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‘Extra hands’ or the ‘icing on the cake’? The boundaries of the volunteer role in formal care settings in England

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‘Extra hands’ or the ‘icing on the cake’? The boundaries of the volunteer role in formal care settings in England

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The adult social care sector in England has been encouraged to increase the role of volunteers in service delivery. To understand the volunteer role in care delivery and its impact upon paid care work, we undertook 94 qualitative interviews in seven care settings for older people in England. Whilst the boundaries between care worker and volunteer were clearly established in some organisations, they were more indistinguishable in others. We discuss how both clear and murky boundary making, especially regarding ‘emotional’ and ‘bodily’ aspects of care, can contribute towards paid care work’s invisibility, lack of recognition and poor remuneration.

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Introduction

There is a growing international body of literature on paid care work for older people. Much of this is produced by those interested in workforce issues associated with paid care work: workforce demographics (Anderson and Shutes 2014; Duffy and Armenia 2019); recruitment and turnover (Hussein and Manthorpe 2005; Hussein 2015); pay (Rubery 2017); training (Gospel 2015); and job satisfaction (Lightman and Kevins 2019). Paid care workers do not always carry out their activities separately from other workers and frequently work alongside unpaid volunteers (Naylor *et al* 2013). However, little research has explored the roles that volunteers play in care settings or the division of tasks and activities between paid care workers and unpaid volunteers.

Drawing upon an in-depth qualitative study based upon interviews with managers and volunteer coordinators, paid care workers, volunteers, and older people receiving care at seven social care settings in England, we explored the implications of volunteer involvement upon care provision and the organisation of paid care work. We discuss the different boundaries between the roles of volunteers and those of paid care workers that we found in the seven organisations. In some of the organisations, these boundaries were blurred, with some recipients of care unable to make clear distinctions between them. In other organisations, the distinction between paid care workers and volunteers was more obviously established. It appeared, throughout the study, that working with volunteers is most successful – although not without its challenges – when it is formalised in terms of recruitment and training, and when there are clear boundaries between voluntary and paid roles. Organisations where the boundaries between paid care work and volunteer roles were more clearly defined tended to be larger and had dedicated resources and paid members of staff to oversee the recruitment, training, and management of volunteers.

In what follows, we reflect upon what the existing literature says about the various roles played by formal volunteers in social care settings, the boundaries between the roles of volunteers and paid care workers, and the activities undertaken by each group. We then introduce the 'Exploring the Role of Volunteers in Care Settings for Older People' project (ERVIC) (2017-2019), before exploring how volunteer involvement shaped what tasks and activities were carried out by paid care workers in the settings and consider what, in consequence, was considered as 'paid work'. Finally, reflecting upon our findings, we discuss what impact the different treatment of the boundaries between paid and voluntary roles may have upon how paid care work is regarded, respected, and rewarded.

Volunteers in social care

Over the last two decades, there has been a discernible shift in UK policy discourse towards including volunteers in the delivery of social care services (Naylor *et al* 2013), which has mirrored policy reform elsewhere in Europe (Verhoeven and Van Bonchove 2018) as well as in the USA (Eikenberry 2019) and Canada (Baines (2004). In England, political calls for the increased involvement of volunteers, alongside repeated cuts to public sector funding, which require that care services do more with less, have resulted in heightened demand for volunteer involvement, particularly in care settings for older people (Tingvold and Skinner 2019). In 2013, approximately three million individuals volunteered in health and social care

in England, of whom 1.9 million worked with older people (Naylor *et al* 2013). As part of the mixed economy of social care, there is much variation in the roles performed by these volunteers, not least because some organisations are composed entirely of volunteers whereas, in other settings, volunteers work alongside paid workers (Hoad 2002).

Increased volunteer involvement in service delivery, particularly when viewed against the recent backdrop of austerity policies and funding cutbacks, has led to concerns around job substitution and calls for clarity regarding the boundaries between professional and volunteer roles (Naylor *et al* 2013; Verhoeven and Van Bonchove 2018). In Northern Europe, researchers and professionals have expressed fears that the caring professions are 'under attack' by volunteers (Overgaard, Petrovski and Hermansen 2018).

Perhaps in response to fears about de-professionalisation, the focus of much research on the boundaries between paid work and volunteering in health and social care settings is on 'professional' workers who have specialist skills and knowledge; such as nurses (Overgaard 2015), psychologists (Hoad 2002), and social workers (Verhoeven and Van Bonchove 2018). Here, volunteerism and professionalism are presented as distinct social systems, the boundary between which is constructed and navigated in interactions between care professionals and volunteers (McAllum 2018). In Van Bonchove *et al*'s (2018) study in the Netherlands, for example, it was found that nurses and social workers working alongside volunteers carried out both demarcation work (where differences in authority, reliability, and knowledge were emphasised) and welcoming work (where they welcomed specific volunteers into their professional domain).

