

Volunteer Care Work

*A comparative study of volunteers, cultures of care and
gender in Australia and Denmark*

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Thesis Abstract (English)

There is a strong public trust in volunteers for the delivery of services across welfare states. Yet, the influence of the wider societal context on volunteering remains poorly understood. The objective of the thesis is to compare volunteer engagement in service delivery to the frail elderly, the very sick and the terminally ill. Australia and Denmark are selected as representatives of contrasting welfare systems, identified in both mainstream and gender-sensitive typologies.

To undertake this comparison, the study takes a “Total Social Organisation of Labour” in combination with a “Cultures of Care” approach. Within this framework, volunteer care work is explored in tension and interaction with other actors at three levels: between the non-profit sector, state, market and family (macro-level); between paid and unpaid groups of workers (meso-level); and, between individuals’ own paid and unpaid work (micro-level).

The study follows a comparative case study design which entails comparing and contrasting data collected through: interviews with and observation of volunteer care workers (n=41); interviews with staff and management in the hospices and respite organisations they work in (n= 15) and key representatives from other human service organisations (n=12); and survey data and existing literature.

The thesis advances our understanding of how welfare states influence volunteer care work and provides important insights into how gender, volunteer care work, paid work and welfare state structures relate. It finds that the volunteer involvement in service delivery is dependent on the preference for professionalised versus lay care, risk considerations, and the ability of staff to preserve paid work. Furthermore, it finds that volunteers explain their motivations with reference to their own paid work. The thesis therefore argues that the involvement of volunteers in care work within welfare states depends on the organisation of, boundaries around, conflicts over and access to *paid* work.

Thesis Abstract (Danish)

Der er en voksende tillid til, at borgerne gennem frivilligt arbejde kan bidrage til varetagelsen af velfærdsopgaver i de fleste højtudviklede lande. Vi ved dog forholdsvis lidt om, hvilken betydning forskellige velfærdsstatsmodeller har for arten og omfanget af frivilligt arbejde. Formålet med denne afhandling er at sammenligne frivilligt deltagelse i frembringelsen af velfærdsservice til de svage ældre, meget syge og døende borgere i to forskellige velfærdssystemer. Australien og Danmark er udvalgt som repræsentanter for to velfærdssystemer karakteriseret som forskellige i henhold til både *mainstream* og *gender-sensitive* velfærdstypologierne.

Teorien om Total Social Organisation of Labour kombineret med teorien om Cultures of Care udgør den teoretiske referenceramme, hvori de frivillige borgeres indsats undersøges. Dette gøres i samspil med og modsætning til de andre aktører inden for velfærdsområdet på tre niveauer: relationen mellem den civile organisation, staten, markedet og familien (makro-niveau), relationen mellem det betalte og ubetalte arbejde (meso-niveau), og relationen mellem de frivilliges (nuværende eller tidligere) lønnede og ulønnede arbejde (mikro-niveau).

Undersøgelsen følger et komparativt casestudie design. Afhandlingen sammenligner empirisk data på tværs af de to lande indsamlet gennem: interviews med og observation af frivillige omsorgsarbejdere (n = 41); interviews med medarbejdere og ledelse i de hospicer og aflastningstjenester, hvor de frivillige arbejder (n = 15), repræsentanter fra forskellige relaterede serviceorganisationer (n = 12), samt eksisterende kvantitativ data og litteratur.

Afhandlingen yder et væsentligt bidrag til forståelsen af, hvordan forskellige velfærdsstater påvirker den frivilliges omsorgsarbejde, og giver vigtig indsigt i, hvordan køn, frivilligt omsorgsarbejde, lønarbejde og velfærdsstat reagerer i forhold til hinanden. Afhandling konkluderer, at det frivillige engagement afhænger af den vægt som de enkelte velfærdssamfund lægger på professionaliseret omsorgsydelser, risikoovervejelser i forhold til frivillighed og det professionelle personales evne til at beskytte det lønnede professionelle

arbejde. Desuden forklarer de frivillige borgere primært deres frivillige arbejde med henvisning til eget betalt arbejde. En vigtig konklusion i afhandlingen er derfor, at de frivillige borgeres omsorgsarbejde afhænger i høj grad af organiseringen af, grænser omkring, konflikter i forhold til og adgang til *det lønnede arbejde*.

Statement of Candidate

I certify that the work in this thesis entitled *Volunteer Care Work* has not previously been submitted for a degree, nor has it been submitted as part of requirements for a degree to any other university or institution other than Macquarie University and Roskilde University as set out in the cotutelle agreement of 21 May 2012.

I also certify that the thesis is an original piece of research and that it has been written by me. Any help and assistance that I have received in my research work and the preparation of the thesis itself have been appropriately acknowledged.

In addition, I certify that all information sources and literature used are indicated in the thesis. The research presented in this thesis was approved by Macquarie University Ethics Review Committee, reference number 5201200419, on June 18th 2012 with amendments approved on November 19th 2012.

Charlotte Overgaard, July 2015

Published Material

Some materials presented in this thesis have been published or been accepted for publication as journal articles. In addition, some materials have been presented as conference papers. Abstracts for each of these articles are attached in Annexe A.

- “The boundaries of care work: A comparative study of professionals and volunteers in Denmark and Australia” has been published in the journal, *Health and Social Care in the Community*, (Overgaard, 2015). The data used in this article correspond closely to the data presented in chapters 6 and 9. The discussion is similar to the one in chapter 11 section I.
- “*De Frivilliges Styrke i Omsorgsarbejdet*” has been published in the Danish Nurses' Organization's *Sygeplejersken* (Overgaard, 2014). A presentation on the same topic was delivered at the Volunteer Conference, “*Hvad f...¹ gør frivilligheden frivillig?*” in December 2014. Some of the data used in this article are presented in chapters 5 to 10. However, the nature of the article is not comparative *per se*. Furthermore, the argument of the article lies outside the boundaries of this thesis.
- “When to work for pay, when not to: a comparative study of Australian and Danish volunteer care workers” was accepted for publication in the journal *Voluntas* in March 2015. It has been resubmitted with revisions in June 2015. An earlier version of the same article titled “Volunteering, paid work and gender: A comparative study of Australia and Denmark” was presented in the seminar, *Civilsamfund og Frivillighed i Forandring*, organised by Aalborg University, on 28 and 29 October 2014. The data used in this article correspond closely to chapters 7 and 10 and the argument in chapter 11 section III.

¹ This is the actual title of the conference. The intended missing spaces are “hiding” a Danish swear word.

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Finally, I want to thank the examiners for agreeing to consider my work.

Of course, I take sole responsibility for any errors that may remain in this thesis.

Chapter 1: Introduction—when caregiving is a volunteer activity

It is probably just a part of us. Partly, through a long working life we have become exactly who we are. Partly, there was also a reason why we entered into that working life in the first place.

(Volunteer care worker, Volunteer Coordinator and Nurse)

The ageing of populations inevitably leads to increasing demand for care and support for the frail old, the very sick and the dying, putting substantial pressure on welfare states to meet the needs of their citizens. In a quest to “do more with less”, attention has turned to non-profit organisations and their volunteers. Consequently, volunteering has gained widespread public and political interest over the last few decades. Denmark and Australia, the two countries studied in this thesis, are not exempt (Regeringen, 2012: 79; Oppenheimer and Warburton, 2014). Academic interest has likewise increased, with an explosion in the number of journal articles and books dedicated to the topic (Musick and Wilson, 2008: 3-4; La Cour, 2014: 7-8).

Despite substantial political and scholarly interest in volunteering, it is not clear how welfare states influence volunteering. Analyses across countries are often narrow in their quest, focussing solely on volunteer numbers (Evans and Kelley, 2000; Eurobarometer, 2011) or simply treat volunteering as a dimension of the non-profit sector (Salamon and Anheier, 1998). Indeed, Warburton and Jeppsson Grassman (2011: 180-181) argue that “there is a general lack of scholarly exchange when it comes to the relationship between welfare states

and civic engagement” (2011: 180-181). Musick and Wilson confirm that “the comparative study of volunteer work has only just begun” (2008: 344). This lack of understanding has far-reaching consequences because scholars theorise on the basis of assumptions rather than evidence. We thus find that the links between welfare states and volunteering are imagined in simple terms. Such a current example is the “small government, big society” rhetoric in the United Kingdom, developed by Philip Blond (2010) and adopted by the government, although there is little evidence that small government necessarily prompts a “big society” (Wheelan, 2012).

To address this lack of understanding, I undertake this investigation by taking a bottom-up approach to how welfare states work, in order to pursue an original and novel perspective on volunteer care work. This approach seeks to ensure that theory production is sufficiently grounded in data, rather than formulated in the abstract. A cross-national study emerged as the best way to explore how different types of welfare states produce different volunteering patterns. Furthermore, multi-case studies are widely considered more fruitful for theorising about welfare states than attempts based on a specific national context (Sainsbury, 1999b; Esping-Andersen, 1990). This thesis draws on various forms of data. Most prominently, it draws on data from studies of four human service organisations (a hospice and a respite care organisation in each country). Within these organisations, volunteers are studied alongside paid staff and as part of the organisations in which they work. In addition, the thesis draws on interviews with management in a number of human service organisations about care and volunteering. These primary data are supplemented by survey analysis of volunteering and descriptive accounts of the Australian and Danish welfare states and these countries’ volunteers and non-profit sectors, as well as their populations’ workforce participation.

Drawing on the findings, this thesis challenges simple assumptions about how welfare states and volunteering relate to each other. I argue that welfare states do matter, but that they matter in unexpected ways. Taking a “Total Social Organisation of Labour” (TSOL) approach (Glucksmann, 2005; Lyon and Glucksmann, 2008), the thesis explores how volunteering as a form of care work

links to, relates to and intersects with other forms of work. This approach attracts attention to norms and values about “who does what best”, to the wider processes that shift work to and from being paid, to women’s and men’s participation in paid work, and to the relative powers and abilities of paid health workers to preserve this work. By doing so, this thesis shows that volunteer care workers operate in highly regulated spaces where they have surprisingly little agency over their own participation. This study therefore challenges the notion that existing individualistic approaches to volunteering are appropriate for studying volunteer care work. This thesis argues that the form, extent and meaning of volunteer care work cannot be understood without understanding how the organisation of paid work developed in the two countries, a process that is ultimately connected to the macro-level and organisational features of contrasting welfare state models.

The following sections of this chapter provide some context for understanding both the topic and the direction of this thesis. The first section outlines the reasons why volunteering has become such a “hot” topic, followed by a short statistical profile of volunteering in Australia and Denmark. The third section considers what it means for this study to conceptualise volunteer care work as a study of *care work* in addition to a study of *volunteers*. This section therefore seeks to outline the assumptions contained in the volunteering and care literatures and to point to difficulties in reconciling two such different viewpoints. The fourth section demonstrates the territory of this thesis as formalised work that takes place in primarily non-profit organisations. The fifth section demonstrates the potential of the Total Social Organisation of Labour framework by comparing and contrasting volunteer profiles from each of the two countries. The sixth section of this introduction restates the problem and provides the research questions guiding the rest of the study. The final section provides a short roadmap to the thesis.

I. Volunteering, the remedy to all problems

Almost regardless of the problem, volunteering is seen to be the remedy. One such concern is how to provide for ageing populations. There is renewed trust in and reliance on the non-government sector for the delivery of services. After a period of time during which the advocates of welfare states argued against reliance on charity and voluntary welfare, pointing to the inadequacy of the sector to provide social services, such providers have gained a new legitimacy. This is particularly evident in Northern Europe, where non-profit organisations are no longer simply regarded as an out-dated alternative to the welfare state. Importantly, state, non-profit, family and even for-profit services are now often seen as complementary: policy-makers and researchers now talk about “welfare mixes” rather than welfare states. This indicates that the welfare of nations does not (or rather, should not) rest solely on the state in the viewpoint of policy-makers, but recognises the roles of family, the market and, not least, the non-profit sector (Evers, 1993; Evers and Svetlik, 1993; Evers, 1995; Evers, 2011; Pestoff, 1995).

One of the obvious political advantages of non-profit organisations is their ability to mobilise volunteers to take on some of the responsibilities of our welfare societies. Inevitably, the ageing of the population will lead to increased demand for care and support services for the aged and frail. This so-called “ageing burden” has prompted governments to think about new ways to meet the need for care. Volunteer involvement in service delivery poses a specific policy opportunity to manage this problem. In 1950, less than 1 per cent of the global population was aged over 80 years. By 2050, this share is expected to reach 9.4 per cent for the Organisation for Economic Co-operation and Development (OECD) countries (OECD, 2011: 62). The situations in Denmark and Australia are not different from this general picture: by 2051, the populations over 80 are expected to rise to about 8.1 per cent in Australia and 10.5 per cent in Denmark (OECD, 2011: 63).

Another reason why politicians and scholars are interested in volunteering is because they fear that society is disintegrating. According to the “good society” argument—especially popularised by Putnam (2000)—old

models of civic engagement (like bowling in leagues) have come under pressure, and those changes are threatening to undermine the active civil engagement that is a condition for a strong democracy. Volunteering is seen to counter that development as it contributes to democratic processes because participation builds social capital, shared values and, not least, trust (Putnam, 1995; Putnam, 2000). Moreover, it is argued that volunteering creates “good citizens” by turning young people into responsible adults (Youniss, Yates and Su, 1997) and teaches citizens about social issues and civic skills (Musick and Wilson, 2008: 460; Verba, Schlozman and Brady, 1995: ch. 11).

II. Denmark and Australia: two countries with significant civil engagement

Policy-makers and academics, who agree that high volunteering participation rates are a desirable trait of welfare societies, may be pleased with how Denmark and Australia fare comparatively. Both show similar, strong levels of civil engagement. Exact volunteering statistics for different countries vary greatly², and precise comparisons are difficult to make. However, one recent study found that only the Netherlands (out of the European countries) boasts a higher participation rate than Denmark (Eurobarometer, 2011). About 35 per cent of Danes (2012) and 36 per cent of Australians were engaged in voluntary work in the 12 months before data collection in 2012 and 2010, respectively, according to two estimates (Australian Bureau of Statistics, 2010: 2; Fridberg, Henriksen and Qvist, 2013: 9). Table 1 shows that in recent years there has been a slight increase in volunteering rates in Australia and consistent participation rates in Denmark.

² For example, in Australia there are large disparities between the Census data and the General Social Survey data (GSS) which are both data collected by the Australian Bureau of Statistics. The 2006 GSS suggested that a third of Australians volunteer, while the Census data from the same year suggested that only a fifth of Australians volunteer (Oppenheimer and Warburton, 2014).

Table 1: Participation in voluntary work, Denmark and Australia (recent years) in percentage (%) of populations

| | 2000 | 2004 | 2006 | 2010 | 2012 |
|------------------|------|------|------|------|------|
| Australia | 32 | - | 34 | 36 | - |
| Denmark | - | 35 | - | - | 35 |

Sources: Voluntary work surveys (Australian Bureau of Statistics, 2010; 2000); Koch-Nielsen, Henriksen, Fridberg and Rosdahl (2005); and Fridberg et al. (2013).

However, not all volunteers participate in service delivery to the frail old, the very sick and the terminally ill. In fact, only a small proportion of both countries' volunteers participate in this form of volunteering. I estimate that 7 per cent of the Danish population and 11 per cent of the Australian population volunteer in welfare or health organisations (see Table 2)³. These numbers provide some indication of the size of this form of participation, although these numbers also include fund-raising and board membership, among other activities.

Table 2: Participation rates in types of voluntary work (% of population)

| Participation in Voluntary Work | Australia | Denmark |
|---|------------------|----------------|
| In any type of organisation | 36 | 35 |
| In health organisations | 3 | 4 |
| In welfare organisations | 9 | 3 |
| In health and/or welfare organisations | 11 | 7 |

Sources: Australian Bureau of Statistics (2010), Fridberg et al. (2013) and own calculations.

Note: Some volunteers do more than one form of volunteering. The percentages are therefore not cumulative.

By undertaking a study where care, volunteering and welfare states intersect, the research explores a topic that is placed at the intersection of several literatures that do not speak easily to each other and that have grown out of such different traditions that it is almost impossible to reconcile their

³ The steps involved in making these estimates are described in much more detail in chapter 4 section III. The estimates for health and welfare volunteers are made by separating those who have said 'yes' to working either in a health or a social service/welfare/community organisation.

assumptions. The discrepancy prompts a larger question, a question that has remained central to this thesis: is a volunteer care worker primarily a volunteer, or is a volunteer care worker primarily a person who cares?

The volunteering literature rests on the assumption that volunteering is a positive activity—good for volunteers, organisations, those who need help, and society (Taylor, 2005). Central to this literature—and often to definitions of volunteering—is the notion of “free will” (Australian Bureau of Statistics, 2010: 12; Boje, Fridberg and Ibsen, 2006; Haski-Leventhal, 2009: 272; Musick and Wilson, 2008). The volunteering literature favours an individualistic approach—individualistic because it is concerned with the individual’s motives, morality and resources—while it pays less attention to the structures and circumstances of which volunteering is a product (Baldock, 1998; Taylor, 2005). Similarly, fundamental to the volunteering literature is the notion that it is predominantly individuals with high levels of individual resources who are able to participate (Einolf and Chambré, 2011; Wilson and Musick, 1997a; Smith, 1994), even prompting some researchers to posit a “dominant status” thesis (Smith, 1994).

The care literature rests on a very different set of assumptions. The study of care arose out of a feminist concern with gender, power and equity. Indeed, the origins of the concept of “care” lie in an attempt to define the work involved in caring for others, and feminist work has been influential in proving the *disadvantages* that follow from that work. Where care work used to be strictly a family matter, care has “gone public” (Hernes, 1987). Now, care may be delivered in a hospice, in a hospital, in a nursing home, in a respite facility, in a mobile health clinic, or at home. In such *spaces of care*, a term I use to indicate a physical location where care takes place, care-giving is delivered by a gamut of health and care professionals—and volunteers.

In the care literature, it is argued that people of power can leave “caring for” to those less powerful and reduce their own involvement to “caring about”; accordingly, socio-economic status (class) and gender are organising factors to consider in studies of care (Conlon, Timonen, Carney and Scharf, 2014; Tronto, 1993: 112-116). In stark contrast to the notion of free will in the volunteering literature, a central argument in feminist writing is the existence of an ideology of

altruism that compels women to provide their services without getting anything in return (Land and Rose, 1985). This is often referred to as “compulsory altruism”.

The two literatures are also separated in other ways. As care has “gone public” (Hernes, 1987), the “consideration of the role of the welfare state is indispensable” (Daly and Lewis, 1998: 6). In other words, studies (including this study) now assume that the design of welfare states matters: welfare states determine upon whom the task of caring falls, and care has become an accepted organising theme and concept under which to study welfare states. However, comparative studies concerned with welfare states and care (Kremer, 2007), or welfare states and gender (Orloff, 1996b), tend to turn to polarised discussions of informal (household) work versus formal paid work⁴, and thus largely ignore the contribution by volunteers. We therefore have few clues about how volunteering relates to the welfare typologies developed in this literature.

Similarly, studies of volunteering have not embraced the social care literature. Macro-level comparative studies of volunteering thus treat “volunteering” as the organising theme under which to study countries, rather than focus on any specific form of volunteering, such as care. Surprisingly, most country-comparative studies consequently assume that what people do is to “volunteer”. As a result, all forms of volunteering are lumped together, although it was not immediately obvious to me that care work, soccer coaching, fire-fighting, conservation work, union activism and “voluntourism⁵” have much in common—except being unpaid, of course. This seems especially problematic for a study of care because care is such a highly regulated form of work. Conceptualising “volunteering” as a presumed singular phenomenon thus ignores the specific occupational and sectoral contexts that these volunteers operate within. Additionally, it ignores that there are other actors, most importantly paid care workers, who also make claims to specific forms of care

⁴ Newer comparative research is increasingly focussing on the market (Normacare, n/d).

⁵ Voluntourism is a combination of two words “volunteer” and “tourism”. It refers to travellers who volunteer during their short (1-4 weeks) holidays, typically for a charity (McLennan, 2014).

work. This view reflects a general failure to acknowledge the structures of power, which organise the boundaries between paid and unpaid work.

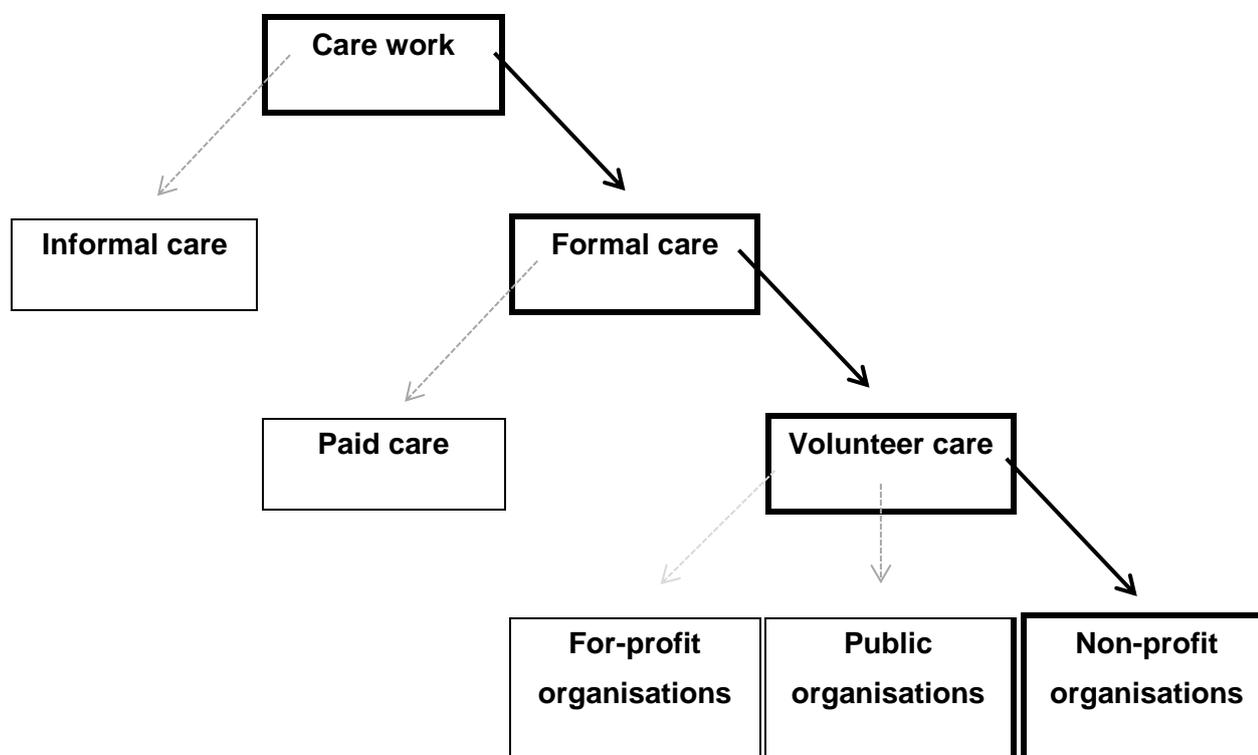
III. Mapping the territory

As discussed in the previous section, this thesis recognises the form of work that volunteers do as *care*. Defining volunteering as primarily a form of care work is thus the starting point for this thesis. Before beginning to examine the involvement of volunteers in this care work, I need to define the focus by establishing some further key conceptual distinctions (See Figure 1).

Volunteer work is distinguished from other types of unpaid work because it associates volunteers with *formal organisations*. Volunteer care work is therefore distinct from informal helping and family work, a point I shall return to in chapter 3 section III. Obviously, volunteer care is also distinct from paid care, as indicated in Figure 1.

Volunteering takes place in organisations. The organisational context of volunteer work should therefore not be ignored, neither the individual organisation nor the mass of organisations that I hereafter refer to as the non-profit sector. The relationship between volunteering and non-profit organisations has a long history. Indeed, some studies simply treat volunteering as a dimension of the non-profit sector. The Johns Hopkins Comparative Sector Project is a notable example of such an approach (Warburton and Jeppsson Grassman, 2011; Salamon and Anheier, 1998). However, volunteering should not automatically be conflated with the non-profit sector: some volunteering takes place outside the non-profit sector, just as some non-profit organisations solely or mainly operate with paid staff. Despite this small reservation, this thesis focusses primarily on the non-profit sector's role in service delivery, because non-profit organisations continue to provide greater (although not the only) opportunities for volunteering (See Figure 1). While welfare states matter, organisations also matter. As we shall discover, they are important for understanding the relationship between volunteers and welfare states.

Figure 1: Mapping the territory: Volunteering is unpaid, formalised work in predominantly non-profit organisations



Note: This figure is inspired by a figure developed for a study of for-profit, paid care by Meagher and Cortis (2008)

Non-profit organisations are recognised under a number of different names in the literature, by the organisations themselves and in daily speech. In Denmark, “the Voluntary Sector” (*den frivillige sektor*) appears to be the most commonly used term for these self-governing organisations, associations and foundations (Ibsen and Habermann, 2005). In Australia, commonly used terms include community organisations, charities, voluntary organisations and non-government organisations. Non-profit hospitals are sometimes referred to as private hospitals, and non-profit schools are known as private or non-government schools (Lyons, 1998). In addition, the terms, “third sector” and “civil society”, are sometimes used interchangeably with the non-profit sector. Civil society seems to be the most favoured term by recent governments in Australia (Oppenheimer and Warburton, 2014).

IV. Studying volunteering in a Total Social Organisation of Labour framework

This study adopts a Total Social Organisation of Labour (TSOL) approach. In order to understand the strength of the TSOL approach for this thesis, I will—in some detail—outline the stories of Australian volunteer, Anne, and Danish volunteer, Janne. These two women are interesting comparisons and point to many clues about volunteering efforts.

Comparing and contrasting Janne's and Anne's stories, as presented below, attracts attention to the trajectories of these women's employed lives, and we start to sense that working or not working for pay matters for volunteering. Also, we start to sense that divisions of labour in the private sphere matter for volunteering as well. Furthermore, we realise that the expectations about how volunteers participate, are expected to do well, and are allowed to do so, are clearly not based on the characteristics of those two volunteers themselves, but appear to be based in some—not yet revealed—logic of participation.

Australian volunteer care worker Anne: Anne was in her 70s when I met her in the Australian hospice. It was not easy to find her the first time I looked for her. One reason was that I did not expect a volunteer to be in a uniform. Also, Anne was so busy that it was difficult to catch her in the ward.

Anne has worked in the hospital for 29 years. She works two days a week from early in the morning till mid-afternoon. She is sometimes the first one to come into "her shift", as she calls it, which starts along with the nurses at about 7am and goes to about 2pm. Anne is busy when she works. She is quick and she is self-motivated. Despite new rules in the hospice, which dictate that volunteers are to work under supervision, it is clear that Anne is the one in charge in many instances. She musters nurses to help her and she directs nurses to unanswered buzzers. In one instance, I watched Anne move a heavy, very sick, bed-ridden patient from one bed to another, a move that was difficult and prompted Anne to climb onto the bed to transfer the patient from one bed to another. Anne is constantly on her feet. She is a flurry of energy, running in and out of rooms, giving and taking orders, and answering bells and phones. On

some days, she tells me, she doesn't even find the time to put her bag away before she answers the first buzzer. There is no doubt that Anne is comfortable with the staff and she is comfortable with her job. It is not easy to see that she is not a paid staff member.

Anne's working life has been at the hospice. She never entered the paid workforce again after she had children because—as she explains—her “husband was a good provider”. When I asked her about the green uniform she wears, she tells me that the nuns (nurses in this Catholic hospital) gave the volunteers green jackets to wear. When the green jackets ceased to be provided, Anne instead had them tailored for her. She tells me that the first thing she does when she finishes work is to step out of her uniform to mark the demarcation between her work life and her private life.

Danish volunteer care worker Janne: I met Janne who is in her 60s at the Danish hospice, where her primary job involved supplying vases with flowers to the patients' rooms once a fortnight. Janne has worked professionally in care her whole life. She started out as a nursing assistant. Later, she studied physiotherapy and pedagogy and finished her paid working life as head of the regional public home help scheme. She had to retire early due to an illness and started working at the hospice in an unpaid capacity. If she had not become ill she would have continued to be a paid employee, rather than an unpaid volunteer.

Unlike Anne, it is easy to tell that Janne is a volunteer. She has a volunteer job with few responsibilities, she has lots of time and she certainly does not hand out any orders. She knows better than to do so. That would cause considerable tension in the Danish hospice. The hospice does not tolerate former health professionals who cannot behave like lay volunteers. The skill-set and knowledge that Janne brings to the job must remain unused. She has even been told to “leave her uniform at the door”—a popular saying in the hospice.

At the same time, it is clear that her recognised skill set has been utilised, although never officially. When the hospice first opened and attracted nurses from other places in the region, she found herself working with many of her

former colleagues. Because of her former standing in the care sector and her professional background, many of the paid nurses relied heavily on her expertise when the hospice first opened. Janne has many times found herself doing what she sees to be the nurses' jobs—bathing, washing and looking after patients—when management is not watching. It is obviously difficult for the paid staff to draw the line between her former role and her present role. When management goes home at night and Janne gets called in to sit with dying patients, the nurses are happy that she has not “left her uniform at the door”. She has even experienced some nurses “catnapping” while she is on watch.

Comparing and contrasting Janne's and Anne's stories attracts attention to the trajectories of their employed lives. Many, many of the other volunteers, albeit not all, explain how volunteering and paid work interlock: they report on finished careers, disrupted paid working lives, and unfulfilled dreams about careers and employment. When we further explore the stories, we will see that they are also stories of dominant norms and values about the correct gender division of labour in the home and the paid workforce.

When comparing and contrasting Janne's and Anne's stories, it also becomes clear that their opportunities to occupy spaces of care differ. Anne participates in a range of skill-demanding, personal care functions working alongside paid nurses, despite no formal training. Janne, on the contrary, cannot participate in bed washes and personal care (at least not officially), even with her extensive professional experience. Their opportunities to work must therefore be found *outside* the characteristics of these two volunteers themselves.

This thesis sets out to investigate the systematic links that enable us to make sense of Anne's and Janne's stories. In doing so, it primarily adopts a Total Social Organisation of Labour' (TSOL) approach, a conceptual device which refers “to the manner by which *all the labour in a particular society is divided up between and allocated to different structures, institutions and activities*” (Glucksmann, 1995b: 67). It is an approach which links labour conducted in different spaces and focusses on the relational aspect of labour, including how one form of work intersects with and relates to other forms

(Glucksmann, 2005; Lyon and Glucksmann, 2008). This thesis will present the TSOL framework in more detail in chapter 3 III.

V. Research questions

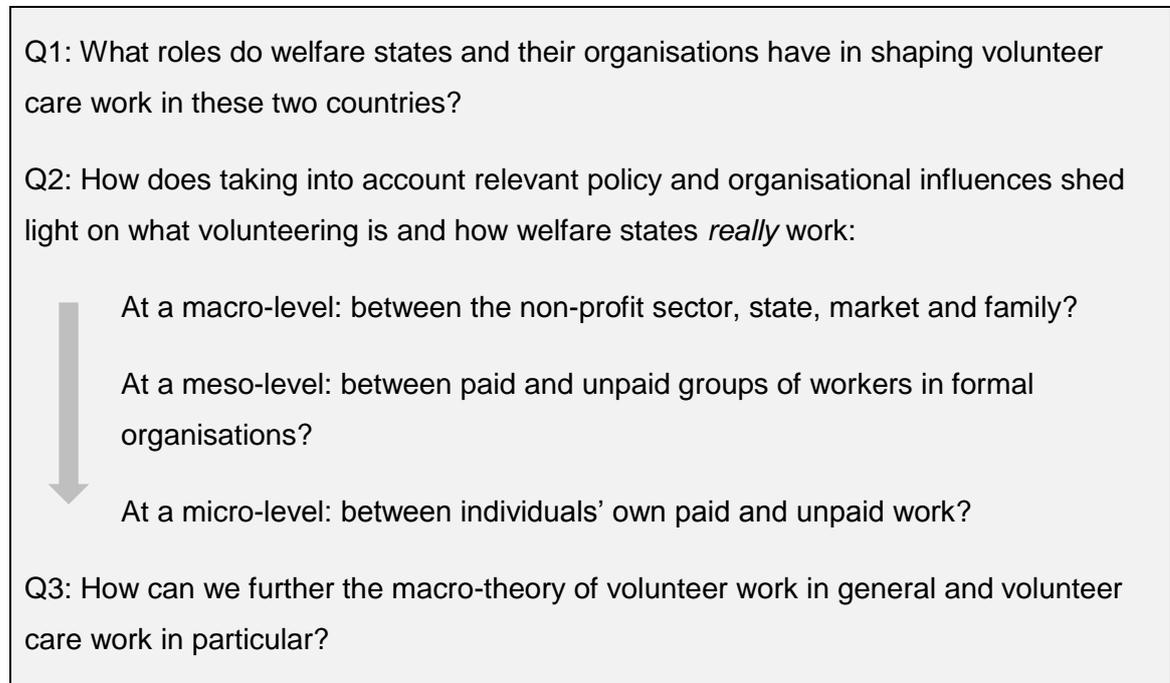
I came to this project with three overall interests: in welfare states; in care for the frail old, the very sick and the terminally ill; and in volunteering. Surprisingly, I found that there was little theorising about welfare states and volunteering in general, and welfare states and volunteer care work in particular. Rather, country-comparative studies seem obsessed with counting volunteers. Even more puzzlingly, these studies pay little attention to what kinds of activities volunteers actually participate in and consequently lump all of them together under the cover-all term, “volunteering”.

This thesis seeks to break with a tradition of studying “volunteering” as a unity and in isolation from its context. Instead, I investigate *one* important form of volunteer work, care, with the aim of broadening our understanding of how welfare state structures influence this kind of unpaid work. This is an approach that recognises that volunteer care workers *work*, that what they are involved in is *care* work, that there are *paid workers* who also making claims to this kind of work, and that *organisations* mediate the relationship between welfare states and volunteers. Extending TSOL into a three-level framework and adopting a comparative case study approach, I consider *how we can understand volunteers’ engagement in service delivery to the frail elderly, the very sick and the terminally ill in a mixed economy of care within different welfare state contexts*.

This question can and must be answered at two different levels and in the right order: at a practical and a theoretical level. This approach ensures that theory is sufficiently grounded in the data. This thesis first sets out to answer the question by exploring what role welfare states have in shaping volunteer care work in the two countries by simultaneously taking into account the policy and organisational contexts. In turn, I investigate this question at macro-, meso- and micro-levels. However, the overall objective of this study project is to contribute

to macro-theory of volunteer work in general and volunteer care work in particular by drawing on the findings from this thesis (See Figure 2).

Figure 2: Research Questions



VI. Organisation of this thesis

Part 1 of this thesis is dedicated to building a research framework and designing a study that can help further our understanding of welfare states and volunteering. As part of Part 1, chapters 2 and 3 take on the task of reviewing, critiquing and building a framework that is suited for the study. This framework needs to handle a plethora of considerations in order to answer the research questions. First, it needs to recognise that volunteer care workers are volunteers as well as care workers. Second, it needs to be able to incorporate a gender perspective. Third, it further needs to recognise that volunteers indeed work. Finally, it needs to be able to link micro- to macro-levels without ignoring the organisational context of volunteering. Chapter 3 concludes that Social Origins theory, the work undertaken within the development of the so-called gender-sensitive welfare typologies and the cultures of care literature, provides important additional insights alongside the TSOL framework.

Chapter 4 extends the TSOL framework into a three-tiered study design,

which pays attention to the relational division of labour at macro-, meso- and micro-levels. Matching methods to the three-tiered study design, important decisions are made at each level to collect the kind of data that are best suited to answer the research questions. At the macro-level, the study thus relies on existing literature, survey data and interviews with key participants from a number of human service organisations. At the meso-level, the study relies on the data collected by studying volunteers in their organisational contexts. These data include both observations and interviews with the various actors within the organisations. At the micro-level, the data are collected from the volunteers themselves through interviews.

Once the framework and study design are established, I undertake the case study analysis. Part 2 (chapters 5, 6 and 7) focusses on Australia, while Part 3 (chapters 8, 9 and 10) focusses on Denmark.

In accordance with the three-tiered TSOL framework, chapters 5 and 8 focus on the relationships between the two countries' non-profit sectors and the state, market and family (the macro-level). The ambition is to explore whether and to what degree we can understand the involvement of volunteers as grounded in some—not yet revealed—logic of appropriateness (culture of care). This direction is inspired by the cultures of care literatures, especially the work by Arlie Hochschild, Birgit Pfau-Effinger and Monique Kremer (Hochschild, 2003; Kremer, 2007; Pfau-Effinger, 1998).

Chapters 6 and 9 focus on the relationships and processes involved in preserving paid and unpaid work within two hospices and two respite organisations (the meso-level). An aim at this level is to investigate the actual contribution of volunteers in spaces of care, which prompts attention to what volunteers actually do when they volunteer (i.e. the type and character of the work). A connected aim is to investigate how volunteers participate alongside paid staff in formal organisations. This includes investigating the principles that determine what kind of work attracts a wage, and what does not. This also includes investigating the active processes and power structures that determine the allocation of paid and unpaid tasks.

Chapters 7 and 10 turn attention to individual volunteers (the micro-level). These chapters aim to explore how volunteer care work is connected to the rest of people's lives, i.e. to their activities in their informal spheres (in the realm of family) and the rest of their formal lives (in employment). Interestingly, the data gave much more information about people's formal lives than about informal lives. Stories about their informal lives—which I had expected to hear—hardly emerged.

A cross-cutting aim throughout the thesis is to pay particular attention to how volunteer care work is gendered. It seems inconceivable that a study of volunteer care work should fail to include a (female) gender perspective, a perspective that is so pervasive in all other care literature. It is particularly pressing that any such gender considerations go beyond simple notions of "choice", but include some wider considerations about how women's and men's patterns of volunteering can be understood.

Part 4 draws the thesis to a conclusion. Chapter 11 discusses key differences and similarities apparent from the case studies that help explain volunteer engagement in service delivery to the frail elderly, the very sick and the terminally ill in mixed economies of care in Australia and Denmark. These differences are discussed as three themes emerging from the data: boundaries between paid and unpaid staff; substitution between paid and unpaid staff; and becoming a volunteer care worker. Chapter 12 brings together evidence from the various parts of the study to argue that attention to the organisation of *paid* work is the key to furthering the macro-theory of volunteer work in general and volunteer care work in particular. I conclude by discussing the implications of this argument.

Part 1: Theoretical perspectives, framework and study design

Chapter 2: Theoretical perspectives and framework: volunteering in the welfare state

The first and immediate aim of this thesis is to build a framework suitable for a study of *volunteer care* work. A number of macro-theoretical frameworks are available. They can roughly be divided into two distinct groups: those that are primarily concerned with *volunteering*; and those that have *other* primary concerns, but are relevant to a study of volunteer care work—notably macro-theories that take account of a gender perspective and the social care literature. At present, these literatures are disjointed. They have developed out of different traditions, have different overall concerns, and do not easily speak with each other. On the one side, the macro-level volunteering literature has followed mainstream welfare regime logics (especially the work of Esping-Andersen) and consequently considers how liberal and social democratic welfare states influence volunteering. On the other side, most feminist work on gender-sensitive typologies, and care work has had little interest in volunteering but has obvious analytical strengths because it includes a gender perspective that is warranted in a study of volunteer care work. Neither the volunteering literature nor the gender and care literature is sufficient on its own. While much of the volunteering literature would not view “volunteering” and “care” as contradictory because of the underlying assumption that a volunteer is a person who cares (i.e. a kind, altruistic person), it is clear that the two have quite distinct assumptions, literatures and research traditions.

As stated previously, the immediate goal in chapters 2 and 3 is to review existing theories as well as develop the most suitable framework for studying how welfare state contexts influence volunteer care work. It was not immediately apparent that any single framework would suffice. During data collection, it became obvious that some elements of different frameworks were more suitable than others. Building the theoretical framework was therefore a task that had to take place alongside data collection and analysis. In this chapter, along with chapter 3, I consider the strengths and weaknesses of different frameworks. A critical view is applied throughout both chapters, with the aim of taking from each framework “what works”, to develop a framework that is specifically suitable for a comparative study of volunteer care work.

The structure of the two chapters is as follows. Chapter 2 reviews and critiques frameworks developed for studies of *volunteering* and welfare states. Chapter 3 in turn examines frameworks developed for studies of *gender and care* and welfare states. Chapter 3 concludes with a presentation of the framework in this study of volunteer care work—a framework mainly influenced by the “Total Social Organisation of Labour” framework developed by Miriam Glucksmann (2005). The framework also draws on elements from the “Ideals of Care” framework by Monique Kremer (2007), and from “Social Origins” theory (Salamon and Anheier, 1998; Salamon, Sokolowski and Anheier, 2000).

I. What is wrong with micro-theories of volunteering

It may seem odd to start with micro-theories in a study that explores the links between macro-structures and volunteering. However, there is a reason for starting here. Micro-theories of volunteers dominate the field—and thereby also the way we think about volunteering. By reviewing these theories, we will come to understand that the volunteering literature favours an individualistic approach, an approach that I will later challenge as an adequate explanation for when, how and why people volunteer.

Studies of volunteers have been dominated by two sets of approaches. The first focusses on a search for motives. The second focusses on the resources that go into volunteering (Handy and Hustinx, 2009: 553). In the first

tradition—research that has been carried out within the study of psychology—the focus is on motives (Habermann, 2007: 63). Much of the discussion of the motives of volunteers has typically turned to polarities of altruism and egoism, where the pure selflessness of altruism is set against the pragmatic self-interest of the needy volunteer seeking fulfilment through helping others (Clary, Snyder, Ridge, Copeland, Stukas, Haugen and Miene, 1998; Cloke, May and Johnsen, 2007: 1092). Thus, simultaneous attention to these opposing directions connects most scholarly work on motivations. It is recognised that motivations do not stand alone and that people are motivated by neither purely selfish nor purely altruistic reasons (Yeung, 2004).

