as healthcare providers or social security institutions. On the other hand, professionals can be employed – on a voluntary basis – into activities organised by NGOs [49].

The non-professional approach is definitely more inclusive to voluntary and NGO involvement. Non-professionals can be informal promoters: volunteers, peers, side-promoters, including members of religious organisations, self-help groups, etc. They can also be representatives of other professions relevant to the design of the intervention – artists, musicians, entertainers, etc. Examples of such can be found in Greek programmes of music therapy with artist/entertainer intervention teams, in the Italian "clowntherapy" initiative. The German project "Really fit from 50 onward" involves former male sportsmen and employers. There was also a Czech dance therapy project [45].

There are various institutions created for the support of the NGO sector which collaborate with it in delivery of HP4OP. In Poland, the main institution responsible for the cooperation of the government with the NGO sector is the Ministry of [Family, <sup>1</sup> Labour and Social Policy (MRPiPS) – the same one that is responsible for HP4OP. NGOs in Lithuania are supervised and supported by the Ministry of Labour and Social Security, but also by the Ministry of Health. In 2003 the Hungarian government established the National Civil Fund specifically in order to support NGOs. Hungary initiated the development of National Centres for Volunteering Development together with a special fund. The goal of these institutions is to coordinate and host volunteering operations in order to support selected NGOs that implement volunteer programmes (recruitment, training and managing of volunteers) [30].

An overview of the roles that NGOs play in HP4OP in relation to other institutions reveals their growing significance in providing organisational functions, expertise and even co-funding for many interventions. This is particularly stimulated by the aforementioned emphasis on good governance and stewardship in health policy-making.

### Systemic context, current trends and challenges

NGOs' involvement in HP4OP is an exemplary case of the voluntary/NGO sector being a source of the "complimentary" or "alternative provision" of services for the elderly [50]. However, there are significant differences in the way this source can operate in relation to other sectors. If any general claims concerning Europe were to be made they would refer to "a public-nonprofit partnership model" that represents "the European flavour of corporatism" [51], developed and perfected particularly in Germany. As it is often contrasted with the US, instead of visible competition, Europe generally enjoys "a kind of partnership between the third sector and central and local self-governments and social security". In Poland, as a representative of Central-Eastern Europe, the NGO declared level of cooperation with organisations from other sectors (local self-governments: 92%, local communities: 89%, local media: 89%, companies: 75%) as well as within the sector (92%) is very high and it is growing. The problem is, however, the sustainability of such cooperation [52–54].

This partnership is expressed in the fact that public funding is a much greater source of income for European NGOs. However, despite some similarities and common trends, there are significant traditional differences [5]. The following table presents an overview of the specificity of the NGO/Voluntary sector in selected countries (the countries selected are representative of a type of approach towards the sector characteristic to given regions).

This overview strongly applies to the NGO activities in the field of health promotion for the older population. The literature review and interviews also confirm the convergence in the evolution of those models, driven by the growth of the welfare state, decentralisation tendencies in European countries and the most recent expansion of austerity practices [29]. Within the latter trend, Germans have opened the system to competition between for-profit companies and NGOs for delivering welfare services. On the other hand the UK's expanding services involve more and more partnership between governmental institutions and NGOs. Both of those countries mimic the Nordic model of advocacy while the Scandinavian countries import various practices from the continent and the British Isles. All this is supplemented by the development of European and global

<sup>1</sup> Since November 2015.