McAllum (2018) describes professionalism as involving 'clean' cerebral work that is clinical and detached, as opposed to hands-on, emotionally close, and nurturing. Here, professionals are viewed as fundamentally different to volunteers, who are discursively presented as 'warm' (Van Bonchove *et al* 2018), informal and friendly (see, for example, the UK government funded 'dementia friends' initiative [Naylor *et al* 2013]). Van Bonchove *et al* (2018) suggest that the weak professional status of social workers and nurses in the Netherlands – based on the assumption that paid care roles require 'natural' feminine traits, such as empathy – offers an explanation for the fact that such professionals have frequently been found to engage in boundary work as means to prevent the further degradation of their status. The reality of hands-on, direct care work in England, which is the focus of this study, is perhaps even more at odds with the assumed dichotomy of the detached professional and the informal, 'warm' volunteer. At present, paid direct care workers in the UK 'do not enjoy terms and conditions of work that are suggestive of their professionalism … are not recruited or trained as professionals, and are not, on the whole, respected as professionals' (Author's own, 2019). This is despite the fact that, much like other professionals, paid care workers are required to possess a number of skills and aptitudes and to engage in regular training (Author's own, 2019).

The content of direct care work

Care, and by extension paid care work and care volunteering, is complex and almost impossible to define (Overgaard, Petrovski and Hermansen 2018). There is an emerging body of research on how paid, direct care workers in different settings experience, negotiate, and find meaning in their work (Stacey 2005; Twigg 2000). This literature moves beyond sanitised,

upbeat conceptualisations of care and places emphasis on the emotional and affective aspects of paid care work (Author's own, 2015), its physical and 'dirty' nature (Stacey 2005; Twigg 2000), and on how – given these conditions – paid care workers might be motivated by and find dignity in their work (Stacey 2005).

In her analysis of care work as 'bodywork', Twigg (2000) recognises how the direct, hands-on activities of washing, bathing, and other forms of personal care are the principal tasks carried out by paid care workers in their day-to-day work. However, such 'bodywork' is downplayed in accounts of care work which, instead, emphasise the social, emotional, and interpersonal elements of the job. Twigg shows that in their everyday interactions with bodies and their wastes, care workers negotiate and deal with 'aspects of bodily existence that modern society is reluctant to acknowledge openly' (2000: 397). Stacey (2005) uses the term 'dirty work' to describe these activities, yet reports how paid care workers derive pride and dignity from the closeness and intimacy of direct care. For Stacey's care workers, the relational and intimate nature of care activities helped them to establish honour in their work, as well as to humanise and promote the wellbeing of their 'clients'.

Paid care work also necessarily has an emotional component; in Hochschild's (1983:7) terms, it requires emotional labour - 'the management of feeling to create a publicly observable facial and bodily display' - that, in the case of social care settings, produces the sense of being cared for in a convivial and safe place. Some researchers have expressed concerns that the privatisation and commodification of health and social care in the Global North has shorn caregiving of its emotional elements, which are difficult to cost and measure (Smith 2012). Others have found that, in some care settings, care workers' emotional labour *is* undervalued and inadequately rewarded, but is still given by care workers in the form of an unpaid 'gift' (Author's own, 2015).

There are many examples of paid care workers giving up their time voluntarily to ensure that they provide 'good care' (Charlesworth, Baines and Cunningham 2015; Dodson and Zincavage 2007). It is interesting, then, that the UK social care sector also relies heavily on formal, unpaid volunteers to work alongside paid care workers (Naylor *et al* 2013). Despite high volunteer involvement in care provision, however, not much is known about the division of tasks and activities between paid care workers and volunteers or what impact the involvement of volunteers has upon paid care work. In the UK, direct care workers are not professionalised and their work is less well regarded and well paid than that of nurses and social workers (Author's own, 2019). For this reason, the boundaries between the role of paid care workers and unpaid volunteers working in adult social care settings are, perhaps, more fragile, more porous and, in turn, more worthy of empirical examination.

In this article, we consider the boundary between the role of unpaid volunteers and paid care workers in seven adult social care organisations in the South West of England. Specifically, our focus is on how the involvement of volunteers impacts upon the everyday work activities of paid care workers and, in turn, shapes how paid care work is defined, understood and regarded.

Methods

Over 18 months, we visited seven organisations that involved volunteers in the delivery of social care to older people. Our aim was to recruit sites which reflected the diversity the adult social care sector in England. We purposively approached and selected: small and large organisations; statutory, non-profit and private organisations; settings operating in rural and urban locations, and; residential and community-based organisations. At each setting, AC and EJ undertook interviews with volunteers, managers and volunteer coordinators, paid care workers, and older people receiving care, in order to better understand the contribution that volunteers were making. These interviews usually lasted between 20 minutes and one hour and were undertaken in a variety of settings, including in the organisations where care was provided, local community spaces, and some volunteers' own homes. Participants were recruited in four ways: during pre-fieldwork meetings at each organisation; by spending time in communal spaces of residential settings; via poster advertisements, and; via word-of-mouth. Different semi-structured interview schedules were used for each group of participants, with all interviews including questions about the tasks and activities undertaken by volunteers and paid care workers, the participants' experiences of volunteers or of volunteering themselves, and the opportunities and challenges associated with volunteers being involved in care delivery. Ethical review was provided by the UK National Social Care Research Ethics Committee, reference: 17/IEC08/0038.