A second dominant approach in volunteering research (favoured by sociologists) explains participation by means of differences in the background characteristics of individuals (Handy and Hustinx, 2009: 553). One literature review by David Horton Smith (1994) cites research dating back to 1941, thus providing some indication of how strong this research tradition is. Researchers are interested in the characteristics of volunteers because it is argued that volunteering as a productive activity needs input: certain people have those skills and competences (resources) that are needed in volunteer work, while others do not. The characteristics of people predict who will volunteer. The characteristics of people that we normally associate with status are associated with those who volunteer. The direction between resources and status has prompted researchers to formulate a “dominant status” theory of volunteering, which assumes that people who have those resources we most often associate with high status in society will volunteer (Smith, 1994: 247). The most relevant findings to this study are summarised below:

- Level of *education* has consistently been shown to be the best predictor of volunteering (Musick and Wilson, 2008: 119; Wilson, 2000: 219-220; Putnam, 2000: 118).
- *Having a job* has become a commonly cited predictor of volunteering—especially if the job has high status (Wilson, 2000: 218). Originally, it was assumed that people out of the workforce (such as housewives) volunteer because they have more available time. Indeed, volunteering cannot be done

during the hours we spend in paid work, nor can it be done in leisure time or in the time we spend sleeping. Furthermore, the most common reasons for not volunteering is “not having time” (Koch-Nielsen et al., 2005: 119; Low, Butt, Paine and Smith, 2007: 69; Musick and Wilson, 2008: 148-149; Volunteering Australia, 2011b: table 25 in annex). However, a number of studies have found that people *with jobs* are more likely to volunteer (Musick and Wilson, 2008: 150; Putnam, 2000: 119). A more recent argument is therefore that it is unhelpful to think about predictions of who will volunteer in terms of time, and more helpful to consider what people do when they work (Wilson and Musick, 1997b)—advice that has been taken up in this study.

- A further predictor of volunteering is *age*. Studies generally show that the relationship is concave: the young and the old volunteer less than those in their 30s and early 40s. This reason why these particular age groups have high participation rates is probably that they have children living at home, giving them a reason to participate through schools and sports organisations (Musick and Wilson, 2008: 245).

Earlier thinking assumed that being a volunteer was synonymous with being a woman (Scott, 1991: chapter 1; Taylor, 2005: 119). More recent survey data reveal that men volunteer much more than was originally believed: in Denmark and Australia alike, men and women volunteer at almost equal rates (Australian Bureau of Statistics, 2010; Fridberg et al., 2013). However, it is a consistent finding in survey data that men and women gravitate towards different types of volunteering. Men are more likely to volunteer in public safety (e.g. fire-fighting) and sports, while women are more likely than men to volunteer in health and social services (Australian Bureau of Statistics, 2010: 5; Musick and Wilson, 2008: 183; Fridberg and Henriksen, 2014: 59).

The main *sociological* account for this division of labour is that women learn to “do gender”. According to this socialisation argument, when women rate themselves as more empathic and altruistic (Greeno and Maccoby, 1986), it is because they have learned to be so, not because of their genes (Musick and Wilson, 2008: 171). In accordance with “gender role orientation” theory, a dominant theory for explaining women’s and men’s participation patterns,

women do “women’s work” in volunteer work—as they are in paid work—because they are socialised to do so (Fyall and Gazley, 2013; Karniol, Grosz and Schorr, 2003). Examining the social construction of gender segregation, we find that few studies focus on the active processes of “doing gender”. An example is a study of youth sports, documenting the sorting processes that turn women into “soccer mums” and men into head coaches (Messner and Bozada-Deas, 2009).

Problematically, micro-theory and surveys continue to assume that people define *themselves as volunteers* and what they do as “volunteering” (Taylor, 2005). Within volunteering studies, one form of volunteering (called domain, in this tradition and language) is measured against other forms of volunteering. This is problematic for gender analysis: while it is noted that men and women participate in different domains, it is not problematised because the bottom line is measured by the overall *amount* of volunteering. As long as women and men roughly contribute the same amount of “volunteering”, nobody is alarmed about participation patterns. Gender is a consistent focus in this thesis, and it will be increasingly obvious that there is cause for alarm, even if the overall participation rates are similar for men and women.

Moreover, micro-theories ignore that people are influenced by *macro-structures* in which the specific form of work, volunteering, takes place. Any complete model of volunteering must not only include the individual motives and the characteristics of individuals (Koch-Nielsen et al., 2005: 96); it must also consider the societal context in which volunteering takes place. Yet, the influence of the wider societal context is one of the least understood factors (Hustinx and Lammertyn, 2003: 169; Wilson, 2000: 229). Particularly puzzling is the question of how welfare states influence volunteering, and I therefore need a framework that can incorporate this. The next sections will turn to macro-theories of volunteering.

II. Welfare states, people’s behaviour and comparative studies

A necessary first step—before further exploring macro-theories of welfare states

and volunteering—is to address three central questions in the comparative studies of welfare states. First, do welfare states influence people’s volunteer behaviour? Second, can we group certain countries into regimes because we find them similar according to specific dimensions? Third, can comparative studies tell us something that a single case cannot?

Gøsta Esping-Andersen’s highly influential *The Three Worlds of Welfare Capitalism* (1990) provides an organising framework for most subsequent studies of comparative welfare research⁶. While Esping-Andersen does not take account of volunteering in this book, he is nevertheless often quoted in background sections to studies of volunteers. His observations about liberal government quests to minimise their involvement are extended into an assumption that volunteering will play a large role in liberal welfare states (see e.g. Hardill and Baines, 2011: 2). However, the value of the work by Esping-Andersen lies not in trying to uncritically extend his categories into predictions of the shape and form of volunteering. Rather, the legacy of Esping-Andersen’s work is that it leaves researchers in a much better position to answer the three central questions above.

Esping-Andersen’s aim was to make sense of the “accent” of states by clustering modern welfare states into “regimes”, thereby providing a framework that could explain welfare states more effectively than mere analysis of the size of expenditure. He did this by looking at what he argues to be the key dimensions of a welfare state’s identity: the nexus of the state and market in the distribution system; the quality and strength of social rights that allow citizens a degree of freedom from market dependency as reflected in what he termed “de-commodification”; and, the stratifying effects of welfare entitlements (Esping-Andersen, 1990: 3; Sainsbury, 1999a: 2). It is an approach primarily concerned with how welfare states accentuate or hinder social inequalities.

⁶ Other, more recent work has challenged and arguably replaced Esping-Andersen’s typologies by having greater explanatory power. However, in terms of importance and setting the path for a tradition in comparative research, Esping-Andersen’s work is difficult to bypass. It has also been included here because of its important bearings on Social Origins theory, which is so important for non-profit research.

Esping-Andersen suggests three broad types or regimes of welfare: Liberal, Conservative and Social Democratic. Denmark is classified as a “social democratic” welfare regime and Australia as a “liberal” welfare regime (Esping-Andersen, 1990; Esping-Andersen, 1999). While Esping-Andersen’s typologies arguably are the most influential, they have not been unchallenged. Castles and Mitchell (1992) famously challenged the classification, arguing that Australia (and New Zealand) represent a fourth type, a point taken up later in chapter 5 section I of this thesis. Feminists have similarly challenged the framework, although on different grounds, with Lewis’s critique arguably the most influential (1992). These critics have argued that a gender perspective is missing from the framework and have responded by either including gender in the mainstream framework or by formulating altogether different typologies. The main gist of the critique is that “de-commodification” is suited to analyse class, but less suited to analyse gender inequality. I shall return to these typologies in chapter 3 section I.

The aim of giving such a prominent place to Esping-Andersen’s work early in the thesis is, however, not to accept or refute his classifications. His framework was developed with a different purpose in mind and did not include the non-profit sector⁷. Instead, three important observations are worth making at this point. One is the seemingly wide acceptance in the research community that it is a worthwhile quest to group countries. This acceptance has led to a research “industry”, which has as its main aim to fit real welfare states into three (or more) ideal-type categories. This is also the underlying logic in macro-level studies of non-profit sectors such as Social Origins theory (Salamon and Anheier, 1998) in section IV, which consequently discusses regimes, rather than individual countries.

The second observation is the wide acceptance that people’s behaviours can be explained by the characteristics of the countries they live in. Accordingly,

⁷ Except for footnotes on page 35 and 36 of his 1999 book. He argues that the third sector of voluntary, or non-profit, welfare delivery should rightfully be added to the triad (state, market and family) which makes up a welfare regime (Esping-Andersen, 1999). However, the main aim of the 1999 book is not to include further attention to the non-profit sector, but to pay further attention to the family.

the welfare state “is not just a mechanism that intervenes in, and possibly corrects, the structure of inequality; it is, in its own right, a system of stratification” (Esping-Andersen, 1990: 23). However, perhaps the most exciting discovery from comparative research is the realisation that comparative studies can reveal interesting patterns of behaviour that would otherwise not surface. The care literature, as we shall see, has significantly benefitted from this realisation. How we care, who cares, and what is viewed as good care is not universal, despite the assumed “naturalness” of women’s caring behaviour. I shall return to this in chapter 3.

Now that it has been acknowledged that comparative studies are often superior to single case studies, that some countries can be meaningfully grouped, and that people’s behaviours can be explained by the shape of the welfare state they live in, it is possible to investigate further theoretical accounts of how different types of welfare states may influence the existence, size and nature of the non-profit sector and volunteering. The question that keeps attracting the attention of policy-makers and researchers is: does state engagement crowd out volunteer participation?

III. Do welfare states prevent other forms of engagement?

A recurrent critique of the welfare state is that it crowds out social capital (van Oorschot and Arts, 2005: 5). The concept of social capital embodies the idea “that involvement and participation in groups can have positive consequences for the individual and the community” (Portes, 1998: 2). We assume that participation in those relationships is relative to the societies or cultures in which they are embedded (Pichler and Wallace, 2007: 423).

The initial approaches to social capital were provided by Bourdieu and Coleman who both used social capital as the social construct in a *micro*-sociological theory, where social capital is a resource that actors derive from their relationships and can use to pursue their interests (Portes, 1998). Social network theorists have mainly continued to emphasise the *informal* bonds

between people (van Oorschot, Arts and Gelissen, 2006; Pichler and Wallace, 2007: 424).

With Putnam (2000), two important developments took place to shape how social capital is used by social scientists. Firstly, the concept of social capital has been brought from a micro-theory into a macro-sociological theory of societal structure, culture and collective action. Putnam argues that social capital not only has a private dimension, but also a public one (Portes, 2000). Social capital, he further argues, can have positive benefits for the wider society within which it is lodged and it can be treated as the *property of countries and regions*. Macro-sociological theories thus see social capital as the cement of society that makes it possible for people to cooperate in the collective interest (van Oorschot et al., 2006: 150-151). Secondly, increased focus was placed on *formal* participation, rather than informal participation alone (Pichler and Wallace, 2007: 424). It is this latter tradition, an emphasis on formal participation and macro-level analysis, which has been continued in macro-level studies of volunteering: the active participation in non-profit organisations⁸ is an indicator of formal participation in civil society. In other words, a high volunteering rate is seen to be a sign of a society that is good to live in, according to this thinking.

The crowding-out thesis has been a persistent one. For that reason, I will cover it in some detail, although the thesis has found little support empirically. Proponents of the crowding-out thesis are apt to start from de Tocqueville's observation that "Americans of all ages, all stations in life, and all types of dispositions are forever forming associations". His further observations that "government seemed barely present" (cited in Skocpol, 1996: 1) has been taken to indicate that an absent welfare state would result in a strong civil society (Smith and Lipsky, 1993: 14). The critique expresses the idea that the welfare state, in spite or even because of its good intentions, has a crowding-out effect upon the social capital of the society it serves. The argument is that social expenditures and comprehensive social programs crowd out informal caring relations and social networks, as well as familial, communal and occupational

⁸ Other common indicators of participation in civil society are membership of non-profit organisations and generalised social trust (Pichler and Wallace, 2007).

systems of self-help and reciprocity, thereby fostering social isolation, anomie and self-centredness, and a general decline in commitment to civil norms, trust and participation (van Oorschot and Arts, 2005: 6). It follows from this logic that as social obligations become public, institutional arrangements crowd out private obligations. As a result, voluntary, familial, communal and other interpersonal ties tend to weaken, and people lose their moral sense of collective and communal responsibility. In turn, people exhibit less trust in their fellow citizens and in social institutions. These arguments tend to assume a basic conflict between the state and other providers of welfare, which we might visually depict as a see-saw relationship (Wheelan, 2012: 89). The relationship is imagined as a zero-sum game where more of one means less of another.

Some writers, such as Boje, LeGrand and Taylor-Gooby, hypothesise an alternative perspective (van Oorschot and Arts, 2005: 6). According to the “crowding-in” argument, a well-developed welfare state creates the structural and cultural conditions for a thriving and pluralist civil society. Comprehensive welfare states use non-profit organisations and invest in them; they offer people the financial resources and the free time to actively develop their social capital; they set examples for taking responsibility for the good of others, and for behaving solidaristically and impartially. Indeed, there is a growing consensus about a positive correlation between a country’s welfare effort and its social capital (Gelissen, van Oorschot and Finsveen, 2012: 417; Pichler and Wallace, 2007: 425). Where older research (van Oorschot and Arts, 2005; van Oorschot et al., 2006; van Oorschot, Arts and Halman, 2005) spent a considerable amount of effort documenting the different studies for and against the crowding-out hypothesis, studies now claim convergence (Gelissen et al., 2012).

A related academic debate—which also attracts little further discussion at present—was concerned with whether the non-profit sector was best seen as in tension with or as supplementary to other providers (sectors) of welfare. The original American debate saw non-profit organisations as alternatives rather than supplements to other providers of welfare, i.e. the state and the market. According to these “failure” theses, the non-profit sector has its chance when other government or market measures fail (Billis and Glennester, 1998; Evers

and Svetlik, 1993). These failure theories have been significantly criticised for their attempts to apply economic concepts of rational behaviour to social life as a whole, as well as for their inconsistencies with historical facts that show that local initiatives normally came first. These theories ignore “non-consumerist and non-instrumentalist motives and rationales to be found in the social and political environment of non-profits” (Evers, 1993: 6-7).

What is my argument so far? It is not correct to assume that state involvement rules out the involvement of the non-profit sector in general, and volunteering in particular⁹. However, we still need to explore *how* the shape of the welfare state influences volunteering. The Social Origins theory, while accepting the basic direction of the crowding-in argument, goes much further and addresses the interconnectedness between organisations and their environment.

IV. Social Origins theory, a step ahead of the rest

One of the most systematic contributions to the development of macro-structural theory, Social Origins theory, has been put forward by a group of researchers (most notably Salamon and Anheier), who are associated with the Johns Hopkins Center for Civil Society Studies (Salamon, 1987; Salamon and Anheier, 1998; Salamon et al., 2000; Salamon and Sokolowski, 2001; Salamon and Sokolowski, 2003). The theory rejects any notion of simple see-saw mechanisms:

This line of argument suggests that the contours of third-sector development go beyond the simple ‘large’ vs. ‘small’ dimensions of standard empirical research. Subtler questions about the role of this set of institutions in prevailing social structures are also important. At the very least, it should be clear that there is more than one route toward the creation of a sizable non-profit sector (Salamon and Anheier, 1998: 226).

⁹ This is an important finding against a political background in which policy-makers tend to make exactly those claims because of its appealing logic for those who are looking for ways to do more with less. The metaphor of a see-saw relationship is perhaps more than anywhere else visible in the rhetoric of “small government, big society”, as presented by political philosopher and head of the think-tank ResPublica, Philip Blond. This scheme was adopted by Prime Minister David Cameron in the United Kingdom (Whelan, 2012).

At the heart of Social Origins theory is the concept, “embeddedness”, which is used to signify the way the non-profit interacts with and is situated within the other pillars of welfare. “Embeddedness” suggests that researchers need to understand and explore how the non-profit sector is *interacting with* and *situated within* the surrounding pillars of welfare (state, market, family), emphasising different “moorings” of the non-profit sectors (Anheier, 2014: 35).

The formulation of the concept of embeddedness draws especially on work by Barrington Moore Jr. on the social origins of fascism, and work by Esping-Andersen on the origins of the modern welfare state. Following on from these two scholars’ arguments that “complex social phenomena cannot easily be understood as the product of the unilinear extension of a single factor, such as industrialization diversity, or education”, Social Origins theory posits that “much more complex relationships are involved” (Salamon and Anheier, 1998: 226). This theory thus focusses explicitly on broader social and political relationships. It explains the size and development of the non-profit sector as an outcome of broadly defined power relationships by social forces, i.e. social class relationships during industrialisation, government social policies and organised religion. In the most general terms, the stronger the challenge coming from working class mobilisation, the more generous the government social programs. However, the stronger the power of the conservative elements of society, such as landed upper classes or organised religion, the greater the likelihood that either of these pressures will be resisted or that at least some of the resulting social programs will be channelled through private non-profit organisations (Salamon and Sokolowski, 2001).

Social Origins theory has identified four specific “routes” of non-profit developments: liberal, social democrat, corporatist and statist (Salamon and Sokolowski, 2001: 13; Zimmer, 2006: 283), which—despite the overlap with some of Esping-Andersen’s terms—refer to different types of state and non-profit relationships. Each of the four regimes is characterised by two key dimensions: the extent of government welfare spending; and the scale of the non-profit sector (Salamon and Anheier, 1998; Wagner, 2000) (See Table 3). The two regimes, liberal and social democratic, which are relevant here, represent two extremes. In a liberal regime, low government social welfare

spending is associated with a relatively large non-profit sector, an outcome that is most likely “where middle-class elements are clearly in the ascendance, and where opposition either from traditional landed elites or strong working-class movements has either never existed or been effectively held at bay” (Salamon and Anheier, 1998: 228-229). The social democratic regime is characterised by extensive state-delivered and state-funded social welfare, which—the authors argue—has left little room for *service-providing* non-profit organisations (Salamon and Anheier, 1998: 229).

Table 3: Non-profit regimes according to Social Origins theory

| Government Social Welfare Spending | Economic Non-profit Sector Size | |
|---|---|---|
| | Low | High |
| Low | Statist: Japan, most developing countries | Liberal: United States, United Kingdom, Australia* |
| High | Social Democratic: Denmark*, Sweden, Norway, Finland | Corporatist: France, Germany |

Reproduced from: Salamon and Anheier (1998: 228); Anheier (2014: 219)

* Denmark belongs in the “social democratic” regime, according to Anheier (2014: 219), and Australia belongs in the “liberal” regime, according to Salamon et al. (2000: 19).

The essence of the argument is that non-profit organisations have deep historical roots, “they do not float freely in social space” (Salamon and Anheier, 1998: 227), and what we see today in a particular country is the outcome of social and political forces, which embed the sector within the market, state and society (Zimmer, 2006: 283).

Social Origins theory also considers the input of volunteers. Early theory directly conflated the non-profit sector with voluntary work and predicted a strong link between the size of the non-profit sector and the amount of volunteering. Consequently, volunteering was inappropriately reduced to a dimension of the non-profit sector (Salamon and Sokolowski, 2001; Salamon and Sokolowski, 2003; Warburton and Jeppsson Grassman, 2011). This is too simple, for although some non-profit organisations, such as some sports

organisations, are almost exclusively run by volunteers, some non-profit organisations, such as non-profit hospitals, are dominated by paid staff. Later work has therefore adjusted predictions about the size of volunteer input. The expectation is that both liberal and social democratic regimes will have high volunteer inputs (See Table 4). This conforms to the analysis of both Denmark’s and Australia’s overall substantial volunteering efforts (See chapter 1).

Table 4: Non-profit scale and volunteering

| Non-profit Sector Type | Size of Paid Labour | Volunteer Input |
|-------------------------------|----------------------------|------------------------|
| Liberal | High | High |
| Corporatist | High | Low |
| Social Democratic | Low | High |
| Statist | Low | Low |

Reproduced from: Anheier (2013: slide 33)

Social Origins theory further allows us to make a very important distinction between *forms* of volunteering—between service roles and expressive roles—and links these two forms of volunteering to non-profit sector types. *Service roles* include activities that have a use-value to society, such as fulfilling people’s needs, solving social problems, or emergency relief. *Expressive roles* denote activities whose main purpose is the actualisation of values or preferences, such as pursuit of artistic expression, preservation of cultural heritage or natural environment, political mobilisation and advocacy, or enhancement of the quality of life (Salamon and Sokolowski, 2001: 15).

In the liberal regime, low government spending on social welfare services is associated with a relatively large non-profit sector focussed mainly on *service* provision. The liberal regime, characterised by laissez-faire government policies, neither encourages nor impedes private action. Little involvement by the state means that the non-profit sector has more room to grow, but it also means that the non-profit sector’s ability to grow is limited by the funds it is able to raise privately (Salamon and Sokolowski, 2001: 15).

In contrast, social democratic regimes with high government spending on social welfare result in a limited role for non-profit service provision, but a larger

role for the *expression* of political, social, or recreational interests (Hustinx, Handy and Cnaan, 2010: 76; Salamon and Sokolowski, 2001: 13). Because the social democratic countries developed generous welfare provided by the state, the non-profit sector did not have much opportunity to grow, as it would simply duplicate state services. The expressive role, however, could grow unimpeded. Research by Warburton and Jeppsson Grassman (2011) found support for this distinction in that the type of volunteering is associated with particular types of regimes. They found that service delivery is more associated with marketised welfare states, such as Australia, while other forms of volunteering dominate in countries where governments provide welfare services.

There is an obvious need for concepts that allow researchers to acknowledge the many different forms of volunteering, and the logic of expressive versus service volunteering is immediately appealing and logical, just as it has been found helpful in subsequent research (Warburton and Jeppsson Grassman, 2011). However, it is an approach which needs to be developed. To move forward, we need to differentiate further between various volunteer activities, a problem also identified by Erlinghagen and Hank (2006).

The shortcomings of previous comparative studies of volunteering is that there is a focus on the *act* of volunteering and therefore on the interaction between different forms of volunteering, rather than on the specific sectoral *contexts* in which “service” volunteering takes place. These approaches ignore the other actors who also claim and seek to preserve their own space. Some areas of volunteering, such as sports, operate with very limited state involvement and with limited regulation. Volunteer care workers, on the contrary, are subject to the interests, needs and pressures of a highly regulated policy field.

V. Conclusion

We can now answer the question about whether welfare states influence behaviour. We can also speak about “regimes”, rather than countries, and we can appreciate that comparative case studies can reveal patterns that we would not notice in single-case studies. The macro-level non-profit and volunteering

literature significantly helps clarify answers to some of the questions that have been asked in the past about the links between volunteering and welfare states. First and importantly, the research community is now better placed to refute the basic assumption that state involvement automatically means less civil engagement; there is a growing consensus against the crowding-out hypothesis. What researchers are now more inclined to think—and this is of vital importance for this thesis—is that we need to understand how spheres interact with each other, rather than assume that they operate in opposition to each other.

Developments within Social Origins theory have pointed to some very promising avenues for understanding volunteer engagement. One is the attention to historical as well as current developments, as expressed in the concept of “embeddedness”. Another important development is the realisation that “volunteering” covers such a broad range of actions that we need to distinguish between different forms of engagement. Differentiating forms of volunteering to correspond to the specific policy areas within which they operate appears to be one such promising avenue for this thesis.

Despite the significant research effort and significant developments within Social Origins theory, important questions remain. The influence of the wider social context in which volunteering occurs is still not fully understood. We are yet to be presented with a substantial theoretical framework that fully explains the links between welfare states and volunteering. Paying more attention to the specific sectoral contexts in which different forms of volunteering take place presents a promising avenue for developing a more adequate framework.

A fully developed framework therefore needs to account for the fact that a study of volunteer care work is ultimately a study of care work. Conceptualising volunteer work as care, however, immediately invites questions about gender. The next chapter reviews and critiques the macro-level gender and social care literature to further develop this framework for studying those I refer to as volunteer care workers. The framework is necessary, I argue, so that volunteer care workers may be studied primarily as *deliverers of care* in country-specific mixed economies of care.

Chapter 3: Theoretical perspectives and framework: care work in the welfare state

This chapter continues the task of building a suitable framework for studying volunteer care work in a comparative perspective. There are at least three further considerations that need to be incorporated into the framework and design of the study, and these are outlined in turn. Firstly, and most importantly, while this study is about volunteering, it is specifically a study of volunteer *care*. Theories must therefore acknowledge not only the unpaid character of the work, but also the nature of that work. A framework adapted to the specific type of volunteering, which I call volunteer care work, is needed.

Secondly, as feminist writers have reminded us, care is an act that is seldom “free”, whether it is paid or not. Women’s roles especially are moulded and formed around expectations and norms when it comes to care-giving. The division of labour in care-giving continues to be highly gendered, and both paid and unpaid care is carried out predominantly, although not exclusively, by women. A framework that places the gender dimensions of “care” at the heart of the study is therefore needed.

Thirdly, a framework is needed that incorporates cultural perspectives. Welfare state theories have an underlying economic logic. Concepts like opportunity cost and financial incentives are used to describe the link between policy and people’s (women’s) behaviours (Kremer, 2005). In a study of volunteers, where the logic of economics is hard-pressed to offer a full

explanation, another framework is obviously needed. That framework needs to go beyond a *homo economicus* understanding of human behaviour, behaviour that is obviously not driven by a quest to earn a living or in other ways benefit in monetary terms.

To explore potential frameworks which incorporate care, gender and cultural perspectives in the study of welfare states, this chapter first presents a selective overview of macro-theories that include a gender perspective. While volunteering is not addressed directly in these works, they have substantial analytical value when appraised together. The main purpose is therefore not to determine whether one is superior to others, but to point to the one conclusion they all reach: that *women's access to paid work* is an organising dimension for typologising welfare states. This is a conclusion that helps understanding of volunteers' engagement in care work later in the thesis (especially chapters 7 and 10).

The chapter then reviews and critiques the social care literature, which presents obvious analytical capacities for this study. This literature has been successful in pointing out how the state is central in determining who cares and where care is provided. It is also within the care literature that culture, norms and values have come to be accepted premises for understanding specific macro-level configurations of care (Kremer, 2007).

In a final step, this chapter introduces and discusses Glucksmann's (2005) Total Social Organisation of Labour (TSOL) framework as an advanced analytical tool for researching volunteer care. This is because it allows for a focus on the *relational* organisation of labour and the *interdependencies* of labour. In other words, it allows the researcher to better understand that volunteer care work takes place in tension and cooperation with other forms of provision of care—inside and outside the boundaries of a specific organisation.

I. Incorporating gender into welfare typologies

As discussed in the previous chapter, Esping-Andersen's typologies in *Three Worlds of Welfare Capitalism* (1990) have been criticised on a number of

counts, most notably by feminist writers who have noted that the framework was developed to address issues of class rather than gender, deeming it inadequate for understanding some key gender effects of policy (Daly and Lewis, 1998; Daly and Lewis, 2000; Daly, 2002; Lewis, 1992; O'Connor, 1993; O'Connor, Orloff and Shaver, 1999; Orloff, 1993; Orloff, 1996b).

Underlying the quest to bring gender into welfare theory and research lies the vision of a “woman-friendly” welfare state (coined by Hernes, 1987), defined as one which:

would not force harder choices on women than on men, or permit unjust treatment on the basis of sex. In a woman-friendly state women will continue to have children, yet there will also be other roads to self-realization open to them. In such a state women will not have to choose futures that demand greater sacrifices from them than are expected of men (Hernes, 1987: 15).

Hernes’s conceptual framework was clearly biased towards Scandinavian solutions (Borchhorst and Siim, 2008: 211; Hernes, 1987: 15). The solution, Hernes argues, is to be found in women’s integration into politics and bread-winning—an approach that was already visible in the Danish state at the time of her writing. A central argument for the Scandinavian countries’ potential for woman-friendliness was that the boundary between the public and the private had undergone a significant transformation due to the expansion of public care provision (Borchhorst and Siim, 2008: 210). Put differently, the extent to which “care has gone public” is important for understanding women’s position in the welfare state.

Frameworks that have a specific gender-sensitive focus mainly fall into two categories. The first tries to incorporate gender into mainstream frameworks. The second proposes that a completely different framework is needed. A starting point for this chapter is to examine those contributions that incorporate a gender perspective within mainstream typologies.

O’Connor (1993) and Orloff (1993) both argue that the organisation of state-market relations and of the power balance between labour, state and capital are significant for gender, as they affect the character of women’s labour force participation and the organisation of family support systems. They propose

to extend Esping-Andersen's state-market dimension to include the family as well. They call it the state-market-family relations dimension (Orloff, 1993: 303). This more adequately conceptualises how countries organise the provision of welfare through families, as well as through states and the market. Furthermore, they also argue for maintaining Esping-Andersen's stratification dimension to recognise both gender differentiation and gender inequality. The stratification dimension is expanded to consider the effects of social provision by the state on gender relations, especially the treatment of paid and unpaid labour (Orloff, 1993: 303). They argue that access to benefits of similar quality for men and women in a range of different statuses is a key element of women's interest in the welfare state (Orloff, 1996b). Both also argue for retaining and augmenting the de-commodification dimension suggested by Esping-Andersen because "de-commodification is associated with a focus on entitlements and social rights which protect individuals, irrespective of gender, from total dependence on the labour market for survival" (O'Connor, 1993: 513; Orloff, 1996a: n.p.).

In addition to the dimensions suggested by Esping-Andersen, both argue that specifically gendered dimensions are needed to assess the impact of policies on gender relations, and they suggest incorporating the dimension of "access to work" into Esping-Andersen's framework (Orloff, 1993). They see that access to work and to services that facilitate employment are critical gender dimensions. Finally, Orloff (without O'Connor) proposes to consider how benefits contribute to women's "capacity to form and maintain an autonomous household" without having to marry to gain access to a breadwinner's income (Orloff, 1993; 1996b).

Responding to criticism about excluding gender and the family from his model, Esping-Andersen (1999) revisited the framework presented in *The Three Worlds of Welfare Capitalism* to apply a more systematic attention to the family by incorporating the concept of "de-familialisation" (Esping-Andersen, 1999: 50-51). This concept had been developed by Lister, as well as McLaughlin and Glendinning, in the mid-1990s as a counter-concept to Esping-Andersen's "de-commodification" (Kroger, 2011: 425, 428; Kremer, 2007: 52). The concept

measures the degree of individual independence from family support¹⁰. In opposition to “de-commodification”, which measures the degree to which a person is free from the market, “de-familialisation” more closely reflects the situation that many women face: dependence on a male breadwinner (Boje and Ejrnæs, 2013: 33-34).

Other scholars, however, argue that a completely different framework is needed to fully assess the gender effects of state social policy. Lewis has arguably been the most influential in challenging mainstream frameworks. The crucial relationship, Lewis argues, is not just between paid work and welfare, but three variables: paid work, unpaid work and welfare (1992: 160). The comparative welfare regime approach thus misses one of the central issues in the structuring of welfare regimes: the problem of valuing the unpaid work provided primarily by women. She argues that an understanding of the private/domestic domain is crucial to understanding women’s position because women have gained their welfare status within the family. Lewis argues that women have tended to make contributions and draw benefits *via* their husbands in accordance with assumptions about the existence of a male-breadwinner model (Lewis, 1992: 161). Lewis thus proposes three categories of welfare states: the strong male-breadwinner, the modified male-breadwinner, and the weak male-breadwinner states (Lewis, 1992). Thus, regimes should be classified by the strength of their historic commitment to the male breadwinner model. This model is an ideal of the family in which *men earn a family wage* and provide financially for their dependants while women provide domestic labour and care.

Sainsbury (1999a: 78) similarly argues that a completely different framework is needed. She proposes three gender policy regimes: male breadwinner, separate gender roles, and individual earner-carer regimes. The

¹⁰ Lister on one side and McLaughlin and Glendinning on the other started using the term, “familialisation”, in the same year, but with different meanings. Lister uses the word to signify economic independence, which prompts attention to paid work and welfare benefits as possible routes away from male domination. McLaughlin and Glendinning instead use the word to grasp the terms and conditions under which people engage, or do not engage, in caring relationships. Their focus therefore shifts attention to the services that are available in the welfare state (Kroger, 2011).

male-breadwinner regime is characterised by a gender ideology of male privilege based on a strict division of labour among the sexes. In this regime, the prime obligation for a married woman is to care for her husband and children (Sainsbury, 1999a: 77-78). The ideology of the separate gender roles regime emphasises the significance of differences between the sexes, and social rights are allocated on the basis of these differences. The ideology of the individual earner-carer regime¹¹ differs from the other two in that the preferred relations between women and men are shared roles and obligations. In this regime there is strong state involvement in the care of children, the sick and disabled, and the elderly. The underlying dimensions of Sainsbury's framework are: whether rights are attached to the individual or to family relationships and marital status; the degree to which entitlements based on the traditional division of labour exist; the extent of state involvement in care; and whether there is equality of *access to paid work* (Sainsbury, 1999a: 79-80).

The main aim of my review of these so-called gender-sensitive typologies is, however, not to assess whether Denmark and Australia as “real types” conform to “ideal types”. Neither is the aim to judge which framework is superior. Instead, my quest is to point out the one key indicator that all the gender-sensitive frameworks refer to, namely *women's participation in the paid workforce*. Different terminologies are used to grasp this key indicator. Orloff uses “access to work” (1993), Esping-Andersen uses “de-familialisation” (borrowed from others) (1999), Lewis uses commitment to the “breadwinner” model (1992) and Sainsbury uses “equal access to work” (1999a). Despite these different terminologies, the message is the same: women's ability to participate in the paid workforce is the key to understanding how it is to be a woman across welfare regimes. In other words, these constructions reverse the concern in much work on welfare state with the level of de-commodification. Instead they argue that “before de-commodification becomes an issue for individuals, a crucial first step is access to the labour market” (O'Connor, 1999). When exploring the volunteers' experiences in chapters 7 and 10, it becomes clear that

¹¹ The “individual earner-carer regime” is not unlike what Nancy Fraser has termed a universal-breadwinner model (Fraser, 1994; Sainsbury, 1999a).

participation in the paid workforce is also the key to understanding volunteer behaviour.

Despite the gains and insights from these frameworks, they are still insufficient for a study of volunteer care work. First, these alternative, gender-sensitive typologies are silent on the question of volunteering, and instead tend to focus on the dichotomies of formal paid work versus informal care-giving. Second, the volunteering literature has not connected with these alternative frameworks at all, and we therefore have few clues about what these different typologies mean for volunteers. In fact, it is striking how little interest feminist theorists have shown in the topic of volunteer work (Baldock, 1998: 20-22). Finally, these frameworks do not pay much attention to what *type of work* women have access to. The social care literature, however, takes exactly this perspective. The next section will therefore review and critique the literature that is specifically dedicated to studies of paid and unpaid care work.

II. Cultures of Care and the study of welfare states

The most important feature of the care literature is that it is concerned with *the form of work* that relates to this thesis. The origins of the concept lie in an attempt to define the work involved in caring for others, and feminist work has been influential in proving the disadvantage that followed from that work. Historically, country-comparative studies of care thus emerged from a different context than the breadwinner models described in section I, which arose as a feminist concern with the absence of gender in mainstream work on the welfare state (Daly, 2000: 29). While care and gender are related to each other, gender is broader than care. Care is not the only activity and identity that shapes gender relationships, but it is a crucial one (Finch and Groves; Graham; Waerness; Ungerson; Knijn and Kremer, cited in Kremer, 2007: 28).

A central question in this work has been the ambiguity involved with the use of the word, "care". The concept is not easily defined (Graham, 1983). As Fine puts it: "care and caring are a long way removed from the sort of precisely defined technical term that is the hallmark of science" (2007: 30). Feminist writers have dominated the academic scene, and many different meanings have

been attached to the word, “care”—some with positive undertones, and some with negative undertones. The basic distinction between “caring about” and “caring for” someone was first made by Graham and Ungerson (Ungerson, 2000: 188-189; Graham, 1983: 13-15). That distinction remains in use in the literature, and where the first one is defined within feeling terms (a disposition), the latter more closely defines “work” (an action).

Following the work of Knijn and Kremer (1997) and Kremer (2007), a working definition of care is:

the provision of daily, socio-psychological, emotional and physical attention to people. This can be provided by paid or unpaid work, on the basis of an agreement or voluntarily, and it can also be given professionally or on the basis of moral obligation. Caring can be done for different human beings: the frail elderly, children, and people with a handicap (Kremer, 2007: 28).

This definition is useful because it includes paid and unpaid work. It is also useful because it frames care as an act of labour. Expressed in another way, “caring about” (Graham, 1983) is not sufficient in this definition to constitute care. Care in this understanding includes an action.

It might be recalled from Chapter 1 that the concept of care has been broadened over time, reflecting the fact that care has “gone public” (Daly and Lewis, 2000: 283-284; Hernes, 1987). When we now talk about care, or social care, it is widely accepted that care is a public issue and that the role of the state matters. In other words, care has become a widely accepted organising theme and concept through which to study the activities of welfare states.

However, some researchers question the assumption that welfare states matter to people’s behaviour. Catherine Hakim is a main protagonist. She claims that it has not been proven that differences in care between countries are due to the differences of the welfare state (2004: 78). Instead, she argues for what she calls “preference theory” (Hakim, 2003). Preference theory criticises the assumption that women in a specific country are homogeneous and have the same lifestyle preferences. Hakim thus challenges the notion that women will adapt to the same set of policies in a similar fashion (Hakim, 2003: 350).

Hakim's argument is time-specific in the sense that she argues that all women in modern societies *now* have a genuine choice for how to resolve the conflict between work and life and hence can choose the version they prefer. This genuine choice is brought about by a combination of factors, namely contraception, equal access to all occupations, expansion of white-collar occupation, jobs aimed at secondary earners, and changing attitudes and values.

Birgit Pfau-Effinger, another prominent scholar in the field, similarly questions the basic assumption that people's caring behaviour is to be understood as a reaction to the policy instruments of the welfare states they live in. It is not correct, she argues, to assume that women are narrowly defined rational individuals who orient their behaviour according to financial incentives alone. Rather, she argues, the social practices of women are heavily influenced by predominant norms and values concerning the "correct" division of labour. She proposes to include attention to culture into welfare state studies. In her framework, "culture" means societal ideals, collective constructions of meaning and values (Pfau-Effinger, 2004; Pfau-Effinger, 1998). This line of thought is also the basis of the work by Chamberlayne and King (2000). They similarly place "culture" as a force which comes into action alongside the influence of welfare states. Caring patterns, they argue, "emerge not as direct products of official welfare systems, but as a cultural phenomenon in their own right" (2000: 5).

Kremer argues for an approach that *combines* culture and the role of the state because "the welfare state is not something that is the opposite of or separate from culture" (Kremer, 2007: 243). Kremer argues that neither the comparative welfare regime approach nor a cultural approach in isolation can be empirically grounded because the cultural approach downplays social policy too greatly, while the social policy approach has a weak tradition of incorporating culture. Kremer explains:

A cultural approach to welfare states in which the best of both are combined seems more appropriate, locating culture within welfare states and not outside them (Kremer, 2007: 70)

The concept, “ideals of care”, is proposed to connect the two (Kremer, 2005: 13).

Kremer further argues that other welfare state research fails to adequately link the micro-level to the macro-level. Similar to Pfau-Effinger, she argues that decision-making is not based on economic logic alone (Kremer, 2005: 11). Like others, Kremer asserts that “who cares is shaped and framed—although never exclusively—by gendered *normative* guidelines, gendered *moral* rationalities, and *feeling rules*” (Finch and Mason, Duncan and Edwards, and Hochschild, cited in Kremer, 2005). To care or not to care is, in other words, a moral predicament, and that moral predicament is often linked to gender identity (Kremer, 2005: 11). Kremer uses the approach to introduce an image of human behaviour other than that of *homo economicus*.

The applicability of this argument to a study of volunteers, whose engagement is characterised by a lack of monetary inducement, now becomes apparent. In Kremer’s definition, which builds on Hochschild, care ideals identify what is “appropriate” care or what is considered to be “good enough” care (2007: 71;82). The concept implies an idea about who gives it, and how much of what kind of care is “good enough”. Kremer further elaborates that “care ideals” imply something about *where* care should be provided (e.g. in the child’s home, the carer’s home, or a day care centre); by *whom* it should be provided (i.e. who is trustworthy and well-equipped for the job); and, in *what way* care contributes to the upbringing of children (e.g. whether children are supposed to be educated or simply looked after). Care and gender are intertwined, Kremer argues, as it is clear that care ideals are gendered because motherhood is a vital frame of reference and care ideals are part of a gender culture (Kremer, 2007: 71). Ideals of care are not rigid rules. They can be negotiated, are diffuse, and imply some form of negotiation and change.

Kremer uses the framework at two different levels. First, ideals of care can help explain cross-national differences in the *development* of social policy. Kremer argues that an ideal of care implies a definition of what good care is and who gives it. These ideals of care are embedded in welfare states and their regulations, laws and implementation processes (Kremer, 2007: 21; 83).

Second, ideals of care offer an instrument to analyse cultural and moral *consequences* of welfare states (Kremer, 2007: 21;83).

Although this framework was developed within the context of women's paid employment patterns, it possesses important merits for understanding volunteer care work. Firstly, it incorporates a gender perspective. Secondly, it incorporates a link between the micro-level and the macro-level not based on economics. It is obvious that any study of unpaid work has to look at structures that go beyond financial considerations, to explain the behaviour of volunteer care workers. An important insight that comes from Kremer's work—with substantial bearing on this study—is that care practices must be understood with attention to culture and ideas about what is "good care". I accept that when it comes to any form of care, behaviour is not just a matter of economic calculations (i.e. who can do it more cheaply), but reflects some sort of logic of appropriateness. However, despite the advances of Kremer's framework, it also has some shortcomings. Again, volunteering is missing as a provider of welfare in general and in care specifically. A framework is therefore needed which is able to incorporate volunteering and allows us to study it alongside other providers of care. Also, Kremer's framework was developed to analyse policies *as well as* outcomes. It is probably also fair to say that Kremer used it primarily in the first way, to analyse policy. The framework therefore only partly matches the aim of this research project, which intends to look at the outcomes of welfare state structure rather than the input in the form of policy.

Glucksmann's framework offers exactly those missing components. The strength of Glucksmann's approach is that it transcends the conventional dichotomies of state versus family, and market versus non-market. It also allows for a connection between micro- and macro-levels of analysis. Another strength is that it places emphasis on the connectedness and relational qualities of labour work.

III. Volunteer care work in a Total Social Organisations of Labour approach

Glucksmann's work is the final macro-theoretical framework considered in this chapter. This *relational* framework was developed in a quest to explore how a range of activities, paid and unpaid, can be constructed as labour. The quest was to understand labour by focussing on *the connections linking work conducted in different socio-economic spaces* (Ungerson, 2005: 189; Glucksmann, 2005; Lyon and Glucksmann, 2008; Glucksmann, 1995b). Glucksmann's work thus develops one insight that has become increasingly pertinent during the review of existing macro-theories: volunteering cannot be studied in isolation.