**TABLE 2. An overview of NGO/Voluntary sectors in selected European countries.**

COUNTRY	POPULAR NGO TYPES	FUNDING, RELATION TO OTHER SECTORS	OVERVIEW:	CONTEXT:
<b>GERMANY</b>	Large organisations involved in public services (including not-for-profit companies)	Sector is strongly embedded in the welfare system by a long-lasting partnership. Diversity of funding with the majority (60% and more) from the state.	The Voluntary (NGO) sector is well developed and historically rooted. It provides significant (circa 8%) employment in total (both paid and voluntary).	Subsidiarity within highly decentralised administrative system, and relatively high social participation.
<b>NETHERLANDS</b>				
<b>UNITED KINGDOM</b>	Historical popularity of charities	Larger degree of NGO independency. Greater variety of funding sources. Elements of for-profits and not-for profits competition. Leaning towards cooperation between NGOs and local self-governments.	The sector is relevantly strong and rooted in cultural traditions of philanthropy and volunteering.	Beveridge social security system gradually opened for competing providers.
<b>SWEDEN</b>	Popularity of advocacy groups (from human rights protection to environmentalism).	Public funding is much weaker. Sources of income are diversified.	The sector is much smaller since there are very few gaps in social services that it can fill. Charities bear a negative connotation as a remnant of the pre-welfare-state era.	Unitary centralised model of welfare state with relatively weaker self-governments. Strong taxation, large public budgets and direct provisions of services (no need for NGO assistance).
<b>ITALY</b>	NGOs here tend to be strongly involved in party-political struggles. Self-help is traditionally limited to family.	Primarily, public-NGO partnership model. Elements of for-profits and not-for profits competition. Strong elements of financial support from private-commercial sector (historically greater than public sources).	The Sector is underdeveloped due to authoritarian historical experience.	Relatively weak central governments and strong local and regional authorities. Past experiences with authoritarian regimes.
<b>GREECE</b>				
<b>CZECH REPUBLIC</b>	Associations and foundations involved in public services. Strong presence of religious organisations.	Original growth of the sector was fuelled by foreign aid. Currently developing the partnership model. Strong NGOs financial dependency on the state. Lack of other sources of funding.	The sector is the weakest in Europe (low social participation). Strong influence of past authoritarian and totalitarian experiences. Emphasis on the development of the partnership model.	Post-communist legacy: nonexistence of the sector before the 1990s. The sector equated with Civil Society and the overthrow of authoritarian regimes. Originally, very strong administrative centralisation. Currently, full-fledged decentralisation.
<b>HUNGARY</b>				
<b>LITHUANIA</b>				
<b>POLAND</b>				

Source: developed by the author based on literature review [29,55–57]

umbrella organisations that form a transnational NGO Sector, encourage an exchange of practices and proliferate various currently popular trends [5].

The performance of NGOs in their tasks depends strongly on the sustainability and accessibility of funding. In many cases, the partnership model makes NGOs strongly dependant on public funds, which makes them vulnerable to austerity measures and increases in bureaucratic burdens. “The impact of the third sector and volunteering depends not only on the activities that take place, but also on the kind of support and conditions governments provide” [58]. Also, a decreasing quality of employment in European NGOs has been observed in the context of its feminisation. The NGO sector provides high quality low cost services, thanks to its driving force of civic virtues. However, those virtues should not lead to the exploitation

of the more vulnerable part of the workforce, adding to the lasting problem of gender inequalities [29].

### Lack of evaluation and other limitations

The performance of the NGO sector in Europe is currently under thorough survey within a wide ongoing project performed for the European Commission within the Third Sector Impact project [7]. The most recent reports acknowledge the significance of the sector on socio-economic development. It has been stressed, however, that “[...] systematic reviews of research do not support unconditional and general claims about improvement of health, wellbeing, innovation, social capital, empowerment, or economic development. Data are not

produced systematically and robust analytical frameworks are missing. Policy claims both from governments and from the sector itself are largely based on intuitions that lack European standards and empirical grounding."

Studies concerning the impact of the third sector are "scattered and inconclusive". The forms of impact usually studied range from public health and well-being to crime reduction and need satisfaction. "However, a systematic review of this research shows that impact is often assumed but rarely demonstrated. Furthermore, the positive impacts are not equally accessible or spread" [58]. The literature review and interviews confirm this problem in the area of HP4OP. With sporadic analysis performed post factum and programmes inspired by umbrella organisations, NGO activities are primarily based on common sense knowledge, specialist paradigms and policy inertia, especially in the case of initiatives coming from the sector itself. Aside from being an important remark on the impact of the third sector, this indicates that the NGO sector lacks in expertise & evaluation role (E) of its activities—performed for and by the sector—thus requiring its greater appreciation and enhancement as an essential supportive institutional arrangement.

### Summary: NGOs' functions and activities in HP4OP

The specificity and variety of the sector leads to its versatility. NGOs involved in HP4OP take numerous organisational forms – even to the extent of extending the definitional limits of the sector. There are not-for-profit companies that are created as dedicated deliverers of delegated (contracted) public services for the older population (e.g. TMSZK [59]). NGOs are in constant cooperation with governmental institutions, thus making them stand-by agents for performing delegated public tasks – often a sort of QUANGOs (Quasi Autonomous Non-Governmental Organisations) [12]. They serve a variety of goals, and not only "public benefit". In fact certain benefits delivered by NGOs may be described as personal or private, even in financial terms (certain types of services, reimbursements, discounts, etc. [60]). There are also cooperatives, mutual societies or other forms of "people's economy" that "may be profit-seeking but are guided above all by social purpose" [12]. These organisations can actually be very relevant in the context of HP4OP [61,62]. For instance, food cooperatives that prevent the impoverishment of the older population are successfully functioning in the UK [63].