Despite attempts to recruit statutory and private providers, all seven settings were registered charities. Two of these were local community-led charities, three were national charities, and two were regional charities. Six organisations had a longstanding tradition of involving volunteers and two organisations were located in a semi-rural setting. The organisations were as follows:

- Site 1: Befriending service, retirement village with longstanding volunteer programme
- Site 2: Day centre for older people
- Site 3: Day centre for older people from BAME group.
- Site 4: Volunteer agency running physical and musical activities programmes in residential care settings
- Site 5: Care home with nursing
- Site 6: Support at home service run by a national charity
- Site 7: Lunch club set up and run by a Timebank

The project adopted a qualitative design, with each of the seven sites being used as a case study to map and analyse how volunteers were participating in the provision of social care to older people.

Sample

Semi-structured interviews (n=94) were undertaken with managers/volunteer co-ordinators (n=17), volunteers (n=39), paid care staff (n=14), and older people receiving services (n=24). Of the 39 volunteers whom we spoke to, 27 were female and, of the 34 volunteers who disclosed their age, 27 were aged over 60 years and three were aged under 40. Of the 14 paid care and support workers we spoke to, 12 were female and, of the 9 who disclosed their age,

five were aged under 40 years and two were aged over 60 years. We also collected documents related to volunteers, such as volunteer recruitment materials and induction packs. The table below shows the make-up of our sample at each of the 7 sites

TABLE 1 HERE

Analysis

All interviews were audio-recorded and transcribed before being analysed, broadly following Braun and Clarke's (2006) phases of reflexive thematic analysis. A sample of eight transcripts, drawn from across the different samples of participants from three sites, were read and re-read by AC and EJ to gain familiarisation with the data and generate initial codes. An initial review of the literature on volunteering and social care was also used to create possible *a priori* codes for this process. A discussion about themes arising in the initial sample of eight transcripts resulted in the development of a more expansive coding frame which was reviewed and supplemented with additional themes as they were identified when coding the remaining data (managed through NVivo and undertaken by EJ). In this article, we focus on themes related to: paid care worker and unpaid volunteer roles; boundaries between these roles; tasks and activities such as socialising and befriending, personal care, cleaning; and relationships between unpaid volunteers and paid care workers. For further information about the ERVIC project, the methods we employed and our broader findings about the role of volunteers in care settings for older people please see Cameron *et al* (2020) and Cameron *et al* (2021). In this article, we begin by outlining the three main ways that volunteers contributed to the provision of social care across the seven sites.

Findings

The seven sites differed in terms of the nature of volunteer involvement in service delivery. We grouped them into three categories according to the volunteer contribution: 1) augmenting existing services; 2) assisting paid staff, and; 3) providing discrete services. The first category included those sites where the volunteer role primarily enhanced the existing care services provided by paid members of staff. This included the befriending service in the retirement village (site 1) and the volunteer agency, which delivered activities to older people living in residential care settings (site 4). Both of these organisations had a formal volunteer programme with standardised recruitment, training, and dedicated volunteer coordinators. At sites included in the second category, volunteers supported paid staff members and were sometimes relied upon to fill gaps in provision, particularly in instances of short staffing. The two day centres (sites 2 and 3) and the care home with nursing (site 5) fell in this category. In all three of these settings, volunteer roles were not formalised and varied a great deal between individual volunteers in the same settings. Finally, at the support at home service (site 6) and the lunch club provided by a time bank (site 7), volunteers provided a discrete, free-standing service and rarely encountered paid care workers. As the focus of this article is on the boundaries between the roles of volunteers and paid care workers, we will predominantly focus on accounts from managers/coordinators, care workers and volunteers at sites 1-5. We begin by outlining the nature and boundaries of volunteer roles at these sites in more detail.

Extra hands or the icing on the cake?

In settings where volunteers augmented existing services, clear boundaries separated their duties from those associated with paid roles. Participants repeatedly stressed the location and importance of these boundaries. This was particularly the case at the retirement village (site 1), where volunteer coordinators and volunteers utilised a very similar language when describing the purpose of the volunteer role. When asked to describe how she recruited volunteers, one coordinator said:

> We don't do any advertising, because of this notion, for us, our volunteers aren't providing a frontline service, so there's never this sense, 'Oh we really need volunteers to deliver something.' Because they are the icing on the cake. (Site 1, Manager 1)

Similarly, a volunteer at site 1 said:

> We do the sort of things that put the icing on the cake really because the paid members do the basics. The things that have to be done have to be done professionally and properly and they're paid to do it…and we do things that they haven't got time for and they couldn't justify paying anyone really, but it does enrich the life here without a doubt. (Site 1, Volunteer 5)

The role of volunteers at sites 1 and 4, both categorised as augmenting existing services, was a wholly supplementary one that, whilst benefitting older people, was not part of the core service that an organisation was being paid to deliver. Here, the volunteer role was described as something *extra* or, in the words of our respondents, 'the icing on the cake' of formal care provision. This mirrors research by Overgaard (2015) in Denmark and Australia where some managers, staff, and volunteers referred to the volunteer role as 'the nice extra'.