Capturing the interconnectedness of labour activities

In order to understand the potential of the Total Social Organisation of Labour approach, it is necessary to provide some background. This approach was developed by Glucksmann in the early 1990s as a resolution to fundamental conceptual questions in her own research into the changing relationship between the household and market economies in inter-war Britain (Glucksmann, 1995b: 63). Glucksmann's own study was taking place at a time when "work" was seen by mainstream economists to encompass only formal, paid labour. As Glucksmann states: "in both economic theory and policy the one-to-one correspondence between pay and work remains above question: people are paid because they work and work because they are paid", while those not in paid work are constructed as "dependents" (Glucksmann, 1995b: 65). However, feminists had (with some success) challenged that notion, but had—in Glucksmann's opinion—at the same time watered down the very concept of work to the point where it is no longer possible to distinguish between work and non-work (Glucksmann, 1995b: 64). The starting point for Glucksmann's work was that the formal/informal labour dualism, which views formal and informal labour as separate and hostile realms, is inappropriate for capturing the range of labour practices in societies. Concerned with the changing relationship between the household economy and market economy, Glucksmann recognised that:

If particular patterns of domestic inequality were systematically linked with particular patterns of gender division in paid work then any explanation would need to be capable of encompassing both sectors rather than viewing them as either independent and autonomous or functional of, and reducible to, each other (1995b: 63)

Thus, the strict separation of spheres is inappropriate because labour practices cannot be neatly separated into discrete formal and informal realms.

The TSOL framework offers a way to move forward without surrendering to dominant understandings of work as being equivalent to formal employment and without giving in to deconstructionist ideas that there is nothing distinctive at all about work. Thus, the TSOL framework offers a more nuanced conceptual lens that resolves these problems and captures the multifarious labour practices in societies. The TSOL framework depicts labour practices as existing along a spectrum from more formally oriented to more informally oriented practices, and cuts across this with a further spectrum from non-monetised, through in-kind and reciprocal labour, to monetised labour (discussed next). The same activity may be paid and be treated as formal employment, or be undertaken informally or on an unpaid basis. Similarly, rather than isolating work from non-work activities, the framework allows exploration of the point at which they become entangled and embedded as well as differentiated (Parry, Taylor, Pettinger and Glucsmann, 2005: 10). Instead of attempting to draw a boundary around something that could incontrovertibly be seen as work, this approach draws attention to the blurry line between work and non-work and to the connections between work activities undertaken in different socio-economic spaces (Parry et al., 2005). The TSOL framework builds on the insight that when viewed comparatively:

there is nothing fixed, determined, unchanging or uniform about the division of labour. Consequently we confront enormous variability historically and across the globe, not only in the construction of jobs and work tasks, but also in whom they are allocated to and on what basis (Parry et al., 2005: 11).

Glucksmann's framework has been successfully adopted in addressing types of work that have typically been overlooked in the sociology of work, such as prostitution, because it does not sit comfortably within definitions of work as either paid employment or domestic labour in the private sphere. It has also been used to look at areas which are close to my own focus, such as Rebecca Taylor's research on voluntary work in the United Kingdom (2005) and Jane Parry's research on community work in post-mining populations (2005).

A further merit of the TSOL framework is that it enables the researcher to link micro- and macro-levels and conduct analysis at these different levels (1995b: 73). Glucksmann formulated the framework as grounded in an oral-history research project, *Women Assemble*, and went on to use it for micro-level analysis (Downs, 1992: 151; Glucksmann, 1995b: 73; Glucksmann, 1995a). She also later used it for macro-level analysis of care across Europe (Lyon and Glucksmann, 2008). I can use TSOL in these ways too.

In considering the merits of TSOL for this study, the main feature to notice is that the TSOL framework acknowledges that work goes on outside formal paid employment. Volunteering is such a form of work. It also takes a whole-of-society perspective and asks how different forms of labour are organised across and within society. Finally, TSOL focusses on the *relational* organisation of all labour. In applying TSOL to my own quest to understand volunteer engagement in service delivery within different welfare state contexts, I take the TSOL approach to necessitate attention to:

- The relational division of labour at all sectors, including the non-profit sector, the state, the market and the family, and how particular patterns of volunteer activity are systematically linked to activities in other sectors (macro-level);
- The relations and divisions of labour between paid and unpaid groups of workers and the principles that determine when work is paid, or not (meso-level);
- The relationship between the individual's volunteer work and own other forms of labour (micro-level).

These three premises inform the presentation and analysis of the case studies in chapters 5 to 10.

Defining volunteer care as distinct from other forms of work

In the framework developed for this thesis, volunteer care work can be conceptualised as a form of work. It is therefore necessary to consider how we can understand and define volunteering as “work”, while at the same time distinguishing it from other forms of work and non-work.

As we have seen, considerable confusion and disagreement have emerged over how to define volunteering. Some scholars collapse various forms of work. Such is the case when formal and informal helping activities alike are referred to as volunteering (Wilson, 2000: 216; Hermansen, Petrovski and Boje, 2014a), or when formal volunteering is conflated with paid work by claiming that paid workers who perform duties not listed in their contracts are volunteering (La Cour, 2014: 22). At the same time, it is not helpful to simply state that volunteer work is different from paid work without any empirical underpinnings, as Rifkin (2004) does when he claims that “community service is different from labor in the marketplace” because “one’s contribution is freely given out of a sense of caring for others” (Rifkin, 2004: xxxiii).

A necessary step is therefore to present a definition of volunteer care work—based not on a random selection among the many available definitions—but on a systematic and considered assessment of how it is possible to distinguish volunteer care work from other forms of work and non-work. The following distinctions rely on the work of Catherine Hakim (2004: 24-46), Rebecca Taylor (2004) and Miriam Glucksmann (1995b: 69-70). Three distinctions are crucial: work versus non-work; paid versus unpaid work; and formal versus informal work.

The distinction between work and non-work is an important one because we need to be able to distinguish between “work” and activities that are not work (Glucksmann, 1995b: 64). This is especially important at this point, as some scholars argue that it is impossible to make a clear distinction between volunteering and leisure activities (Merrell, 2000). I assert that it *is* possible to

make such a distinction. However, the point where activities cease to be merely activities and start to become *work* as well, depends on substantive analysis of the data, which I will provide in subsequent chapters.

The difference between paid and unpaid formalised work (as indicated by cells 1 and 2 in Table 5) is also important. In this study, volunteer work is different from paid work, in that it does not attract remuneration, beyond having expenses reimbursed. The distinction between paid and unpaid work does not preclude the possibility that voluntary work can be assigned a monetary value, and much research effort goes into that exercise (Bowman, 2009; Brown, 1999; Boje and Ibsen, 2006; Ironmonger, 2000). In summary, the distinction helps us recognise voluntary work as a form of work that is distinguishable from paid work, and yet still classified as a form of work. Again, where and how the two forms of work intersect and differ will depend on analysis.

Table 5: Distinctions between different forms of work

| Forms of work | Formal | Informal |
|----------------------|---------------------------------|---|
| Paid | 2 e.g. paid care assistant | |
| Unpaid | 1 e.g. unpaid care assistant | 3 e.g. unpaid care for sick or elderly neighbour or relative |

Note: an example of informal paid work is paid babysitting of younger siblings or the neighbours' children. This form of work has not been relevant for this study. The cell is therefore left vacant.

A final but very important distinction is between volunteering and informal helping, which involves helping friends, neighbours, and kin living outside the household (cells 1 and 3 in Table 5). Because both forms of work are unpaid, there has been a tendency to place volunteering alongside informal work. This divide is conflated in much of the research literature, or the forms are measured against each other in various ways. Researchers concerned with civil society and social capital, for example, often accept that both formal and informal participation are indicators of social capital (Pichler and Wallace, 2007: 423).

Here, I make a sharp distinction between the two forms of work—and as we will see, actors make it, too. The distinction also has a “natural” boundary in how people normally talk about volunteering¹². For the rest of this thesis, the word, “volunteering”, is reserved for formal volunteering, while activities that take place in the informal sphere are referred to as informal care or help. Informal helping activities can be both public (a neighbour) and private (a mother). Excluded from the definition of volunteer care work here is thus all help given to family, friends and neighbours unless the help is delivered as part of the service the organisation delivers.

I am now able to define the form of work that is the primary interest in this thesis as *care work that is unpaid and undertaken in a formal capacity*, where each of the elements of this definition are explained in more detail below.

- *Care*: it involves caring for the frail elderly, children and people with disabilities (See Kremer’s definition earlier in this chapter).
- *Work*: it involves labour, not leisure, not disposition, and not just membership.
- *Unpaid*: it is not paid, except for having expenses reimbursed.
- *Undertaken in a formal capacity*: it takes place in organisations and is distinct from informal helping and family work.

What is important in my definition is the absence of the criterion, “free will”, a criterion included in most definitions of voluntary work (Australian Bureau of Statistics, 2010: 12; Boje et al., 2006; Musick and Wilson, 2008). In essence, this absence of “free will” means that my definition does not distinguish between different forms of formal unpaid work¹³.

¹² People do not normally say that they volunteer if they cook a meal for an elderly neighbour.

¹³ The concept and idea that volunteering must be “voluntary” has caused considerable problems, not least in Australia where the government workfare program, “work for the dole” (WFD), in charitable organisations has significantly challenged “volunteering” (Warburton and Smith, 2003). Volunteering Australia, winning the tender to facilitate the match between job seekers and charitable organisations, has prompted a discussion about whether “work for the dole” workers were volunteering. Repeatedly, Australian study participants argued against calling this form of work volunteering with the argument that these forms of “volunteers” failed to meet the “voluntary” criterion. With these critics, I agree that people who WFD are not volunteers. But my argument is

By separating voluntary work from the forms of work that it shares boundaries with (paid work/employment and informal helping activities), I can explore how they come into play under similar or differing circumstances. I can also explore how these boundaries are permeable and how they are not; for, as Glucksmann asserts:

Different spheres ... more or less formally differentiated, will exit, emerge, merge, disintegrate, disappear over time. ... Talking about interconnection does not imply any pre-set idea of the existence of particular spheres or of their possible mode of interconnection. These, in their specificity and variety, are what is to be investigated (Glucksmann, 1995b: 69).

In other words, we cannot assume that there is anything lasting or permanent about what we see to be volunteering, and we cannot even assume that volunteering is a lasting form of work that can be separated from other forms of work. The objective in this “Glucksmanian” approach is to investigate volunteering from a relational perspective and from the perspective of what makes volunteering specific and differentiated from other forms of labour.

IV. Conclusion

This chapter has reviewed and critiqued a number of macro-structural theories available for studies of care work and at the same time built a suitable framework for analysis. As a first step, the so-called gender-sensitive typologies were considered. Underlying the quest to bring gender into welfare theory and research is Hernes’s question: what is a woman-friendly welfare state? (1987). Despite their strengths in addressing gender questions, feminist frameworks pose a challenge for this study. The challenge is that the theories, almost exclusively, focus on the dichotomies of family care versus formal care, leaving volunteering—as a form of care—largely undealt with, and the majority of theories and empirical studies continue to revolve around the dichotomies of family versus formal care.

different. I argue that WFD is a form of market work because it can be assigned a monetary value, where “the dole” is the remuneration.

In concurrence with the claims of Social Origins theory (Salamon and Anheier, 1998) that the non-profit sector must be understood as forming an integral part of a complex social system, it is important to build a framework that allows volunteer care work to be studied *as part of such a system*. The strength of Glucksmann's approach for this framework is that it:

- transcends the conventional dichotomies, such as non-profit versus state, market versus non-market, and formal versus informal;
- helps account for the influences of *organisations* within welfare states by taking into account how they mediate the relationship between the more distant structures of the welfare state and individual volunteers;
- addresses the “meeting points” between paid and unpaid workers in spaces of care, including attention to how power determines the relationship between them, as well as the strategies that paid and unpaid workers engage in to carve out spaces for themselves;
- recognises the connections between volunteer work and the other forms of work these workers do;
- allows for simultaneous attention to forms of work that are easily conceptualised as work and those that are not;
- allows for attention to the gender perspective that is needed in any study of care, including systematic attention to how gender inequality in one sphere influences specific patterns in another sphere;
- can incorporate the cultures of care argument that outcomes in divisions of labour reflect on the underlying norms of what is “good enough” care.

Comparative case study emerges as the best available option to explore the interconnections between work activities. The design of the study, and the methods used, are outlined in the next chapter.

Chapter 4: Design and Methods— Comparative Case Studies

The framework developed in the previous two chapters provides a structure for my empirical study of the impact of two different welfare states on volunteer care work. What I argued to be the best available framework—Glucksmann’s framework—addresses how labour moves between different spheres and between different providers of care. However, macro-theories only take us so far, and the choices of study design and methods for the study of volunteer care work are crucial for connecting the engagement of volunteers to macro-theoretical frameworks.

This chapter first outlines the comparative case study design which entails juxtaposing volunteers, their organisations, key participant responses and survey data in the two countries, Denmark and Australia, as examples of contrasting welfare state typologies. It then outlines the five main strategies of inquiry within that study design, strategies which are aimed at producing rich data suited for original analysis of the links between welfare states and volunteering.

I. My study design: Comparative case studies

This study adopted *a comparative case study design*. There are some differences in how researchers define case study. My position is in agreement with Stake (2006; 2008) who posits that a case is the *object* to be studied. I thereby depart from those who think of case study as a process or a method (Creswell, 2003).

I wanted to apply a case study *approach* focussing on processes, relationships and interactions at micro-level in order to tell the story of how “welfare state provisions lead to particular experiences at the receiving end” (Daly, 2000: 32; 34). In this way, I aimed to study the outcomes of welfare states rather than the intents of state policy, in accordance with the framework outlined in chapter 3. The challenge was to design a study that would allow for exploring the lived experiences of volunteers, but without ignoring organisations. The design is therefore organised according to a three-layered logic in which the micro-level links to the macro-level *via* the organisations the volunteers work in—a study design in which organisations are studied at the same time as the volunteers. It is a pragmatic research approach that includes collecting new rich data, but does not ignore previous writing, thinking and theoretical frameworks.

A *comparative* case study approach was chosen to follow the lead of Esping-Andersen and others, who found that comparative studies have the potential to reveal interesting patterns of behaviour that otherwise would not be noticed (outlined in chapter 2). The two cases, Denmark and Australia, were chosen because they belong to contrasting regimes according to both mainstream and gender-sensitive typologies. According to Esping-Andersen (1990) as well as the Social Origins theory (Salamon and Anheier, 1998), Denmark represents a social democratic welfare state and Australia a liberal welfare state. Within the feminist literature, Australia and Denmark similarly represent different regimes in what Lewis (1992) labelled strong and weak male-breadwinner states and Sainsbury (1999a) labelled male-breadwinner states and individual earner-carer states. Also, Denmark and Australia correspond to my personal attachment to the two countries, enabling data collection and data analysis in both languages without interpreters.

The comparative study design entailed juxtaposing volunteers, their organisations, key participant views and survey data in the two countries (as indicated by the arrows in Figure 3). Of these, the main components were four organisational case studies of non-profit human service organisations and the volunteers who work within them. Within the case study design, the study has primarily relied on *data collection methods* that have their origin in the

II. First strategy of inquiry: Descriptive comparative analysis of secondary sources

The first strategy of inquiry draws on a range of secondary sources. The literature was sourced according to two important aspects of volunteer engagement. The first is the literature covering welfare states, social policies, gender inequality and workforce patterns. The second covers welfare states, the non-profit sector and volunteers.

When writing about welfare states, my job was aided by a large research effort aimed at describing and analysing welfare states and how policy instruments influence outcomes. When writing about gender, care and workforce participation, the task was made easier by a reorientation in welfare state research enabled by feminist perspectives to include gender and care in the analysis of welfare states. The contributions by Boje, Ejrnæs, Siim, Borchhorst (Denmark) and Castles and Meagher (Australia) have been particularly helpful (Boje, 2012; Boje and Ejrnæs, 2013; Borchhorst and Siim, 2008; Borchhorst and Siim, 2002; Castles, 1994; Castles, 2002; Castles, 2001; Meagher, 2014).

When analysing and comparing the historical and present contributions of volunteers and the non-profit sector, my task was assisted by the abundance of national research in both Denmark and Australia. For Australia, the contributions by especially Mark Lyons, Jeni Warburton and Melanie Oppenheimer aided this task. For Denmark, the contributions by Henriksen, Bundesen, Ibsen and Habermann have been particularly helpful (Bundesen, Henriksen and Jørgensen, 2001; Habermann, 2007; Henriksen and Bundesen, 2004; Henriksen, Koch-Nielsen and Rosdahl, 2008; Lyons, 1998; Oppenheimer, 2000; Oppenheimer, 2014; Warburton, Oppenheimer and Moore, 2014; Warburton and Jeppsson Grassman, 2011). These contributions were in some cases produced on request to the Johns Hopkins Nonprofit Sector Project for comparable national data, comparable data that had hitherto not been available (Ibsen and Habermann, 2005; Lyons, 1998; Salamon et al., 2000).

III. Second strategy of inquiry: Secondary survey analysis

The second strategy of inquiry was to analyse volunteer surveys to compare volunteer efforts at country level and explore some basic characteristics of volunteers.

The General Social Survey (GSS) was conducted by Australian Bureau of Statistics (ABS) throughout Australia from August to November 2010 (Australian Bureau of Statistics, 2010). Due to the comprehensiveness (more than 15,000 responses) and methods (interviews conducted face-to-face by trained ABS officers) applied in the ABS survey, this survey was chosen over others, such as Volunteering Australia's *National Survey on Volunteering Issues* (2011a).

The Danish data were collected in 2012 as a follow-up to a 2004 survey carried out as part of the Johns Hopkins project (Fridberg et al., 2013: 5). The survey was therefore designed to allow for comparison between countries. The questions were formulated in accordance with the guidelines from the Johns Hopkins team (Koch-Nielsen et al., 2005: 15-16).

Survey material

The information on Australian volunteering is derived from the voluntary work module included in the 2010 General Social Survey (GSS). The sample was spread across the States and Territories in order to produce estimates that have a relative standard error of no greater than 10 per cent for characteristics that are relatively common in the national population. The initial sample for the survey consisted of approximately 19,576 private dwellings. This number was reduced to approximately 17,158 dwellings due to the loss of households. Of the eligible dwellings, 87.6 per cent responded fully (or adequately) which yielded a total sample from the survey of 15,028 dwellings. The ABS interviewers conducted personal interviews using a computer assisted questionnaire (For a full report on the methods, see the explanatory notes ABS (2010)). The Australian dataset was provided as Confidentialised Unit Record Files (CURF).

The Danish survey was carried out through telephone interviews with a representative sample of Danish citizens over 16. The sample is made up of 2,809 responses, equalling a return rate of 67 per cent (Fridberg and Henriksen, 2014: 23). The data set was obtained through my Danish Supervisor, Thomas Boje, who was involved in both the first study and the follow-up study. A forthcoming article by PhD candidate, Jonathan Hermansen of Roskilde University, suggests that the estimates of volunteering in Denmark are slightly exaggerated. He argues: “[t]he panel attrition leads to a modest, but unambiguous, overestimation of the share of people who do voluntary work” (Hermansen, *forthcoming*). This is not unexpected, considering that volunteers can be assumed to have more interest in answering a volunteer survey than non-volunteers. It is therefore probable that the Danish participation rates are exaggerated compared with the Australian rates.

Data analysis

The focus in this thesis is more specific than “volunteering” (as outlined in chapter 1). A first, important step was therefore to decide which subgroups of volunteers are of interest. Because of the relative standardisation of voluntary work surveys according to the so-called ICNPO classifications (The International Classification of Non-Profit Organisations) (Lester, Anheier, List, Toepler and Sokolowski, 1999: appendix a), the typologies across the two surveys are similar, but not identical (See Table 6). The main differences that exist between categories are not relevant to this study¹⁴.

¹⁴ The category in the Australian dataset, “parenting, children and youth”, was the only category that led to some further consideration. The notes provided by the Australian Bureau of Statistics state that this category covers “Organisations and activities administering, providing, promoting, conducting, supporting and servicing effective parenting and child and youth developments. Included are parent training and mutual support and development groups; play groups, Scouts, Guides and similar organisations” (Australian Bureau of Statistics, 2010). It was decided that this category is better than the Danish category, “other recreation”, which includes scouts and guides, whereas it is uncertain where play groups would belong. Playgroups are not a prominent feature of the Danish non-profit sector due to the high workforce participation rates of Danish women, and it was therefore assumed that volunteers in this area would constitute only a very small number.

Table 6: Comparison of type of voluntary work organisation by country

| Danish Survey (2012) | Australian Survey (2010) |
|--|-----------------------------------|
| Health | Health |
| Social services | Welfare/Community |
| Culture | Arts/Heritage |
| Sport | Sport and physical recreation |
| Other recreation | Other recreation/interest |
| | Parenting, children and youth |
| Education and research | Education and training |
| Environment | Environment |
| Development and housing | |
| Business and professional associations, unions | Business/professional/union |
| Politics and party affiliation | Law/justice/political |
| Law, advocacy and politics | |
| International | International aid and development |
| Religious | Religious |
| Other | Other |
| | Animal Welfare |
| | Emergency |

Sources: Voluntary survey 2012 (Fridberg et al., 2013: 13) and Australian Bureau of Statistics, notes (Australian Bureau of Statistics, 2010)

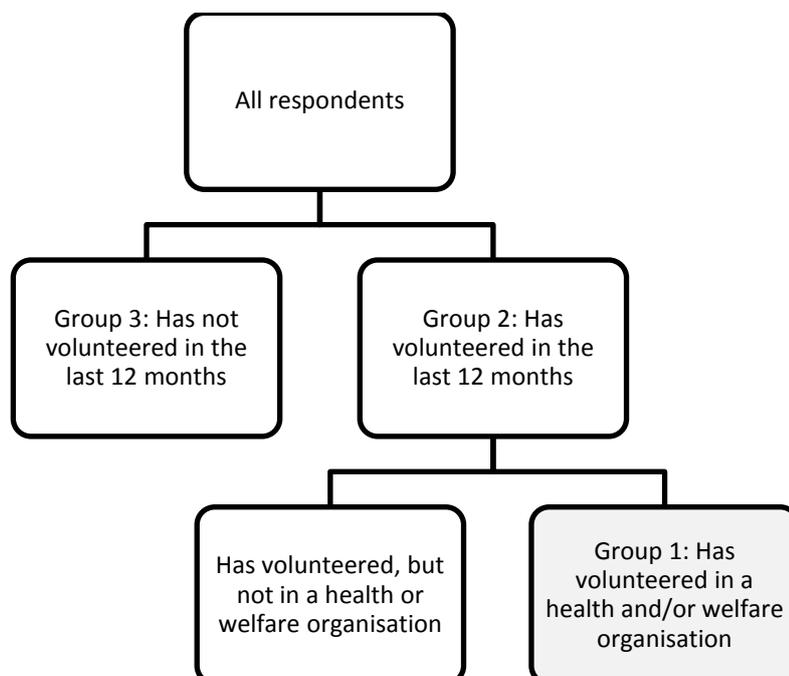
The next step was to create a new group in SPSS (Phillips, 2014) comprising those respondents who had answered “yes” to either “health” and/or “social services” (Denmark), or “health” and/or “welfare/community” (Australia), respectively:

- Group 1, welfare and health volunteers, are respondents who answered “yes” to either being a welfare/community volunteer, or a health organisation volunteer in the last 12 months, or answered “yes” to both. Respondents who answered “yes” to either of the two questions may also have volunteered for other kinds of organisations;
- Group 2, volunteers, are respondents who have said “yes” to some form of volunteer engagement in the last 12 months;

- Group 3, non-volunteers, are respondents who answered “no” to having volunteered in the last 12 months.

This sorting of volunteers into relevant categories is schematically explained in Figure 4.

Figure 4: Health and welfare volunteers



The survey data are used for descriptive purposes. The main aim is to present some patterns across the two countries, focussing on Group 1 volunteers.

IV. Third strategy of inquiry: Interviews with key participants

A third research strategy for this study was to gather interview data from key participants to gain some perspectives beyond the two hospices and two respite organisations (described in section V) and especially to explore the question of “ideals of care”. Key participants are people who are assumed to have extensive knowledge about the role of volunteers in Denmark and Australia, because they:

- hold key employment positions which are designed around strategic decisions and compliance concerning the role of the organisation’s use of volunteers;

- have worked for a significant number of years in the field;
- self-identified as being confidently able to answer the questions sent to them before the interview.

An overview of the key participants is provided in Table 7.

Table 7: Key participants

| Denmark | Australia |
|--|--|
| Chief Executive Officer, Hospice* | Program Manager, Suicide and Crisis Intervention Organisation* |
| Volunteer Coordinator, Respite Care Organisation* | Aged Care Coordinator, Small Rural Community Care Organisation |
| Chief Executive Officer, regional branch of Cancer Organisation | Volunteer Development Advisor, Cancer Organisation |
| Aged Care Coordinator, Local Government Area | Volunteer Coordinator, Large Public Hospital |
| Chief Executive Officer, Non-profit Residential Aged Care Facility | Manager of Strategic Planning, Community-based Organisation |
| Manager of Strategic Planning, Large Humanitarian Organisation | Program Manager, Large Community Care Organisation |

* Either employed or has been employed in one of the four organisations presented in section V.

Selection criteria and process

The main criterion for identifying key participants was that they worked for human service organisations which deliver services to the frail elderly, the very sick and the terminally ill. It was imperative to gain access to people with extensive knowledge and understanding of volunteering and care. It was assumed larger players would be in a better position to understand the wider contexts of service delivery. Other key participants were identified through snowball sampling. One particular participant, the former volunteer coordinator from the Southern Star Hospice, was selected because of her long-standing involvement with volunteers in care work, even though her present employer does not deliver services to the relevant recipient group. All respondents self-selected, too, because they were required to indicate their ability to address the questions. One person whom I contacted chose to be excluded. Participants were contacted by phone, and followed up by emails which contained the interview questions. The Danish interviews were carried out between 27

November 2012 and 10 January 2013. The Australian interviews were carried out between 3 April and 27 November 2013.

As stated earlier, the main aim of the key participant interviews was to capture if and to what extent it is possible to understand divisions of labour as based in some—not yet revealed—ideal of volunteer care. Ideals of care as a concept has considerable overlap with the concept that Mary Daly (2002) calls “care as a policy good” because both concepts represent normative beliefs about appropriate care, rather than objective measurements. The advantage of Daly’s work is that she suggests a number of specific measures for researching this “good”. These suggested measures include: the perspective of the care-receiver; the status of care-giving; the perspective of the care provider; the distribution of cost; the demand and supply of paid and unpaid labour; and considerations about gender equality. The interview asks questions about these measures (See Table 8). Daly (2002: 261-264) suggests that attention to those dimensions in combination will tell us what “high quality care” is—not in an objective sense, but in a normative sense, similar to the concept of ideals of care (Kremer, 2005; Kremer, 2007).

Table 8: Questions for key participants

1. What kind of volunteers are governing authorities seeking to cultivate?
2. By whom is care ideally provided to give the best possible care? Is there a place for volunteers in that equation?
3. In which ways do you think the state acts as an agent in regard to gender relations in society? Are there any specific roles assigned to women?
4. Do you think there are any societal values (status) attached to care? Is there more or less value in volunteer care?
5. In what ways and to what extent do you think care is pegged to a demand for and supply of paid and unpaid labour?
6. In which ways and to what extent do you think cost is a rationale which informs the organisation of care?

Data analysis

The first stage in the data analysis was to transcribe interview data. The Australian responses were then analysed against Danish responses to the same questions. I used NVivo (Bazeley and Jackson, 2013; Richards, 2009) to organise this data material. Unlike the unstructured interviews in the four organisations (See section V), this interview material was easy to organise because of the pre-determined themes that corresponded to the interview questions.

V. Fourth strategy of inquiry: two pairs of comparable organisations and their paid and unpaid workers

The fourth strategy of inquiry—involving the four organisations and the people who work within them—formed the axis of this study. This part of the study aimed to address the research question by giving a voice to the volunteers, while not ignoring the organisational context. The merit of such a qualitative comparative approach lies in the potential for exploring the meanings, processes and strategies behind specific configurations in care arrangements in a country.

The main reason for choosing to study volunteers along with their organisations was that it allows for a focus on *context*. As Stake asserts: “for a qualitative research community, case study concentrates on experiential knowledge of the case and close attention to the influence of its social, political and other contexts” (Stake, 2006: 208). By adopting this approach, specific volunteers and their organisations have been studied against the background of—and simultaneously with—their organisations.

Notwithstanding these considerations, the main driver for the choice of four organisations also presented its biggest problem: how can anything that happens within the context of these cases be said to have any bearing outside that particular context? This is the problem of generalisability (Flyvbjerg, 2006: 224). This is part of a much larger discussion about “what can we know?”. For this study, these two opposing qualities (influence of contexts versus generalisability) were considered, and priority was given to context. In other

words, in order to understand how volunteers operate in a given context, there is no other choice but to study context at the same time as the volunteers (Flyvbjerg, 2001: 71). Furthermore, I agree with Flyvbjerg who posits that it is *not* possible to generate *context independent* theory in the social sciences (2001).

Selection of organisations

The sampling approach was to select information-rich cases, which are “those from which one can learn a great deal about issues of central importance to the purpose of the research” (Patton, 1990: 169). The strategy for choosing “information-rich cases” was “maximum variation sampling”, which has as its purpose to document “unique or diverse variations that have emerged in adapting to different conditions” (Patton, 1990: 172; 182). For multi-case research, the cases need to be similar in some ways (Stake, 2006: 1). However, it must also be acknowledged that social science in general cannot replicate the natural sciences in their ability to separate the study objects from their contexts and keep specific variables constant (Rittel and Webber, 1973).

To be able to compare organisations between countries, an important step in the process has therefore been to identify suitable organisations. After due consideration of potential selection criteria and following the standpoint of Mark Lyons (1998: 1) that “people identify with and generalise about fields of activities far more easily than types of organisations”, I applied selection criteria that were associated with the *field of activities*. Field is here understood to be associated with the recipient group as well as the nature of the services. Thus, the main selection criteria for identifying organisations were:

- The organisations deliver a service that is widely recognised as belonging in the human service sector;
- The service can be described as care;
- The organisations engage volunteers in their services;
- The organisations deliver a comparable service in pairs across countries;

- The organisations deliver a service to a comparable recipient group in pairs across countries.

Applying the criteria described above was not straightforward in any sense (A more thorough discussion of the challenges of identifying comparable organisations is found in section VII). Two hospices and two respite non-profit organisations were selected (See Table 9).

Table 9: Four human service organisations

| Type of Organisation | Australia | Denmark |
|-----------------------|------------------------|---------------------|
| Hospices | Southern Star Hospice | Danebo Hospice |
| Respite Organisations | Eureka Palliative Care | Norden Respite Care |

Southern Star Hospice: The hospice is located in a large city in a region known for mining and its working class population. The year 1921 marked the beginning of the Southern Star Hospital and provision of health care by Catholic Sisters. The hospital is the region’s major centre for oncology (cancer) services and can be described as one of the icons of the city. The hospice has been in existence for approximately 20 years as part of the Southern Star Hospital. The hospice was built to operate 20 beds, but is currently operating 17 beds. The hospital is publicly funded. Both the hospice and the wider hospital have a long history of utilising volunteers as part of their Catholic mission. At the time of data collection, 11 volunteers worked in the hospice, and the hospice was in the process of engaging 4 to 6 new volunteers.

Danebo Hospice: This hospice is a recent addition to health services in the Western region of Denmark. The hospice was built at the instigation of a couple in the local community through a donation, which saw the finalisation of the hospice in 2007. The services of the hospice are publicly funded. This hospice is a modern icon of the region, and its existence is a source of pride in the wider community. Danebo has 12 large apartments for patients and their relatives. At the time of data collection, 96 volunteers were involved with the hospice. Table 10 provides a comparative overview of the two hospices.

Table 10: Participant hospices

| Australia: Southern Star Hospice | Denmark: Danebo Hospice |
|---|---|
| 17 operating beds, hospital style | 12 apartments for patients and relatives |
| Nursing staff*: 5 in morning shift/4 in afternoon and evening shift | Nursing staff*: 5 in morning shift/4 in afternoon and evening shift |
| 11 active volunteers; hospice in the process of engaging 4-6 new volunteers | 96 active volunteers |
| Part of Catholic hospital | Self-governing organisation |
| Located in large city | Located in rural area |
| In operation for approximately 20 years (2012) | In operation for approximately 6 years (2012) |
| Publicly funded (listed in the Third Schedule of the Health Services Act) | Publicly funded, service agreement |

* It is difficult to make staff comparisons beyond the nurses on the wards. The reason is that Southern Star Hospice is part of the wider hospital, which provides meals, medical assistance, maintenance etc.

Norden Respite: The Danish respite organisation, Norden, leads a significantly more anonymous life. It is located in a fairly large town on the mainland of Denmark. This non-profit organisation is run through a local church. It primarily offers respite care to those caring for a person with dementia. It has existed since 2001 and is run exclusively by volunteers without any public funding. The group counted 7 volunteers at the time of data collection.

Eureka: The organisation is located in a medium-sized town in an area known for its mining industry. The organisation offers three main kinds of services: outreach respite to carers of the terminally ill; services delivered in public and private hospitals; and transport to cancer treatment. Eureka is partly funded through New England Health, and the organisation employs a Volunteer Coordinator and an administrative staff member on a part-time basis. At the time of writing, New England Health had announced that its funding would stop in June 2015. Without funding, the organisation is set to close. The organisation engaged about 40 active volunteers at the time of data collection. Table 11 provides a comparative overview of the two respite organisations.

Table 11: Participant respite organisations

| Australia: Eureka Palliative Care | Denmark: Norden Respite Care |
|--|---|
| Respite services: mainly to carers of the terminally ill | Respite services: mainly to carers of dementia patients |
| 40 active volunteers | 7 active volunteers |
| 2 paid staff | No paid staff |
| Located in large rural town | Located in large rural town |
| Receives public funding | Receives no public funding |
| In operation for approximately 23 years (2013) | In operation for approximately 12 years (2013) |
| Non-profit organisation; Memorandum of Understanding with local hospital | Association |

Data collection processes

In order to collect rich data, it was imperative to gain access not only to the volunteers, but also to their work environments. This was seen as a way to gain volunteers' trust prior to interviews, as well as a way to observe volunteers' behaviour at work. Indeed, it has been argued that observation offers a more objective and direct view of people's behaviour than interviews (Cooper, Lewis and Urquhart, 2004).

Southern Star Hospice: After discussions with the Volunteer Coordinator, it was decided that the best way to approach the observation task was to follow volunteers on shifts. Observations lasted about three hours, during which time volunteers explained what they were doing, talked about their volunteering experiences and engaged in general conversation. Observation notes were either handwritten during each session or recorded immediately after.

Observations were complemented by in-depth, face-to face interviews with volunteers and paid staff, with the purpose of understanding volunteer involvement from the participants' point of view (Kvale and Brinkmann, 2009). Interviews with volunteers took place one to three weeks after observation sessions and lasted from 50 minutes to 2 hours. The first two interviews relied on a list of pre-determined questions¹⁵. However, this did not work well; as the interview questions were positioned in front of me, the volunteers simple waited

¹⁵ See Annexe C for those questions.

for the next question, answered briefly and then waited for the following question.

From the interactions with the volunteers during observations sessions, I was aware that volunteers were keen to talk about certain topics. I therefore decided to substitute the structured approach with one overall general introduction to the interview: “What do *you* think is important to tell me?” If volunteers were *very* slow to start talking, I would assist with another, second question: “Maybe you can tell me how you got into this?” These unstructured interviews worked much better. The volunteers spoke more freely and—significantly—about what they thought was important, not what I thought would be important to them.

At this point of the data collection, the volunteers all knew that I was interested in volunteering and that I was doing a cross-country comparative study. They also knew from the informed consent form that I was interested in their private lives and working lives, and that I was interested in gender questions. However, many soon forgot this information and spoke about a range of topics, some of which were of little relevance to my research question.

Later in the interviews, I asked questions arising from my observations. This gave the volunteers an opportunity to reflect, explain and continue conversations, in accordance with the process described by Fontana and Frey (2005: 705). I would also return to questions or information that the volunteers themselves had touched on earlier in the interviews. The volunteers were generally keen to talk about their volunteering experiences: they spoke easily, comfortably and with pride about their experiences. In total, 15 volunteers participated in the study. No volunteers declined to participate.

Management, Volunteer Coordinators and other staff members were recruited for interviews on the basis of their involvement with volunteers; only staff members who either managed or worked with volunteers were asked to participate. Paid staff members were similarly asked one overall question: “What do you think is important to tell me concerning the organisation’s engagement of volunteers?” Staff interviews lasted from 40 minutes to 2 hours. In total, seven

employed staff participated in each of the hospices. No staff members declined to participate.

The main data collection (interviews and observations) took place from 30 July to 10 October 2012. An additional two interviews with staff members took place in February 2013.

Danebo Hospice: To obtain a similar method of data collection at Danebo Hospice, the same procedure was applied: initial observation followed by interviews. As Danebo hospice engages a large number of volunteers, it was not practical or necessary to include all the volunteers. After discussing different options for selection with the Volunteer Coordinator, we decided on a more pragmatic and, for the Volunteer Coordinator, more manageable task. Rather than focus on “who”, it was decided to focus on “when” and “what”. A purposive sampling approach was used to select volunteers performing different roles within the hospice. The Volunteer Coordinator Identified a number of shifts for the following two weeks, covering as wide a range of functions as possible. Whoever happened to be covering that shift for the following two weeks was then contacted by phone by the Volunteer Coordinator to ask for permission for me to accompany them on their shift. After accompanying each of these volunteers on their shifts, I interviewed them using the same method used at the Southern Star. In total, 14 volunteers participated. One volunteer declined to participate. Data collection was carried out from 25 October to 4 December 2012.

Norden: As Norden Respite has a limited number of volunteers, all active volunteers were contacted by the Volunteer Coordinator to assess their interest and willingness to participate in the study.

Observing volunteers at work was not a straightforward option at Norden. These volunteers carry out their jobs within the private homes of patients, and there are clear ethical considerations attached to following a volunteer into the homes of the very sick and the terminally ill. The advantage of observation had to be weighed against the distress it might have caused the patients and their carers (spouses). Some of the patients were dementia patients, and obtaining informed consent was thus not an option. After due consideration and

correspondence with the ethics personnel at Macquarie University, who advised that: “The Faculty HREC endorse your commitment to only entering two homes (of non-dementia patients) if doing so is definitely necessary”, it was decided to restrict data collection to interviews. Given the nature of the work and because the volunteers seldom come together as a group, the Volunteer Coordinator thought it was best if she contacted the volunteers by phone and asked for their consent to participate. I later followed up by phone call to arrange suitable times. All seven active volunteers agreed to participate in interviews. Two of these were coordinators as well. The interviews took place in the volunteers’ homes between 3 December 2012 and 7 January 2013.

Eureka: The organisation engages such a large number of volunteers that it required some kind of selection procedure. The Volunteer Coordinator for Eureka suggested publishing a note in the newsletter asking volunteers to contact her to express their interest. Five volunteers expressed such an interest. Interviews with the volunteers and the Volunteer Coordinator were carried out at the organisation’s office between 29 April and 8 May 2013.

Table 12 provides an overview of participant volunteers and paid staff in the four organisations.

Table 12: An overview of volunteers and staff in each organisation

| Australia | | Denmark | |
|--|------------------------|---|--|
| Southern Star Hospice | Eureka Palliative Care | Danebo Hospice | Norden Respite Care |
| <i>Paid staff and management</i> | | | |
| Volunteer Coordinator Nurse Unit Manager Social Worker Diversional Therapist Pastoral Care Nurse 1 Nurse 2 Former Volunteer Coordinator | Volunteer Coordinator | Hospice Leader Volunteer Coordinator Nurse Unit Manager Nurse 1 Nurse 2 Nurse 3 Kitchen Staff | |
| <i>Volunteers</i> | | | |
| 14 women 1 man | 4 women 1 man | 9 women 5 men | 4 women 3 men (including Volunteer Coordinators) |

Approach to analysing interview data

I transcribed the interviews, through this process obtaining a close connection with the data. During data analysis I was able to remember almost the exact content of all interviews. Even now—more than two years after conducting some of the interviews—I am still able to remember many details of the interviews.

A thematic analysis approach has been utilised in this study. Indeed, some argue that the identification of themes as the goal of analysis is endemic in qualitative research (Bazeley, 2009). The qualitative data analysis program, NVivo, which facilitates the recording and analysis of textual qualitative data, aided early data analysis. NVivo’s main advantage was that it allowed for the systematic coding of each part of the interviews to certain themes or categories (nodes). NVivo successfully facilitated working systematically with a large amount of interview data (Richards, 2009).

Once the thesis started to take shape, NVivo ceased to be of use. Instead, I consistently referred to interviews in their original full versions in the later stages of data analysis. Working with the interview solely in NVivo gave a disjointed and “plug-in” connection to the data. The close connection I originally had with the data ceased to exist. I therefore stopped working with the data in NVivo. Referring to the interviews in full ensured that the use of quotes was consistent with the viewpoints of the participants.

I recorded observations in a journal. Sometimes, notes were written in a systematic, on-the-job fashion, as was possible when I observed the office-bound bereavement volunteers. In other instances, I would jot down observations when time permitted. Often, I would also use the recorder as an electronic journal—most often, in the car on the way home. On occasions where volunteers offered significant information without the recorder turned on, I attempted to write down the information in a precise manner shortly after the conversations. The journal thus functioned as an important source of ideas, possible links and ways of thinking about the data during the writing-up phase. It has also served successfully as a reminder of ideas and thoughts to be included in the analysis.

VI. Fifth strategy of inquiry: Interviews with volunteers

The fifth strategy of inquiry—interviews with volunteers about their life histories—is so intertwined with the organisation studies (Fourth Strategy) that it is not possible to completely separate the two. However, for the purpose of structure and corresponding to the three different layers in the study design, volunteers are also listed here. Process and data analysis methods are presented above and will not be repeated here. The individual volunteers are listed in Table 13.