There are even political organisations performing NGO roles. In many countries there are numerous cases of long lasting politically affiliated organisations or even political parties that include in their activities social care and health promotion for their members' families and for others. This is a remnant of the nineteenth century mass-party system, still existing in Germany [64] or present, for

other historical reasons, in Greece [32].

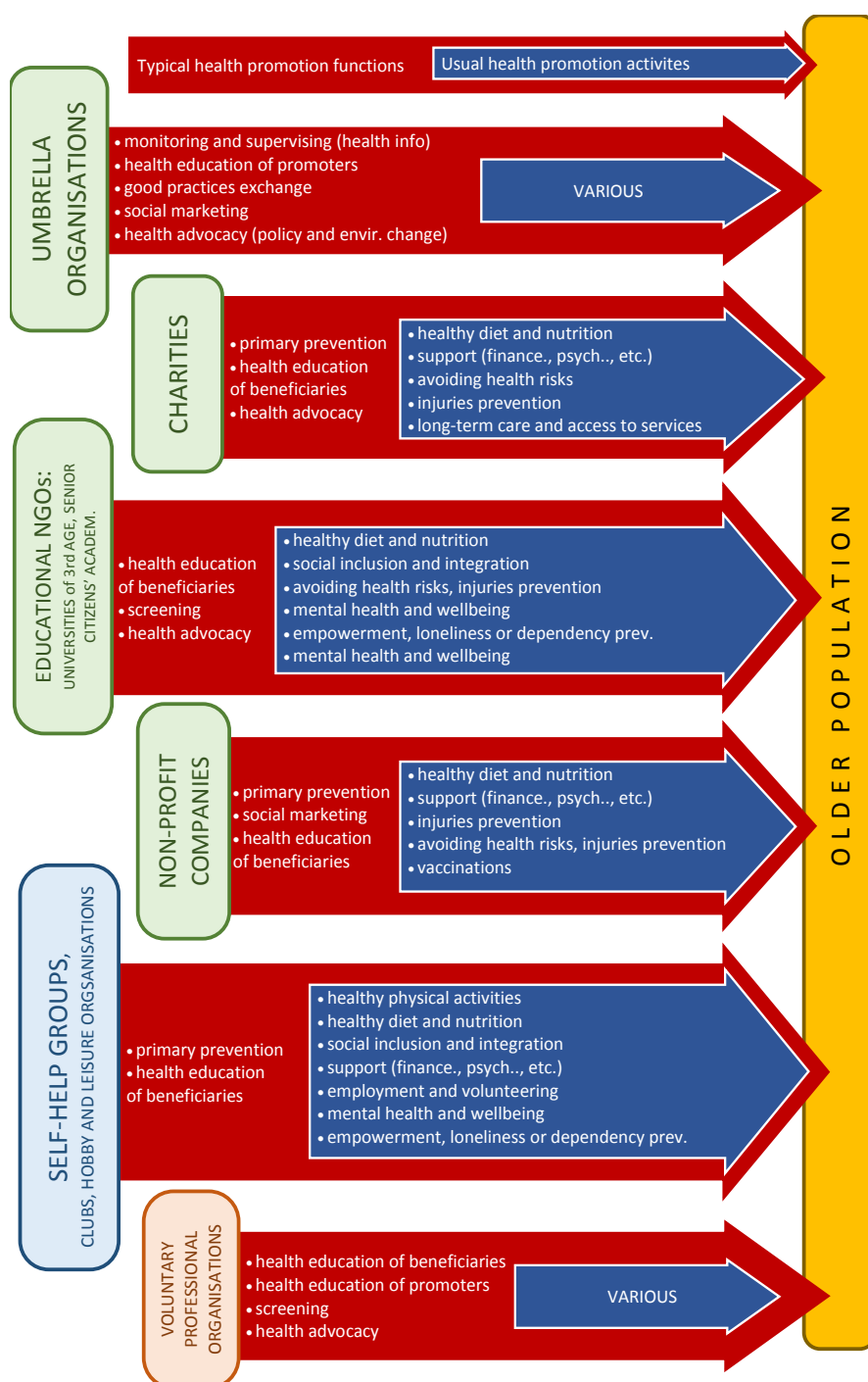
NGOs active in HP4OP can be grouped into several categories or types (see: fig. 1.). The list below is by no means exhaustive. Some organisations mentioned above represent other types that are usually classified to other sectors (political parties or mutual societies). It should be noted that the indicated organisation types are just Weberian pure types. Actual NGOs can, and often do, represent two or more types – being, for instance, a charity organisation as well as an advocacy group at the same time. The legal and organisational details of those institutions vary in different countries, but they share basic characteristics. A charity, or philanthropic organisation, is an NGO that serves the common good by using external sources of revenue and acting for the benefit of needy or disadvantaged others (the poor, homeless, sick). That in particular differentiates them from self-help groups that act primarily for the benefit of their own members. Advocacy is usually performed by an organisation on behalf of the category of people that the organisation is addressed to (for instance the elderly organisations that act on behalf of other older people). Alternatively, advocacy can be performed on behalf of disadvantaged people by another group (for instance advocacy for the benefit of the elderly performed by charitable organisations or the federation of Universities of the Third Age). Lists of health promotion activities and functions attributed to each type are also not exhaustive, indicating only a most typical catalogue.