The boundary between the role of paid care workers and volunteers was reportedly the subject of explicit conversations during the volunteers' induction training at these sites. When asked about the difference in roles between care workers and volunteers, for example, one coordinator recalled a conversation that she had with a volunteer:

> There are specific tasks that care staff do, and are trained to do, and are paid to do...With volunteers, there are clear things they shouldn't do and as part of their induction, we guide them on that. In fact, I have just had this conversation with a new volunteer…about what are the boundaries, and making sure that that volunteer has the strength of character to stand up and say, 'I'm really sorry, but that's not what I'm here to do.' (Site 1, Manager 2)

Another volunteer coordinator at site 1 was also explicit about the cultivation of boundaries; volunteers 'don't provide care' and are not a 'replacement for paid staff' (Site 1, Manager 1). This comment echoes findings in research on social care volunteers in Canada and the Netherlands (Baines, Cunningham and Shields 2017; Verhoeven and Van Bonchove 2018). Yet, as Naylor *et al* (2013: 15) identify, whilst the starting point might be that 'that volunteers should always provide something additional to core services', in practice, 'this distinction may not always be clear cut…[and] defining what is a core service is far from straightforward'.

At those sites categorised as using volunteers to assist paid members of staff, it was apparent that, despite attempts being made to distinguish between paid and voluntary roles, volunteers were sometimes required to plug gaps in care provision. Whilst volunteers at sites 1 and 4 were treated as the *icing on the cake*, those at sites 2, 3 and 5 were more often used as an *extra pair of hands*. These volunteers were often asked to carry out tasks and activities that, at sites 1 and 4, were more clearly defined as under the remit of paid care workers. One volunteer at a day centre (site 2) recognised this blurring of roles:

> It's not official, but sometimes I think we're treated…like cover if a member of staff happened to be out, like because of holiday or sick leave or things like that, but if everyone's in, we're usually just extra helping hands. (Site 2, Volunteer 3)

Similarly, a care worker at Site 5, the care home, described volunteers as 'taking the pressure off':

> It helps us out so much just takes the pressure off, because they'll say, 'Oh anything we need to do'?...Or if someone is feeling really low and you're doing something, they'll sit there and they'll chat to them…They can sit there, because if it's a staff member and you're sat there and all this time with one resident, you can imagine, can't you? 'Ooh' but if it's a volunteer then they can't be told, 'Oh you're spending too much time'. (Site 5, Care Worker 3)

This care worker identifies the value of the volunteer not simply in terms of their helping with practical tasks, but in terms of 'chatting' and 'spending time' with older people outside of paid, formal care delivery. Interestingly, the care worker alludes to others having a negative perception of paid care workers who might be seen to be spending a large amount of time with a care recipient, even if that person was feeling 'really low'.

Volunteers played a crucial role in the everyday delivery of social care for older people in these settings. There was a similar recognition from the volunteers in some settings that managerial motivations to work with them were likely driven more by organisational *need* than by *desire*; 'there's definitely too few [paid care workers] to actually deal with everything…it is more of a need than it is a want' (Site 2, Volunteer 3). The blurred boundaries between volunteers and paid care workers at sites 2, 3 and 5 were also recognised by managers, with one praising the blending of paid care worker, volunteer, and even client roles as contributing to the cultivation of a 'homely' site (Site 2, Manager 1). Managers at site 2, a day centre, said that their service would have closed were it not for the contribution of volunteers and observes the benefits of not paying for people who, in essence, are 'a member of staff'. At site 2, one paid care worker expressed his appreciation of volunteers taking on tasks he would otherwise have to balance himself:

> If we didn't have any volunteers in, then our work would be ten times harder and it is very valuable. For example, if I was needing an activity…then someone said 'oh I need the toilet', I have to take them if I'm the only member of staff there, at that time I know I can then leave the volunteer to just carry it on for 10 minutes and I'll come

> back…it does make a difference because they do the little jobs that maybe we don't have time to do (Care Worker 2, Site 2).

This care worker shares his gratitude and recognition for the unpaid volunteers at the day centre; reducing staff workload and performing tasks that 'we don't have time to do'. Similarly, in Van Bonchove *et al*'s (2018) study of volunteers and professionals in the Netherlands, professionals were found to engage in 'welcoming work' – that is, work which involved the partial deconstruction of boundaries (and which was more likely to occur in female-dominated, low-status professions) – in part because they acknowledged that they could not manage without volunteers.

Having outlined the established or blurred boundaries between the volunteers and paid care workers, we now consider what tasks, activities and behaviours are associated with each role and, in turn, how paid care work is shaped, defined, and regarded in social care settings that involve volunteers.

Emotional Labour

Aside from two volunteers at the support at home service (site 6), who had administrative roles, all volunteers interacted with older people as part of their role. In the organisations where volunteers were primarily used to augment existing services, this was the defining feature of their role. One care worker at the retirement village (site 1), for example, described volunteers as individuals who 'come and just chat…and give company', whilst care workers were those who delivered 'personal care' (Site 1, Care Worker 4). Indeed, when asked to say more about the purpose and content of the volunteer role, several participants at both sites 1 and 4 made a clear distinction between the chatting, befriending, and companionship role of volunteers, and the physical or medical duties carried out by paid care or support workers. Care worker 3 at site 1, for example, described the volunteer role as beyond 'giving care':

> A volunteer is more of…a companion. Whereas we are the ones who do the personal care. We do the intimate things, who would do the medication. I would never expect a volunteer to do that. They're more of a companion than somebody who was giving care…I would say they enhance people's lives more. (Site 1, Care Worker 3)