Table 13: Volunteer participants

| Australia | | Denmark | |
|---------------------------|------------------------|------------------|-----------------------|
| The Southern Star Hospice | Eureka Palliative Care | Danebo Hospice | Norden Respite |
| (14 women, 1 man) | (4 women, 1 man) | (9 women, 5 men) | (4 women, 3 men) |
| Therese | Jenny | Johanne | Volunteer Coordinator |
| Rose | Sarah | Elna | Margrethe |
| Rita | Harry | Erna | Lennart |
| Penelope | Joy | Agnes | Per |
| Pam | Janelle | Kristine | Stine |
| Leslie | | Ruth | Birthe |
| Joan | | Christina | Michael |
| Jean | | Lotte | |
| Jane | | Janne | |
| Eileen | | Kaj | |
| Vera | | Arne | |
| Anne | | Malte | |
| Alison | | Jonas | |
| Margo | | Finn | |
| Chris | | | |
| Total = 15 | Total = 5 | Total = 14 | Total = 7 |

VII. Challenges and limitations

Organisations

Selecting comparable organisations was not without challenges, which require brief elaboration. While it was assumed that it would be easy to find comparable organisations, it proved to be a difficult exercise. It was not easy to find organisations that deliver similar services and with the same receiver group (e.g. a similar service may be aimed at the care-receiver in one instance, but aimed at the care-giver in another, despite the programs looking very similar). In hindsight, the difficulties associated with finding similar organisations prompt an argument consistent with the Total Social Organisation of Labour (TSOL) approach (Glucksmann, 1995b): there *really* is nothing uniform about work in a comparative perspective.

The problem of comparing apples and oranges is present even with the two hospices, despite what seemed an obvious suitability for comparison. The two clearly work with the dying (same types of recipients), and they both engage volunteers, and yet the nature of their work (one oncology, one palliation) is different. Southern Star Hospice staff members were not convinced that the ward was appropriately called a hospice. This quote from the interview with the Nurse Unit Manager of the Southern Star hospice (several months into the data collection period) illuminates the difficulties.

It is a shame that it is called a hospice because, really, we are not a hospice any more. We should be called a palliative care unit; a specialist care unit.

Many people have got the impression that once they know they are dying they can come here and live out their last weeks, months, for free. That is a very common misperception. And that is what nursing homes do now. That is exactly what nursing homes do. We have shifted from that very end of life care stuff to more acute stuff. (Nurse Unit Manager, Southern Star Hospice, Australia)

The quote seems to indicate that the Danish hospice would have been better compared with an Australian residential aged care facility, which is where end-of-life care currently takes place, according to the Nurse Unit Manager.

In the respite care organisations, the recipients were not identical. Norden delivers respite to carers of dementia patients, the long-term sick, or those wishing to die at home, according to the information on the organisation's website home page. In reality, the service includes people with mental health problems. Eureka delivers respite care to people with a life-limiting illness, as well as to the terminally ill.

The overall message is that it was impossible to identify pairs of organisations that strictly match the selection criteria in a narrow sense. Rather, the organisations match the criteria in a broad sense, in that they all work with the frail elderly, the very sick and the terminally ill.

A separate challenge involved not gaining access to the work environments of the respite volunteers. Without observation, it was difficult to get

the same sense of what these volunteer care workers *actually do*. It was obvious that volunteers more readily reported on what they were *supposed* to be doing, rather than what they were actually doing. I must conclude that observations combined with interviews provide a more accurate understanding of the work environment. Furthermore, the building of trust gained through the observation sessions in the hospice was missing.

VIII. Ethics approval

Ethics approval was obtained from the Macquarie University Human Research Ethics Committee (Ref No. 5201200419)¹⁶. Written and verbal information about the nature of the study was given to all directly involved participants, and written informed consent was obtained.

Hospice and respite volunteers, staff, management and key participants were informed that participation was voluntary, and that they could withdraw their participation at any time. One hospice volunteer asked me immediately following the interview to omit parts of the interview. One respite volunteer asked me to omit parts of the interview following the return of the transcribed version of the interview.

Also, participants were informed that confidentiality was assured. The names of the four organisations are pseudonyms chosen by me. All volunteers are referred to by their self-chosen pseudonyms. Key participants are not mentioned by name and neither are their organisations. The key participants were warned that it might be possible for people familiar with their organisations to identify their organisations.

All interviewees were offered transcribed versions of their interviews. One nurse declined obtaining a copy of the interview. Two key participants declined obtaining copies of their interviews.

The two Australian organisations and the Danish hospice were given a draft version of the thesis to comment on in August 2014. The Danish respite

¹⁶ See Annexe B.

organisation organised a meeting with their volunteers in November 2014, during which I provided some feedback about the findings of the study and provided a draft version of the thesis to comment on. No comments were received.

IX. Conclusion

In this chapter, the overall design and the multiple methods for data collection have been presented. The main rationale for the methods chosen was to allow for a study design which recognised the interconnections between spheres and different forms of work.

In Part 2, the thesis starts to explore, outline and explain the contributions of volunteers. The structure follows what Robert Yin argues is the most common structure of a multi-case case study: each case is presented separately, followed by a cross-case analysis in a separate chapter (2003: 147). In reporting on each of the cases, the structure will follow the logic outlined in this chapter. That is, the thesis will first take a macro-perspective and explore the division of labour between the non-profit sector, state, market and family. Focus at this level is on women's workforce participation and on the division of labour in the private sphere. Subsequent chapters show that workforce participation is *crucial* to understanding patterns of volunteering. The thesis will then take a meso-perspective and explore how welfare states influence the relationship between paid and unpaid groups of workers in formal organisations, including how boundaries are negotiated and fought over. The thesis will in the last chapter within each case study turn to the volunteers themselves to explore how welfare states matter in the connections between individuals' own paid and unpaid work. At all levels, the thesis focusses on the *relational* organisation of labour and the *interdependencies* of labour, as outlined in chapter 3 and in accordance with Glucksmann's TSOL framework. The aim is to provide "sufficient description to allow the reader to understand the basis for an interpretation, and sufficient interpretation to allow the reader to understand the description", in line with advice given by Michael Patton (1990: 430).

Part 2: Australia

Chapter 5: Paid and unpaid work in the Australian welfare state

This first part of the case study takes a macro-level perspective to consider the organisation of care work and work in general in the Australian welfare state. As a first step, this chapter considers the development and design of the Australian welfare state, with particular emphasis on women's and men's access to work. Access to work has important bearings on volunteering patterns (See chapters 7, 10 and 11, section III). This outline will therefore go into some detail about this aspect of the development of the Australian welfare state. In a second step, this chapter considers the contribution of the non-profit sector to delivery of care, as well as the extent to which care has "gone public" (Hernes, 1987) (See chapter 3).

In line with the commitment to a Total Social Organisation of Labour (TSOL) approach (Glucksmann, 1995b), the contribution of volunteers is considered in a whole-of-society perspective. Hence, the relative importance of the state, the market, the family and the non-profit sector needs consideration. The outline is selective in the sense that it aims to outline those developments of the welfare state that are most important for understanding the findings from the case studies as they unfold in chapters 6 and 7. For that reason, state-delivered and informally delivered care attracts more attention than the market. Following a short introduction to Australian volunteers as explored through survey data, this chapter finally explores the involvement of volunteers in this mixed economy of care by asking how we can understand volunteer involvement according to

some—not yet revealed—logic of appropriateness. This last section draws intensively, but not exclusively, on interviews with key participants.

I. The legacy of the wage-earners' welfare state

Australia is routinely labelled a liberal welfare state (Esping-Andersen, 1999; Esping-Andersen, 1990; Orloff, 1993; Orloff, 1996b; O'Connor et al., 1999); see Boje (2012: 17) or Bambra (2007: 328) for an overview. However, Castles (with Mitchell) (1992) has famously criticised the clustering of Australia with other liberal states. Castles has pointed out that, although the liberal clustering shares many characteristics, the Australian version of liberal welfare policy has a specific shape in which social protection has taken place within mainstream economic policy-making, and most particularly, in the realm of wages policy (Castles, 1994: 123). In the so-called 'lib-lab' countries (liberal states where the labour movement played a significant role in social policy), such as Australia, the welfare state is more comprehensive and collectivistic, despite the low level of public expenditure (Castles, 2002: 44). Castles (1994; 2002) has coined the phrase, "wage-earner's welfare state", to describe the welfare state's contribution to economic and social equality in Australia by ensuring male wages were adequate to meet basic family needs (Castles, 2002; Castles, 1994). His point is that there is a sharp distinction between American residualism and the implicit universalism within the Australian "wage-earners" welfare state (1994).

The Harvester Judgement of 1907 made the connecting link between institutions originally designed to create industrial peace and the development of the Australian welfare state (Jamrozik, 1994: 162-165). In the judgement, Mr Justice Higgins, the President of the Australian Commonwealth Court of Conciliation and Arbitration, argued that "a 'fair and reasonable' wage for an unskilled labourer was to be one based on the normal needs of the average employee, regarded as a human being living in a civilised community" (cited in Castles, 2002: 43). Normal needs and actual costs were calculated from family budgets, on the assumption that the standard male wage should be sufficient to support a man, his wife and up to three children (Castles, 2002: 43-44). On the basis of this, the "living wage" was set at 7 shillings a day. Over time, the Court established the custom of adjusting the basic component in relation to changes

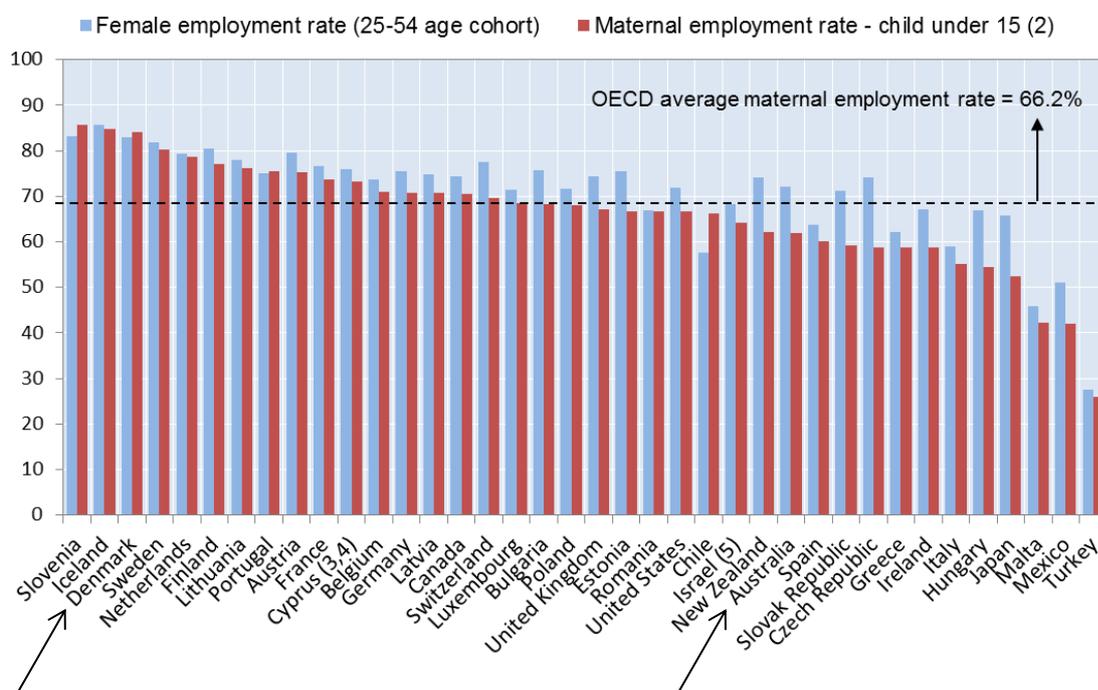
in the cost of living. From 1922 to 1953, such adjustments became automatic, and the living wage became a symbol of what was properly due to the Australian working man. The living wage has deeply influenced the development of social policy in Australia (Castles, 2002: 44). The wage-earner focus meant that security was linked to employment: the living wage promised working men that they and their families could maintain a decent life. This principle, that the employer was responsible for providing for the needs of the workers, was extended in a number of ways, such as to include sick leave benefits. A requirement for systems like this to work is that protection is extended to most members of the society. According to Castles, most people *were* included in this system from Higgins's time till the 1970s because virtually all able-bodied men were in the labour force, while women worked till they got married and then left work to become dependent on male wage-earners. Because divorce was almost non-existent, most men and women were protected, he argues (Castles, 2002: 45). For those outside the wage-earners' circle and their dependants, the system was obviously less favourable, as they were punished by the doubly residual nature of the system. The historical presumption has been that income from employment produces the necessary means, and the state only has to help where income from employment fails (Castles, 2002: 45).

The blind spot in this system for women is not an easy one to miss in today's version of fairness. This basic social right, access to paid work (Jamrozik, 1994: 162), was only intended to extend to male citizens. The family wage enshrined in the Harvester Judgement included the entitlement to provide for dependants in the male basic wage, but not within female wages. Female wages were set for most purposes at 54 per cent of the male rate (Sawer, 2002: 152). This system reflects on the assumption that family welfare was maximised if a male breadwinner could afford to keep his wife at home (Sawer, 2002: 152). Carole Pateman has described the Harvester Judgement as an example of the fraternal contract of liberalism, made by brothers at the expense of women (1987: 20; 40).

By the 21st century, Australia has moved more into line with other liberal welfare states (Stebbing and Spies-Butcher, 2010: 3; Bryson and Verity, 2009:

182-183). However, a modified version of the male-breadwinner family model is still “alive and kicking” as a practice and as an ideal for Australian families. Australia had an increasing female employment rate at 67 per cent in 2012 (up from 61 per cent in 2000) (OECD, 2013a). However, the crude participation rates do not show exactly *how* different Australian male and female parents’ work lives are, or exactly *how* different work lives are for Australian mothers compared with Danish mothers. Table 14 gives some indication of where Australia is placed compared with other Organisation for Economic Co-operation and Development (OECD) countries and with Denmark.

Table 14: Australian maternal employment rates compared with rates in other countries



Reproduced from: OECD Family Data Base (OECD, 2013b).
 Note: 2009 for Australia, 2010 for Denmark.

Australian fathers of both pre-school and school children have high participation rates, with over 80 per cent in full-time work, and fathers' employment rates or hours worked do not appear to be related to the age of their youngest children (Gray and Baxter, 2010). However, full-time participation rates by Australian mothers of pre-school children are much lower at 20 per cent. Furthermore, once women have left the labour market to become parents, few (44 per cent)

return to *full-time* work, but instead work in part-time or casual jobs (Meagher, 2014: 84).

Further, a recent longitudinal study found that 41 per cent of Australian men and 36 per cent of women agreed or strongly agreed that it is better if the man is the main breadwinner, and the woman has the main responsibility for children and the house (Egmond, Baxter, Buchler and Western, 2010: 157). The researchers even conclude that social attitudes are increasingly favouring a gender-differentiated work-family model:

Overall our results indicate that the trend toward more liberal attitudes about gender has stalled in Australia and in some cases, reversed. Although women have made enormous gains in obtaining access to paid employment and there is increasing support for a shared division of labour at home when both partners are in paid employment, there is less support than in the past for family arrangements that diverge from the male-breadwinner model and increasingly less support for combining motherhood with paid employment (Egmond et al., 2010: 169).

The same researchers also found that that younger cohorts tend to be less conservative than older cohorts, but that those born between 1960 and 1980 are more egalitarian on some issues than those born after 1980 (Egmond et al., 2010: 147).

II. The non-profit sector in a mixed economy of care

A brief historical overview

An important layer of Australia's welfare is made up of non-profit organisations. It is little more than 200 years since the first Europeans settled the Australian continent, and most of them came from Great Britain. They brought with them middle-class notions of charity, and a strong lower-class tradition of mutual associations and democracy. These imported ideas and practices had a direct bearing on the development of Australia's non-profit sector (Lyons, 1998: 2).

The Australian colonists shared the *laissez-faire* liberal views of mid-century England. In line with this, the government was largely reluctant to intervene in the area of human services (Lyons, 1998: 2). Rather than provide

services directly for the poor or the sick, the government encouraged leading colonists and their wives to form and support non-profit organisations to provide needed services (Industry Commission, 1995). Throughout the nineteenth century, the non-profit sector was dominated by large, church-based or philanthropic organisations founded to address problems of child neglect, homelessness, disability and poverty. This support was directed at particular elements of the population. It did not represent any general acceptance of responsibility for community welfare. Rather, the government supported the sector in selected areas, and gradually accepted some areas of responsibility as their own, including the mentally ill, orphaned and delinquent youth (Industry Commission, 1995: 8-9).

The Second World War saw an important change as the Commonwealth Government had become solely responsible for administering income tax and proceeded to extend it to cover all the working population. In return, the Labor Government dramatically expanded the range of government pensions and benefits and provided large amounts of funding for health services (Watts, cited in Lyons, 1998: 4). A widely-held perception is that a consequence of this was a reduction in philanthropy (Lyons, 1998). However, Oppenheimer argues, to the contrary, that the apparent evidence of their disappearance is inaccurate. She argues that not all voluntary organisations died. During the twentieth century, philanthropy and the voluntary principle have certainly been overshadowed by state bureaucracies and the state's expansion, but both the organisations and the relationship between the two continued to exist (2000: 15-16).

Moreover, the "civil conscription" amendment clause in the Australian Constitution has limited the ability of Australian governments to fully take over in health matters. The Curtin-Chifley Labor Government had signalled its intention to create a national medical service providing universal cover to all. However, with Section 51(xxiiiA), added to the Constitution after a referendum in 1946, Parliament could intervene in welfare matters "*but not so as to authorise any form of civil conscription*". This meant that the government could not draft (force) doctors into civil service in the same way they can draft soldiers in war time.

In Australia, the major changes that were to take place commenced in the 1970s. The 1970s saw a major shift towards government taking on a greater role in funding social services. Both Commonwealth and State Governments developed programs which often involved the non-profit sector as the delivery mechanism (Lyons, 1998: 5; Industry Commission, 1995: 9). Consequently, the sector grew considerably. The expansion of government funding was not due to outsourcing of services previously provided by government, contrary to popular belief. Mark Lyons, an academic who has written extensively on the non-profit sector in Australia, argues in a submission to *The Contribution of the Non-profit Sector* (Productivity Commission, 2010)¹⁷ that:

It is important the Inquiry does not subscribe to the common myth that sometime in the 1990s State and Federal governments moved to outsource lots of services previously provided by public servants to the non-profit (or non-profit and for-profit sector). In fact, the only services so outsourced were those previously provided by the CES [Commonwealth Employment Services], and a few welfare services. The great growth of government payments to non-profit organisations is the result of massive increases in the demand for services always provided by (or mainly provided by) non-profits. What changed (and slowly over a decade or two from the mid-1980s) was the language which governments used and the rules which governments set in place to control the services they subsidised (and occasionally fully funded) (submission 169 in Productivity Commission, 2010: 302).

The 2000 McClure report on welfare reform was further influential in placing service delivery in the hands of non-profit organisations (Dollery and Wallis, 2001; Dryzek, 2002). This brought about a visible shift in the expectations of volunteers and their organisations. The then Prime Minister, John Howard, wanted to create a “social coalition” between all sectors of government, business and the non-profit sector to relieve pressure on government, and volunteers were to be an integral part of this policy (Oppenheimer and Warburton, 2014: 2-3).

Indeed, the role of the non-profit sector in service delivery is strong and growing. The Australian Bureau of Statistics (ABS) data show strong annual

17 The Productivity Commission is “the Australian Government's independent research and advisory body on a range of economic, social and environmental issues affecting the welfare of Australians” (www.pc.gov.au).

growth of 7.8 per cent in the non-profit sector value-added, and a 5.7 per cent in employment from 1999-2000 to 2006-2007 (Productivity Commission, 2010: 84). This is significantly higher than the rest of the economy. The Productivity Commission suggests that the rise in employment is a substitution for volunteer labour (2010: 84). In the area of aged care, non-profit organisations now have a dominant role in service delivery, delivering 59 per cent of residential care and 83 per cent of home care (Brennan, Cass, Himmelweit and Szebehely, 2012: 381).

Table 15 gives some indication of the size of the Australian non-profit sector as measured in terms of number of organisations, the percentage of Australians employed and the percentage contribution to Gross Domestic Product (GDP).

Table 15: The size of the non-profit sector in Australia

| | |
|--|--|
| Population | 20,264,080 (2006) 23,746,686 (2015) |
| Number of non-profit organisations, estimated | 600,000 (2006) |
| Number of “economically significant” non-profit organisations* | 58,779 (2006) |
| Number and percentage of employed population in “economically significant” non-profit organisations | 889,900 8% of total employed (2006-07) |
| The contribution of “economically significant” non-profit organisations to Gross Domestic Product | \$43 billion 4.1% (2006-07) |

Source: Productivity Commission (2010: XXVI).

* Organisations are “economically significant” if they employ staff or access tax concessions.

Market-based premises

From about the turn of the 21st century, the line between market and non-market services has become increasingly blurred (Bryson and Verity, 2009). The “new” trend in government reinforced the dominance of market thinking in public

administration. Performance-based contracts, rather than simply funding the activities of non-profit organisations, have become the preferred way of supporting organisations (Productivity Commission, 2010: 303). The result has been a widespread development of managed markets (quasi-markets), which are distinguished from conventional markets by the fact that government is the source of much or all of the purchasing power. This enables governments to dictate how these markets operate in ways that go well beyond the powers of government in most conventional markets (Davidson, cited in Productivity Commission, 2010: 303).

The shift to delivery of services that are standardised, equitable and accountable, in line with the requirements and responsibilities of government, has meant massive change for non-profit organisations. Many of these organisations had prided themselves on the provision of personalised and responsive services which relied on their relative autonomy. However, operating under increasingly market-based premises makes it difficult to uphold such degrees of autonomy. Consequently, sector advocates have argued that non-profit organisations are little other than the long arm of the government (Sector Connect Inc., cited in Productivity Commission, 2010: 304). Further, many in the sector are concerned that current arrangements limit their ability to innovate and respond at a local level to existing and emerging problems (Productivity Commission, Appendix J, 2010: j.8).

In a market-based economy of care, it is not surprising to see that for-profit providers have a significant and increasing role to play in service delivery. For-profit providers are especially dominant in the ownership of nursing homes, 35 per cent of which are owned by for-profit organisations. In comparison, in the case of in-home care, for-profit organisations remain in a marginal role at 6 per cent of providers (Brennan et al., 2012: 381).

Competitive tendering has become a core mechanism in service delivery. During the 2010 *Contribution of the Not-for-profit Sector Inquiry*, the Productivity Commission was “struck with the extent of the sector’s dissatisfaction with its engagement with government in the delivery of human services” (Productivity Commission, Appendix J, 2010: 1). The message from the sector is that current

government tendering, contracting and reporting requirements impose a significant compliance burden, in addition to a constraint on the efficiency and effectiveness of service delivery (Productivity Commission, 2010: 308). Thus, many community organisations are concerned that their core business is managing tendering and re-tendering, to the detriment of delivering services (Productivity Commission, Appendix J, 2010: j.8). The burden of compliance falls disproportionately on smaller non-profit organisations.

Informal care and the state

Considering the other pillars of welfare in Australia, attention needs to be directed at the significant and important contribution of informal care¹⁸. While all countries rely on informal care to some degree, consecutive Australian governments have sought to recognise, actively encourage and nurture the provision of informal care. The long-term sustainability of caring in the context of population ageing has been explored in no less than three public inquiries and has become the subject of a national strategic approach, in which forward-planning initiatives aim to improve support for caring (Australian Institute of Health and Welfare, 2011: 207-209; Productivity Commission, 2011a; Productivity Commission, 2011b). Governments have implemented various approaches that seek to have an impact on the lives of carers, following from the recommendations in *Who Cares...? Report on the Inquiry into Better Support for the Carers* (House of Representatives Standing Committee on Family Community Housing and Youth, 2009). Testifying to the continued political support of informal care, Australia is one of the few countries with a carer allowance (OECD, 2011)¹⁹.

In this system, state intervention is thought of more as a safety net, rather than the primary means of providing care. Australia has a weak history of

¹⁸ As per the outline in chapter 3, section III, informal care and formal care are distinct activities.

¹⁹ In June 2012, about 205,000 informal carers received a Carer Payment. The Carer Payment is a means-tested income support payment made to informal carers who are unable to maintain substantial paid employment due to caring responsibilities (Australian Institute of Health and Welfare, 2013: 347-348).

universal social rights in the Scandinavian tradition; in both child and aged care there has been a long history of residual state intervention, with government intervening to provide care where family or the market was judged to be inadequate or failing (Fine, 1999: 382; Brennan et al., 2012). When intervening, Australian governments have mainly been funders and regulators, but seldom service providers. For example, only 6 per cent of residential care and 11 per cent of home care is currently delivered by public providers (Brennan et al., 2012: 381).

The consequence of these developments is that the non-profit sector is not “competing” against the standards or the services of the welfare state, as state-delivered care was never dominant. Instead, non-profit organisations compete directly with other non-profit organisations and for-profit organisations under marketised premises. This puts pressure on the organisations to be compliant, competitive and cost-efficient, with consequences for volunteers, as we will see in the next chapter. Furthermore, the family is actively supported in this mixed economy of care when it comes to care of the frail elderly, the very sick and the terminally ill. The non-profit sector has traditionally been, and continues to be, the largest supplier of formally delivered support for the aged and frail. Care has not to the same degree “gone public” (Hernes, 1987), and lay, unprofessional care has not been marginalised to the same extent as in Denmark (See Chapter 8 section III). This is important background knowledge for understanding the findings in later chapters.

III. Australian volunteers: Survey data

According to an Australian Bureau of Statistics (ABS) survey, 36 per cent of Australians over 18 were engaged in voluntary work in the 12 months before data collection in 2010 (Australian Bureau of Statistics, 2010: 2), reflecting a slight increase in volunteering rates²⁰. However, volunteering takes place in a range of different domains, and not all of these forms of volunteering are relevant to this study. As outlined in chapter 4 section III, a preliminary step was therefore to narrow down the groups that are relevant to this study (group 1

²⁰ The increase was not statistically significant compared with the 2006 survey.

described in chapter 4 section III). I refer to these volunteers as *health and welfare volunteers* and assume that they most closely resemble the volunteer care workers in the two Australian organisations. Eleven per cent of Australians had volunteered in health and welfare organisations in the 12 months before data collection for the ABS survey.

When considering all forms of volunteering together (Table 16, column 3), survey data show that women volunteer more than men, that the middle-aged volunteer more than the young and the old, and that part-time workers volunteer the most, followed by full-time workers and those not in the workforce (See Table 16). These findings confirm the predictors of volunteering within the resource theory (See chapter 2 section I).

Table 16: Gender, age, workforce attachment, Australian survey data (%)

| | | Volunteer across all domains | Volunteer in welfare and health organisations |
|-------------------------------------|---------------------------------|-------------------------------------|--|
| Gender | % of Australian females | 38 * | 12 |
| | % of Australian males | 34 * | 9 |
| Age | % of Australians under 30 | 32 | 6 |
| | % of Australians 30-49 | 39 | 9 |
| | % of Australians 50-64 | 36 | 13 |
| | % of Australians 65 and over | 30 | 14 |
| Attachment to paid workforce | % of full-time workers (≥40 h) | 38 * | 10 |
| | % of part-time workers (1-39 h) | 44 * | 13 |
| | % of those not in workforce | 28 | 11 |

Source: Australian Bureau of Statistics (2010). The statistics marked with * are reported in the publication; the rest of the statistics have been calculated from the General Social Survey 2010 dataset.

However, considering health and welfare volunteers (column 4), a different profile is revealed. In health and welfare organisations, women continue to dominate. The expected concave relationship between volunteering and age gives way to a linear relations (the old volunteer the most). Also, those not in the workforce have overtaken those in full-time work, while part-time workers

continue to dominate (see Table 16).

The survey data presented here are included to allow for comparison with the small sample of volunteer care workers in the Australian organisations in chapter 7 (which we will see is also dominated by the old, those not working and females). Also, as the analysis unfolds in chapter 7, we can begin to make sense of those characteristics and begin to understand why it is that volunteer care work falls disproportionately on women, the old, and those who have no or little attachment to the workforce.

IV. Involving volunteers in a mixed economy of care

Having established that volunteers have been and continue to be an important source of care-giving in Australia, this section seeks to draw some wider perspectives on how we can understand the contribution by volunteers in macro-configurations of care. In line with Kremer's argument (2007) that specific care regimes are an outcome of different "ideals of care", this section further seeks to explore if there is an underlying, but so-far hidden, "logic of appropriateness" that guides the involvement of volunteers in the Australian context. This section will seek to answer this question by drawing more intensively, but not exclusively, on the interviews with key participants.

Savings and warmth

The importance of savings: The cost-saving potential of volunteers was the most clearly articulated rationale for the involvement of volunteer care workers in Australian service delivery. It was mentioned repeatedly by Australian participants:

It is money; dollar value—always dollar value. (Program Manager, large community care organisation, Australia)

Budgets are tight, and they will always look at ways to save money on wages, because your wages are always going to be the biggest expense in any organisation. So, if you have hands that can drive certain processes for you that are free ... (Program Manager, suicide and crisis intervention organisation, Australia)

One way of explaining the strong focus on cost is to consider the funding mechanisms of Australian human service organisations. The focus on cost can be seen as the practical outcome of policy measures aimed at “optimising the outcomes by the sector and its contribution to society” (Productivity Commission, 2010: IV-V) (See Section III). In a tendering system, where non-profit organisations have to compete for funding with other non-profit organisations as well as for-profit organisations, cost becomes a measure of competitiveness. Saving money on wages becomes one way to compete with organisations that do not have unwaged labour as readily available, such as public and for-profit organisations.

The importance of warmth: The Manager of Strategic Planning of a large community-based organisation insisted that volunteers are as highly regarded as deliverers of care and linked this regard to the importance of what they do; volunteers are highly regarded because of the vital part they play:

[We] wouldn't exist without volunteers. So clearly they are held in the highest esteem. Simply because if they weren't there... well, if there was suddenly a vacuum there would be a lot of elderly people who would be found dead in their homes. So you can't deny the value of that. (Manager of Strategic Planning, community-based organisation)

Interestingly, the absence of a salary was seen by the Australian respondents to bring particularly warm care to the care-receiver. The argument is that volunteer care workers deliver more heart-felt care *because* it is unpaid:

In my opinion it is—because it comes from the heart. It doesn't come from the pocket. We all work because we need to. Those who are past their working lives give for another reason. It is a more genuine care. And I am not saying that those who work in those situations do not care, are not genuine and don't care, but it is a different level. It just reaches a different level. It just is different. It just has a different feel about it. (Volunteer Coordinator, large public hospital, Australia)

Because they have chosen to become a volunteer they give their all. Otherwise they wouldn't be doing it. They would be giving the best that they can for the client. (Aged Care Coordinator, small rural community care organisation, Australia)

Receiving a wage is, on the contrary, seen to hinder the same kind of warm

care. This argument that “money drives out love”—that care workers should be motivated by the good they do, not by the money they earn—is almost endemic to care work, including nursing care (Chua and Clegg, 1990: 148). However, it is also a highly contested argument (Meagher, 2007: 163). One key respondent further linked the “warmness” to the availability of time:

Volunteers have the capacity to do it better, yes, for the very reason that it is not paid. The payment part of it would be the impediment. Unless the paid worker was allowed enough time to add the other dimension which is just as important as the meal. And that is the contact. The more seconds, or the more minutes, then the more value is added. Part of our branding is that “We are more than just a meal”, as you might have seen, because the contact is just as important as the meal. Obviously, you need a meal to survive, but you need the social contact to survive as well. (Manager of Strategic Planning, community-based organisation, Australia)

A staff member at Southern Cross Hospice sees that volunteers do certain tasks better than she (paid staff) could have, and that volunteers bring something (qualitatively) different as carers:

I guess it is something I could have found the time to do [talking about a bereavement walking group run by volunteers]. But I wouldn't have done it as well as the volunteers because they combine certain interests as well as certain personalities. And it is just right for that sort of group.

I run a therapeutic group. That is what I am trained for. The walking group is therapeutic but it is a mix of a whole lot of other things as well. And it is just so good for the volunteers to be running it because they have a combination of personalities and interests that is just right.

And I suppose for me, I see the volunteers as coming here and expressing really important values. And they come here to express those values. They are values about caring and commitment and connection. And that is what they are acting out of. That is so precious, to be able to be part of that. And to enable people to express that is, to me, very precious. (Hospice staff member, Australia)

The picture that forms suggests that there is considerable status attached to volunteer care work in Australia and that volunteers are valued members of the care-giving community. However, there were also voices that suggested otherwise. The former Volunteer Coordinator reported on a mismatch between

the praise of volunteers and how valued they *actually* are at organisational level:

It goes right back to how valued are they at an organisational level? And my sense is that most volunteers are lip-service valued, but often they are seen as “Oh, my God! Who are these people? These funny odd people, who are they?” (Program Manager, suicide and crisis intervention organisation, Australia)

There were also other indications that the praise of volunteers is mostly paid as lip-service. Volunteer Leslie²¹, who was in her 30s, had been working both for a salary and without a salary in the same line of work in a number of organisations. She was therefore in a unique position of insight and thereby able to question the insistence on the high status of volunteer care workers compared with that of paid staff:

An interesting thing happened in Adelaide: I was volunteering in the hospice and the social worker left and they employed a new social worker. And they had a month’s gap. They were in a bit of a pickle. They asked me if I could do a locum for them. So having not worked for 10 years, I did a 1 month locum as a social worker. And then I went back to my normal volunteering work. So for 1 month I was the ... I took on the professional role in the hospital.

And it was really different. I felt treated differently by staff. It was quite interesting. I think I was respected for my role as the social worker. As a volunteer I think we were respected, but a little bit dismissed. Maybe. And if people were to talk to us, they may talk to us about some of the patients (...) but most of the time it would just be a chat about “What did you do on the weekend?” (Volunteer care worker, Social Worker, hospice, Australia)

Both “cost-savings” and “warmness” are articulations that are in stark contrast to the claims made by the Danish key participants, as we will see in chapter 8, section III. These differences will also be discussed in more detail in chapter 11, section II.

Turning volunteers into unwaged workers

A dominant and recurrent theme in the Australian interviews focussed on the regulation of volunteers. Recent policy measures, such as demands for

²¹ The volunteers will be introduced in more detail in chapter 7.

insurance and compliance with Occupational Health and Safety, were blamed by many of the Australian participants for changing the nature of volunteering. Respondents blamed increased regulation for reducing available roles for volunteers; for professionalisation of the volunteer workforce; for causing discontent and discontinued volunteer engagements; for creating unnecessary “red tape”; and for removing the “voluntary” element of voluntary work.

One key participant, who had been working in the field for many years, commented on the change and volunteers’ dissatisfaction with it:

I have been in the industry for 19 years and when I started the red tape on volunteers just didn’t exist compared to today, where we have to have police checks for every volunteer. That has to be renewed every three years. They have to pass certain tests. Like with our transport, for example. If we have got volunteers driving our vehicles: they have to have a first aid certificate; they have to have a medical; they have to run through a lot of tests to actually become a volunteer. And that has turned a lot of volunteers off.

People volunteer their time and they look at it as: “Why do I have to go through this? I am giving up my time to do this. I don’t want to have to sign a police check. I don’t want to do this. I don’t want to do that”. (Aged Care Coordinator, small rural community care organisation, Australia)

The observed professionalisation of the volunteer workforce was another recurrent theme in the interviews with a key participant:

If you are going back 50 years ago there were not the rules and regulations. We were not into Work Health and Safety. We did not worry about police checks. We didn’t worry about half the stuff that we do now. So now a volunteer is trained to be a professional. (Program Manager, large community care organisation, Australia)

Because volunteers are subject to the same regulations as paid employees, it has forced key participants to treat volunteers as other employees. The regulation of volunteers has created waged and unwaged workers. According to one key participant:

It is getting to the point where you almost have waged and unwaged workers because there have to be standards that have to be met. There are standards of volunteering. And they have to meet the guidelines of the service they are working in. And you, as an individual, have to decide

whether or not you want to comply with those regulations in order to support what you want to do. (Manager of Strategic Planning, community-based organisation, Australia)

As examples of situations where “waged” and “unwaged” workers have to be treated similarly, two key participants gave these examples:

It keeps getting more and more formalised as different laws change. Because with the Fair Work Act that came out a couple of years ago, it basically says that volunteers are workers. So they have the same rights under the Fair Work Act. So potentially, if we don't treat a volunteer correctly and we just say, “Good bye. You have done a terrible job,” they could sue us for their volunteer role back. Just like a paid employee. So that is why we try to treat volunteers the same as staff in that respect. (Volunteer Development Advisor, cancer organisation, Australia)

Many say, “I am just a volunteer.” Not just a volunteer. You, in the eyes of the legal profession, are on the same level as a paid worker. So, when you do something wrong, somebody can sue you, whether or not you are a volunteer, or whether you are a paid worker. (Program Manager, large community care organisation, Australia)

A program manager who ran a community visitor scheme explained how the use of key performance indicators has effectively removed the ability of volunteers to manage their own work, including when to volunteer, how to volunteer, and the extent of their volunteering. This indicates that there is no more “voluntary” in “voluntary work” than there is in paid work, except for the choice to volunteer in the first place.

We have Key Performance Indicators as all government programs. Like, I am funded for 103 volunteers. I have to have 103 volunteers 365 days a year. My volunteers are supposed to visit twice a month.

They are not always going to get those 2 visits per month for the 12 months. I understand that, but does that mean that the Department understands that? They do at a certain level. But if we don't meet the KPIs, there is a “Please explain”. (Program Manager, large community care organisation, Australia)

The concern over red tape is widespread and shared beyond the small sample in this study, as was revealed during the large public inquiry into the contribution of the non-profit sector in 2010 (Productivity Commission) (See section II

above). The findings here and elsewhere indicate that regulations are a key challenge for organisations and that these are significantly changing perceptions of appropriate volunteer participation.

The significance of gender

A separate question was directed at gender and volunteering. The Australian respondents were readily willing to accept that gender *is* a factor in volunteer care work. The key participants talked about gender in three ways: that women are over-represented compared with men because of cultural norms about caring; that housewives are over-represented and that volunteering is a way to enter the public domain after childrearing; and that gender is a factor in job allocation to male and female volunteer care workers, as outlined below:

Yes, a high percentage of my volunteers are female. It is society's norms: nurturing, caring roles. (Program Manager, large community care organisation, Australia)

One key participant noted the predominance of non-working mothers, even though she believed the organisation she represents has a more equal gender distribution (40% men to 60% women) than is typical of the sector:

We do have lot of stay-at-home mums who come in a few times a week. (Volunteer Development Advisor, cancer organisation, Australia)

One key participant explained the situation that many women face when they turn to volunteering as a way to gain entry to a work life, a life beyond the boundaries of their homes and as a way to gain access to some training opportunities. One key participant stated:

But I can't tell you how many times women would have come to me and said, "Kate, I don't have any skills. I haven't been in the workforce for years." (Program Manager, suicide and crisis intervention organisation, Australia)

One Volunteer Coordinator described how she allocates different tasks to male and female volunteers. She referred to the tasks allocated to men as "manly":

I don't give them [men] jobs like washing the patient's nightwear. Because it is not something they are comfortable with. I try to get them to do *manly things*. They will do trolley services to the wards. They do newspaper trolleys. They will lift all the heavy stuff. They will do collating of some paper work. They will turn all of my trolleys upside down to free the wheels. They will undo the vents in the laundry and clean out all the fluff from there (...). They do stuff that is *appropriate*. But I never give them jobs that are *demeaning*. [my italics] (Volunteer Coordinator, large public hospital, Australia)

As should be clear from the quotes, the relationship between gender and volunteering is crucial, but subtle. While the information is here seems trivial and therefore not worth reporting on, key participants gave important hints about gender and volunteering. One such hint is that it matters if “manly” tasks exist. Another hint is that we need to consider the case of housewives. Both of these links will be discussed in greater depth later in the thesis (See chapter 7 and 11 section III).

V. Conclusion

The contribution of the non-profit sector in service delivery in Australia has a long tradition, and its importance appears to be maintained or on the increase. In a mixed economy of care where the state is thought to be responsible for providing a residual system (safety net), rather than being the primary source of care, the non-profit sector has an important role to play for individuals and families.

Informal care has been and continues to be an important form of care in Australia. Both at ideological and practical levels, it has been supported and encouraged by policy-makers, with consequences for women's access to paid work. Formal paid employment has formed the basis for the development of the wage-earners' welfare state. However, Australia's wage-earners' welfare state has helped sustain strong divisions according to gender. Participation in women's jobs, such as nursing and aged care, is challenged by a continued expectation that women should be available in the private sphere to look after the aged and children. In other words, care has not “gone public” in Australia in the same way it has in Denmark, as will be documented in chapter 8. Women's

limited attachment to the workforce and the expectations and ideals around the “right place” in society has a bearing on women’s and men’s volunteering patterns and pathways into the volunteer workforce, as I will show in chapter 7.

Participants accounted for the contribution and involvement of volunteers according to two overall logics: cost-savings and “warmer” care. It was not surprising to find that cost-savings were the main rationale for the involvement of volunteers in a liberal welfare state. The perceived “warmness” of volunteer care work is important because it points to how we can understand the differences between Denmark and Australia from a normative perspective, which will be discussed in more detail in chapter 11 section I. According to this belief, the superior quality of care is linked to the absence of pay; volunteer care is warmer because a salary hinders warm care. The high perceived worth of volunteer care work has implications for the status attached to unpaid, formalised care. With public recognition and general acceptance of unpaid work as a suitable and worthwhile form of work, we can assume that women are more likely to settle for unpaid work than in countries with less recognition and status attached to unpaid care. However, we have also seen that volunteer care workers are increasingly subject to rules and regulations set by institutions outside the organisations themselves (which participants referred to as “red tape”). Chapter 6 will take a meso-perspective and investigate how four purposively selected organisations allocate paid and unpaid work, and the principles that guide that division.

Chapter 6: Who is paid, who is not, and why? The Australian organisations

The last chapter took a macro-perspective and considered the interdependencies and relational aspects of care between volunteer care work in the non-profit sector and the care that is delivered in the other pillars of welfare. It found that women and men continue to have different work trajectories, reflecting traditional gender roles which dictate women's necessity to be available to care for their families. This in part mirrors a situation where care has not "gone public" (Hernes, 1987) to same extent as elsewhere and is not fully dominated by professionals.

This chapter will take a meso-perspective and consider how two purposively sampled organisations allocate jobs. It will, in accordance with research strategy 4, comparison of two pairs of organisations, consider why some jobs come with a salary attached, while some do not. As a first step, the chapter will describe the types of activities volunteers participate in. In a second step, the articulated and underlying principles for allocation of paid and unpaid jobs will be considered—in line with the Total Social Organisation of Labour (TSOL) framework (Glucksmann, 1995b).