## DISCUSSION

The result that is particularly noteworthy from the institutional perspective is the evident deficiency in the expertise and evaluation role (E) performed especially for the sector. Due to its size and voluntary (grass-roots) nature this issue is not surprising. Because of a lack of expertise, resources and time, these institutions are rarely able to commission external evaluation, and the most typical situations involve self-evaluation of programme performance. Also, it is actually really difficult to document the impact of the voluntary/NGO sector, especially in the case of volunteering, life-long learning and healthy activities [58].

The voluntary (i.e. non-coercive) character of the sector bears certain limitations that should not be omitted from the point of view of social cohesion and equality – especially in the case of publicly funded HP4OP programmes. The main issue here is the core of social participation – the fact that, in general, "individuals who already have better well-being, health and social trust are more likely to be involved in the third sector," thus to benefit from its positive impact [17,58]. The evaluation of NGOs' role in HP4OP often ignores that health and well-being are actually a precondition for volunteering [65]. This leads to an amplification of health inequalities rather than their reduction. Thus it is necessary to design

FIGURE 1. NGO types with their usual health promotion functions and activities.



health promotion interventions with a clear consciousness of those constraints [17] thus – a greater emphasis on coordination (O) and evaluation (E). HP4OP requires assistance to recruit wider segments of the elderly population instead of relying on already engaged groups. This also is visible when it comes to the strong feminisation of volunteering among the elderly, especially in the former Soviet-Bloc countries.

The presented results have limitations that indicate

the necessity for further institutional analysis of the subject. The most important limitation is the language barrier when it comes to the grey literature review of NGOs and project websites in languages other than English. This was, to a certain extent, ameliorated by the project partners and experts surveyed in the earlier stages of the project. Also, due to project constraints, in-person interviews could not be performed with NGO practitioners in the other three CEE countries (Czech

Republic, Hungary and Lithuania). Further interviews should also be performed with other Polish NGOs involved in HP4OP, as well as other public authorities collaborating with them. The informers selected so far have provided an overview, most certainly limited by their particular perspective and experiences. Nevertheless, the study provides an overview that could guide further research.

## CONCLUSIONS

Non-Governmental Organisations perform a viable role as settings and providers for health promotion, especially when it comes to enabling social participation, inclusion, empowerment, self-help and volunteering (for and by the elderly). They thus provides a unique opportunity for making older people not only a target group of health promotion but also its providers (for others) and even organisers. NGOs also provide a variety of supporting roles – organising (coordinating) interventions and funding them, as well as making them more experience or evidence-based.

The voluntary/NGO sector is increasing its role as a complimentary or alternative source of HP4OP in Europe. Its involvement and actual significance, however, depends on a number of factors. These are: sustainability of funding, stability of employment, elderly participation rate and the recognised availability of services. Those factors are determined by socio-economic and systemic conditions: a country-specific model of the third sector, overall social attitudes towards participation and the system of governance in health promotion. This also includes national historical experiences.

The sector is composed of a very wide scope of organisation types providing a variety of HP4OP functions and activities. This specificity makes it an “intermediate area” rather than a separate domain [66] – an area of cooperation for other sectors. So far, however, the NGO sector lacks in expertise & evaluation role (E) – for and by the sector. The growing complexity of the modern world fuels a tendency to emphasise the state leadership that is already clearly visible. This leadership – combined with the enhancement of evidence-based guidance – is becoming necessary for the sake of the performance of the sector in HP4OP.

The challenges facing ageing European societies do not make the task of the voluntary/NGO sector easy. The sector can and should be considered a useful supplement to policies and programmes addressed towards the older population. However, “third sector activity is not a simple solution to individual or social problems. Those that have the largest potential benefits of third sector impact are less likely to be involved, which represents a challenge” [58]. This challenge cannot be ignored. All this proves the necessity for strengthening the expertise & evaluation role (E): an institutionalisation of careful planning, design and evaluation of given programmes, especially when it comes to publicly financed activities. Actions should be taken to

widen the actual target group of older people benefiting from those programmes, including more widespread marketing of services.



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