This notion of 'enhancement' and 'companionship' was clearly demarcated as distinct from what the care worker above called 'the intimate things', such as personal care or the provision of medication. Similarly, older people at these sites where volunteers had an augmenting role often told us that they were able to talk to volunteers on a different level compared to the paid care workers because volunteers were 'only there to chat to them'. According to a volunteer coordinator at Site 1, volunteers tended to come from similar class backgrounds to the older people receiving care and were explicitly matched with older people according to the shared interests which they could talk about, such as sports or religion. Across all sites, volunteers spoke about the careful efforts made to develop relationships with older people. One volunteer at site 6 described his approach: 'when they relax, then I will become very informal, very chatty, and I will match their conversation. It's called counselling, which…I was

trained to do in my paid work' (Site 6, Volunteer 7). Whilst this cultivation and management of emotions is not unlike the emotional labour that has historically been a key component of paid care work in England (Author's own, 2015), participants in this study described emotion work as the responsibility of volunteers. One coordinator (Site 1, Manager 1), for example, made a distinction between the 'more intimate' conversations between older people and volunteers and the functional conversations which they had with care workers, which focused on (physical) 'care needs'.

The primary driver for this – cited by managers, care workers, and volunteers – was time. In a context where paid care workers do not have the time to perform duties and build relationships, certain activities were reconfigured as under the remit of volunteers. It was unquestioned that (trained) paid care workers would carry out physical tasks, but we heard 'they haven't got the time' to talk with older people receiving care or to 'sit and do a crossword or have a cup of tea' with residents (Manager 1, Site 1). Though residents at site 5, the care home with nursing, said that they could not always tell the difference between paid care workers and volunteers, the care home manager described a similar distinction between the role of paid care workers and volunteers, who did 'the nice bits':

> The care staff can sometimes be very task-orientated. I don't think it's an intention. It's the fact that they come on duty, and there's the task is stuff that needs to be done…and sometimes we fall short of the…meaningful social interaction and the stimulation and engagement…this is where the volunteer plugs that gap for us…I'm not saying it's right, but…they can come in and do what we often say they can do the 'nice bits'. (Site 5, Manager 1)

Such task-oriented approaches to caregiving, which neglect notions of holistic care, have long been reported in the UK and US; indicating that work 'speed-up' leads care workers to focus on the 'hands-on' tasks required to produce 'clean, orderly, quiet resident[s]' (Lee-Treweek 1997: 54). Baines' (2004) work in Canada examines how processes of standardisation, routinisation, and work speed-up, alongside the widespread use of volunteers, deskill care work and remove opportunities for paid care workers to build positive relationships with recipients of care.

In this study, unlike paid care workers, unpaid volunteers were seen as working 'flexibly' and in a 'personalised' manner (Manager 2, Site 1) and offering 'more practical and emotional support' (Manager 4, Site 6). The relationship between volunteers and older people, particularly at sites 1 and 4, was commonly described as more like a 'friendship', with many participants highlighting the crucial role that volunteers – who are 'in no hurry to go' (Older Person 3, Site 1) – play in reducing loneliness. As one care worker said, it enables volunteers to 'form a more personal relationship with somebody' to make them 'feel valued and give them that sense of belonging'; this is not possible for care workers as they are 'rushed' with other duties (Care Worker 4, Site 5).

In several sites, discursively at least, emotion-centred aspects of care became the mainstay of the volunteer role and were not described as a key part of paid care work. One problem with allocating emotion work to volunteers is the potential emotional burden it places on

them, especially if an older person with whom the volunteer interacts has high psychological needs, is unwell, or dies. This burden was discussed by several volunteers and had led one volunteer at site 6 to seek formal counselling. Another consequence is that the 'emotional' aspects of paid care work are at risk of being undermined and hollowed out. Care work requires emotional labour and acts of emotional labour require skill and experience (Author's own, 2015). By making the emotional elements of caregiving the responsibility of volunteers, there is a threat of reducing paid care work to a series of physical tasks to be performed and formalised, and of regarding the 'emotional' aspects of caregiving as unworthy of recognition and remuneration.

Personal Care

Whilst there was a great deal of variation in what was included in the volunteer role across the seven sites, there was one activity which almost all volunteers whom we spoke to described as strictly outside of their role: personal care. This was described by paid care workers as 'assisting the [older person] out of bed...washing, showering, getting dressed, giving any medication' (Site 1, Care Worker 1). At sites where volunteers assisted paid members of staff and sometimes filled gaps in provision, personal care was often the primary means of distinguishing between the role of volunteers and paid workers. When asked if there was a key difference between the activities that paid workers and volunteers do, a coordinator at Site 2 said:

> I know they won't be doing any personal care. They won't be going with somebody to the toilet etcetera. It's very much, I think, providing those extra hands that extra person for empathetic kind of communication. (Site 2, Manager 2)

Previous research in Northern Europe similarly reports that there are often clear boundaries between volunteer and paid roles when it comes to personal or medical care, even if there is less clarity when it comes to who performs other tasks (Verhoeven and Van Bonchove 2018). Volunteers at many of the settings that we visited insisted on establishing that their role did not include personal care. For example, one volunteer said:

> There are definitely some aspects of the job, the things the paid members of staff have to do, that I don't know if I would be particularly comfortable doing…things involving personal care, like toilet-related issues and stuff. (Site 2, Volunteer 3)

Others worried that such intimate activities would threaten their relationships with older people; they are 'just there to have a chat' rather than providing physical support or medication (Site 1, Volunteer 6). The discomfort expressed by participants about carrying out direct care in our study appeared to be based upon its assumed 'dirty' nature (Stacey 2005). It seemed that it was the intimacy and exposure to 'dirt'), rather than any perceived skill involved in these activities, that volunteers felt should be remunerated. It is perhaps for this reason that volunteers also described domestic cleaning as beyond their remit.