The topic of roles and boundaries of volunteers has not attracted nearly the same kind of scholarly attention as other strands of volunteer research. The topic of role boundaries, however, has not been completely neglected, and we know that the roles of volunteers depend on the context in which they are

working. For example, in the United Kingdom, volunteer roles in palliative care mostly centre on hospice building and fundraising, while in Canada and the United States, volunteers mostly operate in patients' homes, according to Morris, Wilmot, Hill, Ockenden and Payne (2013: 431). Merrell (2000), Hoad (1991; 2002) and Payne (2002) have all made important contributions in their studies of boundaries between volunteers and paid staff in the United Kingdom and New Zealand, and have developed good, predominantly descriptive accounts of boundaries and the tension points between lay and professional groups, and how this tension is negotiated, relying on interviews and ethnographic study. Qualitative research concerned with roles and boundaries has not been carried out in a comparative perspective, and little is known about how boundaries and roles differ between countries and are negotiated within different welfare state models. Furthermore, the abovementioned studies have not been concerned with the underlying principles guiding specific boundaries. This chapter, therefore, presents primary data with the aim of not only describing what volunteers do, but also identifying the principles that guide those boundaries, and the strategies applied by organisations to manage those boundaries.

I. What volunteers do in Southern Cross Hospice and in Eureka Palliative Care

Southern Cross Hospice

In Southern Cross Hospice, volunteers roughly operate in three different areas: “on the floor” in the wards alongside the nurses; in the bereavement team for counselling purposes; and in diversional therapy where volunteers are supposed to hold a predominantly socialising role.

Wards: Five volunteers work “on the floor” under the direct supervision of the nursing unit manager and, to a lesser degree, the paid nurses. There are large differences in how the volunteers approach this job, and the two groupings are easy to identify from observation sessions, as well as from the information given by the volunteers and staff. The members in the first group (Anne, Penelope and

Jane) work hands-on with patients, closely with and alongside the nurses in the wards. On Mondays, five nurses are on duty. On Tuesdays, when two volunteers work, one of the five nurses leaves the floor to attend a staff meeting.

This first group mainly participates in hands-on care of patients, activities that closely resemble what I would like to describe as the work of nurses: volunteers help sponge-bath patients in bed; they take patients to and from the toilet; they answer buzzers and the phone; and they pump up air mattresses, fetch linen and make beds. However, the volunteers do not handle medicine. Jane explained the type of work they do on the wards:

I help the nurses with the general: bathing, make beds, taking linen around. Whatever they ask me to do, I am willing to do. (...) I wanted to do something a little hands-on. (...) And when you start in a hospice you are asked if there is anything you would be fazed doing. Not me. Like some people can't clean up a dirty bottom. I don't want to sound like an angel, but I just put that nothing would faze me because of my nursing experience. And the girls will come up and say, "Can you come and help me change someone? Can you help me sponge someone?" (Volunteer care worker, hospice, Australia)

Penelope and Jane work one day a week, Anne twice a week. A typical shift starts around 7am, and the volunteers regularly finish sometime between 1pm and 2pm, depending on workload. All three volunteers have been at the hospice (and the hospital before the hospice opened) for a considerable number of years: 29, 19 and 12, respectively. These volunteers are very active and busy: they are constantly on their feet and only take short breaks. I was astonished by how hard they work. This group of volunteers take great pride in their work; they have been doing it for a long time, and they like working hands-on. Penelope explained:

I am much happier being hands-on. I am here with the nurses and I really love doing what I do. And the nurses here, they are really just so good to work with. They are.

See we are lucky here: because of [former volunteer coordinator], we are allowed to be hands-on. Because some volunteers in some place... not that I am knocking getting cups of tea and working in kiosks, but I think if I was just hanging around making cups of tea for people, I would rather be at home, or out [chuckles] doing anything but. (Volunteer care worker, ward and bereavement, hospice, Australia).

Just how vital this support is, is evident in this interview with a nurse:

And they just offer terrific support because we couldn't always... especially on a Tuesday because we do a meeting. So a nurse goes off the floor. So they could be gone—the meeting starts at 9.30 and it didn't finish till a quarter to one this afternoon. So that means there is a void. There is a big hole with a nurse off the floor for that time. So Anne and Penelope—they really work on a Tuesday to help us with that sort of hands-on care we give. (Nurse, hospice, Australia)

The members in the other distinguishable group, Jean and Rita, have taken a very different approach to working “on the wards”. They refuse to work hands-on with patients, despite original expectations and requests to do so. Instead, Jean and Rita primarily arrange flowers and talk to patients. Jean and Rita have both been at the hospice for about two years, volunteer once a week for about five hours, started together, and are “the two new volunteers”. Indeed, most volunteers and staff talk about the two volunteers as if joined at the hip, and the two volunteers even requested to have their interview together, which I declined. These two volunteers appear to have a surfeit of time; they valued moving about the hospice with considerable time to spare, time which they saw to be of benefit to the patients.

The “old” tradition of working hands-on with patients had been hard to accept for the two newcomers. Refusing to do hands-on work, these two volunteers had instead insisted on defining their own volunteer jobs, which primarily involved tending to flowers. Rita explained how confronting it had been when she realised that she was expected to assist with a bed wash:

As I said, just seeing this poor lady – and what cancer, what sickness can do to the human body. It was a bit of a shock, really, because I had just arrived, and I looked around. And the nurse was busy. She was ready to do a wash and she said, “Come!” So it was that sort of a thing, and luckily the other [experienced] volunteer was there and she probably saw me blanching and she told me, “Come on,” and she showed me. (Volunteer care worker, ward, hospice, Australia)

Jean explained how they worked out their own routine instead:

I guess we just worked out our own little routine. We are happy with that. (Volunteer care worker, ward, hospice, Australia)

It was obvious that the newcomers' insistence on creating a new volunteer task caused tension in the hospice. Anne, a long-term volunteer, had little regard for their work:

There are some volunteers and they just choose to do flowers. I always say to—well, not to everyone—I say, “I would rather wash a dirty backside than do flowers.” Yet I love flowers. Some volunteers just want to do the flowers. And perhaps have a chat. They don't want to do beds or any hands-on at all. (Volunteer care worker, ward, hospice, Australia)

The Nurse Unit Manager similarly expressed a disregard for the worth of the two “flower ladies”, and was not convinced that their presence in the hospice added to service levels at all:

And what do they do? (...) [they] are very fixated on flowers.(...) Is there great value in them coming in and arranging flowers to somebody's well-being? It is questionable. (Nurse Unit Manager, hospice, Australia)

Additionally, she expressed other concerns over these two particular volunteers as she suspected that their insistence on tending to flowers might be a cover for a religious mission.

Bereavement: The second group of volunteers work with the bereaved. The bereavement group consists of two office volunteers and two, sometimes three, walking group volunteers. Both groups work under the direct management of a social worker, but also in close interaction with the pastoral care manager. Volunteer Rose is in charge of the bereavement office. Rose, who is a trained nurse, has been with the hospice as a volunteer since it opened in 1990. Rose works twice a week. The other volunteer in the team, Penelope, works on the bereavement team one day a week in addition to her work on the ward. At the time of data collection, a new volunteer, social worker Leslie, was about to join the team. The bereavement team normally works from about 8am to about 1pm.

The team's main function is to make a telephone call to the bereaved four months following a death to offer support and counselling over the phone. If the bereaved is assessed to need further intervention, the volunteers refer the person to the paid staff, i.e. the social worker or the pastoral care manager. This team also sends out information brochures to relatives shortly after a death to

inform them about available bereavement services. The volunteers are not supervised in their work, and no paid staff members are present during their calls. The volunteers organised their own work, and it appears that the team runs with very little supervision, which was also verified by the paid staff. Observation sessions revealed that the volunteers' work was of high professional quality and that it took sound skills, consistency and dedication to operate effectively in this volunteer job. Indeed, the volunteers do approach the job with significant and obvious professionalism, and the volunteers are also aware that the service demanded their weekly presence. In times when Rose or Penelope had planned holidays in the past, they arranged their absences between them to make sure that the service continued unimpeded.

At the end of each shift, the team meets with the social worker and the pastoral care manager. In these sessions volunteers report on their phone calls. Additionally, the staff members report on their own work as well. At one meeting the paid staff reported at length about a specific case where a patient had been moved from the hospital to the hospice shortly before his death. The relatives felt that the transfer had been prompted by a need to free up a bed. The family were severely distressed as a result. The paid staff elaborated extensively and sought the volunteers' input and opinions on the case, as might be expected among good colleagues. It would not have been obvious to outsiders who were the volunteers, but it was obvious that especially Rose's opinions, with her significant professional experience, were valued and noted down.

The bereavement volunteers informed me that in order to qualify as a palliative service in New South Wales there needs to be a bereavement service. As the bereavement team in practice consists mainly of volunteers, the volunteers were well aware how important their own roles were to the hospice's service delivery and claims to qualify as a palliative service. The paid staff members were also aware that the volunteers are integral to bereavement service delivery:

The volunteers that I rub up against – we couldn't function without them. I can't function without them in the bereavement team. (Social Worker, hospice, Australia)

This is a vital part of the service. Should it be a paid position? They would probably do the volunteers out of a job. (...). But I am aware that do we have volunteers do things that maybe a paid position should be doing. (Pastoral care, hospice, Australia)

The walking group, which consists of two (sometimes three) volunteers, similarly belongs under the social worker's management and is classified as bereavement work. The group organises a walking trip for the bereaved once a month. Similarly, this group works predominantly autonomously and without direct supervision: the volunteers decide on the routes, organise provisions and organise the bereaved to meet. No paid staff members are normally present during the actual walks, although the social worker had participated in the September walk during data collection—for the first time in a long time, she said. Two volunteers, married couple Chris and Vera, have been in charge of the walking group for about five years, but have also been involved with the wider hospital for a number of years in various roles.

Fig Tree Program: The third group of volunteers (Eileen, Margo, Jane, Alison) are involved with what the hospice calls the “the Fig Tree Program”. All these volunteers have been with the hospice and the wider hospital for a considerable number of years: 8, 10, 12 and 14, respectively.

The majority, a total of three, of the volunteers work on Wednesdays to facilitate the Fig Tree activities. This group is directly supervised by the Nurse Unit Manager, but without any consistent presence of paid staff. The volunteers are supposed to invite patients to come into the common area to listen to music and interact with each other and the volunteers. Based on observation, only a few patients accepted the offer, and it appeared that most of the volunteers' time was spent drinking coffee and interacting solely with each other. This group of volunteers did little to engage with the patients, and they showed little interest in the task. On a number of occasions during the time of data collection, the volunteers failed to show up, without giving notice to the hospice. The Nurse Unit Manager reported her frustration with this group, and she confirmed my observations about these volunteers' limited engagement. These volunteers normally meet at about 9am, and by lunch they move to the canteen to join other volunteers and eat. It should, however, be clear that this group of volunteers did

not actually *do* very much despite the considerable amount of hours, in combination, that they dedicated to their volunteer work.

The last volunteer, Alison, works every Thursday from about 9am to 2pm. Alison works closely with the diversional therapist as well as a second person, a home nurse, who is involved more sporadically. Alison appeared to be such an integrated part of the team that it was hard to differentiate her area of engagement from that of the paid staff. Alison is active in the interaction with patients, often taking charge. She is attentive to the patients throughout the day. Thursdays normally proceed as follows: one staff member collects the outpatients from their homes, while the volunteer prepares morning tea. The first activity with the patients involves reading from the newspaper and discussing current affairs. Sometimes the group talks about subjects concerning their cancers, and the patients also have a chance to discuss concerns with each other. The main purpose of the day is diversional therapy. The diversional therapist facilitates a range of craft activities, in which Alison is involved. Her dog is also brought in for social purposes. The patients, staff and volunteer finish the sessions by playing Dominos. While one of the staff members takes the patients home, Alison normally cleans up after activities. When the staff member returns, they debrief, discuss the progress of the patients and fill in the relevant paper work together.

Eureka Palliative Care

Eureka Palliative Care came into existence in 1989 because no palliative services existed in the city. According to the Volunteer Coordinator, the purpose of the organisation is to help patients who want to die at home, to stay at home. By giving respite to the carer, the organisation seeks to make that choice possible. According to the Volunteer Coordinator, the organisation offers companionship and respite in a non-clinical way, where non-clinical means:

We are not to attend to any wounds: wound care, dressings or drips. We wouldn't pump their morphine pump. If they had a fall we would make them comfortable. And we do not do any manual handling. (...) we aren't there for personal care either. We don't help them shower. We don't dress them. We don't do the house work. We don't prepare meals.
(Volunteer Coordinator, respite organisation, Australia)

The volunteers are well aware of what they cannot do, and are readily able to list the things they could not do off the top of their head, in the way one volunteer, Harry, can. However, Harry has more trouble when he starts to tell me what volunteers are there *to do*:

We can't lift people, we can't medicate people, we can't give them food or drinks. (...) We can't take the pills out of the bottle. We can't do any cleaning in the places. We don't mow lawns. We are just there more to ... (...) we would call an ambulance. (Volunteer care worker, respite, Australia)

Many of the volunteers used the word, "sit", with patients, and I asked the volunteers what that meant. Joy explained:

We stay with the person. They might be sitting there and I might be sitting here. Keep them occupied. (Volunteer care worker, respite, Australia)

Harry was slightly more informative about what the task involved:

Some people are quite mobile. They will sit up and watch TV. Walk into the backyard. Sit and talk like we are talking. Other people... I would just sit on this couch and we would be watching Foxtel. (...) Other people would be bedridden. So you just sit on a chair inside their bedroom. Some people talk. (Volunteer care worker, respite, Australia)

From the information provided by the volunteers and the Volunteer Coordinator, it appeared that Eureka Palliative Care is so careful in their quest to keep a purely non-clinical engagement that "sitting" with a person might literally mean sitting. I will return to how we might understand the decision to do little else but "sit" in section II.

Sometimes a specific carer and patient are matched with a specific volunteer, but often the relationships are not long-lasting, mainly because all the patients are at the ends of their lives. It was difficult to get a sense of how often the volunteers worked. Both the Volunteer Coordinator and the volunteers themselves insisted that their engagement depended on the needs of the patients, which meant that they sometimes would have a regular weekly encounter, sometimes a daily encounter and sometimes not work for months.

The volunteers I interviewed had worked for the organisation for 2, 2, 4, 20 and 23 years respectively.

II. A principle for setting boundaries: Minimising risk

An important part of exploring what volunteers do was to move from description into analysis of how we can understand specific patterns of volunteer involvement. This section will document how the concept of “risk” can help us understand the involvement of volunteers from a TSOL perspective. Risk is helpful for understanding when volunteers can participate in care work, and when paid staff are deemed the more appropriate form of labour.

Southern Cross Hospice

This section first outlines the changes that have brought risk to the fore as a principle for managing volunteers, and how these changes are experienced by actors. It then documents how risk has shifted work from unpaid to paid. The section concludes by examining the organisation’s strategies for managing risk, including enhancing skills, strict application processes, on-going training, and management of confidentiality.

Recent changes have reduced volunteer tasks: A former Volunteer Coordinator created a hands-on volunteer service in which volunteers are essential for delivery of care to patients and carers. Originally, there was opposition to volunteers working hands-on with patients:

I remember when I was first there I worked with a nurse unit manager at the children’s department, who had never had anything to do with volunteers and she said to me, “What happens if a volunteer drops a baby?” And I looked at her and said, “What happens if a staff member drops a baby?” And she said, “Well, a staff member would never drop a baby,” and I said, “Well, neither will a volunteer. Why would you think a volunteer would drop a baby?” And she said “Well, I guess I never thought of it like that.” (Former Volunteer Coordinator, hospice, Australia)

Despite the original resistance from staff, hands-on volunteer care eventually became accepted. The former Volunteer Coordinator further reported that she had never encountered resistance by the nurses’ union during her many years

of employment.

The stand-off over volunteers as parking attendants, which the former Volunteer Coordinator considered to be inappropriate, eventually led to her forced resignation. Following her resignation and simultaneous change in management, volunteer engagement was significantly restricted to less autonomous roles. A new management staff member asserted that involvement of volunteers might pose a risk to patients and consequently constrained volunteer involvement:

Volunteers being allowed to do hands-on care with patients. These are volunteers who are obviously very experienced, and they have been here for a long time, but in terms of supervision ... They are being supervised by the nurses on the floor to a degree and myself [the Nurse Unit Manager].

And there was no clear-cut delineation of what they could and couldn't do. So they might be feeding patients. Do they know how to assess [if patients] can or cannot swallow?

They just didn't have ... there is just no boundaries set in terms of what was an acceptable role for volunteers and what was not acceptable. (Nurse Unit Manager, hospice, Australia)

A sexual incident between a male volunteer and a female patient also affected volunteer boundaries, as outlined in the quote below:

So that is when it started; we really have to look at the role of volunteers and their boundaries. Because of that incident. (...). So that is why there has been a big change. (...). They made the volunteers more accountable and they made us more accountable. And they advised us to be much more on the ball of what they were doing. (Nurse, hospice, Australia)

Again, "red tape" was blamed for changing the nature of volunteer work. Volunteer Chris saw that the many rules were detrimental to his volunteer role:

We take people on walks. That is what we do now. You are all the time signing people in, signing people out. You can't do this, you can't do that. You have got to get special permission – oh, it just makes it so difficult and hard to do. (Volunteer, hospice, Australia)

The obligations (such as Occupational Health and Safety and insurance) that accompany a publicly funded entity shape the nature of volunteer care work. Furthermore, the Volunteer Coordinator highlights that the main concern for the hospital is the welfare of the patients. Managing risk is therefore a necessary part of engaging volunteers:

That is all very nice but at the end of the day we can't compromise on what we consider to be important for our patients and our family members just to satisfy a person who wants to help out. (Volunteer Coordinator, hospice, Australia)

Reduction of volunteer jobs, not paid jobs: Data revealed that *volunteer jobs* are currently jeopardised, not paid work. Many of the volunteers and staff explained how the hospice and wider hospital use to be “buzzing” with volunteers. They explained that the hospital was “nothing like it used to be” in terms of volunteer engagement.

One example of a volunteer activity, which no longer exists, is driving patients to and from treatment. Married couple, Chris and Vera, had been involved in this service for 11 years when they were made redundant. They both found new volunteer roles later on, but reported that many drivers simply disappeared. Chris and Vera explained in their quirky ways:

CHRIS: They stopped the driving (...)

VERA: Chris was one of the last drivers for the Mater Hospital.

CHRIS: I was the last driver (...)

VERA: And they stopped that.

CHRIS: They stopped that. The last job I was doing was to pick up the people that were going into day hospice. (...)

VERA: They still have it. They still have that day hospice.

CHRIS: They still have it, but the nurses have to get ...

VERA: The nurses have to get them.

The Nurse Unit Manager explained how the drinks trolley position was removed due to risk concerns. She said:

Even little things like the drinks trolley. They would in their own innocent happy way come in, go around, give everyone a drink, occasionally say “hello” to the in-charge (...). So off they would go. Of course, I would have patients here that would have alcohol-related dementia. That [the patient] we brought in—that we detoxed. And they are going around giving confused dementia patients alcohol. (Nurse Unit Manager, hospice, Australia)

In summary, risk concerns impact the nature of volunteer tasks and result in the complete loss of volunteer positions. As a result, significantly reduced numbers of volunteers now work in the hospice and wider hospital compared with previously.

In stark contrast to my expectations, volunteers were not understood to pose a risk to paid staff positions. The recently appointed Volunteer Coordinator and Director of Mission refuted the idea that volunteers had any bearing on staffing situations:

I am not aware of any situations where we have said, “Oh, we can’t afford a staff member,” so we have said, “Oh, a volunteer can do that.” Because really under our obligations you cannot put a volunteer in a paid person’s position, from an HR perspective. And not only from a union perspective, but also in terms of Hunter New England Local Health District. A volunteer cannot take the place of a paid employee. So you can’t really cut corners. (Volunteer Coordinator, hospice, Australia)

A hospice nurse who had been with the organisation for many years, verified that volunteers did not have detrimental implications for staff:

No. I have been here ten years and I have never seen a thing to even suggest that. The roster is made up and the union dictates how many nurses we have got to have per shift. (Nurse, hospice, Australia)

Strategies of managing risk: The hospice engaged in a number of strategies to help mediate the risk of involving volunteers. The main strategy was to ensure that only suitable people can become volunteers. Hence, becoming a volunteer

at Southern Cross Hospice is not a simple process. New volunteers have to be persistent if they want to gain entrance into the hospice or the wider hospital²².

So on the face of it, it does look like volunteering is something you can roll up to and say, “Can I help out?” and the person says, “Oh yes, here you go.” You give them a spade and shovel [sic] and away they go. In a hospital like this, that just can’t happen. (Volunteer Coordinator, hospice, Australia)

Some of the the new volunteers who were inducted at the time of data collection had to wait *three years* from the point of first contact. Additionally, the volunteers were required to undergo interviews to secure their engagement. Leslie explained the weight and approach of the interviews.

Then he gave me an interview. It was like a job interview. That was full on, that interview. (Prospective volunteer, hospice, Australia)

Not everybody—although most—from the 2013 group of new volunteers were offered trial positions following training and interviews. New volunteers are then trialled for three months before being offered a permanent position. At Southern Cross Hospice, there has been a clear shift in the use of volunteers over recent years, as discussed above. Nevertheless, a visible appreciation of skills remained:

The other thing, of course, is that throughout our hospital there is a whole range of activities that volunteers may be asked to do. And therefore, some of them may have certain skills that lend themselves to being placed in an area where those skills can best be utilised, while others may have skills that might be limiting in terms of what they can offer. (Volunteer Coordinator, hospice, Australia)

When new volunteers are recruited at Southern Cross Hospice, the first step in their engagement is to participate in a mandatory two-day orientation and training session. This includes cardiopulmonary resuscitation, manual handling, emergency procedures, hazardous substances, infection prevention, and communications in an environment of loss and grief. The orientation and training

²² Comparing the application process to that of, for example, nurses, it seems that it is considerably easier and less demanding to gain paid employment than to be accepted as a volunteer.

day aimed to prepare people for the work they would be doing and to educate them:

They need to understand that although they are not paid employees, there are occupational health and safety issues to look at. There are issues regarding manual handling, foreign evacuation, a whole range of things that they are as much obliged to participate in as paid employees. And so we have to ensure that we set up in our training, and on-going trainings, that volunteers get the same sort of training as the rest of our staff. (Volunteer Coordinator, hospice, Australia)

Volunteers also attended a number of training sessions, including the “essential in-service” sessions along with all other staff members. The following text is from a letter to the volunteers about a session on the health of Aboriginal and Torres Strait Islander peoples. The word, “required”, is important in understanding how different the approach is, compared with the Danish hospice (which will be discussed in chapter 9 section II):

This is to advise that you are *required* to attend two meetings that I have scheduled which will help all of us to better understand Aboriginal attitudes and sensitivities regarding palliative care [my italics] (Letter to Australian hospice volunteers).

At Southern Cross Hospice, the concern for confidentiality was addressed in the same way with staff and volunteers, i.e. through education and monitoring. This approach to confidentiality reflected the general hospice culture of volunteers being trusted like other staff. All volunteer positions had recently been formulated in a contractual manner and all new and existing volunteers had been asked to sign the contracts. This caused a lot of tension in the hospice, and volunteers and staff commented at length about the lack of need for these contracts, which are seen to diminish the voluntary aspect of volunteer engagement and had made the voluntary positions more like paid positions.

Eureka Palliative Care

The respite organisation has recently had to think about their boundaries and the role of volunteers. The necessity has come about because the Memorandum of Understanding that exists with the Palliative Medical Team from the local hospital had come up for revision. Eureka Palliative Care was not able to clearly

define volunteer boundaries. The Volunteer Coordinator explained how difficult it has been for her to define the organisation's role to the Palliative Medical Team:

Part of that MOU review has been, "What do the volunteers do? And what can we make a referral to you for volunteers to do?" And that has been really hard to define, because they are looking specifically at volunteers in the community. And I went to the meeting once and I said:

COORDINATOR: Well, I don't feel I can define that because I feel that is limiting what we can do. It is open. It is as open as the individual referrals that we receive.

MEDICAL TEAM: Well, that doesn't really help. We need to know that we can refer them to do this.

COORDINATOR: Well, I can tell you what we can't do. (...)

MEDICAL TEAM: Well, that is too negative. We need to be more positive.

COORDINATOR: Well, everything but that.

And still that wasn't good enough. So it really was a difficult thing for me to quantify. So I said, "OK, what I will do is put down what we have done in the past," because it is a never-ending possibility of what we could be doing. (Volunteer Coordinator, respite organisation, Australia)

From the Volunteer Coordinator's memory of the conversation, it appears that the Volunteer Coordinator is more concerned with what the organisation cannot do, than what it can do.

Despite the ready reciting of a list of what volunteers *cannot* do, the volunteers sometimes perform tasks contrary to the intentions. The Volunteer Coordinator knew that at least one volunteer had performed personal care, and it made her very nervous:

Say somebody was in bed and they were incontinent. And this particular volunteer is very comfortable with that so they would help them. Clean up, change them and help them. (...) *it makes you freak out, though* [my italics]. (Volunteer Coordinator, respite, Australia)

Similar to the hospice, Eureka also demanded intensive training sessions prior to engagement and “job” interviews. Risk as a principle is therefore also helpful for understanding the division of labour between volunteers in the respite organisation and other actors involved in care-giving.

III. Conclusion

Of the many volunteers I interviewed and encountered, Rita and Jean, the two new volunteers in the hospice, were the only two who had insisted on defining their *own* volunteer roles, thereby creating tension with both staff and volunteers. Why is that important? It is important because it needs to be recognised that volunteers are *workers* who are managed and regulated in much the same way as paid workers. This should be seen in light of volunteers operating in increasingly regulated markets (Warburton et al., 2014: 158-159). In other words, organisations define what volunteers do, not volunteers.

Another important finding is that it is not possible for the hospice to rigidly separate volunteer and paid care work. When the various job functions undertaken in the hospice are considered, it becomes clear that the functions that volunteers perform closely resemble some of those job functions that paid staff participate in (although there are clearly also tasks that only paid workers are allowed to do). Volunteer tasks and the corresponding paid tasks are presented in Table 17.

Table 17: The tasks of volunteers and paid staff in the Australian organisations

| Tasks | Volunteers | Paid staff |
|--------------------------------|------------------------------|---|
| Southern Cross Hospice | | |
| On the wards (hands-on) | 4 shifts a week (6-7 hours) | 5 (4) nurses |
| On the wards (“flower ladies”) | 2 shifts a week (4-5 hours) | 5 nurses |
| Bereavement (telephone calls) | 3 shifts a week (5 hours) | Social worker and pastoral care worker |
| Bereavement (walking group) | 2-3 shifts a month (4 hours) | Social worker |
| Fig Tree Program | 4 shifts a week (5-6 hours) | Nursing unit manager, diversional therapist and nurse |
| Eureka Palliative Care | | |
| Respite | As needed | Palliation nurses |

An important discovery is also that many volunteer jobs present themselves as paid professional jobs such as social work and nursing—except for the pay, of course. These jobs include responsibility, they are professionally satisfying, and they include an opportunity to mingle with paid staff. This is important for understanding why Australian volunteers are willing to settle for unpaid, rather than paid work, even when they are in the prime of their working lives (See chapter 7).

The most important conclusion to make from this chapter is that the principle of risk is helpful for understanding the allocation of jobs to volunteers. It helps explain what kinds of jobs become the responsibility of paid staff, and which jobs volunteers are entrusted with. Risk can be used as a “synonym for hazard or danger” (Gaskin, 2005), but it is more “fuzzy” than that. City planner Landry’s argument seems to be especially relevant:

The evaluation of everything from a perspective of risk is a defining characteristic of contemporary society. Risk is the managerial paradigm and default mechanism that has embedded itself into how companies, community organisations and the public sector operate. Risk is a prism through which any activity is judged (n/d: 3).

Landry’s argument about risk being a *prism* is important in this context because it is not always clear who or what is in danger. Risk explains, for example, why respite care workers are banned from almost any form of activity, why the

hospice insists on an elaborate training scheme, and why volunteers at the hospice are no longer driving patients to hospital for treatment. With changing ideas about what constitutes risk, volunteer tasks also change.

Chapter 7: When to work for pay, and when not to? The Australian volunteers

So far, chapter 5 has documented that Australian women continue to have different work trajectories from men and that the welfare state has assumed little responsibility for the delivery of welfare. It also documented that volunteers are highly regarded and considered to perform a “warmer”, better form of care. Chapter 6 showed that volunteer care work, especially in the Southern Cross Hospice, often resembles paid professional jobs, except for lack of payment. With a better understanding of the total social organisation of labour at macro- and meso-levels, the study now takes a micro-perspective to consider how the volunteers understand and explain their volunteer work in comparison to their own other forms of work. This section will rely primarily on research strategy 5, interviews with volunteers.

I. An overview of the Australian volunteer care workers

Two things stood out immediately when I first encountered the volunteers in the two Australian organisations: they are older; and they are female. They are also predominantly not in the workforce. The over-representation of women, and older and non-working citizens is supported by the survey data (See chapter 5 section II), but this over-representation of the female, older, non-working volunteer is even more pronounced in my Australian sample (See Table 18). Their social profiles do not differ substantially from those of their Danish

counterparts, as will be outlined later. However, the apparent similarities hide important differences (See chapter 10).

Table 18: Gender, professional background and age of Australian participant volunteers

| Interviewees | Gender | Main Occupation | Qualifications Relevant to Care Work | Age | Employed? |
|--------------|---------------------------|---------------------------|--------------------------------------|-------|-----------|
| Jane | Females | Nurse | Yes | 60-69 | - |
| Jean | | Nurse | Yes | 70-79 | - |
| Rose | | Nurse | Yes | 60-69 | - |
| Janelle | | Assistant in Nursing | Yes | 60-69 | + |
| Leslie | | Social Worker | Yes | 30-39 | - |
| Pam | | Social Worker | Yes | 20-29 | - |
| Joy | | Aged care (TAFE-trained) | Yes | 60-69 | + |
| Sarah | | Domestic help | Yes | 60-69 | - |
| Joan | | Home-maker | No | 60-69 | - |
| Anne | | Home-maker | No | 70-79 | - |
| Jenny | | Home-maker/cleaner | No | 60-69 | - |
| Alison | | Teacher | No | 60-69 | - |
| Penelope | | Teacher | No | 70-79 | - |
| Eileen | | Cleaner | No | 60-69 | - |
| Therese | | Drycleaner | No | 50-59 | - |
| Margo | | Sales person | No | 60-69 | - |
| Rita | | Living off inheritance | No | 70-79 | - |
| Vera | | Information not disclosed | No | 60-69 | - |
| Harry | | Males | Salesperson | No | 60-69 |
| Chris | Information not disclosed | | No | 60-69 | - |

The over-representation of female volunteers is probably not a surprise to anybody familiar with the care literature for, as feminist scholarship has demonstrated, the question of who provides care requires attention to gendered norms and identities (Shutes and Walsh, 2012: 99). In addition, most of the volunteers in this study are older citizens; most volunteer care workers were between 60 and 69 at the time of data collection. Only three were younger than 60 (one volunteer was in her 20s, one in her 30s, and one in her 50s). Only two

of the volunteers were gainfully employed (part-time), and none of the younger volunteers was employed. The middle-aged group, the 30-49 year olds, who are repeatedly found to be the most likely to volunteer (Wilson and Musick, 1999), were thus virtually absent in the organisations that participated in this study.

It also stood out that the volunteers originated from a specific segment of Australian society. There were no lawyers, no academics, no marketing people, and no television personalities. Rather, the volunteers were salespeople, cleaners, home-makers, teachers and, importantly, health care professionals, a point I shall return to. The absence of people in high-status jobs may partly be due to the locations of data collection, as neither of the organisations was located in a capital city. Most notably, eight of the Australian volunteers had a *relevant* education to care work, and were currently working or had been working in the care profession in a paid capacity. These included registered nurses,²³ enrolled nurses, an assistant in nursing, aged care workers and domestic helpers in community services.

II. Linking paid and unpaid formal work

Management, staff and volunteers all made a clear distinction between those *with a relevant background* and those *without a relevant background*; actors consistently labelled both themselves and others according to this specific criterion. This divide will form the basis of the analysis, as it was clearly seen as a reasonable way for actors to divide volunteers. For simplicity, I will refer to these as *professional* and *non-professional* volunteers. To be clear: the term, professional volunteers, signifies those with a relevant background, such as nurses, social workers and domestic helpers, while the term, non-professional volunteers, signifies those without a relevant background, such as teachers and salespeople.

²³ In Australia, registered nurses are university-trained. Enrolled nurses are vocationally trained at Institutes of Technical and Further Education (TAFE).

Professional volunteers explain their engagement

Professional volunteers established a clear link between their own paid and unpaid work. During data collection, I started to expect a specific line of reasoning from these professional volunteers, a reasoning reported here by former nurses, Jane and Jean. They explained their desire to work and keep working in care delivery, particularly in a hospice:

Well, I have been a nurse all my life since I left school. (...). Prior to retirement I just thought I would love to do hospice work. I always had that at the back of my mind. And I thought, now is my chance to do what I have wanted to do for many, many years. It is to do palliative care. So I am here in the hospice. That's the reason I am here. (Former nurse, volunteer care worker, hospice, Australia)

Well, I am here because I am an old nurse. And I have always loved hospitals. (Former nurse, volunteer care worker, hospice, Australia)

Two other volunteers carried out volunteer care work simultaneously with paid care work. This provided a unique chance to explore how the two different forms of work are seen to compare. One of these, Janelle, had re-entered the workforce recently after caring for her diabetic husband for 20 years. After he died, she found it very difficult not to have somebody to look after.

Consequently, she sought out employment in a nursing home. She had planned to retire from the nursing home and continue solely as a volunteer. However, having found it difficult to pay her bills, she was still working for pay. Therefore, she works simultaneously for pay in a private company delivering home care, and for Eureka Palliative Care without pay. Asked why she had sought out voluntary work rather than more paid employment, her answer was surprising. Janelle sees both jobs as similar expressions of her interest to work in this *particular* line of work:

Sometimes the work doesn't come in all that much. And sometimes in homes it gets very heavy. You have to lift people. And I am too short. And I am getting too old now. (...) I only do the smaller jobs at work—paid work. And I just enjoy doing this. (Assistant in Nursing, volunteer care worker, respite organisation)

The other volunteer, Joy, started volunteering at the same time as she started studying aged care at TAFE²⁴. She later gained formal employment, but continued her engagement with Eureka Palliative Care. When she later again injured her back, she had to stop working in a paid capacity, but continued her unpaid engagement. Both Joy and Janelle emphasised that it is the *nature* of the work that makes it attractive. It should also be clear that the two forms of work are closely linked; their volunteer care work engagement cannot be understood in isolation, but must be understood in relation to their paid work.

I kept hearing from these older volunteers that “people are just not altruistic anymore”, indicating that they thought young people only think about themselves. The Volunteer Coordinator for Eureka Palliative Care also expressed a concern about attracting younger volunteers. The volunteering literature similarly posits that volunteering increasingly is used as a springboard for paid employment, and that volunteering has become more individualised, more sporadic, temporary and non-committal (Hustinx and Lammertyn, 2003: 168). With that in mind, it could be assumed that Pam, who was in her 20s and in the process of seeking a volunteer position following a placement as part of her university degree, was looking for a way to gain experience in the field. It was clear from Pam’s expression during our interview that she was puzzled by this kind of logic:

They may be connected now that I am thinking about it. Because I don’t know what field of social work I would like to go into because there are so many options. I guess, doing the volunteer work will allow me to know and understand if the hospital setting would be the place for me. I guess, they can be connected. But it is not the reason why I am here. I am here because I enjoyed it. I enjoyed being on placement. (Social work student, volunteer care worker, hospice, Australia)

For Jean, the wish to come back to care work brought her to the hospice. Jean had left nursing many years before. Her initial reason to leave nursing was due to a missionary calling. When she later married and had a family at a mature age, she found it difficult to reconcile nursing with her private caring responsibilities:

²⁴ Technical and Further Education (TAFE) is Australia's largest provider of vocational education and training.

So I was busy. And then I found the part-time job at the chiropractor's. I did do my nursing refresher course. And I did want to get back into hospitals, but it just didn't open up. And this other job opened up, and it was much easier with the children to do that job. And I could sort of work around them [the children].

So that job never gave me the opportunity to get back into nursing. So that was a change of direction when I couldn't go back. So I am very happy—very happy to be here. (Nurse, volunteer care worker, hospice, Australia)

There are a couple of volunteers who stand out. Leslie is one of them, mainly because —being in her late 30s—she is much younger than the majority of volunteers.

Leslie has come to rely on volunteer work because she is forced to move regularly because of her husband's work:

I stopped working at the [name] Hospital because I was pregnant. Because my husband is in the Air Force, we move a lot. So we had moved away and lived in Tamworth for two years. We came back and I got my job back at [name] Hospital. But I was only there 6 months after we moved back and at that point—I don't know what the laws are now—but at that point I had to work for them for 12 months before I got any maternity leave. So I had to leave. And that was it. So I had no job to go back to. So kind of a lot of little factors led me to not go back to work. I think, partly because I didn't have a job to go back to, partly because child care was so expensive. And it was just not worth it. Partly because we move all the time and it just became difficult. (Social Worker, volunteer care worker, hospice, Australia)

Leslie is the only Australian volunteer who was explicit about volunteering being second-best to paid work:

There are not many people my age who don't work. It is unusual. In the Air Force, in our community, there are quite a lot of the partners that don't work because it is difficult for us to keep up a career. But outside that community there is not many that don't work. I can't think of any friends that have chosen to stay at home as long as I have. So I feel like a bit of a freak. (Social Worker, volunteer care worker, hospice, Australia)

The Volunteer Coordinator for Eureka Palliative Care explains a similar link between being married to a person in the Army and therefore opting for unpaid,

rather than paid work:

I was once married to a defence person, and I knew I could never get permanent employment, and that is when I did my 20 years of volunteering around Australia (Volunteer Coordinator, respite organisation, Australia)

The Volunteer Coordinator's pathway between paid and unpaid work is interesting. It shows how porous the boundaries are between paid and unpaid engagement in care work. At present, the Volunteer Coordinator is in a paid position as a direct extension of her many years working as a volunteer.

Rose was similarly interrupted in her nursing career. She left a paid nursing career many years ago because she became involved in her husband's business. Thus she was presently working in an unpaid capacity, rather than in a paid one. She was even offered a job in the hospice in a paid position, but turned it down due to her other obligations:

And then when my husband opened up his business I went in there to help him. I was only going in there for a short time to help him get the business side going. But I stayed.

So I got sort of out of nursing, but I knew I wanted to do something more in a caring role as well as doing the office stuff. (...). Because I felt like I needed that part as well. I don't mind doing the office work and all those things, but it is sort of a businessy kind of a thing and I need to be in more of a caring type role as well. So I am doing both of them together. Well, because I was still working in my husband's business, I couldn't take on a paid position because I couldn't commit to a certain ...

Because when the hospice first opened, the one who was overseeing it asked me was I interested in coming back. But I couldn't commit to even two days a week because if I was to do something in the business. So I couldn't really commit myself to anything. (Nurse, volunteer care worker, hospice, Australia)

Rose's motivation to seek the job is clearly linked to the nature of the job, rather than volunteering as such:

I needed to be in contact with people in a caring profession. That is where I felt I get a lot of my satisfaction; in making a difference to people's lives; in a caring role. (Nurse, volunteer care worker, hospice, Australia)

Again, it is not volunteering as such that is attractive. Instead, it is the nature of that work, and it only comes into play when paid employment is not a readily available option.

For at least one volunteer, volunteering is more attractive than paid work. Jane's presence in the hospice over many years and working two days a week testifies to her love of her work. Yet, working as a nurse for money had not been as attractive, a decision she had made after a split from her husband.

The times I thought, "How I would love to be still happily married and not having to go to [paid] work. (Nurse, volunteer care worker, hospice, Australia)

Non-professional volunteers explain their engagement

So far, we have gained a sense of the close relationship between paid and unpaid work and how professional volunteers make sense of their own volunteer engagement *via* their paid work trajectories. The next question is how non-professional volunteers explain their engagement. Jenny has been a volunteer for more than 20 years in Eureka Palliative Care. A feeling of being inadequately suited, as well as circumstances, got in the way of a nursing career:

Years ago when I was young I wanted to do nursing. Of course, back in those days you had to live in a home. And my mum had gone back to work. And I was at home looking after my younger sister and brother. And they all said to me, "Oh, you will never make a nurse. You will never make a nurse." So I never went ahead with it. (Volunteer care worker, Respite Organisation, Australia)

With no option of a paid career, she opted for the only other path available—volunteering. It only took a few words of encouragement to start her on her path:

I had an aunty and she was at Maitland Hospital and I used to go and sit with her. And all the old ladies who were on the veranda I used to go out and roll their hair in rollers because you were allowed to do that back in those days.

And my aunty said to me, "Jenny, you are wasting your time being a cleaner. You need to do something like this." And when she passed there was an advertisement in the paper for palliative care volunteers and I went up, and had the interview, and I went to class and learned

what to do and what not to do. (Volunteer care worker, respite organisation, Australia)

For the majority of these non-professional volunteers, the area of volunteering is much more incidental. But again, this group is also motivated by the absence of work: when paid work is no-longer an option, volunteering becomes a means to keep working. Alison explains her transition from paid work to unpaid work:

I retired at 55. (...). I intended to do some casual teaching when I retired (...). It wasn't something I really enjoyed. (...). So I decided casual teaching wasn't really for me. And that is when I thought, "Well, what do I do with myself?" (Volunteer care worker, hospice, Australia)

For Penelope, the unwanted absence of paid work similarly prompted her to volunteer. If she had not become ill, she would still be working for pay, rather than as an unpaid volunteer:

Because of illness I had to retire early. I was only 55. I could have kept on working for probably another 20 years. I retired early because I was not well. Having been so active working, and I was very involved with people, the families of the children, I just needed something to fill that space, having been so involved. (...). So when the hospice opened in 1993 they had an open day, and my husband, his sister and I came over just to wander through and have a look. And it had appealed to me. And I thought, perhaps I can be a volunteer here. (Volunteer care worker, hospice, Australia)

Harry was the last volunteer—and one of only two men—I interviewed. I instantly realised that his narrative was of a different kind. Harry's motivations and pathways into volunteering stand out because his story is the only one that links concern and action directly:

A mate of mine had asked me to join Apex, which is like the Lions and Rotary type of organisations. And I joined Apex and I was sitting at a meeting one night and we were having a guest speaker who was talking about living on the streets and I didn't... I mean, I grew up in a very, very humble life. Like, there was always Mum and Dad there. There was always food on the table. We always had clothes. So I never had to want for anything. And I never really thought about other people out there. Because I just didn't know. So when I started looking into things, I got shocked. And I found out that there was a girl who was 8 months pregnant who slept on Avalon Beach because the parents kicked her out

of home. And things like this. And I am thinking, wow, what is going on in this world? (...)

