

UK government wants a 'volunteer army' to save social care: Research questions that approach

June 13 2023, by Eleanor K Johnson and Ailsa Cameron



Care work is more than cups of tea. Credit: [Peter Kindersley/Centre for Ageing Better](#), [CC BY](#)

The UK government [is recruiting](#) a volunteer army for social care, to

help with the sector's record-high vacancy rate. There are currently a staggering [165,000 open posts](#), representing 10.7% of the workforce.

The [Volunteer Responders](#) program, which launched on June 7, 2023, builds on the contribution made by thousands of NHS volunteers during lockdown. It even uses the same [Good Sam app](#) to enable volunteers to [support](#) care staff.

Creating opportunities for people to give back is important. But the idea that there is an army of people available to [bolster the delivery of social care](#) is [not a new one](#), nor is it realistic.

[Our research](#) on [volunteer](#) contributions in social care shows that the proposal is at odds with the reality of the sector, which was struggling to recruit volunteers pre-pandemic. What's more, without proper financial investment in the sector, it may further undermine an already overlooked and overworked group.

Over 18 months from 2017-19, we visited seven organizations involving volunteers delivering social care to [older people](#) in England. We interviewed volunteers, managers and volunteer coordinators, paid care workers and older people receiving care, to better understand the contribution that volunteers were making.

We found volunteering took many forms, such as working alongside care staff to support their work, or stepping in where organizations did not have enough staff. In other scenarios, volunteers worked entirely separately from paid workers.

Two organizations—a befriending service in a retirement village and a volunteer agency running exercise and musical activities programs for older people in residential care—had a formal volunteer program. This involved standardized recruitment, training and dedicated volunteer

coordinators, and volunteers largely worked in clear and distinct roles.

In two day centers and a nursing home, volunteers assisted paid staff and sometimes filled gaps in provision, particularly in instances of short staffing. Roles were often informal and varied a great deal between volunteers—while one volunteer in the nursing home set up a reading club, another offered spiritual support and visited residents.

Two other settings—a community-led lunch club and a support at home service which assisted people after they were discharged from hospital—were set up specifically with the intention of involving volunteers. In these cases, volunteers rarely encountered paid care workers.

Across all organizations (though particularly where there was not a formal volunteer program in place) we were told that it was difficult to recruit and retain suitable volunteers. Indeed, managers at the support at home service, which was designed to be delivered only by volunteers, reported having to recruit a paid worker in order ensure that they could deliver the service.

Why don't people want to volunteer?

Volunteer coordinators gave a number of reasons for their recruitment difficulties. These included social care roles being viewed as less attractive than working in a charity shop, and more people caring for grandchildren and parents. Changes to the [state pension age](#) also mean that retirees want to either make up for lost leisure time rather than volunteer, or have care needs themselves.

The accessibility and location of care services also put off potential volunteers. An area manager responsible for a day center described the disadvantaged urban area where she worked as a "difficult place to

market" to volunteers.

Managers also told us that volunteers are selective in what aspects of care provision they're willing to take on. They tend to favor what a nursing home manager called "the nice bits"—making cups of tea, befriending and running activities like book clubs, exercise and music classes.

These aspects of social care are only part of the job. But stripping them out of the paid care worker role and assigning them to volunteers risks reducing paid care roles to a series of physical, and sometimes "dirty" tasks. This could result in [care work](#) being seen as even less desirable as a career and exacerbate, rather than eliminate, the recruitment and retention crisis. It also disregards the considerable skill involved in care work and the importance of training and supervision for care workers.

No magic bullet

The new Volunteer Responders program has been framed as a means for speeding up hospital discharge rates, by providing pick-up and drop-off services for people recently discharged from hospital. In doing so, it fails to recognize the complexity of the care sector, effectively positioning it as subordinate to healthcare.

People who have been recently discharged from hospital need considerable support. In speaking with people who did similar support work as volunteers, we found that this was sometimes a stressful position to be put in. People found the role more demanding than they expected, and some reported elderly people requiring more support than they were able to offer.

The government's new program must be understood in the context of a sector that has been subjected to repeated funding cuts, and is facing

crises of low pay, high turnover, labor shortages, a lack of regulation and poor conditions of work, to name just a few. Volunteers alone are not a magic bullet for ending the social care crisis. For volunteer programs to succeed they require appropriate funding and support.

We are not short of evidence about how the government could meaningfully reform social care. A good starting point would be recognizing the importance of good [social care](#) for all of us, and in its own right—not just as a fix for systemic problems in the NHS.

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