In Stacey's (2005: 849) study, paid care workers derived dignity from their work by reporting a sense of pride, and even moral authority, from undertaking 'dirty work', work that 'most

people won't even talk about, let alone perform'. However, in expressing this dignity, care workers emphasised the relational nature of their work, including the (often intimate) interactions and constant contact which they had with the recipients of their care, as well as the resulting bonds formed. The question remains, then, whether care workers can still find dignity in 'dirty' work if the relational elements of caregiving are relegated to volunteers.

Unpaid Activities

The demarcation between the sped-up, task-based activities of paid care workers, and the more social relationships which volunteers were able to build with older people, does not mean that emotional labour was not performed by the care workers in this study. Indeed, several care workers talked about the extra support they provided to older people which could be categorised as emotional labour. When asked to describe her relationship with residents, one care worker stated:

> I tend to tailor my personality to the residents I know. Because you know who you can be jolly, jolly, jolly, or calm, calm, calm. For example, this morning, somebody said to me this morning, 'Do you know, you're the best getter upper I know.' Which is a lovely thing to say, isn't it? (Site 1, Care Worker 2)

Care workers commonly detailed their attempts to build and maintain personal relationships with older people and their attempts to put people receiving care at ease. Yet, care workers did not perceive that these activities were recognised or valued,and they also described performing such activities outside of paid working hours. We know from previous research that paid care workers often give their time voluntarily, not least because of implicit threats to their continued employment (Author's own, 2015). When asked how many hours she worked a week, one care worker at Site 1 said:

> Do you want the official or the unofficial?…Official it's about 35 hours a week. Unofficial it can be anything…I don't count my hours. I am here for my team and for the residents and if anything needs doing. (Site 1, Care Worker 3)

Some care workers went as far as defining the older people whom they provided care to as 'like family', with care worker 3 (site 1) saying 'we treat people how we would like to be treated and how our family, we would like our mothers and fathers would want to be treated'. This same care worker adds that these are duties 'we don't charge for'. As well as regularly not being costed into older people's care fees, activities such as talking and interacting were sometimes expected to take place outside of care workers' paid shifts. In some cases, care workers were openly encouraged to volunteer in their spare time by managers – that is, urged to undertake more interpersonal activities *unpaid and outside of (paid) work hours*. The Managing Director at Site 3, which operated a home care service as well as a day centre, claimed:

> Although I am a paid staffer, I do volunteer work as well myself. On weekends or during unsocial hours, I try to do at least four hours a week…with people who are very lonely and predominantly through home care. Home care service is very task orientated, staff don't have time to sit down and talk to them…I will go in and talk to

them and make them a cup of tea and then they talk to me about their life stories (Site 3, Manager 3)

When asked if any paid care workers also volunteered, the manager replied that a few did, but this has 'dropped down'; 'I went to my last meeting and I told my home care staff "there are about forty-five, fifty of you, if each one of you gives one hour a week, I have fifty hours…and I can send you to someone who is local to your area". Practices at this organisation, a day centre for members of an ethnic minority group, arguably reflect those at other BAME voluntary organisations in the UK that have 'developed innovative, cost-effective and sometimes unconventional ways of working…[resulting] in accessible, acceptable, culturally sensitive services' (Tilki *et al* 2015). One offshoot of these practices, however, is that they deliver a clear message to paid workers that (unpaid) volunteering constitutes a viable and recommended option for developing and sustaining personal relationships with recipients of care. As previously reported, care work organisations have increasingly relied upon the altruism of paid workers to perform unpaid volunteer work and fill 'the caring gap' (Baines 2004: 268). In other cases, a blurring of the boundaries between paid work and non-work, and the implicit expectation that paid workers carry out unpaid 'voluntary' tasks to do their job well, is consciously built into management strategies (Baines, Cunningham and Shields 2017).

Discussion and conclusion

This article has argued that the cultivation and maintenance of boundaries between paid care workers and (unpaid) volunteers in social care settings presents challenges for both parties. We found that involving volunteers, even to enhance and augment existing services, was never without consequence. Recruiting volunteers as 'befrienders' threatened to degrade and relegate the emotional labour of paid care workers to volunteers. Research on emotional labour/work predominantly focuses upon paid care workers. We contend, thus, that a major contribution of this article is recognising how volunteers assume and perform such responsibilities as part of their role, a feat rarely acknowledged within work on social care volunteering.