And I could see the need in the community. I just felt, you can't rely on governments to do everything. And I think we have to take responsibility for our own lives and sometimes we have to put something into the community. (Volunteer care worker, respite organisation, Australia)

Harry's story stands out because his motivations for getting involved in volunteer work are so inherently different from the majority of stories, which somehow take their root in the existence, non-existence or trajectories of people's paid working lives. Harry's explanation more closely resembles *an ideal* of volunteering—that community members will gather together to meet the needs of their community.

In the context of TSOL, however, it is equally important to notice that *the transition between paid and unpaid formal work* is the key to making sense of Harry's story. In stark contrast to the Australian female volunteer care workers, Harry did not replace paid work with volunteering. For many years, his volunteer effort was work he undertook in addition to his full-time work. Circumstances related to being made redundant allowed Harry to move from unpaid work in the organisation he was formerly engaged with, to a paid position:

When my company gave me a redundancy package in 2001, I started working at the [former organisation] full-time. And I did three or four years there. I was then a paid person. But when I first started there in the 80s everyone was a volunteer (presently volunteer care worker, respite organisation, Australia).

In comparison with the female volunteers, Harry had replaced his volunteer effort with a paid job in the same organisation, whereas the female volunteers replaced their paid care jobs with unpaid ones.

III. Linking formal and informal forms of work

Recent research has been concerned with the way informal helping activities and formalised volunteering intersect with and supplement each other (Jegermalm and Sundstrom, 2014). For example, the recent Danish survey into volunteering sought to measure the extent of informal helping activities in

addition to formalised volunteering. The tendency to conceptually link the two forms of labour is based on an assumption that both forms of labour are based on a desire to help other people (Hermansen, Petrovski and Boje, 2014b). Accordingly, it could be expected that the volunteers in this study would talk extensively about activities such as helping a neighbour. However, interviewees hardly talked about such activities.

One of the few who *did* talk about informal, private work, was Janelle, who, as mentioned previously, had cared for her diabetic husband for over 20 years. After he died, she was left with a strong urge to care for somebody, but she did not, in the first instance, seek volunteer work in order to address that urge. Instead, she utilised her “Assistant in Nursing” background and engaged in paid, formal work. In this manner, the transition was not between caring for a spouse and volunteer care work, but rather a change from paid, formalised care work into unpaid care work in line with the other health care professionals, encountered in the previous section.

Joy is another of the few volunteers who talked about formal and informal helping activities in connection with each other. Joy started as a volunteer care worker in the organisation at the same time as she went to TAFE to study aged care, as explained earlier. At the time of the interview, she was not actively engaged with the organisation because she was helping a friend care for her husband. She had also been absent from volunteering at earlier times because she had been looking after her brothers. The following quote exemplifies how fluid the boundaries are in the way she talks about formal unpaid work, informal private work and informal public work at the same time:

I have been doing this since '92. I have been a palliative care *volunteer* since, but I have had that in my *family* over those years as well. (...) Well, I have had family, brothers—running them to shops and doctors and things like that. I just got enjoyment out of giving the carer time out. I have got a *friend* out where I live and her husband has got lots of things with him [my italics]. (Volunteer care worker, respite organisation, Australia)

However, others indicated that their formal lives are not to be confused with their informal lives. Jenny explained how important it is for her to separate her formal

life from her private life. To separate the two spheres, Jenny engages in specific rituals:

As I am driving to my patient's home I look for a nice pole or a nice garden fence and I take my home hat off and put my palliative care hat on. (...) and then when I am leaving to go home, I get back to that pole or that gate post and I take my palliative care hat off and put my home hat on, so that I don't bring the two together. (Volunteer care worker, respite organisation, Australia)

On this issue, it is worth noting that Anne, whom we met in chapter 1, reported that the first thing she would do after finishing her shift at the hospital was to take her uniform off to separate the two spheres.

IV. Conclusion

This chapter reveals that many of the volunteer accounts revolve around the transition from paid to unpaid formalised work. They explain how one form of work follows from the other. Four explanations dominate. First, nurses and other health professionals are drawn to this kind of work. The second explanation pertains to early retirement, when volunteering presents an alternative to not working at all. The third explanation is that volunteer care work is the available alternative for those who would otherwise be unable to gain entry to this field of work. Fourth, it becomes a more manageable form of work when the primary responsibility is to be available for children and husbands. What these explanations have in common is that they attract attention to the divide between *formal* paid and unpaid work. Informal helping activities and volunteers' private, family spheres provide much less explanatory power for their engagement. In summary, understanding the trajectories of women and men's *paid working lives* becomes the main key to understanding their volunteer care work.

At this point, it is also worth summarising what the Australian case study (chapters 5, 6 and 7) has revealed. Importantly, my analysis shows that volunteers have access to interesting, fulfilling and professionally satisfying jobs in an unpaid capacity, jobs that often overlap and resemble nurses' and social workers' paid work. Volunteers' access to these jobs is (at least partly) due to

volunteers' perceived "warmness". Therefore, the main concern is not whether volunteers replace paid staff, but rather that paid staff take over volunteer jobs.

It is equally important to understand the centrality of "risk" in explaining the use of volunteers. Managements' obsessing over risk means that the organisations do not allow volunteers access to all tasks. Managing risk necessitates thorough training, extensive monitoring and the professionalisation of the volunteer care workforce. Ultimately, if risk cannot be minimised to an acceptable level, volunteers are exempt from those tasks. Table 19 presents these findings, so that they can be directly compared with the evidence from the Danish case study (See chapter 10 section IV). I will draw on these findings and discuss some of them in more detail in chapter 11, Table 24.

Table 19: Key findings about volunteers in the Australian welfare state

| Australian Welfare State | Key Findings |
|--|--|
| Nature of volunteer services | Core services, if risk can be managed |
| Main principle determining the set of permitted tasks | Risk |
| Worth of volunteer care work | Volunteers bring warmer care than paid staff |
| Volunteer qualities in demand | Professionalism |
| The sought-after volunteer | The skilled |
| Focus | Quality |
| Concern about paid and unpaid labour | Volunteers are being replaced by paid workers |
| Volunteer care jobs as regulated as paid jobs | To a large degree |
| Demands on organisations | Quality training needed, more supervision |
| Professionalism managed by | Professionalising volunteers |
| Volunteers add to service levels because | Paid staff do peripheral jobs |
| Skills | Skills are necessary |
| Status of volunteer care work | High (?) |
| Quality of volunteer job | Professionally satisfying, interesting, new skills |
| Current boundaries between volunteers and paid staff means that | Feminised jobs are not monopolised for paid health staff |
| Volunteering is an attractive substitute for paid work | Yes |

Part 3: Denmark

Chapter 8: Paid and unpaid work in the Danish welfare state

The previous three chapters considered the relationships and connections between volunteer care work and other forms of labour in the Australian welfare state at the macro-, meso- and micro-levels. The following three chapters turn the focus to Denmark and proceed in the same way, drawing on the same types of data in accordance with the outline in chapter 4. This chapter accordingly takes a macro-level perspective and considers the development and design of the Danish welfare state, with particular emphasis on the importance of women's and men's access to work, as well as the extent to which care has "gone public" (Hernes, 1987). Next, this chapter considers macro-configurations of care, especially the contribution of the non-profit sector in delivery of care. Finally, following a short introduction to health and welfare volunteers, this chapter takes a wider perspective by exploring how we may understand the underlying logic of involvement of volunteers in a Danish context.

I. The vision of a woman-friendly welfare state

Denmark is routinely classified as a social democratic welfare state (Esping-Andersen, 1999; Esping-Andersen, 1990; Orloff, 1993; Orloff, 1996b; O'Connor et al., 1999); see Boje (2012: 17) or Bambra (2007: 328) for an overview. Social Democracy emerged, as a theory, ideology and system of governance, in response to capitalism's commodification of labour, which was seen to be the cause of class divisions and an obstacle to collective unity. In a vision of a better society, social democracy built on the idea that people have an obligation to look

out for each other as members of society (Esping-Andersen, 1990: 44; Quiggin, 2007: 13). While accepting the market as the basis for economic production and distribution, social democrats sought to intervene in the economy, the social sphere and the workplace to ensure equality and equity—not just for those who were able to profit from the market (Esping-Andersen, 1990: 46-47, 68).

In the welfare state literature, the characteristics of a social democracy include the three principles of universalism, solidarity and de-commodification, where universalism is argued to be the fundamental principle of the Scandinavian model (Esping-Andersen, 1990: 68; Cox, 2004: 209-210; Greve, 2004: 157). Although the definition of universalism is not completely agreed on, most writers agree that universalism exists when welfare programs are available to all citizens, or groups of citizens such as the aged, and are being offered on the basis of needs rather than purchasing power (Cox, 2004: 209; Esping-Andersen, 1990). Universalism was embryonic in the Scandinavian welfare states. The shift to people's universalism spoke logically to the prevailing social structures and the Socialists' understanding of solidarity. Still today, most observers of the Danish welfare state seem to agree that in many ways the model continues to meet the fundamental criteria of universalism (Henriksen, Smith and Zimmer, 2009: 6). However, original dominant ideologies of social protection have now been replaced by what is often called the social investment state (Boje, 2012: 8; Boje and Potucek, 2001; Evers, 2009: 253). The key objective of the social investment state is to increase social inclusion by ensuring that the population is well-prepared for the likely employment conditions of contemporary economies (Jenson, 2009: 447). It therefore has a strong focus on investment in human capital in order to avoid social exclusion in the labour market (Boje, 2012).

As discussed in chapter 3, feminists have argued that mainstream theorists have missed key aspects of what it is like to be a woman in the welfare states. At the heart of the discussion about the role of welfare states in gender equality is Helga Hernes's argument that Scandinavian welfare states embody the idea that states can be transformed into "woman-friendly" and "state feminist" countries (Hernes, 1987), a vision which implies that the state can

amend and limit women's oppression²⁵ (Hernes, 1988: 210). Hernes's vision of a woman-friendly state is infused with social democratic thinking, especially universalism, and it is therefore difficult to disentangle Hernes's ideal model from the social democratic model of the Scandinavian welfare states (Anttonen, 2002; Borchhorst and Siim, 2002; Holst, 2006: 11-12). In other words, this vision of the woman-friendly welfare state will almost inevitably point towards Scandinavian welfare states as the preferred option for obtaining gender equality.

Later feminist work criticised Hernes's work. In particular, Fraser's ideal types, which represent different visions of a woman-friendly state, have challenged the notion that there is only *one* route to gender equality (Fraser, 1994). In Denmark, what Fraser calls the "universal breadwinner" model has been the dominant vision of the path to equality (Borchhorst and Siim, 2008: 212)—a vision in which men and women participate equally as bread-winners, and a vision which favours men's and women's sameness. Further, critics have also commented that it is a vision in which women are supposed to become more like men, rather than a vision in which men are supposed to be more like women (Lister, 2009: 249).

A number of policies were adopted in Denmark in the 1970s and 1980s with the aim of strengthening women's access to the public space *via* employment (Borchhorst and Siim, 2008: 207). The influx of women into the workforce was enabled by the expansion of public sector work, work predominantly carried out by women (Hernes, 1988: 205). In this design, the state resumed responsibility for large parts of care provision and simultaneously created new welfare state professions that were feminised by women "entering through the kitchen door"—that is, their domestic and care-giving work became commodified and part of the state's service delivery (Dahl, 2010: 159).

Indeed, Danish women have had and continue to have a strong presence in the workforce. In 2012, Denmark had a 70 per cent female employment rate, which is down from 72 per cent in 2000 (OECD, 2013a). However, the similar participation rates between Australia and Denmark hide important differences:

²⁵ Hernes's work is written against a dominant feminist thought at the time, which was highly suspicious of the state (Hernes, 1987: 14-15).

where women in Australia react to childbearing by withdrawing from the labour market, Danish women instead *increase* their employment (OECD, 2014). Furthermore, women in Denmark are not to the same degree as in other countries expected to cut down on paid work for the sake of their families. Less than 20% of men and less than 10% of women think that women should work less for the sake of their families (Boje and Ejrnæs, 2013: 148).

The vision of the universal breadwinner model has been supported and enabled by extensive public support and access to good and cheap child care. Commentators agree that the Scandinavian welfare states have advanced provision of public services and that the extent and quality of public provision is superior to that of countries outside Scandinavia (Borchhorst and Siim, 2008). In summary, many feminist scholars hold up the Nordic countries as a role model for gender equality policies (see Lister, 2009: 243), where at least one aspect allowing for the “universal breadwinner model”—the institutionalisation of care—has been achieved, thereby largely removing care from the private sphere and placing it in the public sphere (Dahl, 2010: 162)

II. The non-profit sector in a mixed economy of care

A brief historical overview

The Danish Constitution of 1849 secured citizens the right to form associations (Bundesen et al., 2001; Ibsen and Habermann, 2005). An important question in the work leading up to the Constitution was how the poor in society were going to be looked after. A parliamentary majority favoured a continuance of the pre-existing obligation for the state to look after those who could not provide for themselves. The divide between the two categories of citizens—those who could provide for themselves and the second-class citizens who could not—was softened by the realisation that misfortune can be incidental. A third category was labelled “the undeserving poor”. The philanthropic support organisations saw it as their main purpose to support these “undeserving poor” (Bundesen et al., 2001: 358-363). The picture of the 19th century non-profit sector is thus one of non-profit institutions parallel to the state institutions. Thus, the non-profit sector was not in opposition to the state; it simply served different groups of

people (Bundesen et al., 2001: 401).

The Social Reform of 1933 was a major turning point, in which the legal foundation of the public-private partnership became official policy, and social service organisations gradually became instruments of the state (Henriksen et al., 2009: 8). It is also at this point that we begin to recognise the beginning of a distinctly socialist approach. K.K. Steincke, who was later to become Minister of Social Affairs, wrote in 1920 a book, *Fremtidens Forsørgelsesvæsen*, on which most of the social reform was based (Bundesen et al., 2001: 376). He stressed that the state *has* to provide support based on ideas of justice; that public support should be part of citizens' social rights. The aim was to change the practice of sporadic hand-outs based on altruism without any sort of control or insight into the consequences. According to Steincke, altruism demoralises the givers as well as the receivers. Furthermore, it misleads the givers into thinking that they are agents of change for poor people and that their hand-outs are sufficient to fix more substantial social problems. The central idea in this thinking was that social benefits should be rights-based (Bundesen et al., 2001: 377-378). Steincke envisioned a close cooperation between state and philanthropic organisations. Nonetheless, the non-profit sector felt threatened (Ibsen and Habermann, 2005).

Slowly, but surely, the state resumed responsibility for more and more social and health matters from the end of the Second World War—often as a result from pressure by the non-profit sector itself as the sector had accepted the rhetoric of the welfare state (Ibsen and Habermann, 2005). Provisions had become increasingly universal. During this time, there was also a change in how services were delivered following the de-institutionalisation movement. Professionalisation was also a strong force, changing the general attitude of what was considered “good care”. Increasingly, the best form of care was seen to be provided by professionals. Another important change was that welfare increasingly became geared towards prevention and focussed on specific points in (normal) people's life courses, rather than vertical welfare (the rich giving to the poor) (Bundesen et al., 2001: 386-387).

The culmination of the ideal of the welfare state taking on the responsibility for prosperity and security (universalism) was the passing of the Danish Social Assistance Act of 1976. The Act made local and regional municipalities responsible for both provision and administration of almost all social services (Henriksen et al., 2009: 8). The Act made non-profit organisations practically invisible and disregarded them as a means of solving problems (Ibsen and Habermann, 2005). In some areas, this meant a reduction in the number of organisations. Importantly, the growth of the welfare state meant that the functions and positions of the non-profit organisations changed. Now the non-profit sector functioned mainly as interest organisations and saw themselves as “pioneers”, “new thinkers” and “alternatives” (Ibsen and Habermann, 2005: 5; Bundesen et al., 2001: 390).

It is important to consider one specific Danish form of non-profit organisation, *the self-governing organisation*, in more detail. These mainly operate as service providers in areas *for which the state has an obligation for services* (e.g. child care, aged care and schools). Furthermore, these organisations are often established for furthering of specific viewpoints (such as religious or pedagogical). Many of them are publicly funded and subject to close monitoring and public regulation. Because of the close cooperation with the public sector and funding through ongoing service agreements, it can be difficult to tell self-governing and public organisations from each other. However, due to their freer status and because they have more autonomy over decisions, the self-governing organisations are classified as non-profit organisations (Thøgersen, 2013: 2-3). Despite the general squeezing out of other forms of non-profit organisations, self-governing organisations kept their engagements in some areas of service provision during this period of building the welfare state, even when other organisational forms were marginalised in service delivery (Henriksen and Bundesen, 2004: 616).

Renewed trust in the non-profit sector

From the 1980s, major changes began to take place. The first direct political indication of a changing environment was a speech given by the then Social Minister, Social Democrat Ritt Bjerregaard, at an Organisation for Economic Co-

operation and Development (OECD) conference in 1980. She argued for downplaying professionalisation to allow more room for the wishes of the receivers. She also predicted that the largest obstacle would be the professionals who monopolise the right to know best (cited in Bundesen et al., 2001: 391). Political interest in the non-profit organisations increased with a change to the Conservative Schlüter government in 1982, and the sector once again became endowed with greater ideological legitimacy. In 1983 an advisory board²⁶, which had as its aim to promote voluntary social work as part of the total social policy effort, was commissioned. In 1992, the national “Centre for Voluntary Social Work” opened with the aim to support and develop voluntary work in the social area. In 1995 a committee²⁷ was established to report on voluntary social work’s placement in future social policy. A 1998 revision of social policy directed that local councils were to cooperate with non-profit organisations. In 1999, Parliament agreed, across party lines, on a proposal that aimed at securing, promoting and supporting voluntary work in Denmark. In 2000 a *charter for cooperation between non-profit organisations and the state* was signed by representatives for both (Habermann, 2007: 27-28).

Succeeding governments have continued to support volunteering. For example, the centre-right-wing coalition Fogh Rasmussen government (2001-09) advocated that volunteering should count favourably in public employment and that all young people should have the possibility to volunteer. The successor, the Løkke Rasmussen government (2009-11), quantified the wish for volunteers and aimed to mobilise 50 per cent of the population (Henriksen, 2011b: 5). Helle Thorning-Schmidt’s centre-left government (2011-15) has likewise put hope in the non-profit sector and volunteerism as means to solving social problems in conjunction with the public sector:

A greater targeting of public problem solving can be seen in conjunction with an increased involvement of civil society, which constitutes an important addition to the public sector. While the public sector are responsible for delivering core services, a strong and committed voluntary sector can help complement and lift the quality of public service. Government will therefore encourage new forms of participation

²⁶ *Kontaktudvalget til det frivillige sociale arbejde*. In 2004, replaced by *Rådet for Frivilligt Socialt Arbejde*.

²⁷ *Udvalget om frivilligt socialt arbejde*.

and inclusion, which are based on a strengthened relationship between citizens, civil society and the public sector (Regeringen, 2012: 79).

In summary, after being side-lined during the construction of the Danish welfare state, non-profit organisations have re-assumed their role as important players in the Danish welfare society. In the current political climate, after being forgotten for a couple of decades, the non-profit sector has become an important partner of the state in delivering output (Henriksen, 2011a: 12; Ibsen and Habermann, 2005: 6).

However, commentators have warned that the rhetorical “boosting” of the sector must be considered against the *actual* size, scope and composition of the Danish sector (Henriksen and Bundesen, 2004: 621). A comprehensive research project in 2003-04²⁸ gave, for the first time, an insight into the actual size of the sector (Boje et al., 2006). This project estimates that there are in the vicinity of 68,500 non-profit associations (Boje and Ibsen, 2006: 44) and 7000 self-governing institutions in Denmark (2006: 99). Estimates place the number of charitable foundations between approximately 6,000 and 12-14,000 (2006: 170). Non-profit organisations contributed just under 37 billion kroner (approx. AU\$ 7 billion) to Denmark’s Gross Domestic Product (GDP), equalling 2.6 per cent, in 2003. In terms of public support, the vast majority goes to welfare organisations. In total, 84 per cent of public support to the non-profit sector is allocated to the three welfare sectors, health, education and social services (Boje and Ibsen, 2006: 182). The number of employees in the non-profit sector was in 2003 estimated to be just over 200,000 people. For an overview of the size of the Danish non-profit sector, see Table 20.

²⁸ A follow-up study has been carried out, but the results will not be made available till mid-year 2015 (Personal communication, Boje, 2015).

Table 20: The size of the non-profit sector in Denmark

| | Denmark |
|---|--------------------------------------|
| Population | 5,384,384 (2003) 5,659,715 (2015) |
| Non-profit organisations estimated | 81,500-89,500 (2003) |
| Non-profit organisations' contribution to Gross Domestic Product | DKK 37 billion 2.6% (2003) |
| Self-governing organisations | 7,000 (2003) |
| Welfare organisations * | 14% of above |
| Employed in non-profit organisations | 200,000 (2003) |
| Employed in health and social service organisations | 58,132 (2003) |

Source: Boje et al. (2006: 172; 194; 200)

* Welfare organisations include health, social services and education.

By way of comparison, the Australian non-profit sector is larger than Denmark's, if we consider the size in terms of contribution to GDP (4.1 against 2.6 per cent) and the number of organisations (almost double per person). So far, the findings thus correspond to the predictions made by Social Origins theory, in that the non-profit sector is larger in the liberal regime, Australia, than in the social democratic regime, Denmark (See chapter 2 section IV).

Support for non-profit organisations is, to a large extent, provided *via* service agreements. This is especially the case for the self-governing organisations described earlier. The researchers behind the first *frivillighedsundersøgelse* argued that most public support is delivered through service agreements, and estimated that 73 per cent of health and social service institutions receive support through these agreements (Boje and Ibsen, 2006: 116-117). This is in stark contrast to the Australian non-profit organisations, which have to tender for funding, as outlined in chapter 5. The funding arrangements of Danish non-profit organisations are important for understanding the differences compared with Australia. These have a bearing on *how*

volunteers can participate in the four organisations and what they are seen *to do well*, as will be clearer as the discussion unfolds in section IV of this chapter and in chapter 9.

Informal care and public care

Considering the other pillars of welfare in delivery of care, Denmark (along with the other Scandinavian countries) has long been an outlier in an international perspective. Receiving care within the social democratic welfare state is a universal right. It is predominantly performed by professionals, and delivered within the context of the welfare state (Boje, 2012: 19). This policy ideal of providing extensive formal care means that the responsibility of personal care-giving is largely removed from people's private lives, although it is increasingly coming to light that instead of personal care, families engage in non-personal care activities (Brandt, Haberkern and Szydlik, 2009). Family members are not assessed for their ability to pay for help. This separates Denmark from other welfare countries, such as Germany, in which the smallest unit is the family. Denmark has never had a law obliging family members to take care of their frail older relatives (Stark, 2005: 20). Indeed, Denmark (along with Sweden) has the lowest percentage of informal care-giving²⁹ compared with other Organisation for Economic Co-operation and Development (OECD) countries (OECD, 2011: 86); only 8.3 per cent of the population provides help with personal care, according to the SHARE survey (OECD, 2011). Yet, it is also clear that subtle, but important changes are taking place, and there is renewed political interest in maintaining and possibly enhancing informal care (Eydal and Rostgaard, 2013: 150).

Care-giving is most often funded *and* delivered by professionals through public services. For example, all old-age residents are entitled to receive help with tasks they are not able to manage by themselves. Home care provision includes help with both practical tasks and personal care. This care is provided

²⁹ The terms, informal carer or care-giver, are particularly difficult ones to manage in a Danish context. The word, carer, simply does not exist, and the word, "påførende", is often used instead. This word, however, simply means relative. This makes it impossible to distinguish between somebody who is simply related and somebody who cares for that person (Lewinter, 2008).

largely without any out-of-pocket expenses, and is provided based on a needs assessment, without a means assessment. Even compared with Sweden, the one country Denmark is otherwise normally grouped with, Denmark continues to display a strong commitment to universal home care (Rostgaard and Szebehely, 2012). However, there has been a rather drastic reduction in home help hours over the years, and the provision of home help is not nearly as generous as it once was. Home help is now more targeted towards those with the greatest needs and is more concentrated on personal care than household chores (Eydal and Rostgaard, 2013: 153). Despite the changes in the welfare mix and changing discourses, principles such as universalism and all-encompassing public welfare provision are still used to describe the specific Scandinavian approach to care in the literature (Eydal and Rostgaard, 2013: 133; 148).

Public policy in Denmark has recently enabled the market to gain a role in provisions of care. In the area of aged care, which is the responsibility of the local municipalities, people have been granted the right to choose between public and private providers of home help services. This has led to an expansion of for-profit-based, mainly practical assistance, and personal care to a much lesser extent. This expansion has mostly taken place within home care. More than one in three home care recipients make use of this form of provision, while for-profit care within residential homes is limited (Bertelsen and Rostgaard, 2013: 142).

III. Danish volunteers: Survey data

As outlined in chapter 1, about 35 per cent of Danes (2012) were engaged in voluntary work in the 12 months before data collection in 2012 (Fridberg et al., 2013: 9), a rate consistent with participation rates in 2004. A smaller percentage (7%) volunteer in welfare or health organisations.

When considering all forms of volunteering (See column 3 in Table 21), Danish men and women are almost equally likely to volunteer. As in Australia, the 30-49 year olds dominate volunteering when all volunteering is considered together, thus conforming to the predictions in the literature (Wilson and Musick, 1997a). In contrast to Australia, full-time workers dominate over both part-time

workers and those not working at all. However, women and older citizens dominate as welfare and health volunteers (See column 4 in Table 21). Finally, the otherwise active full-time workers are overtaken by those not in the workforce.

Table 21: Gender, age, work-force attachment, Danish survey data (%)

| | | All volunteering | Welfare and health |
|-------------------------------------|------------------------------------|-------------------------|---------------------------|
| Gender | % of Danish females | 33* | 8 |
| | % of Danish males | 36* | 6 |
| Age | % of Danes under 30 | 30 | 5 |
| | % of Danes 30-49 | 44 | 7 |
| | % of Danes 50-64 | 37 | 6 |
| | % of Danes 65 and over | 37 | 10 |
| Attachment to paid workforce | % of full-time workers (≥37 hours) | 42 | 7 |
| | % of part-timer workers (1-36) | 37 | 7 |
| | % of not in workforce | 34 | 8 |

* Source: (Fridberg and Henriksen, 2014: 47). The statistics marked with * are reported in the publication; the rest of the statistics have been calculated from the Voluntary Work 2012 dataset.

In summary, survey data indicate that volunteer care work in Denmark (as in Australia) falls disproportionately on women, the old and those who—for one reason or another—are not in the workforce. In comparison with the Danish study sample (in chapter 10), we also find that women dominate (slightly) over men, and that the volunteers are predominately older and therefore out of the paid workforce.

IV. Involving volunteers in a mixed economy of care

In the same way that the logic of appropriateness of volunteering was explored in relation to the Australian organisations, this section draws out some wider perspectives on the involvement of volunteers, primarily relying on interviews with key participants, as outlined in research strategy three. As discussed earlier, the quest in this section is to explore the underlying values, norms and

ideas of what “good care” is and how volunteers contribute to it, in accordance with Monique Kremer’s arguments that social divisions of care are not only outcomes of financial considerations, but also reflect country-specific “ideals of care” (Kremer, 2007).

Professional superiority and costs

Professionals are best: The perceived superiority of paid, professional staff over volunteers was a striking difference between Australia and Denmark. When volunteer involvement is considered alongside other groups of care-givers, it becomes obvious that volunteers are considered to be second-best when compared with paid nurses and other health professionals. In the interview, the Care Coordinator of a publicly run home help scheme with great force insisted on paid staff’s superiority in all service delivery areas, including socialising:

Well, because the professionals have an education to carry out the core services, social and health services care and practical assistance, trained staff members do it better than the volunteers. Trained staff members are also able to sit down and have a chat and make the table and make it cosy and nice, and interesting, if they had the time and the money. (Aged Care Coordinator, local government area, Denmark)

She refuted the idea that volunteers should have specific qualities or be able to bring a warmer kind of care. It was clear that the Care Coordinator was puzzled about the logic of my question. She returned to the question after a while and said:

I actually think it is worth a reflection that you ask me if there is anything volunteers do better. No!

I can find five aged care workers any time and say, “Can you do something really nice socially this afternoon?” I just cannot afford it. And I am not allowed to because it is not part of the public service. That is what it is about. (Aged Care Coordinator, local government, Denmark)

Other organisations displayed a similar disregard for volunteers; too close an involvement of volunteers is seen to jeopardise a high standard of care. In some organisations, volunteers are even seen to pose a threat to care-receivers:

I can remember that some of the staff, they were... some of the things we talked about was that as soon as they saw a volunteer go into a room, then they would run after them. To see what they were doing. What were they up to. (Chief Executive Officer, regional branch of cancer organisation, Denmark)

There are also other, more subtle indications in the interviews with key participants that volunteers are dismissed as equal members of the care teams:

Of course, not all residents want to have anything to do with volunteers. (Chief Executive Officer, private residential aged care facility, Denmark)

The disregard for volunteer work was also noticed by some volunteers:

The person who is in charge [of our organisation] went [to the aged care centre] and said, "Do you know what? It simply cannot be true that you don't have any old people here who need a visit." It was almost as if the CEO didn't want us there. I sense that, too, when I talk to him: "Well, that is up to you, but I never asked you to come here. So you are free to stay away if you want." (Hospice volunteer, Denmark)

One key participant similarly commented on the limited status of volunteer care work, including for the volunteers themselves:

Pride [of doing volunteer work] has not been known in Denmark. I think it will come. I think there will be many volunteers in the coming years who will say, "I am proud of what I do as a volunteer and no-one is going to disregard what I do as a volunteer, or call me a lady bountiful," and other pictures we have had of what volunteers are. (Manager of Strategic Planning, large humanitarian organisation, Denmark)

It thus appears that there is mismatch between the "talked-up" admiration of volunteers at the political level, and the lack of admiration and trust at the operational level. With this suspicion of volunteers and concern with "what could they be up to" in mind, it is not surprising to find that organisations are eager to exercise managerial control over the volunteers who enter the premises of their organisation. For example, one key participant expressed his preference for organising volunteers as "visiting friends", rather than relying on Red Cross, although this organisation offered a similar service. Other key participants reported that the local public aged care services were trying to mobilise their own volunteers rather than organise the volunteers through non-profit

organisations. The Volunteer Coordinator for a regional respite organisation expressed the wish for managerial control with great insight:

I can see that the, e.g. the aged care centres, want to hire their own volunteers. Because they get to decide what type of people they get. And because they get to formulate the rules about what is to be done for them. I can see that it would be easier. It is easier for the staff to know “we have this group of volunteers and we somehow control them”.
(Volunteer Coordinator, respite care organisation, Denmark)

In summary, an “ideal of care” which posits professional care as better and more able emerges. In the current Danish mixed economy of care, a perception of the superiority of professional care continues to dominate. We will see in chapter 9 that this “ideal of care” has important consequences for volunteers’ ability to participate in care work. In addition, we begin to suspect that there is a discrepancy between the political praise of volunteering, and the lack of praise and status at operational and individual levels.

Volunteers cost money: The Danish respondents did not repeat the claim made in the Australian sample that volunteer involvement is based on a cost *savings* rationale. Remarkably, key participants instead claimed that volunteers were *costing* the organisations money:

Do we save a lot of money? No. An activity would just be a little bit worse because we would have fewer people involved. (Leader of aged care facility, Denmark)

It is not to save money. It is because we want to be a publicly anchored organisation. (Chief Executive Officer, regional branch of cancer organisation, Denmark)

As an example to support his claim that volunteers *cost* money, not save money, the same CEO reported that he had made a cost analysis to measure the cost of engaging volunteers. The key participant explained that the analysis had documented that each volunteer hour in some instances equalled a paid hour to monitor, direct and supervise the volunteers. Another organisation similarly claimed that having volunteers was an expense, not a saving. Again with an example, this key participant explained how one group of female volunteers had been knitting sweaters for the organisation for many years. Nobody had had the

heart to tell these women that the sweaters were not in demand—and that their insistence on knitting sweaters that nobody wants is a financial liability to the organisation:

We would much rather if they started making something we could actually sell in the shops. And that is a transition we are in the middle of. (...). They are an economic loss to us if we take a financial stance on it. (Manager of Strategic Planning, large humanitarian organisation, Denmark)

Downplaying the economic gain of volunteering, and focussing on the cost, is thus in stark contrast to the Australian interview material, which clearly and repeatedly emphasised monetary savings. Downplaying the economic value is also clearly at odds with studies of the economic value of volunteering, which show clear economic benefits (e.g. Handy and Srinivasan, 2004).

How is it possible to make sense of this articulation? It must be kept in mind that the purpose is not to find out whether volunteers *actually* save or cost money. Rather, the objective is to investigate the underlying “ideals of care”. With that in mind, it becomes clearer that claims such as “This kind of work does not have a monetary value” and “There is nothing volunteers can do better” seeks to devalue the importance of voluntary work and to make it invisible as a form of labour. Still, it remains a puzzle that key participants make such strong claims about the cost of engaging volunteers.

Many are better

So far, it has been found that Danish key participants refuted both monetary savings and any warmth or superiority of volunteers as reasons to engage them. But if volunteering is not based in a rationale of cost-saving, or the ability of volunteers to do care work better, a question emerges: why engage with volunteers at all? Some key participants indicated that large numbers of volunteers vouch for the worth of an organisation:

Who is interested in delivering a service to us? Is there anybody who wants to work for free with us? It indicates that we are worth working for. (Aged Care Coordinator, local government, Denmark).

Key participants explained that there is a fascination with quantity in the field: more volunteers equals a better organisation. However, there is little concern with how participation by volunteer care workers *actually* improves services. Quantity is not linked to quality, as these two quotes indicate:

There is much focus on quantity. That is right. And you can—and I do that—gag over it. I am not sure where it comes from, but it is probably part of the new public management wave. Everything has to be measured, weighed and counted and be turned into this, this and this. I am not sure why. We discuss it sometimes. There are many who say, “We need more young volunteers.” “Yes,” we say, “what would you like them to do?” When they have to express that, not much is offered. It is like, “We just need more young people.” But in reality, we can’t really fit them in. (Manager of Strategic Planning, large humanitarian organisation, Denmark)

We have a CEO [Chief Executive Officer] who all of a sudden declared, “We need three times as many volunteers. By 2015 we need to have three times as many volunteers.” Without any kind of talk about “What are they going to do?” That is just the worst kind of starting point. (...) how can we possibly take in that many volunteers without even talking about what they are going to do? (Chief Executive Officer, regional branch of cancer organisation, Denmark)

The dominant focus expressed in the interviews is that there is an obsession with quantitative rather than qualitative measures, indicating that the political focus on “many” (Henriksen, 2011a: 5) has also been adopted by the sector itself.

The significance of gender

It was striking how little participants in Denmark had to say about gender—even less than the Australian key participants. When they *did* talk about gender, the main claim was that the nature of the volunteer job would determine the gender of the person who did the job.

Every now and then, some men find their way in here. And it really depends on what sort of activity, and how we design that activity. It is possible to get male volunteers if we arrange a family camp. Because then they can play soccer, make fires, and what have you. (Manager of Strategic Planning, humanitarian organisation, Denmark)

Another key participant similarly linked the absence of men to the volunteer roles that were made available—that presently available tasks are less attractive to men. However, by paying close attention to the wording and especially the use of “they” and “we”, we come to suspect that men are indeed entering into a female-dominated domain.

Being a man... We have to figure out what it is *they* want to do together. (...) Men... They are not very good at coffee clubs and sitting down to talk. (Aged Care Coordinator, local government, Denmark)

As was the case with the Australian key participant, Danish key participants were only able to give small hints as how gender and volunteer care work relate. They repeat the claims by Australian key participants that there need to be “manly” tasks if men are to be attracted to this feminised domain. Again, it seems like little to report on. However, how little key participants have to say about gender is the reason why it *is* important to report it: how little key participants have to say about gender shows how hidden “gender” is when it comes to volunteering.

V. Conclusion

The non-profit sector has a secondary role to public services in the provision of care, despite the recent “rebirth” of the non-profit sector. When volunteers thus enter into the arena of care-giving in Denmark, they are entering an area where care traditionally has been delivered by professionals, most often employed in the public sector, with little influence of the family and only a recent secondary role for the non-profit sector. “Good care” is, in this welfare mix, measured against the standard of the services that are, or were, provided by the welfare state through professional paid staff—standards perceived to be of high quality and superior to present times. This perception of “good care” provided by professionals has a bearing on what staff, volunteers and management see volunteers as being able to do well.

Additionally, the two welfare states have developed differently when it comes to women and care. Firstly, Denmark has come further than Australia in terms of “care gone public”. The Danish state has assumed a great level of

responsibility for care provisions, and public care is generally agreed to be universal and of high quality. Secondly, and related to this, Danish women participate to a larger degree in the workforce than do Australian women, especially if they are mothers—and many of those jobs are located in the public sector, such as aged care, health care and child care. This is not without implications for volunteering patterns, as will be seen in chapter 10.

Chapter 9: Who is paid, who is not, and why? The Danish organisations

The previous chapter took a macro-perspective and considered the interdependencies and relational aspects of care labour across the four pillars (state, market, family and non-profit) of welfare in Danish society by drawing on academic writing and original data collected through interviews. By comparing the contribution of volunteers with that of other providers of care, and by paying attention to which ideals of care drive the involvement of volunteers, we sense the dominant role of professional care and the perceived superiority of this professionalised care. As for the Australian case, this chapter adopts a meso-perspective and considers how two purposively sampled organisations allocate jobs and why some jobs come attached with salaries, while some do not.

In section I, the chapter will describe the types of activities volunteers participate in. In section II, both the articulated (spoken about) and underlying principles for allocation of paid and unpaid jobs will be considered. In line with the Total Social Organisation of Labour (TSOL) framework (Glucksman, 1995b), the focus will be on the interaction between and the meeting points of paid and unpaid positions. The analysis will show that professionalism is an especially salient principle for understanding boundaries between volunteers and different forms of paid labour in Denmark.

I. What volunteers do in Danebo Hospice and Norden respite

Danebo Hospice

At Danebo Hospice, volunteers are primarily involved in practical jobs, although some of the job functions also take on a socialising quality. One volunteer described the job functions of volunteers as “housewife duties”, which is not an ill-fitting picture, based on observation. In Danebo Hospice, most volunteer jobs are available to *any* volunteer, and are not reserved for any specific volunteer. Instead, each shift is made available online, giving volunteers the option to book a shift from a home computer or phone. Even at this point, we can begin to suspect that the preoccupation with skills is not as dominant as it is in the Australian Hospice.

Host: The most visually dominant volunteer task—and the one that attracts the most volunteers in numbers—is what the hospice calls a “host”. As part of this task, and hence the job title, the volunteers “host” the lunch and dinner meals. A host was the first and original job function for volunteers when the hospice opened, and continues to be at the core of the volunteer jobs—in both number of people and in importance to the hospice. There are two host duties each day, lasting about two and a half to three hours each. Some volunteers are fairly busy because they engage in a range of cleaning-up activities beyond what is required. Others have considerable spare time to sit around and chat with each other. Each shift engages two volunteers, demanding the involvement of a total of 28 people per week. Even just taking *this single task* into consideration, the weekly volunteers hours in the Danish hospice (70-84 hours) are on par with the *total* weekly volunteer hours in the Australian hospice (70-80 hours). It is expected practice to commit to two shifts per month, but there are no repercussions if a volunteer fails to do so.

At lunch, five nurses and two or three kitchen staff are at work at the hospice. If no volunteers were to show up for this shift, the kitchen staff would have to take over. At dinner, four nurses are at work, but no kitchen staff. If no volunteers were to show up for this shift, the nurses would have to take over.

The job functions are the same across all shifts. Christina explained:

We do the washing-up and clean up in the kitchen. We do that a lot. And we set the table and eat with patients and relatives, and we talk to them. And then we clean up. Also, if Helen³⁰ does not manage all her duties—then we help her. (Volunteer care worker, host and arts exhibitions, hospice, Denmark)

This task also involves helping patients and relatives serve their food. However, it does not include feeding patients. Volunteers are expected to talk to and socialise with patients and relatives during the meals. The volunteers expressed very different opinions about their role in this social setting. Some volunteers thought it was appropriate to talk about patients' conditions, while others wanted to allow the patients to forget about their circumstances and to give them a sense of normality. Observations revealed that volunteers mostly engaged in "small talk". Originally, the host task was thought of as "the extra". The Volunteer Coordinator explained the thinking behind allocating this task to volunteers:

From the beginning, they thought – maybe a simple way to put it is "the extra": that there is somebody who sits with them and talks with them at the meals etc. That there are some who make sure that all serving bowls are filled up, that the table is nicely set, that the candles are lit, that the music is playing and so on. It is in a way a little superfluous. They, the patients, may well get something to eat anyway. This is where the emphasis was. They said it was the extra. (Volunteer Coordinator, hospice, Denmark)

The host function has since become vital to service delivery, as this quote from the Volunteer Coordinator shows.

It is very rare that I have to contact someone because there is a vacant shift. And with available shifts we mean: There *must* be some here for lunch and there *must* be some here for dinner. *There has to be*. It's really a hassle—because the shift was thought into it from the beginning, the rest of the house has come to expect that they are there. So, if it should happen once in the middle of a summer vacation or something, that there are no volunteers, then it goes through the whole house: "Yikes! What do we do?" [my italics] (Volunteer Coordinator, hospice, Denmark)

³⁰ Helen works in a supported job (publicly subsidised) and engages in a range of practical jobs around the hospice, such as clearing up, tending to flowers, emptying dishwashers and tidying kitchens.

Despite this task clearly being vital to the running of the hospice, neither kitchen staff nor nursing staff made claims to this kind of work. Nurses were not interested because it would take one person off the wards and away from the kind of work they have more interest in. Kitchen staff were not interested because they (with families) had little interest in the late shift around dinner time, as reported by one of the kitchen staff (and possibly also because it is not very attractive to wash up dishes, although nobody was willing to admit it).

Practical help: In addition, volunteers are involved in a plethora of practical jobs around the hospice, jobs which do not involve any contact with patients. Jonas explained the large number of hours he and others contribute to practical tasks alongside the hospice's care-taker:

The care-taker only has two hands. And he wouldn't be able to do everything that needs doing. There are many men who help him in turns. In the time I have been there, I have met many different people. There is enough work for at least three full-time positions. (Practical assistance to care-taker, hospice, Denmark)

The kind of work that Jonas refers to here (washing windows, parking attending, weeding, gardening, sweeping and fixing things) is only a fraction of the practical assistance delivered by volunteers. In addition, four or five volunteers grow organic vegetables for the hospice. Indoors, practical tasks include decorating for Christmas, hanging pictures on the walls, tending to flowers in the common areas and washing clothes.

It is obvious from both observation and from the interviews that there are large overlaps between what paid staff members do and what volunteers do when it comes to practical help: the lines between paid and unpaid work are blurry and highly penetrable. One volunteer, Lotte, performs a number of different jobs within the hospice. Some of these jobs clearly belong to a paid person, such as filling in for Helen and the paid cleaner. She said:

And then I came because they needed somebody to make Christmas decorations at Christmas time. And I have replaced Helen³¹ sometimes. I have also sometimes replaced a cleaning lady if they have been short. (Volunteer care worker, hospice, Denmark)

³¹ See previous footnote.

A cautious extension into socialising jobs: Over time, volunteers have been allowed, cautiously, to participate in some tasks that involve more contact with patients. One example is the “sun wagon”, a drinks trolley. Two volunteers take this drinks trolley into the rooms of the patients on Tuesday and Thursday afternoons to offer spirits, chocolate and fruit. Taking the cart around allows the volunteers to enter the rooms, from which they are otherwise banned. Contrary to the Australian hospice, it was uncontroversial to have volunteers serving alcohol. This job function was—similar to the host position—open to anybody. However, many of the volunteers appeared to be uncomfortable with this particular job because of the patient contact, and many volunteers reported that they avoided the Tuesday and Thursday host shifts which included the sun wagon duty.

“Flower ladies” is another volunteer task (combining a practical and socialising purpose) that was being trialled at the time of data collection. Flower ladies deliver vases to patients’ rooms once a week. This task similarly enables volunteers to enter the patients’ rooms. Janne and Ruth, who both have backgrounds in the health and aged care sector, had been hand-picked to share this job between them by working alternative Fridays. The Volunteer Coordinator placed great importance on this particular job, which is worth noticing when compared with the disregarded “flower ladies” at the Australian hospice. It was obvious that the volunteers themselves saw this job to be particularly important and that “having time” was what they see to be the key ingredient in a successful encounter with the patients. Janne explains:

If the patient asks me to sit down then I ought to do it. There needs to be the time for that. Indeed, I am only the person who brings the flowers. But I am also the person who comes with free hands and the availability to engage in a talk. (Volunteer care worker, flower lady and *vågekone*, hospice, Denmark)

Another new initiative which involved volunteers is what the hospice refers to as the “café”. The café is an option for the bereaved to meet each other once a month though facilitation by a staff member and a few hand-picked volunteers. I did not have the chance to attend any of these meetings as the volunteers refused my entry. I had a strong impression that these particular volunteers felt

“special” by being hand-picked and therefore were unwilling to allow anybody else this privilege, including me. My knowledge about the work is therefore primarily based on a phone conversation I had with one of the volunteers. She explained: the last Thursday of each month, two volunteers led by one of four specific nurses facilitate a “café” for the bereaved. It normally lasts about two hours and is attended by five to ten people. At the November meeting, seven people attended. As the allocated nurse was busy with other things, the two volunteers had been left in charge of the café. The café starts with a song and a presentation. The rest of the afternoon, the bereaved simply talk among themselves. The volunteers do not counsel the bereaved.

As stated above, I sensed that it is considered a privilege to work with the bereaved. This was later confirmed. One volunteer expressed it like this: “It takes special people to work in the café—they have to have special qualities.” Another indication of its privileged status was how competitive it was to get a shift: the roster was decided on every year in December among the ten people who had been hand-picked by the Volunteer Coordinator. The two café volunteers I interviewed both had backgrounds in the health and aged care sector and had worked at the hospice for five and six years, respectively.

There is only one other available job involving close contact with the patients. If patients are without the company of family or others, the organisations asks volunteers to sit with the dying person (*vågekone*), normally for four hours at a time. This job is available to anybody. I had expected to find that people with health and care backgrounds would gravitate towards this particular job, but that was not sustained. The job literally involves *sitting* with a person. If the patient needs any kind of attending, the volunteers are supposed to call one of the nurses—of which there are five in a morning shift, four in an afternoon shift and two in a night shift. Finn, who was a man in his 80s with a background in the military, told me about the simple instructions he received the first time he worked as a *vågekone*:

And I was instructed: “Here is the alarm. Press it immediately if anything happens. Don’t touch the patient”. (Volunteer care worker, *vågekone* and host, hospice, Denmark)

However, we might recall from the introduction chapter that Janne—probably due to her former standing in the care sector—was allowed and expected to work much more independently and engage in a wider range of activities than simply “sitting” with the dying person, although never officially.

Norden Respite

The purpose of Norden Respite is to provide respite for up to three hours per week to a carer, who looks after a dying person or a person with dementia (as was explained in more detail in chapter 4 section V). Volunteers do not provide any personal care, according to the organisation’s website home page (Viborg Menighedspleje, n.d.). Based on the interview material, however, it is clear that the organisation works with a broader range of recipients than those caring for a person with dementia or a dying person. For example, they also provide social support to two people with mental health problems, as well as support for a refugee family. Furthermore, it was revealed during interviews that the visiting schedule is more flexible than the intended one visit per week; some of the volunteers meet with their clients on request or based on a needs assessment. Finally, it was revealed that volunteers sometimes perform tasks that *do* fall within the responsibilities of the municipality.

Some of the volunteers reported on the severe challenges of working with these clients. Lennart, with a background in the health sector, has been working as a respite volunteer for about six years. With his former client, Lennart had merely socialised: they would go for walks, talk, have a drink together. Lennart described the encounter with his former client like this: “It was like visiting a friend.” However, due to the difficulties of working with his new client, Lennart was severely stressed and unable to cope at the time of data collection. With teary eyes, Lennart described the task like this:

It is hard work. I sit there for two to three hours. Try to think about something to say. If I don’t say anything, he becomes restless. Then he stands up and he talks to his wife and his kids: “There are 20 people. Oh, there are so many people here.” And that is the way it goes. And I say, “But it is only me.” (...) So it is a very special task. It is a task, and I do it the best I can. (Volunteer care worker, respite for dementia patient, Denmark)

The Volunteer Coordinator similarly found her engagement with a Vietnamese family extremely challenging, despite her background in psychiatric nursing:

In the beginning, I found it too difficult. I wasn't really aware how difficult it was going to be. It is a Vietnamese couple, and the wife has been tortured. She suffers from brain damage. She has no language. (Volunteer care worker, Volunteer Coordinator, respite for refugee family, Denmark)

Some of the volunteers assist with personal care, despite the organisation's claims about not taking on any work that falls within the responsibility of the municipality. Lennart explained:

Like last week. He was in the bathroom and he told me that his pants got wet. I called him, and he did not come out. So I looked in, and I had to help him with his underpants and new trousers and so on. (Volunteer care worker, respite for dementia patient, Denmark)

Stine, who also has a professional background from working in a psychiatric nursing home, similarly reported helping her client with personal care:

He was able to get up and go to the toilet in the beginning. And sometimes it was difficult for him to make it by himself. In reality, I was supposed to only be there so she [the spouse] felt comfortable leaving. I wasn't really supposed to do all that. If he needed to go to the toilet, I was supposed to call the municipality home care. I never did [laughs] because I haven't done anything my whole life, except help people to the toilet. (Volunteer care worker for dementia patient, aged care worker, Denmark)

Birte and Margrethe both work with clients with mental health issues. They were both recruited specifically to engage with these patients. Their engagement was mostly of a social character, according to their interviews. Both were careful not to step outside their socialising role, especially considering their background as psychiatric nurses. However, they also faced problems in limiting the relationship to social interaction. I shall return to these boundary issues in chapter 9.

II. A principle for setting boundaries: Razor-sharp lines between professionals and volunteers

During data collection it became obvious that some jobs were off-limits to volunteers, while others were more accessible. This section will consider how the paid staff's claim to professionalism³² helps us understand the boundaries between volunteers and different groups of staff. Furthermore, this section will consider the tactics that go into maintaining specific boundaries between permitted and non-permitted tasks.

Danebo Hospice

Permitted tasks are all those that do not involve interference in care work:

Boundaries between volunteers and staff at Danebo Hospice were articulated as a means to prevent volunteers from participating in any direct care-giving:

And it's the certainty that there is a razor-sharp line between being professional and being a volunteer. The volunteers must, of course, not in any way interfere in the care. (Hospice Leader, Denmark)

This claim closely resembles the actual division of labour. Observational data revealed that volunteers at Danebo Hospice are allocated practical, labour-intensive tasks. Anything that involves direct care is off-limits to the volunteers; until recently, volunteers were not even allowed to enter the rooms of the patients. The Hospice Leader identified those boundaries as a distinction between core services (reserved for the paid nursing staff) and non-core services (available to volunteers) :

The volunteers are not to enter into our core services. But they can relieve us from some job functions so that we can perform our core services as best possible. We are the cake and they are the cream. That is extremely important, because they are not taking any piece of the

³² The terms, professionalisation and professionalism, are ambiguous, despite their wide use. They are also connected. Professionalisation emphasises structures and processes. Professionalism highlights practice and identity (Ganesh and McAllum, 2012: 153). The online Oxford Dictionary similarly lists professionalism as “the competence or skills expected of a professional”, while professionalisation means to “give an occupation, activity or group professional qualities, typically by increasing training or raising required qualifications”.

cake. That is the difference between volunteers and the professionals.
(Hospice Leader, Denmark)

Nurses-turned-volunteers as a special threat: Volunteers with a background in the health care sector (nurses-turned-volunteers) are viewed with concern at Danebo Hospice.

Do you think I would say ,“Yes! Great.” No, I do not. It is not an advantage. Three months ago I had two nurses who had just retired. (...) And when I had listened to that for a long time I said, “It's really important to me, because you must know; you must be willing to hang your uniforms outside. Because your old job, you simply cannot bring it in here.” (Volunteer Coordinator, Hospice, Denmark)

The nurses agreed with this reasoning:

Maybe it is not a good idea that nurses volunteer at a hospice. Maybe she should volunteer anywhere else but within her own discipline.
(Nurse, Hospice, Denmark)

The rhetoric about volunteers not participating in any kind of work that involves professional skills was a consistent concern in the interviews with management and staff—as well as the volunteers. A popular saying in the hospice, “You must hang your uniform at the door”, provides a visual representation of this insistence that nurses-turned-volunteers must be prepared to refrain from using any of their professional knowledge.

Nurses-turned-volunteers have to be extremely careful in their conduct in the hospice. Failing to act has dire consequences. For example, many of the volunteers, the Volunteer Coordinator, and the CEO talked about a specific former nurse-turned-volunteer who had overstepped the boundaries. The story, as it was repeatedly communicated to me, was that this particular volunteer had meddled in matters that were inappropriate for a volunteer. Overstepping the boundaries, this volunteer had repeatedly raised a concern over the placing of the soap dispensers, which—she had argued—were on the wrong side of the door. This particular volunteer had lost her volunteer position at the hospice as a result.

Normality is praised: Instead, lay volunteers were praised. One nurse spoke at

length about a specific person whom she thought to be the ideal volunteer. She talked about this volunteer's wonderful approach, specifically emphasising how exceptionally good she was with patients *because* she did not have a background in the health care sector, thus stressing the person's lay qualities. On further investigation, it was discovered that this particular volunteer had been employed as an aged care worker for most of her adult life. This part of the story had obviously been downplayed by the volunteer.

This suspicion of professional skills only applies to those with backgrounds in the health and social care sector. Other skills are embraced. One volunteer's background in editing has been welcomed in helping with newsletters and songbooks, just as an accountant's background has been welcomed when seeking funding. Just how differently nursing skills and other skills are valued is revealed in my conversation with the Volunteer Coordinator:

COORDINATOR: I have one volunteer who just stopped, a few months ago, as a hairdresser. She used to come here [as a paid hairdresser] and now she comes as a volunteer [hairdresser].

Q: Isn't it a good thing that she is a professional?

COORDINATOR: Yes, we wouldn't want a dog trimmer. (Volunteer Coordinator, Hospice, Denmark)

At Danebo Hospice, anybody who applies can become a volunteer. This is in stark contrast to the two Australian organisations in which volunteers have to go through intensive training, screening and selection procedures. The organisation does not offer any formal training for new or existing volunteers, and new volunteers can opt to start as soon as they have been screened during an initial interview with the Volunteer Coordinator. Furthermore, no additional training is offered during engagement. That no training is offered reflects in part on the current division of labour because all permitted tasks are of such a nature that basically *anybody* can do them. However, it is also an effective strategy for not giving any volunteers skills that they would then expect to utilise. Most telling of this approach is the "volunteer day" that took place during data collection (and in which I was invited to talk about volunteers in Australia). Even though the

program also included speakers talking about topics with an educational substance, such as grieving, the event was never referred to as training. The Volunteer Coordinator instead consistently talked about the day as a *reward* for the volunteers' service.

Danebo Hospice takes a rather strict approach to confidentiality, which consists of two layers: one between the paid staff and volunteers, and another between the volunteers and the outside world:

It has also happened that I have met a volunteer who has come up to me after dinner and asked, "How old is that patient?" It may seem like an innocent question, (...) but we are not allowed [to tell]. (Nurse, hospice, Denmark)

The strict approach to confidentiality sometimes makes it difficult for the volunteers to perform their roles:

There are times when we have raised a concern that a new patient has arrived and we haven't been informed as hosts that the person is almost blind or deaf. (Volunteer, hospice, Denmark)

Although confidentiality may be understood as a means of protecting care-receivers, it obviously goes beyond that when the patients' well-being at the dinner table is being jeopardised because volunteers are not given sufficient information. This stance on confidentiality is actually better understood as a way to protect paid staff from interference by volunteers.

Norden Respite

The main reason for including the two respite organisations in the study was to explore how boundaries are articulated and maintained when the volunteers are not with employed staff within *the same* organisation. Interestingly, the respite organisation repeated the concern about reserving care work for professionals and volunteers not performing any work that involved professionalism. The Volunteer Coordinator for Norden Respite explained:

As it is right now—it would be practically a breach of the law to go in and take on some the functions that the professionals have. (Volunteer Coordinator, respite organisation, Denmark)

Consequently, the organisation actively seeks to preserve nursing jobs. The coordinators convey that intent clearly—internally by communicating it to the volunteers, and externally by communicating it to care-receivers and partners.

However, Norden Respite does not exhibit the same kind of fear of “the professional volunteer” as the hospice. On the contrary, the Volunteer Coordinator acknowledges that the tasks are of such a difficult nature that a relevant background is of benefit and sometimes even necessary. She also acknowledges that the need to recruit professional volunteers made recruitment more difficult.

Even with a corps of highly trained professional volunteers, the respite organisation similarly insisted on not interfering with the care of publicly employed home helpers. It is, however, clear in the following quote by the assistant Volunteer Coordinators that the line between “mentioning” and “suggesting” is a fine one. Yet it is that exact line that determines whether the volunteers have gone beyond their boundaries, according to the organisations: “suggestion” is the accepted language of professionals, while “mentioning” is the accepted language of a lay person:

And we are not to discuss the care when we, for example, sit with people in a nursing home or the like: if we don't think that the treatment that the clients get is right, that they shouldn't have to get up in the night, if they need more medicine or anything like that. We are not to meddle in that. We can mention if the patient is unsettled. We can *mention* it to the staff that a person is unsettled and *suggest* that... No. That is exactly what we don't do. We don't *suggest* that they need more medicine. That is what I wanted to say [my italics]. (Assistant Volunteer Coordinator, volunteer care worker, respite organisation, Denmark)

However, it should be clear to outsiders that it would be almost impossible in practice not to overstep this divide between pretending to use lay knowledge and drawing on the professional knowledge that most of these volunteers have because of their backgrounds. Without anybody else present to guard the boundaries and relying on volunteers to self-regulate, it is difficult for volunteers to maintain the boundaries—even when they clearly intend to.

III. Conclusion

As with the Australian organisations, it has not been possible for either of the two organisations to fully separate volunteer and paid work tasks despite claims suggesting otherwise. Indeed, there are large overlaps. Instead, what differs in comparison to the Australian organisations, is *who* the volunteers are job-sharing with. While the Australian hospice allowed for large overlaps with paid professional staff, the Danish organisations maintained a strict divide here. Instead, hospice volunteers shared a range of tasks with kitchen staff and practical care-takers. The Danish respite organisation similarly sought to maintain a strict division between the paid home helpers and the volunteers, although the volunteers repeatedly overstepped those same boundaries. Faced with a demand for help, and knowing that it is within their capabilities, it thus seems that volunteers are willing to take on some tasks that fall within the paid home helpers' domain.

Table 22: Tasks of volunteers and paid staff in the Danish organisations

| Tasks | Volunteers | Paid staff |
|------------------------------------|--|---|
| Danebo Hospice | | |
| Host | 28 shifts a week (maximum 3 hours) | 5 nurses and 2-3 kitchen staff at lunch, 4 nurses at dinner |
| "Sun wagon" drivers | 4 shifts a week (1 hour) | 4 nurses, but no overlap in duties |
| "Flower ladies" | 1 shift a week (1 hour) | 4 nurses, Helen's job |
| Practical assistance to care-taker | 3 full-time positions | 1 care-taker |
| Practical assistance in-house | ? (a lot) | One person in a supported position |
| <i>Vågekone</i> | As needed (a few times per month) | 5 nurses morning, 4 nurses afternoon, 2 nurses night |
| Café | 2 shifts per month | 1 nurse |
| Norden Respite | | |
| Respite or "visiting friends" | 3 hours per week (but can be negotiated) | Home helpers, psychiatric nurses |

Danish professionals have thus effectively managed to maintain almost exclusive monopoly over care-giving. Their ability to do so must be understood

within the context outlined in chapter 8: Denmark is an international outlier that is known for its extensive public social care system. Care has historically been performed by qualified, paid staff and delivered within the context of the welfare state (Borchorst and Siim, cited in Boje, 2012: 19). Furthermore, the presence of the powerful Danish nurses' union was visible in a number of ways during data collection. This is in opposition to Australian organisations where the union plays a less visible role. The Danish nurses emphasise the lay qualities of the volunteers, adhere to strict confidentiality, and prevent volunteers' access to training and skill development. These factors effectively prevent volunteers from penetrating the core area of care service delivery and serve as tactics to monopolise knowledge, which studies consider to be a central feature of professions (Brante, 2011: 9-10; Macdonald, 1995: chapter 6; Saks, 2012).

It becomes increasingly obvious that any framework, such as TSOL, committed to broad-ranging discussions about the nature of work and developing tools for researching "work" (Parry et al., 2005) and committed to investigating the connections linking work conducted in different socio-economic spaces (Glucksmann, 2005), needs to consider the way boundaries are fought over, policed and negotiated between groups of paid and unpaid workers. I will return to this discussion in chapter 11 where the findings will be discussed in the context of what Witz calls "professionalisation projects" (Witz, 1992; Witz, 1990). The focus here is on the strategies employed by the more dominant body of nurses in the exclusion of volunteers in care work.

Chapter 10: When to work for pay, and when not to? The Danish volunteers

Chapter 8 showed that in Denmark volunteers increasingly have become visible players in a mixed economy of care, and that this involvement is primarily seen to relieve pressure on the welfare state, a welfare state in which care has “gone public” (Hernes, 1987) to a much larger degree than in Australia. We have also seen that women’s participation in the workforce is significant. Chapter 9 further showed that the perceived superiority of paid, professional care has consequences for volunteers, who are only allowed to participate in non-professional forms of work. With these insights, this chapter—like chapter 7—turns to the volunteers to consider how the Danish volunteers understand and explain their volunteer work, compared with other forms of work. This chapter is, however, briefer than chapter 7 because it tells a much simpler story.

I. An overview of the Danish volunteer care workers

As in the Australian organisation, welfare care workers in the two Danish organisations were older, not in the workforce and predominantly female (See Table 23).

Table 23: Gender, professional background and age of Danish participant volunteers

| Interviewees | Gender | Main occupation | Qualifications relevant to care work | Age | Employed |
|------------------------------|---------------------------|----------------------------|--------------------------------------|-------|----------|
| Volunteer Coordinator | Females | Nurse | Yes | 60-69 | - |
| Birthe | | Nurse | Yes | 60-69 | -/(+) |
| Margrethe | | Nurse | Yes | 60-69 | - |
| Janne | | Nurse | Yes | 60-69 | - |
| Johanne | | Nurse | Yes | 60-69 | - |
| Elna | | Assistant in Nursing | Yes | 60-69 | - |
| Ruth | | Assistant in Nursing | Yes | 60-69 | - |
| Lotte | | Aged care worker | Yes | 60-69 | - |
| Stine | | Psychiatric aged care work | Yes | 60-69 | - |
| Christina | | Salesperson | No | 60-69 | - |
| Agnes | | Editor | No | 70-79 | - |
| Erna | | Teacher | No | 70-79 | - |
| Christina | | Administration | No | 60-69 | - |
| Per | | Males | Leader of a nursing home | Yes | 80-89 |
| Lennart | Prosthetics | | Yes | 60-69 | - |
| Malte | Meal deliverer | | Yes | 70-79 | - |
| Jonas | Pedagogy | | No | 60-69 | - |
| Finn | Military | | No | 80-89 | - |
| Arne | Butcher, insurance broker | | No | 60-69 | - |
| Kaj | Bus driver | | No | 70-79 | + |
| Michael | Farmer | | No | 60-69 | - |

While women dominated both the Danish organisations studied here, a substantial number of men were encountered during field work. The respite organisation considered their case to be an outlier, and they knew from interaction with other Danish respite organisations that few men engage in volunteer respite care.

In the Danish organisations, all volunteers were 60 or over. In that sense, older age is a common characteristic for both Australian and Danish volunteer care workers. However, what appears to be a similar age picture hides some important differences in the trajectories into volunteering. These differences need addressing.

First, let us recall some of the Australian profiles from chapter 7, showing a range of different trajectories into volunteering. For example, there was Rose who started working as a volunteer to stay in touch with the caring profession because she joined her husband in his company. There was Leslie who has turned to volunteering because her family moves too often for her to gain employment, and Janelle and Sarah who simultaneously engaged in paid and unpaid care work. Then there were Anne, Rita and Joan who had not been in paid employment for more than three decades. In stark opposition to this, the majority of Danish volunteers gave rather similar explanations, at least in relation to *when* they started volunteering. Volunteering comes into play at the end of a working life which ends when they reach old-age retirement age. The point to make is: the Australian volunteers are not older people who have become volunteers, *but volunteers who have become old*, while the Danish volunteers are *older people who have become volunteers*.

Similar to the Australian volunteers, many of the volunteers had a previous connection to the care field. Again, there were no lawyers, no academics, no marketing people, and no television personalities among the Danish volunteers. Rather, they were salespeople, bus drivers, teachers, nurses and farmers. Again, this picture of the volunteers is probably partly due to the locations of data collection, as none of the four organisations was located in a capital city. Nevertheless, the volunteers in the Danish organisations also hardly fitted the picture of a person with high income, a prestigious job and extensive education in accordance with “dominant status theory” (Musick and Wilson, 2008: 291; Smith, 1994)³³. Eleven of the Danish volunteers had a relevant

33 The characteristics of Danish volunteer care workers are explored by me in a joint article with PhD candidates, Jonathan Hermansen and Erik Petrovski, that will be submitted to *Nonprofit and Voluntary Sector Quarterly* later in 2015. The results of the empirical analysis, using a bivariate probit model, show that the importance of

background. This high number is especially surprising when we take into consideration what we know from the previous chapter about the apprehension towards nurses and other health care professionals in the hospice.

II. Linking paid and unpaid formal work

This section considers the ways Danish volunteer care workers explain the connection between paid and unpaid work. The analysis in this section will proceed in the same way as for chapter 7: first, I consider the motives of volunteers with relevant backgrounds (professional volunteers) before turning to those without relevant backgrounds (non-professional volunteers).

Professional volunteers explain their engagement

Nurses in both countries strongly express what they see as a natural transition from finishing a career in nursing into volunteer care work. Many of these former nurses referred to their professional careers as the very first thing during interviews. Danish nurse, Johanne, did exactly that after I told her that I would be interested in hearing anything she found important to tell me:

Now, I have been a nurse for 40 years. When I stopped working I thought, “Now, you are probably not going to have anything to do with that again. You are probably going to something completely different.” And then 6 months went by where I was at home, and I settled down a little. But then I could feel that ... that urge to help which you carry inside you when you have worked with people for so long. That need was not being met. But I never got to experience working in a hospice during my career. So I thought that this could be a way of trying it out. (Nurse, volunteer care worker, hospice, Denmark)

Per, who for most of his working life had been the daily leader of a large aged

background characteristics differs when we separate care work from other types of volunteering: volunteer care workers are consistently shown to possess significantly lower capital resources than non-care volunteers—so much so, that they are more similar to non-volunteers than the non-care volunteers we usually group them with. The results also reveal voluntary care work as a gendered activity in Denmark. Women are more likely to engage in care work, whereas larger numbers of men carry out other types of volunteering. Based on these findings, we argue that care work and non-care volunteering should be perceived as distinct activities, since the determinants of engagement differ substantially.

care facility which employed more than 150 staff, tells a similar story. He found himself attracted to his former line of paid work despite not planning for that role in retirement:

When I was about 55 my wife and I decided—we are the same age—that we will retire when we turn 60. So we did. And then we said, “Now we are going to spend our time doing something different.” And I had never thought that I was going to get this close to this. That was not what I had intended. (Retired residential aged care Chief Executive Officer, volunteer, respite organisation, Denmark)

Stine similarly gave this explanation when I asked her how she became involved:

Well, it is because I have had working life as a ... I am a trained *diakon* [a social worker or nurse with a religious underpinning]. I have worked in a psychiatric aged care facility most of my working life. Because of sickness, I had to stop with that little bit heavy work. (Volunteer care worker, psychiatric aged care, respite organisation, Denmark)

Stine further explained how she then worked in a publicly supported job assisting the religious congregation and the local pastor. When the unit in charge of the finances of the church refused to pay their part of her salary, Stine was made redundant, volunteers took over her job, and she found her current volunteer job in the respite organisation.

It is well-documented that being asked is a normal pathway into volunteering (Boje et al., 2006: 61; Musick and Wilson, 2008: 290). For this reason, the profile of the person most likely to get asked mirrors the person most likely to volunteer (Musick and Wilson, 2008: 290-295). Respite care volunteer, Birthe, knew that she had been asked to volunteer *because* of her educational and working background as a psychiatric nurse.

And it was because I have an educational background in psychiatry. And there was this priest, and psychiatry was part of her job. And I knew her a little bit. And she knew me a little bit and knew that I could handle some psychiatry. And that is when I had the call via the coordinator and got asked if I would be interested in becoming her [a specific member of the pastorate] “visitor friend” (Psychiatric Nurse, volunteer care worker, respite organisation, Denmark)

This link between past roles, the propensity to engage in that line of work in the first place, and the desire to carry out care work in an unpaid capacity was articulated elegantly by the Volunteer Coordinator for Norden Respite:

It is probably just a part of us. Partly, through a long working life we have become exactly who we are. Partly, there was also a reason why we entered into that working life in the first place. (Volunteer Coordinator, volunteer care worker and nurse)

Some volunteers have had to finish their paid careers sooner than they had wished for. These volunteers are of specific interest because the transition from paid to unpaid work is so clearly expressed. Janne, who had retired early due to health problems, explained how her current engagement is a continuation of a professional life she was forced to stop before she was ready:

And it has also meant a lot to me because I had to stop with my work before time. In that sense, I feel I have been given an extended arm by being able to make a difference out here from day one. (Nurse, hospice volunteer, Denmark)

In addition, sometimes the pathways into the organisation are hindered by obstacles set up by the organisations themselves, which deem volunteer work the only available form of work. Danebo Hospice only employs registered nurses, but not “assistants in nursing”. For Ruth, who did not have the right qualifications, volunteering became an alternative, available option for working at the hospice where she desperately wanted to work:

When they started talking about opening the hospice I said, “That is definitely where I want to work.” And I had even filled out the application form and everything when they advertised. But then they only wanted registered nurses. And I am an assistant in nursing. And that was the end of it. So I had to put it away. (Assistant in Nursing, volunteer care worker, hospice, Denmark)

Although Ruth is not completely willing to admit that volunteer care work is a second-best choice compared with paid work and also endowed with less status, there is evidence of it in this extract from the interview in which her husband, Jonas, partly participated:

RUTH: I think it would have been difficult to be a volunteer [at the hospice] if I had worked there too [for pay]. Because you would expect to remain a part of the group [of nurses]. But you can't be. (...)

JONAS: It would feel like degradation. (Practical work volunteer, hospice, Denmark)

RUTH: It would. (Volunteer care worker, Assistant in Nursing, hospice, Denmark)

Ruth also told me that one of her former colleagues had made a comment about her transition from paid to unpaid work, which also gives an indication of the conflict and lack of respect that volunteer care work attracts compared with paid work:

I met one of the doctors [from my former work] after a while and she asked, "What are you up to?" [And I told her] "I am up to this and this". And somebody else said, "Yes, Ruth is doing as much as she did before, except now she does it for free." (Volunteer care worker, Assistant in Nursing, hospice, Denmark)

Non-professional volunteers explain their engagement

A significant proportion of Danish non-professional participants had a desire to work in care specifically. Many expressed a desire to work in a form of work that was not available to them in a paid capacity. Hospice volunteer Malte had wanted to work with people, but had instead worked as a dairyman, which was a respected job for the son of a farmer in those days:

I would rather have worked with people. (...). I felt that working with people would be my thing. And my Dad had the same inclinations, but he became a farmer because there were not so many choices back then. (Volunteer care worker, hospice, Denmark)

Other volunteers talked about unfulfilled aspirations. One of them is Lotte, who could not gain permanent employment in an aged care facility because of a lack of educational qualifications. Instead, she opted for volunteer care work:

But if I wanted permanent employment at that aged care facility then I would have to do year 9 and then a degree in [equivalent to certificate in aged care]. So I told the leader, "That is too silly. I am going to be an old

lady of 60.” Nobody is going to hire an old lady of 60. (Volunteer care worker, hospice, Denmark)

Kristine also talked about her aspirations as a young woman. When she much later cared for her own parents, the interest rose again and she pursued the interest in the form of volunteering:

I got interested when my Dad got run over and I had that close contact. And also when my Mum was in the hospital and I spent a week with her. That is when I said, “I want to do this” (...). And that is what I have always wanted to do.

I felt I could give that care. And be there. And when they were having a difficult time I could support them and stuff. And also participate—do some of the nurse’s—when they were busy. That I could help them get to the toilet and those kinds of things. And feed them and stuff. It felt good. I always felt that way inclined.

See, I had wanted to be a—what do they call them—nanny. I got accepted into Copenhagen but then I decided not to go. We [my husband and I] couldn’t be away from each other. (Volunteer care worker, hospice, Denmark)

In this way it is revealed that these volunteers—similar to the Australian volunteers—had little interest in volunteering as such. Instead, they were looking to be engaged in care work. Thus, volunteering simply became a possible and available pathway into work that was otherwise not available.

III. Linking formal and informal forms of work

Only one person made a connection between her formal caring activities and her informal helping activities. Even then, it was almost an afterthought. At the end of an interview with married couple, Michael and Birthe, Michael reminded his wife about her informal helping activities:

You forgot to tell that before getting a regular person [through the respite organisation], you were visiting some old people to check how they were and... (Husband, volunteer care worker, Denmark)

Well ... but that is because I have lived here for so many years, and there are always people you know who don't have so much ... and who have gotten older ... and don't have much strength. I sometimes call them just to ask, "How are you?" without having decided to do so beforehand. (Nurse, volunteer care worker, respite, Denmark)

Janne, a former professional in the care sector, on the contrary, emphasised and explained on several accounts, how uncomfortable she had been when she realised that her formalised unpaid work had become tangled with her private life. One of the patients at the hospice, an immigrant, had become too attached to Janne. Janne explained:

Sometimes she called me. It was too much. I realised that when I was away on holidays. The psychologist called me and told me that she had died peacefully. She also asked if I would like to come home for the funeral. I didn't. I was really confused as to whether I should. But I am glad I didn't. I got help to deal with it later on. I hadn't considered that a patient would be so dependent on me. (Volunteer care worker, hospice, Denmark)

In summary, as was the case for the Australian volunteers, Danish volunteers did not make clear links between their informal and formal categories of work.

IV. Conclusion

In this chapter, the findings show that the Danish volunteers—similar to the Australian volunteers—explain their engagement in voluntary work by referring to the trajectories of their paid work. Two main lines of reasoning are possible to identify. Firstly, nurses and other health professionals feel drawn to this form of work regardless of whether it is paid or not, and this transition primarily happens at the end of standard employment. Secondly, it comes into play when adequate qualifications are lacking. However, it is also important to notice that one particular explanation is missing. Unlike the Australian volunteers, who explained how volunteer work was easier to manage due to their home responsibilities, this explanation was not repeated by Danish volunteers. This difference is worth noticing, and I will return to this discussion again in chapter 11 section III. Again, explanations which link informal helping activities to volunteering are not dominant in the interview material for the Danish case—and

even less so than in the Australian interviews.

We can now summarise the findings in the Danish case study (chapters 7, 8 and 9). The Danish case study has revealed that professionals have monopoly over all direct care-giving. This is in part because of a strong union, and partly because there is a normative agreement that professionals undertake care work better than unpaid volunteers. The main concern is therefore that paid staff members are being replaced by second-best volunteers. The strict division of labour and the belief among all actors that professionals are better, mean that volunteers actually pose little threat to these feminised jobs.

The Danish volunteers are not professionalised through training, but are simply banned from any direct care-giving. This division of labour places less pressure on organisations to train their volunteers. The flip-side of that is, of course, that Danish volunteer jobs are significantly less interesting and professionally satisfying. They are also endowed with less status than the Australian volunteer care jobs. Danish volunteer jobs consequently present as poor alternatives to paid work, and are primarily reserved for those who have already completed a full paid working life.

As with the Australian case study, I will present the evidence in schematic form because it allows for a direct comparison with the Australian case study. To present the evidence in such a controlled form risks over-emphasising or simplifying the differences between the two countries. Another risk is that it focusses on the differences, ignoring similarities. Table 24 should therefore be read in the context of this and the previous five chapters.

Table 24: Comparison of Australia and Denmark

| | Australia | Denmark |
|---|--|--|
| Nature of volunteer services | Core, if risk can be managed | No core services |
| Main principle determining the set of permitted tasks | Risk | Razor sharp lines between professionals and volunteers |
| Worth of volunteer care work | Volunteers bring “warmer” care than paid staff | Volunteers are second-best to professionals |
| Volunteer qualities in demand | Professionalism | Normality |
| The sought-after volunteer | The skilled | Anybody |
| Focus | Quality | Quantity |
| Concern about paid and unpaid labour | Volunteers are being replaced by paid workers | Paid workers are being replaced by volunteers |
| Volunteer care jobs as regulated as paid jobs | More | Less |
| Demands on organisations | Quality training needed, more supervision | Little training, little supervision |
| Professionalism managed by | Professionalising volunteers | Rigid lines between volunteers and paid staff |
| Volunteers add to service levels because | Paid staff do peripheral jobs | Volunteers do peripheral jobs |
| Skills | Skills are necessary | Skills are a problem |
| Status of volunteer care work | Higher (?) | Lower |
| Quality of volunteer job | Professionally satisfying, interesting, new skills | Unskilled, boring, no new skills |
| Current volunteer jobs present themselves as | Predominantly “feminine” | “Feminine” and “manly” |
| Volunteering likely to be an attractive substitute for paid work | More | Less |

Part 4:

**Comparisons and
contributions to
macro-theory**

Chapter 11: Thematic analysis, comparison and discussion of the Australian and Danish cases

This study set out to explore how we can understand volunteer engagement in service delivery to the frail elderly, the very sick and the terminally ill in mixed economies of care in two different welfare state contexts. A first and necessary step was to investigate the first two research questions: What roles do welfare states and their organisations have in shaping volunteer care work in these two countries; and, how does taking into account relevant policy and organisational influences shed light on what volunteering is and how welfare states *really* work? To do so, I have, in particular, adopted and extended Glucksmann's Total Social Organisation of Labour (TSOL) framework (Glucksmann, 2005; Glucksmann, 1995b) to a three-tiered analytical framework. In this three-tiered framework and study design, the relational organisation of labour has been explored at three levels: between the non-profit sector, state, market and family (macro-level); between paid and unpaid groups of workers (meso-level); and between individuals' own paid and unpaid work (micro-level). The distinct value of using TSOL lies in its insistence on focussing on *relationality*, *systematic* connections between labour, and social division of *all labour* in a given society. One quote from Glucksmann in particular addresses what a *relational* approach entails:

First and foremost, the TSOL is intended as a concept denoting relationality. Instead of starting from within one institution or set of activities, interpreting the 'outside' from the standpoint of a particular

'inside', the view of the TSOL is of the whole interconnectedness of all institutions and activities as they stand in relation to each other (Glucksmann, 1995b: 68).

A TSOL approach further entails attention to labour in its *totality* and how different forms of work relate to each other *systematically*. This entails considering various forms of labour simultaneously, such as volunteering *and* paid work, or paid work *and* household work. However, it does not entail conceiving labour as a pre-given entity of a finite size. The following commentary explains:

... this [totality] is to be conceived not as a pre-given entity or one with sharply defined outside edges but rather as the overall relational network between the various differentiated spheres that happen to exist at a particular historical conjuncture in a particular society. It is just the discernible nexus of what is there. (...) [I]t suggests interconnectedness, and a relational analysis. Finally, as implied by the foregoing, the TSOL does not entail any zero-sum conception of finite amounts of labour. What counts as labour, the amount, where and how it is expended are to be determined by substantive analysis (Glucksmann, 1995b: 69).

Glucksmann's framework is helpful because this thesis deals with interconnected spheres where the non-profit sector is linked to the welfare state in various ways. The framework helps where: paid and unpaid work take place alongside each other; gendered patterns of private work and paid work are systematically linked to patterns of volunteering in the formal sphere; there is tension between actors; and, there is tension in the "choices" of working with or without pay. Furthermore, the TSOL framework allows us to consider volunteer care work as defined by *active processes*.

The framework, however, does not explain *how* we can understand volunteer labour, which was the quest of this study. The following sections consider major themes that emerged from the data. What binds these themes together is that they help explain how welfare states and volunteering interact. The strength of a bottom-up case study approach emerges at this point, since it becomes obvious that the links between welfare states and volunteering are multifaceted, in that no single factor is likely to fully explain their relationships. The analysis, therefore, continues to take a wide perspective to explore these connections.

This chapter proceeds according to three themes. Developing the theme of “boundaries”, I first compare and contrast the sets of permitted and non-permitted tasks across the two countries before analysing the processes that go into setting those boundaries between paid and unpaid workers. A separate step considers whether we can understand specific divisions of care as reflecting some underlying—but not yet revealed—logic of “appropriateness”, before considering the gender implications of these boundaries. Thereafter, I consider another theme, namely “substitution” of paid and unpaid staff. The discussion will focus on some of the claims made about volunteers being substitutes for paid workers, and argue that volunteers and paid staff should not be understood as relating to each other in a simple “see-saw” fashion. The discussion will then turn to some wider considerations about more subtle processes that shift care work between paid and unpaid workers.

Corresponding to the final theme—becoming a volunteer—I turn attention away from the interactions between groups of paid and unpaid workers to the individual volunteer. Here, I focus on the individual volunteer’s motivations and analyse the systematic links between volunteers’ care work and their other work, and show that the trajectories of volunteers’ *paid* work hold the key to understanding their engagement in volunteer care work.

I. Boundaries between paid and unpaid workers

A central aim of this study was to explore how volunteers participate in different mixed economies of care. At a practical level, I was exploring whether volunteers even participate in and do the same things across countries. We already understood enough about this question to suspect that there would be differences. For example, in the United Kingdom, volunteer roles in palliative care mostly centre on hospice building and fundraising, while in Canada and the United States, volunteers mostly operate in patients’ homes (Morris et al., 2013: 431). We also know from studies of care in another sphere, the sphere of informal care, that the kind of help families provide varies significantly. Families in South Europe provide personal care, while families in Scandinavia help older relatives in other ways (Brandt et al., 2009). I wanted to apply the same level of

attention to *how* volunteers care. An immediate concern in this section is therefore to compare how volunteers participate across the two countries. Firstly, I will rely on a distinction that is in use in the literature: expressive versus service roles. Secondly, I will compare and contrast volunteer tasks according to a further distinction that has emerged from the data.

“Boundaries” was by far the most dominant theme to come out of the data. Volunteers, staff and management alike were eager to talk about them. “Boundaries” refers to what actors understand is the divide between the set of *permitted* and *non-permitted tasks*. Considering the participants’ insistence on talking about volunteer contributions *via* the term, “boundaries”, undermines the idea that volunteers are “free-floating do-gooders” who enter into an organisation and start to act altruistically when they feel motivated. Instead, these volunteers operate in highly regulated spaces where they have little say over what they want to do, how they want to participate, and what their own role should be.

Service volunteering versus expressive volunteering

As stated above, a main aim was to explore how volunteers participate. Macro-level volunteer research has also been concerned with the nature of volunteer engagement, and the most important distinction has come out of Social Origins theory (Salamon and Anheier, 1998) (See chapter 2). This theory differentiates between service roles and expressive roles, where *service roles* are defined as “roles that have use-value to society, such as fulfilling people’s needs, solving social problems, or emergency relief”, while *expressive roles* are activities that “actualise values or preferences, such as artistic expression, political mobilisation and advocacy” (Salamon and Sokolowski, 2001: 15). This is a distinction that is accepted in the volunteering literature and has been used in recent research (Dekker and Halman, 2003; Warburton and Jeppsson Grassman, 2011).