In our study, the tasks of conversing, and building personal relationships, with older people was cast as outside the realm of paid care workers. It was not that paid care workers did not perform such activities, but rather that when they did, they were not financially or symbolically valued. This resulted in some care workers enrolling as volunteers in their places of employment. This reflects a gendered, racialised, and classed division of labour, where women's work (and particularly the work of migrant women in the UK) becomes largely invisible and poorly remunerated (Tronto 1993). As Baines, Dulhunty and Charlesworth (2021) remind us, unpaid work is common and pivots on the perception that women's capacity to care is elastic, innate, and expandable – in the community, home, or workplace.

In the case of service provision for older people in England, sustained pressure on the sector to cut costs, whilst also responding to increased needs, is perhaps leading care itself to be re-visualised and redefined. Volunteers are an important part of this story. Making emotion work the remit of volunteers, rather than paid care workers, contracts the boundaries of paid care so that it includes little more than 'bodywork' (Twigg 2000) or 'dirty work' (Stacey 2005), that

is, direct personal caregiving activities. The 'softer' aspects of caregiving are subsequently undermined. Volunteers were directed away from physical, bodily caregiving activities, which were viewed as the duty of paid workers. Rather than deriving dignity from these activities, or them being overlooked (Twigg 2000), they became seen as care workers' primary duty, thereby negating and concealing other (emotion-based) aspects of paid care. This relegation of emotional labour risks reducing care workers' interactions with older people to transactions, where physical tasks are performed *on bodies* rather than *with people*. That is, the explicit imperative that volunteers are *befrienders* – and, by extension, are providing a nice extra rather than 'care' itself – sends a troubling message that interpersonal relationships between paid care workers and care recipients are unnecessary. Indeed, rather than being afforded the resources needed to provide good care, care workers are, in these instances, placed in an untenable position where they feel compelled to provide unpaid care. This further masks the impact of austerity on older people's care and further devalues paid care work.

It was not the case, then, that erecting and sustaining clear boundaries between the roles of volunteers and paid care workers constituted a faultless strategy. While it would be impossible to eliminate all role ambiguities, however, we do need to be conscious of the consequences of such boundary-work. As well as devaluing and disregarding the labour of (frequently female) paid care workers, the inclusion of volunteers in adult social care, particularly when not formalised, threatens the possibility of exploitation. We recognise in this article how, at times, volunteers breach the boundary between paid care worker and volunteer to perform direct, bodily caregiving activities. Though rare, this may occur more if volunteers start to assist (and sometimes replace), rather than augment, the roles of paid care workers. Following her study of social services in Canada, Baines (2004) concluded that the sector's increasing use of unpaid volunteers both reflected and permitted the deskilling and exploitation of paid care workers. High levels of reliance on volunteers had the potential to 'depress wages and benefits, and increase workload demands as workers face the daily reality that they could be replaced by someone who works for free' (Baines 2004: 283). Our study shows that a similar process may be happening in the English care sector, and that this is perhaps more of a slippery slope – where volunteers take on increasing aspects of the paid care role, which is gradually reduced and redefined – than a clear-cut replacement of paid care workers with unpaid volunteers.

The opportunity to access secure and well-paid care work is diminished in a context of UK austerity where public sector work is subject to cuts, outsourcing, and privatisation. This is most likely to impact upon women, and particularly migrant women who often occupy such roles (Anderson and Schutes 2014). Indeed, certain women – and particularly migrant and working-class women – may have little choice other than to accept roles that are insecure and poorly-renumerated (or to be unemployed). Volunteering, however, is often premised on freedom to choose; people *volunteer* their time and energies, reportedly without coercion or necessity (reasons may include a desire for increased social contact or to 'give back' to the community, as some volunteers in our study explained). What is interesting is that volunteering roles in social care are also frequently undertaken by women (Overgaard 2015). This appeared to be the case in our study, where 27 of the 39 volunteers were female. The

de-professionalisation of paid care work may mean that more caregiving is carried out without pay by those often without sufficient power and resources. Indeed, the willingness to work unpaid and unflinchingly on behalf of others echoes naturalised notions of women as willing to care and make sacrifices for others regardless of personal or financial implications (Baines, Cunningham and Shields 2017). Unpaid work, in an era of austerity, becomes both compulsory and normalised. This shows how future work on volunteering and care work must continue to attend to matters of gender, race, and class (e.g. Tronto 1993).

Naylor *et al* (2013) also warn that, if not addressed, the use of volunteers to substitute for paid roles risks undermining the valuable contribution that volunteers make to social care. Indeed, several volunteers in Naylor *et al*'s (2013) UK study explicitly said that they would withdraw from their voluntary roles if they believed they were inadvertently affecting the availability of paid roles. Paradoxically, then, it may be that the more we rely on volunteers to carry out tasks previously undertaken by paid care workers, the further we diminish the supply of volunteers which the sector has come to rely on. As Naylor et al. (2013) remind us, there is no universal answer to the question of where the boundary should be drawn between professional and volunteer roles. However, future research and policy making must recognise that the impact of such boundaries is substantial and we must continually reflect on the complications and contradictions which volunteer involvement in social care for older people raises.

References

Anderson, B. and Shutes, I. 2014. *Migration and Care Labour: Theory, Policy and Politics*. Basingstoke: Palgrave Macmillan.

Baines D. 2004. Caring for Nothing: Work Organization and Unwaged Labour in Social Services. *Work, Employment and Society* 18(2):267-295.

Baines, D., Cunningham, I., Shields, J. (2017) Filling the gaps: Unpaid (and precarious) work in the nonprofit social services. Critical Social Policy 37(4):625-645.

Baines, D., Dulhunty, A. and Charlesworth, S., 2021. Relationship-Based Care Work, Austerity and Aged Care. *Work, Employment and Society*, p.0950017020980985.

Braun, V. and Clarke, V., 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2):77-101

Cameron, A., Johnson, E.K., Lloyd, L., Willis, P.B. and Smith R. (2021) The contribution of volunteers in social care services for older people. *Voluntary Sector Review*. 13 (2): 260-277.

Cameron, A., Johnson, E.K., Willis, P.B., Lloyd, L. and Smith R. (2020) Exploring the role of volunteers in social care for older adults. *Quality in Ageing and Older Adults*. 21 (2): 29-39.

Charlesworth, S., Baines, D. and Cunningham, I., 2015. 'If I had a family, there is no way that I could afford to work here': Juggling paid and unpaid care work in social services. *Gender, Work & Organization* 22(6):596-613.

Dodson, L. and Zincavage, R. 2007. “It’s like a family”: caring labor, exploitation, and race in nursing homes. *Gender and Society* 21(6):905–928.

Duffy, M. and Armenia, A., 2019. *Paid care work around the globe: A comparative analysis of 47 countries prepared for UN women* (No. 758). LIS Working Paper Series.

Eikenberry, A.M., 2019. Discourses of Volunteering and Civic Action in the USA. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 30(1):54-61.

Gospel, H. 2015. Varieties of qualifications, training, and skills in long-term care: a German, Japanese, and UK Comparison. *Human Resource Management* 54(5):833–850.

Hoad, P. (2002), Drawing the line: The boundaries of volunteering in the community care of older people. Health and Social Care in the Community 10:239–246.

Hochschild, A.R. (1983) The Managed Heart: Commercialization of Human Feeling. London: University of California Press.

Hussein, S. and Manthorpe, J., 2005. An international review of the long-term care workforce: policies and shortages. *Journal of aging & social policy* 17(4):75-94.

Hussein, S., Ismail, M. and Manthorpe, J. 2016. Changes in turnover and vacancy rates of care workers in England from 2008 to 2010: panel analysis of national workforce data. *Health and Social Care in the Community* 24(5):547-556.

Lee-Treweek, G. 1997. Women, resistance and care: an ethnographic study of nursing auxiliary work. *Work, Employment and Society* 11(1):47-63.

Lightman, N. and Kevins, A., 2019. Bonus or burden? Care work, inequality, and job satisfaction in eighteen European countries. *European Sociological Review* 35(6):825-844.

McAllum, K., 2018. Volunteers as boundary workers: negotiating tensions between volunteerism and professionalism in nonprofit organizations. *Management Communication Quarterly 32*(4):534-564.

Naylor C, Mundle C, Weaks L, Buck D., 2013. Volunteering in Health and Care: Securing A Sustainable Future. London: Kings Fund.

Overgaard, C., 2015. The boundaries of care work: a comparative study of professionals and volunteers in Denmark and Australia. *Health & social care in the community* 23(4):380-388.

Overgaard, C., Petrovski, E. and Hermansen, J., 2018. Volunteer care workers: A case for challenging resource theories on volunteering. *Journal of Civil Society 14*(2):153-172.

Rubery, J., Hebson, G., Grimshaw, D., Carroll, M., Smith, L., Marchington, L. and Ugarte, S. 2011. *The Recruitment and Retention of a Care Workforce for Older People*. Manchester: European Work and Employment Research Centre (EWERC).

Smith, P. (2012) The Emotional Labour of Nurses Revisited: Can Nurses Still Care?. Basingstoke: Palgrave Macmillan.

Stacey, C.L. 2005. Finding dignity in dirty work: the constraints and rewards of low-wage home care labour. *Sociology of Health and Illness* 27(6):831-854.

Tilki, M., Thompson, R., Robinson, L., Bruce, J., Chan, E., Lewis, O., Chinegwundop, F., Nelson, H. (2015) The BME third sector: marginalised and exploited. *Voluntary Sector Review* 6(1):93-101

Tingvold, L., Skinner, M.S. (2019) Challenges in the coordination of volunteer activities in long-term care services. *International Journal of Care and Caring* 3(3):339-358.

Tronto, J. (1993) Moral boundaries: A political argument for an ethics of care. New York: Routledge.

Twigg, J. 2000. Carework as a form of bodywork. *Ageing and Society* 20(4):389-411.

Van Bochove, M., Tonkens, E., Verplanke, L. and Roggeveen, S., 2018. Reconstructing the professional domain: Boundary work of professionals and volunteers in the context of social service reform. *Current Sociology 66*(3):392-411.

Verhoeven, I. and Van Bochove, M., 2018. Moving away, toward, and against: How front-line workers cope with substitution by volunteers in Dutch care and welfare services. *Journal of Social Policy*, *47*(4):783-801.

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Table 1: Sample Composition

Site	Managers	Volunteers	Care Staff	Older People
1	2	6	4	3
2	2	5	4	4
3	3	5	1	5
4	2	6	0	6
5	1	4	4	4
6	5	7	1	0
7	2	6	0	2