When comparing raw participation rates in chapter 1, we find support for the “service” versus “expressive” distinction: 11 per cent of the Australian population participate in the form of “service” volunteering that takes place in the volunteer domains, “health” and “social services”, compared with 7 per cent of

the Danish population. When considering all forms of volunteering, we thus find that—in line with the expressive versus service distinction—citizens in the liberal welfare state, Australia, participate in “service volunteering” to a higher degree than citizens in the social democratic welfare state, Denmark. This confirms the predictions of the social origins framework (Salamon and Anheier, 1998). Still, service volunteering is widespread in Denmark. We therefore need to consider *how* volunteers participate within this form of service volunteering, which I call volunteer care work.

Different modes of participation within service volunteering

We need to further differentiate between types of volunteering. Three types of volunteer work emerge from the data: person-to-person care, practical work and socialising. When comparing the types of jobs that volunteers do in the four organisations according to this distinction, interesting patterns form (See Table 25). The Danish hospice mostly engages volunteers in practical activities, and has only recently extended the range into socialising tasks as well. The Australian hospice predominantly engages volunteers in direct, person-to-person tasks, such as personal care and counselling. It is also increasingly using volunteers in socialising roles, although with considerable tension as a result. The two respite organisations aim to use their volunteers for primarily social purposes. However, the most important thing to notice is the tasks volunteers *do not* partake in: no Australian volunteers were expected to partake in work that was predominantly practical in nature, while no Danish volunteers were expected to partake in person-to-person care.

Table 25: Volunteer tasks, by type, organisation and country

| | Tasks | Person-to-person Care | Practical Tasks | Socialising |
|-----------------------------------|--|-----------------------|-----------------|-------------|
| Southern Cross Hospice, Australia | On the wards (hands-on) | X | | |
| | On the wards (“flower ladies”) | | | X |
| | Bereavement (telephone calls) | X | | |
| | Bereavement (walking group) | X | | X |
| | Fig Tree Program | | | X |
| Eureka Palliative Care, Australia | Respite | | | X |
| Danebo Hospice, DK | Host | | X | X |
| | “Sun wagon” drivers | | | X |
| | “Flower ladies” | | | X |
| | Practical assistance to care-taker | | X | |
| | Practical assistance inside hospice | | X | |
| | Vågekone | | | X |
| | Café | | | X |
| Norden Respite, Denmark | Respite or “visiting friends” | | | X |

A first important observation is therefore that there is surprisingly little overlap between what volunteers do in the two countries, as explored through these four organisations. We therefore now know that there is nothing pre-determined or uniform about what volunteers do—consistent with the TSOL approach and argument. We also know that although the distinction between service and expressive volunteering may identify the relative importance between what I have called volunteer care work and other forms of volunteering, we also need to pay attention to what goes on within “service” domains.

Same tasks, different value

Furthermore, even when volunteers *are* doing the similar tasks, those tasks are not endowed with the same value. I will here discuss two such tasks: operating the drinks trolley and tending to flowers. The “flower ladies” do roughly the same thing in both settings, and yet their worth is perceived differently. In the Danish

hospice, the flower ladies have an important job. To be able to enter into the spaces of patients, which are otherwise off-limits to volunteers, is a trusted and important job. Therefore, the two have been hand-picked from among 96 volunteers to “do some good there, too” because it gives them the chance “to sit down and have that little, but good talk”, as the Volunteer Coordinator expressed it. It was also obvious that these volunteers themselves believed this task to be particularly important. In the Australian hospice, the flower ladies do not have an important job. When compared with the things that the other volunteers do, such as bed washes, answering bells and phones and moving patients from bed to bed, there was little praise for those who simply tend to flowers. While the volunteers themselves were content with their roles, nobody else praised their effort. The other volunteers disregarded their work, and so did the Nurse Unit Manager who rhetorically asked, “Is there great value in them coming in and arranging flowers to somebody’s well-being? It is questionable.”

Similarly, it was uncontroversial in the Danish hospice for volunteers to operate the drinks trolley. In the Australian hospice, however, the Nurse Unit Manager was concerned:

They would in their own innocent happy way come in, go around, give everyone a drink (...). Of course, I would have patients here that would have alcohol-related dementia—that we brought in, that we detoxed. And they were going around giving confused dementia patients alcohol. (...). It is not about stopping them from doing what they want to be here to do—it is about making sure that the patients are safe.

Thus, not only are volunteers predominantly doing different tasks, when they are doing the same tasks there is different perceived value attached to that work. The next section investigates the processes that go into shaping and enforcing the boundaries between permitted and non-permitted tasks, and considers how we can understand the patterns outlined above.

Processes of shaping and enforcing boundaries

Professional closure in Danish organisations: In the Danish organisations, all person-to-person care is strictly off-limits to volunteers. In order to maintain the health professionals’ monopoly over care work, nurses and the hospice

engage in a number of strategies.

One such strategy is to build up narratives about rule/norm violation and the lessons to be learnt from overstepping boundaries. One powerful story, which I heard repeatedly, was the story about the nurse-turned-volunteer and the soap dispensers. This volunteer had raised a concern over the position of the soap dispensers, which—she had argued—were placed on the wrong side of the door. As outsiders, we may consider this offence minor and not nearly serious enough to warrant being fired. We may also suspect that this particular person was little more than a nuisance to work with. However, in the story, those traits were not mentioned. Instead, the story was told as an example of overstepping boundaries. As such, it serves as a powerful reminder to the volunteers to act as lay people, not professionals.

Another method serving a similar strategic purpose is to create stories of the “perfect” lay volunteer. One particular volunteer was singled out for her exceptionally suitable *lay* approach to participation in the hospice. As it turned out, this particular volunteer had worked for over 40 years in an aged care facility. However, as a narrative about “perfect” volunteers, it has the potential to effectively communicate to the volunteers that acting “lay” is a quality that prompts commendation by paid staff and management. Another strategy to maintain monopoly is to adhere to strict confidentiality between paid and unpaid staff. By excluding volunteers from knowledge about patients, the nurses can maintain a monopoly over working closely with patients.

The hospice also engages in more active and direct strategies to maintain those boundaries. Probably the most direct and obvious is telling volunteers about the consequences of overstepping them. During volunteers’ initial “job interview”, the Volunteer Coordinator repeatedly stresses that attempts to apply professional skills are unsolicited. In a narrative that blocks volunteers from interference, the visual image produced by the adage, “Leave your uniform at the door”, is a powerful reminder to volunteers not to overstep any boundaries.

A final strategy is what could be called a “labelling strategy”. In order to maintain a strict divide, paid staff members are consistently referred to as professionals rather than the more neutral “staff”. However, the much less

powerful groups of (especially) practical caretakers and kitchen staff are not able to, nor do they attempt to, maintain any boundaries between themselves and volunteers. As a result, these paid staff members have to share a number of tasks with volunteers.

Interestingly, the respite organisation tries to self-regulate to maintain the same boundaries. Even without paid staff to regulate and enforce the boundaries, the respite organisation goes to great effort to maintain strict boundaries between this volunteers-only organisation and the paid home helpers. The Volunteer Coordinator actively discourages volunteers from doing nurses' jobs and she repeatedly reminds the volunteers not to perform personal care or get involved in the medication of mental health patients. Without doubt, the strict adherence is due to some of the key members being active union members, as well as the presence of many retired nurses. Trade union membership is high in Denmark: 96 per cent of nurses are union members, and the nurses' union is widely regarded as a powerful player in workplaces and in policy-making (Hjalager, Lassen and Bild, 2009: 23).

To understand these articulations as they are presented above, it is possible to draw on the concept of "professional closure" (Witz, 1990), which is part of the study of professions (Freidson, 2001). While early sociology was criticised for uncritically reproducing professions' own definitions of themselves that segregate themselves from the so-called "semi-professions", such as nurses and managers (Johnson, 1972: 24-26), a recent and more relevant line of thought for this study focuses on the professional aspirations of occupations. Instead of asking, "Is this occupation a profession?", this line of inquiry instead asks, "What are the circumstances in which people in an occupation attempt to turn it into a profession and themselves into professional people?" (Hughes, cited in Macdonald, 1995: 6). Research addressing what is referred to as "professional projects" (Larson, 1977: xvi-xvii) focusses on the *strategies* for maintaining a monopoly over the provision of certain skills and competencies that are employed by less well-established professions. This is referred to as "occupational closure".

An important contribution within this line of thought has been made by Witz (1990; 1992) who suggests that female professions (such as nursing and social work) engage in dual responses when facing inter-occupational control strategies by more dominant professions, such as medical doctors. Dual closure strategies involve a two-way exercise: in an upward direction as a form of usurpation; and in a downward direction as a form of exclusion. Downward-directed exclusion is the more important form in this study; the relationship we are interested in relates to the boundaries between the more dominant body of mainly paid nurses and the less powerful body of volunteers. The value of the professional project focus is that it moves away from the question of whether nurses, social workers and pastoral care workers are professionals. Instead, it shifts the focus to the *strategies* that these occupations apply to maintain their monopolies over the provision of certain skills and competencies (Witz, 1990: 675).

When considering the boundaries, we can come to understand the processes described above as *strategies* by the more dominant body of nurses and related health professionals. By insisting on calling nurses “professionals”, by limiting training of volunteers, by excluding volunteers from confidential matters and extending confidentiality beyond what is necessary, by refusing to allow volunteers to use any form of professional skills, and by silencing, ignoring and disregarding any opinion on “professional” matters, nurses have effectively maintained a professional monopoly over care work. Furthermore, nurses-turned-volunteers often actively maintain the same boundaries, often from ideal positions, but also because they were well-aware that any attempts to overstep those boundaries would mean risking their volunteer jobs. In this way, *professionalism* remains something that only nurses and other health professionals can utilise in their work, while volunteer care workers cannot. Furthermore, the Danish organisations are, on the contrary, actively hindering any professionalisation of the volunteer care workforce. This is especially evident when considering the ways the Australian volunteer care workforce was *professionalised* through training, hiring those with the right skills, matching skills to tasks, using job descriptions, and having pre-determined weekly commitments.

In this way, a successful professional project connects to the TSOL framework because the nurses' monopoly over care work is banning volunteers from participating in the most skilled tasks. What is a permitted task is determined by what nurses are willing to let the volunteers do. The active discarding of less skilled, unwanted tasks to the subordinate group of volunteers sees volunteers undertaking the less desirable tasks of doing dishes, cleaning up, washing clothes, washing windows, weeding, and similar manual and repetitive tasks. This is a well-documented delegation strategy in the "professional closure" literature, sometimes referred to as "ditching the dirty work" (Nancarrow and Borthwick, 2005: 905), a literature which has otherwise focussed on "second grade" nurses and support workers, but not volunteers (Chua and Clegg, 1990; Nancarrow and Borthwick, 2005).

Risk in the Australian organisations: In the Australian hospice, without a strong union presence, the nurses and social workers have not been able to maintain complete monopoly over care work. Instead, a completely different logic applies. With more penetrable boundaries, volunteers have more room to enter into those areas of service operation that are interesting and desirable to work in. That does not mean that there are no boundaries at all, as it was obvious that the upper boundary of where volunteers could operate was determined by what is considered an acceptable risk level. In the process described below, care is being shifted. "Risk" pushes volunteer labour out of spaces of care to give place to primarily paid staff, but in other cases the services simply cease to exist, falling back on family.

The focus on risk has in recent years meant a number of changes for volunteers. Rather than exempting volunteers *per se* from the domain of nurses and social workers, the hospice has engaged in a number of strategies to minimise risk. Strict application processes, job interviews, extensive pre-engagement training and screening, matching persons to job content, and on-going skill-building can all be seen as strategies to ensure risk management. Ultimately, where risk has been impossible to abate, volunteers have been made redundant or been moved to other tasks. These processes of professionalisation that result in declining space for volunteers have also been documented in other studies, and are especially evident in what sometimes is

referred to as “corporatist” (as distinct from grass-roots) welfare organisations (Milligan and Fyfe, 2005).

The Australian respite organisation was similarly trying to come to terms with managing risk. Their quest was particularly urgent because of their struggle to remain a publicly-funded service delivery organisation. As discussed in chapter 6, members of the organisation had trouble telling me which tasks are permitted. When I asked the Volunteer Coordinator about the kind of work volunteers do in the organisation, she readily listed a series of things volunteers *cannot* do. The Volunteer Coordinator almost mechanically explained: ‘

We are *not* to attend to any wounds: wound care, dressings or drips. We *wouldn't* pump their morphine pump. (...) we do *not* do any manual handling. (...) we *aren't* there for personal care either. We *don't* help them shower. We *don't* dress them. We *don't* do the house work. We *don't* prepare meals.

Volunteers added to the long list of what *not* to do:

We *can't* lift people, we *can't* medicate people, we *can't* give them food or drinks. (...) We *can't* take the pills out of the bottle. We *can't* do any cleaning in the places. We *don't* mow lawns.

In other words, it appears that managing “risk” has become such a prominent obstacle to service delivery that the organisation is presently unable to engage in any service delivery act beyond literally “sitting”, and the Volunteer Coordinator and volunteers were even debating whether volunteers should engage in resuscitation actions or limit their role to calling triple 0. Without any substantive “low-risk” work tasks left for volunteers, as defined by what the organisation *can* do, it is not surprising that the organisation has found it difficult to secure funding beyond July 2015. Those tasks that these volunteers cannot do instead are performed by palliation nurses, fall back on family or remain undone.

In this way, risk connects to the TSOL framework because risk is shifting care work. It appears that it is increasingly difficult for volunteers—from their subordinated position—to carve out and maintain a territory that is their own in spaces of care, which is a concern similarly expressed by Milligan and Fyfe

(2005). Other scholars similarly report that organisations are restricting volunteer roles to remove any elements of risk and refrain from venturing into areas that are seen as “too risky” (See Gaskin (2005) for the United Kingdom). The reduced spaces available to the volunteer workforce are not so much an outcome of direct power struggles as they are an outcome of processes of professionalisation of care and management of risk.

“Better” versus “second-best” volunteers

The interviews with key participants provide grounds to argue that there are some fundamentally different perceptions of the worth of volunteering at play between the two countries, perceptions that influence how volunteers participate in spaces of care. The strengths of the “cultures of care” literature (discussed in chapter 3) now come to the fore. The key insight of this literature is that “high quality care” is not an objectively measurable entity, but rather depends on widely accepted norms, ideals and standards (Pfau-Effinger, 1998; Kremer, 2007). The particular insights from the “cultures of care” literature for this study lie in the argument that specific divisions of labour in care work cannot be understood within a narrowly defined rationality about care. Instead, understanding divisions of labour in care work necessitates attention to norms, values, ideas and ideals about what constitutes “good” care. This section will focus on two opposing claims: “volunteers are better” versus “professionals are better”.

Australia: In Australia, volunteer care workers are desired in service delivery because volunteers deliver what is claimed to be better, “warmer” care than care provided by paid carers. Claims include: “It comes from the heart”; “It is a more genuine care”; and “Because they have chosen to become a volunteer they give their all”. But maybe the quote that best captures this stance is:

Volunteers have the capacity to do it better, yes, for the very reason that it is not paid. The payment part of it would be the impediment.

The superior quality of care is directly linked to the *absence* of pay: volunteer care is perceived to be better because “money drives out love”. In Australia’s mixed economy of care, volunteers are perceived to bring something different in

a qualitative sense.

This ideal collides with changes to the terms under which non-profit organisations now operate. With the Australian political fascination with marketisation and competition, non-profit organisations now need to be better and more professional (as well as being cost-competitive), making it increasingly harder for organisations to rely on the “warmer” volunteer. Paradoxically, the main concern is therefore not whether volunteers are jeopardising *paid* jobs, but whether *volunteer jobs* are being jeopardised by paid staff—as suggested by a staff member in the Australian hospice. Remarkably, the same sentiment was expressed in a Government research report, *Contribution of the Non-for-profit Sector* (Productivity Commission, 2010: 84).

Denmark: The perspective of the care-receiver is curiously missing in any articulation of appropriate care in Denmark. This is especially noteworthy, given that the key participants were keen to talk about the shift from paternalistic ideals of care of former times—in the same fashion as described by Parsons (1951)—to the current “person-centred” focus (See, for example, Yeatman (2009: 73) or McNamara (2004: 931)). However, none of the key participants in Denmark actively linked person-centred care to volunteering. Indeed, it was evident that key participants and management in the Danish hospice still professed that patients and residents prefer professional staff to volunteers, a view best captured by one key participant who rhetorically asked, “Is [there] anything volunteers do better?” and then answered her own question with “No!”. Additionally, volunteers are, in some cases, seen to pose a threat to patients, as indicated in this quote: “Then staff would run after them. To see what they were doing. What were they up to”.

In stark contrast to Australia, Danish volunteer care workers are not perceived as warmer than paid hands, but merely a *necessary substitute* for the professional hands who are no longer present. The findings should be put in the context of an unprecedented push to remove care from the private sphere and place it in the public sphere (Dahl, 2010: 162), at the same professionalising care. These findings should also be considered in the context of an ideal of professional care as “warm” (Kremer, 2005: 17). While Danish volunteers are

politically welcomed into spaces of care, old ideologies about the “right” division of labour are still visible, deeming volunteer care work of less value than paid care (see Tonkens (2012) for a similar argument about earlier citizen regimes). The concern is therefore that volunteers are jeopardising paid staff positions, which need preserving because paid, professional care is perceived to be the best kind available (Kremer, 2007: 22).

In this Danish understanding of good care, volunteers bring in those extra hands which allow service organisations to continue to deliver services that are of a reasonable standard, but the underlying premise is that such care is not nearly as good as professional care: volunteer care workers are second-best because they are linked to a retraction of the welfare state. They are a necessary supplement that the field has to tolerate in a time when the welfare state is no longer able to retain former levels of service.

Obviously, these claims are neither true nor false. Instead, they reflect an ideal about “high quality care”. In this way the “ideals of care” and the TSOL framework supplement each other because we can understand that what we see as the nexus of paid and unpaid labour (TSOL) is—at least partly—to be understood with reference to the norms and values that guide a specific division of labour. Thus, a cautious conclusion is that when volunteers are desired in spaces of care in the liberal welfare state, Australia, it is not only because they are cheaper, but also because they are perceived to be better than paid staff. Further, when Australian volunteers participate in direct person-to-person care they are encouraged to do so not because they are cheaper, but because they are believed to do it in a more caring and “warmer” way. In comparison, the worth of volunteers in the social-democratic welfare state, Denmark, is intrinsically linked to the retraction of the welfare state. As such, volunteer care workers are seen as only second-best to the professional paid staff who would have been preferred.

Permitted tasks and gender divisions

A persistent question in volunteer research is whether there is evidence of *horizontal* segregation along gender lines, in the same way as found in paid

work (Bloksgaard, 2011). Feminist scholar Cora Baldock has argued that there is evidence of a sexual division of labour *within* volunteer work:

Male volunteers in welfare service delivery tend to work in 'men's work', such as chauffeuring, household repairs, or gardening, whilst women's volunteer work covers the entire range of "women's work" from typing, office cleaning, tea making, to the provision of personal care services for the elderly or chronically ill and counselling in crisis situations involving domestic violence, rape or child abuse (1998: 20).

Similarly, Musick and Wilson, conclude after reviewing a number of studies³⁴ that:

Typically, women are more likely than men to be assigned to (or select) personal service or clerical positions; men are more likely to do more physical tasks such as maintenance, providing transportation, and coaching a sport (Musick and Wilson, 2008: 412).

The evidence in this project does not give any clear answers about gender and task allocation *within* the group of volunteers. The study of the two Australian organisations did not provide optimal grounds for further comparison for the simple reason that they both engage such limited numbers of male volunteers. Our only clue is thus that one Australian participant reported, "I try to get them to do manly things" and "I never give them jobs that are demeaning", indicating that male and female volunteers should be treated differently when allocating jobs and, remarkably, that doing women's work is degrading to men.

Danish key participants similarly claimed that there is a link between types of activities and gender composition: that attracting men necessitates designing "manly" volunteer jobs. The Danish hospice engages a large number of male volunteers. There is some evidence of segregation along gender lines: only men engage in outdoor work, such as gardening, fixing things and washing windows. However, men were also a visible part of the regular volunteers who signed up for the "host" duty, which mainly involves "housewife duties", as one volunteer labelled it. Predominantly, women are involved in the various "new" jobs that entail closer contact with patients and relatives. These new jobs involve

³⁴ In the review the authors make no distinction between volunteer domains. Some of the studies pertain to all forms of volunteering, while others are narrower in scope, such as volunteers in the White Supremacy movement.

facilitating the café and being a flower girl. Predominantly, women are on the list of people that nurses can call on to sit with those close to dying, but there are also a few men on this list, too. In Norden Respite, an almost equal number of women and men participate in a similar number of tasks. There is no indication of hierarchical segregation or sorting, such that men were allocated more prestigious and women less prestigious volunteer jobs, a finding established in other studies (Gibelman, 2000).

Gender segregation *within* the volunteer workforce is an important issue (horizontal segregation). However, it is *much more important* to consider gender segregation between paid and unpaid groups of workers (vertical segregation). There are at least two ways to think about the links between permitted/non-permitted tasks and gender:

1. *The tasks on offer to volunteers.* Additionally, where the permitted tasks present themselves as domains that are normally thought of as “women’s work”, these spaces of care are more attractive to women than men. Key participants in both countries spoke about volunteering and gender according to this logic (chapter 5 section IV and chapter 8 section IV).
2. *The tasks quarantined for paid workers.* When volunteers are allowed to participate in tasks that involve caring and emotional behaviour, *women’s paid employment* opportunities are more often jeopardised than men’s because women dominate those particular jobs. In contrast, when the range of tasks that involve personal care, emotional support and counselling are monopolised by paid staff, while volunteers are permitted in mainly practical tasks, such as repairs, they are effectively quarantining tasks that give women, more than men, a chance to earn money.

Let us further consider the evidence in this study. Is there evidence of a feminisation of the volunteer workforce? Is there evidence that volunteer care work is “own-sex” in the same way construction work is “own-sex” work for men and nursing is “own-sex” work for women? (Preston and Whitehouse, 2004).

Also, is it more so in one country than another? The obvious observation to make at this point is that there was a much larger number of Danish than Australian males present in the spaces of care studied. However, when considering survey data, I cannot fully support a claim that Australian volunteer care work is “own-sex” work, as significant male minorities participate in health and social service organisations in *both* countries (See chapters 5 section III and 8 section III). Furthermore, management in the Danish organisations believed their organisations to be outliers regarding the gender composition of volunteers.

The Australian hospice presents itself as a particularly suitable scene for attracting female volunteers because the permitted tasks are tasks that women more than men feel comfortable doing (See point 1 on previous page). Moreover, with the increasing focus on professionalisation, those with the right skills—such as nurses, aged care workers, social workers and others with previous health care experience—are more likely to be welcomed than those without. Because of the highly segregated Australian *paid* workforce, in which 79 per cent of people employed in health and social assistance are female (Huppatz and Goodwin, 2013: 292), those skilled and professionalised volunteers are more likely to be women. The Danish hospice, on the contrary, offered many opportunities for engaging in “manly” activities.

However, number 2 in the list more adequately reflects on more important gender equality perspectives because it grasps women’s access to paid work (See chapter 3, section I). Seen from this perspective, we can appreciate that the Danish organisations barred volunteers from many of those tasks that fall within professions that women occupy more than men, such as nursing and social work. As such, these Danish organisations are preserving paid jobs that employ more women than men. The Australian organisations, on the contrary, are doing little to preserve women’s paid job opportunities. In this way, TSOL and gender connect because there are gender implications of this hierarchy between paid and unpaid labour.

II. Substitution between forms of labour

There is a further dominant theme that needs addressing, that of substitution.

When considering how we can understand volunteer engagement within liberal and social democratic welfare states, a persistent assumption is that volunteering and other forms of care work relate to each other in a “see-saw” fashion, where more of one means less of another.

One reason for this concept is that we tend to imagine care work in finite terms, despite warnings not to (Glucksmann, 1995b: 69). Those concerned that volunteering is merely “welfare on the cheap” will see that the volunteers have taken what rightly belongs to paid workers (Baldock, 1990). Equally, those concerned that the expansion of the welfare state has gone too far will see that the state has pushed “the community” to a peripheral and negligible position (Blond, 2010; Etzioni, 1993; Putnam, 2000). The see-saw metaphor is a persistent one because it seems so logical. Sometimes it is expressed in monetary terms and sometimes in staff numbers. But the argument is the same because it reflects on the same basic idea: more of one thing means less of another.

Indeed, monetary considerations could easily be imagined as the single most important reason for engaging volunteer care workers instead of paid staff—based on the simple logic of delivering “the same for less”. Successive governments in both countries have invested in maintaining and supporting volunteering, and this interest is often framed as relieving the welfare state when budgets are strained (Pick, Holmes and Brueckner, 2011; Statsministeriet, 2006; Daly and Lewis, 1998). In this picture, we can almost visualise the welfare state shrinking while civil society grows at the same rate. Nowhere else is the visualisation as clear as in the “small government, big society” rhetoric (Wheelan, 2012). This assumption—often disguised as a question—about substitution mechanisms is one that I have encountered again and again during this project. The argument goes like this: find out how many hours paid staff work against volunteer hours, and you will see that better funding to staff means less volunteer hours (Denmark), and that reduced funding means more volunteer hours (Australia).

At this point, the reader is reminded of developments within Social Origins theory. This theory suggests that researchers need to understand and

explore *how* the non-profit sector is “moored” in its surroundings. It is not a question of “large” versus “small” governments, according to Salamon and Anheier (1998). As a theory that focusses explicitly on broader social and political relationships, the main argument implied by this framework is that it is not a matter of “either/or” between state and non-profit sector, but *how* the different spheres interact. Extending this argument about the *sector* to *the actors* within the sector, this study shows why a focus on *how* volunteers and paid staff interact is fruitful. It also shows—confirming the TSOL argument that “work” does not have a finite size—that volunteers have the potential to *supplement* paid workers.

Volunteering cannot be understood according to a simple, economic rationale

Australia: Given Australia’s liberal welfare state, it is not surprising that the key participants all made a link between lack of funding and the attraction to volunteers; it was repeatedly explained that the value of volunteering is to be understood in monetary terms. Against the backdrop of the current competitive tendering system, this is not unexpected. In a tendering system where the value of organisations is measured by achieving as much as possible with as little as possible, “cost-saving” is part of the acceptable language surrounding volunteers.

However, the study of the two Australian organisations showed that the relationship between cost-saving and volunteering is not nearly that simple at an organisational level. This was especially obvious in the Australian hospice, which in former times had been “buzzing” with volunteers. At the time of data collection, volunteers were still a visible feature of the hospice and the wider hospital, but not when compared with the past situation. Some volunteers estimated that there were at least three times as many volunteers in former times. Volunteers also reported how large numbers of volunteers had been made “redundant” over the previous few years. The reasons for these reductions were not completely clear to anybody (as discussed in chapter 6), but nothing in the interviews linked the changes to increased funding. On the contrary, the nurses reported that the current nurse-to-patient ratio had been steady for years

and had not been influenced by volunteering. In the absence of the former volunteers, some of those jobs, such as fetching patients from their homes for diversional therapy, had become the responsibility of nurses, without any additional funding being allocated. Other jobs simply ceased to exist. Such a job was driving patients to treatment, a task which had fallen back on family and friends. Also, it was obvious that the hospice and wider hospital were not dedicated to the recruitment of new volunteers. At the time of data collection, prospective volunteers had been on a waiting list for up to three years.

In summary, if the logic of “more for less” was an adequate explanation for understanding the relationship between funding and volunteering, the hospice would have nurtured and kept the volunteers who were already there. Additionally, the hospice would have shown more interest in engaging new volunteers and would not have let new volunteers wait for up to three years—with the significant possibility of losing them to other organisations. The findings about risk set out above appear to override any financial considerations.

Denmark: The Danish participants did not repeat the claim that volunteering is linked to a quest to save money. On the contrary, some of the key participants talked at length about the *cost* to the organisation of involving volunteering. This insistence is not easy to explain. One reason could be that volunteers are still mainly thought of as add-ons; they are not seen to be an integrated part of service delivery (see also Henriksen, 2011a: 11). Yet, that is not a full explanation: volunteers are not just add-ons, but crucial to service delivery in many cases (as documented in chapter 9). The hospice volunteers performed services—such as window washing, weeding and growing produce—that the hospice had come to rely on (and would have to pay for without the volunteers). However, the Danish hospice did not engage its 96 volunteers *because* it wanted to save money. Instead, the hospice was concerned that there would be future funding consequences arising from such large numbers of volunteers.

The main thing to notice in this context is that the hospice engaged this many volunteers *despite* being particularly well-funded. It is a well-known fact in the Danish health community that hospices are much better funded than comparable medical wards or nursing homes. The presently employed nurses

also knew this, and reported that it was particularly favourable to work in a hospice, favourable because of nurse-to-patient ratios as well as remuneration. Despite being so well-funded, the hospice has taken on a large number of volunteers and is consistently seeking to expand services to accommodate more volunteers.

In summary, the evidence is counterfactual to any assumption that a poorly funded organisation *automatically* will seek to boost the number of volunteers, while a better-funded organisation *automatically* will disregard volunteer involvement. Confirming the arguments in the cultures of care literature, we find that when it comes to any form of care, behaviour is not just a matter of economic calculations about “who can do it more cheaply” (Kremer, 2007). If that was the only true representation of the relationship between funding and volunteering, we should be able to identify more evidence of those mechanisms at the organisational level. At the same time, it is not possible to completely refute the point that there is *some* inverse relationship between funding and volunteering. In this study, this is most clearly evidenced in the repeated insistence by the Australian key participants that cost was a factor. In the Danish hospice, the Chief Executive Officer’s belief that the 96 volunteers would be considered favourably by funding bodies similarly indicates that there is *some* relationship between volunteers and funding.

Instead, I argue that funding is merely one factor among others that determines the relationship between welfare states and volunteer care work. In addition to funding, there seem to be other more important factors, such as struggles between paid and unpaid groups of workers, as well as norms about “good care”, which guide divisions of labour, which I have discussed above. Those other factors appear to have a stronger influence on the involvement of volunteers than a simple quest to “do more for less”.

Shifting the balance between paid and unpaid care workers

Key participants and volunteers were keen to talk about the potential threat of volunteers taking over paid jobs. This tells us one important thing: volunteering and paid work are intrinsically linked in these actors’ understandings. In other

words, a volunteer care worker is the only form of unpaid care that is seen as a potential threat to waged workers, an argument that has similarly been made by Cora Baldock (1998: 27). However, if we reject the assumption that there is a finite amount of work to be shared among workers (Glucksmann, 1995b: 69), we can then reject any simple notion of substitution between the two types of work. Indeed, there was no evidence of volunteers directly taking over paid jobs, despite many actors talking about this potential threat. These findings are consistent with findings by both Merrell (2000: 101) and Hoad (2002: 245).

Still, there was evidence of *wider processes* shifting the balance between paid and unpaid work. These processes are much slower and more subtle. To appreciate the discussion here, it is necessary again to briefly consider the question: “What is work?” (Glucksmann, 2005: 31-33). Keeping in mind the many forms of employment and paid forms of work, it is almost impossible to think about any form of labour that could not potentially be *somebody’s* paid job. Walking dogs, blogging and shopping are all examples of such activities that have become paid jobs for growing numbers of people—jobs that we would have found difficult to consider a form of work (with the potential to attract remuneration) even a few years ago.

Considering examples from this study, we have seen that volunteers perform a whole range of services formerly performed by paid staff in the Danish welfare system, such as sitting with people who are about to die, and drinking coffee with the frail old. However, at the time of data collection, that form of activity was no longer considered paid work in the Danish welfare state, and volunteers were therefore clearly not taking somebody’s current job. However, they are doing tasks that used to be. We might think of this as creeping voluntarisation. Conversely, we have seen that paid staff members now do things that were the responsibility of volunteers in the Australian hospice. An example is driving patients to activities in the hospice.

These findings indicate that volunteers in Australia are increasingly struggling to preserve a space for themselves in care work, while care in Denmark is gradually being shifted from paid to unpaid work. In this consistent transformation of processes, volunteering may not be so much a threat to

concrete, existing jobs (or *vice versa*) in the way it is sometimes depicted—as in volunteers directly replacing paid workers. However, these processes may well transform what we perceive *should* be paid or unpaid work. When we think about women’s entry into the workforce during the 1950s and 1960s “through the kitchen door”, they were not “taking somebody’s job” but rather transforming the processes of care work, challenging the notions of what should be considered a paid job, and finally occupying that same work—now as paid instead of unpaid work.

In these subtle and gradual processes that can only uneasily be described as substitution—but nevertheless change the balance between paid and unpaid work—we need to think about who wins and who loses. Processes that shift care from paid work to unpaid work have the potential to detrimentally affect women in particular because they are more vulnerable to these processes. Women are vulnerable because they are employed in those care jobs more than men, and also undertake care work as unpaid workers. On the contrary, wider processes (such as professionalisation) that are shifting care work away from unpaid arenas benefit women more than men. These processes ultimately benefit women, despite being experienced as a threat to “volunteering”. That it is seen as a threat to “volunteering” rather than a gain can only be maintained if we see the threat from “outside” (e.g. marketisation, professionalisation and obsession with risk) from the standpoint of the “inside” of volunteering (see Glucksmann, 1995b: 68). However, when taking a TSOL perspective, it is possible to appreciate that what may be a threat to volunteer positions is in fact a benefit to women’s paid employment.

III. Becoming a volunteer care worker

A separate quest—in line with Glucksmann’s original use and development of the TSOL framework—was to explore how volunteer care work is connected to people’s own paid and unpaid work.

It is at this point that the insights of the gender-sensitive typologies come into play. We will recall that the one dimension that all the gender-sensitive typologies had in common was women’s participation in the paid workforce

(Esping-Andersen, 1999; Lewis, 1992; Orloff, 1993; Sainsbury, 1999a). The main insight of the argument—that the experiences of women depend, at least partly, on women’s access to work in the welfare state—can now be appreciated. The nexus of paid work and unpaid family work is one main piece in the puzzle in understanding volunteering in comparative terms.

Let us recall *who* the volunteers are. From the national survey data, we know that welfare and health volunteers are older, more likely to be female, and less attached to the paid workforce than “volunteers” in general in both countries (See chapters 5 section III and chapter 8 section III). This picture of volunteer care workers is mirrored in the volunteers in the four organisations: they were predominantly older, although not exclusively in Australia; few were in the workforce; and, most of them were women, although more so in Australia than in Denmark.

Paid and unpaid work determine each other

The interviews suggest that many volunteers are specifically attracted to care work. It is, in other words, not *volunteering* that they are attracted to; rather, it is this particular kind of work which is only available to them in unpaid form. For retired nurses and other health professions, the volunteer care jobs thus become a means to stay in the care workforce when paid work is no longer an option. Similarly, for those with health problems, volunteering presents itself as the only available option for work. Likewise, for those without the “right” qualifications, unpaid work is the only available option for care work. Finally, volunteering is a way to work when husbands and society dictate that women’s first priority should be to be available for their families, rather than to be breadwinners³⁵.

Marx and Durkheim both argued that paid work had consequences for people’s lives outside their workplaces. Similarly, Wilson and Musick (1997b)

³⁵ This finding raises questions about motivations of paid and unpaid groups of workers. It gives ground to consider whether people who work in care work in an unpaid capacity are motivated in much the same way as *paid* workers. One way to measure that would be to measure both volunteers and paid staff within the same organisation using Clary and Snyder’s survey tool (The Functional Approach to Volunteers’ Motivations) (Clary and Snyder, 1999).

suggest that it may be fruitful to ask people what they do at work in order to understand patterns of volunteering. Fieldwork supports those viewpoints. Additionally, the basic argument of spill-over theory—which “asserts a fundamental similarity between what occurs in the occupational environment and what transpires elsewhere” (Staines, 1980: 112; Wilson and Musick, 1997b: 253)—has explanatory power.

However, my argument is that the relationship is even closer than hitherto suggested. Paid and unpaid work are so closely related that it is not possible to understand one without the other. It appears that particular volunteer trajectories are systematically linked to particular patterns of paid work participation, which again are systematically linked to particular divisions of labour in the private sphere (See also Glucksmann (1995b: 63)).

Patterns of paid workforce participation shape volunteer workforce participation

Although the volunteers across the two countries talk about their volunteer engagement in similar terms, the outcomes are different. Women’s different paid work trajectories—which differ considerably between the two countries—result in different volunteer patterns. In Denmark, women and men have similar work trajectories (corresponding to a weak male-breadwinner/individual earner-carer regime (Lewis, 1992; Sainsbury, 1999a)). Both male and female Danish volunteers in the two organisations in this study predominantly engage in volunteer care work at the end of standard, paid employment. This first transition is depicted in Figure 5.

Figure 5: Denmark: The typical transition into volunteer care work



Participation patterns for the Australian volunteer care workers reveal a more diverse picture. Some of the Australian female volunteers followed the

trajectories of the Danish volunteers as illustrated above in Figure 5. Margo, Eileen and Alison are representatives of this group. Jean and Therese are other representatives of this group, although it is remarkable that neither of the latter two *wanted* to be part of this group: both had followed this path because of failed marriages which had forced them back into paid employment.

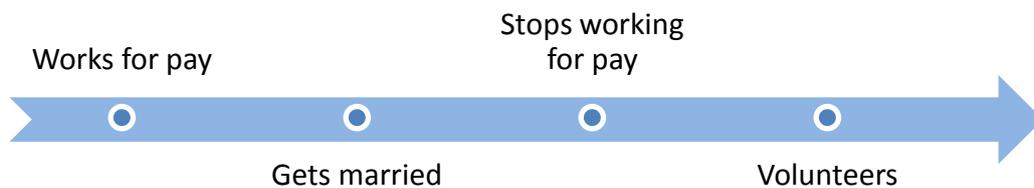
But many of the Australian female volunteers had, in stark contrast to their Danish sisters, replaced paid careers with unpaid volunteer *careers*. These *career* volunteers (Rose, Leslie, Joan, Anne, Rita, Jenny, Eureka Volunteer Coordinator) have—not unlike the women who funded, organised and managed school, church and neighbourhood services in the United States “Pacific City” at the beginning of the 1970s (Daniels, 1988)—turned volunteering into a career in place of a paid career. In a study of Australian welfare volunteers in the 1980s, Baldock (1990: 92) found, like this study, that about one-third of the respondents saw volunteering as an alternative to work. We can only speculate whether a study 30 years into the future similarly would find that one-third of women replace paid work with unpaid work. What differs from Daniels’ study, however, is that the women here are not the well-to-do women that she depicts, although this may be at least partly due to the data collection sites, which were located in mining areas. The only exception was Rita, who fits the description of a wealthy, upper-class woman who has devoted her life to religion and charity (in her own words).

Most of the participants are of mature age, and younger women in Australia are increasingly participating in the paid workforce, although not to the same extent as Danish women. The skewing of the volunteer age profiles raises questions of whether my interpretation is also valid for younger generations. Are younger Australian women bypassing volunteering as an option for work? For this reason, Leslie’s story is of particular interest because it indicates a continuing, close link between volunteer care work and foregone paid work opportunities. Leslie, although young, is not in the workforce and has turned to volunteering like her older volunteer colleagues 10, 20 and 30 years ago. So, although Leslie and, for example, Anne (who has been volunteering for over 30 years) at first appear to have little in common due to their age difference, their explanations are similar because volunteer care work has replaced paid work at

the prime of their working age lives. Obviously, one young volunteer is not enough to make far-reaching conclusions.

Notwithstanding these reservations, I suggest an additional systematic link between paid and unpaid work—in addition to the model above. In this second transition from paid to unpaid work, women start engaging in volunteer work after marriage, as illustrated in Figure 6.

Figure 6: Australia: A second transition into volunteer care work



The Australian “housewives” I studied who have made lifetime careers out of volunteer care work were not visible in the Danish organisations. Indeed, they are not visible in Danish society because housewives are an “endangered species”, ceasing to exist in official statistics in 1984 (Kvist, 2000: 11). Men’s roles as breadwinners still persist as an ideal in Australian society (Egmond et al., 2010). This means that women’s pathway into full-time work in Australia is not as assumed as it is for Danish women (Boje and Ejrnæs, 2013). Australian women are freer to consider possible modes of work other than full-time positions. In the negotiation between family and work, volunteer work sometimes becomes one such alternative, an alternative which the data suggest has more status attached to it than in Denmark.

Housewives thus appear to make up a group which is especially vulnerable to the lure of volunteer care work. Ironically, the attractiveness of volunteer care work is linked to the nature of the jobs: the more attractive the volunteer care work, the higher the probability that volunteering becomes a substitute for women’s paid employment. In Australia, where some volunteer jobs present themselves as professionally satisfying, include further training and attract the recognition of paid staff, the lure of volunteer work is much stronger. Especially if participation in the paid workforce is perceived to be difficult to

manage with a family, volunteering may seem like a particularly attractive alternative.

IV. Conclusion

This chapter has sought to engage systematically with some central themes to advance new ways of thinking about the links between volunteering and the welfare state. I have considered what kind of work volunteers are engaged in. We have seen that volunteers participate in unlike fashions; in Australia, volunteers are primarily engaged in person-to-person care, which demands skills and on-going training, while in Denmark, volunteers are primarily engaged in practical jobs demanding few skills and no training. By considering the principles of “risk” and “professional closure”, we have started to make sense of the particular boundaries between volunteers and groups of paid employees. We have also started to make sense of the *active processes* that go into maintaining those boundaries, such as training, maintaining confidentiality, developing skills and referring to paid staff as professionals. I have also considered how we can understand the contribution by volunteers as grounded in contrasting ideals (cultures of care) about what the volunteer care worker brings to care work and hence how volunteers *should* participate, based on ideals about good care, ideals embedded in the welfare state.

I then considered one of the “big” and persistent themes in volunteer and non-profit sector research, that of “substitution” and the perceived “threat” posed by voluntarisation of the workforce. I have argued that a willing organisation can extend its services through the use of volunteers without replacing paid with unpaid workers. However, I have also discussed how wider processes pose a more subtle and less visible—but not less serious—threat, especially to women’s employment. In a final step, I analysed the close link between volunteers’ own paid and unpaid care work and showed that patterns of volunteering relate systematically to patterns of staying in or withdrawing from paid work. The next chapter concludes this thesis with this study’s contribution to volunteer care work theory. Additionally, it discusses the most important implications of this study for future theory and research.

Chapter 12: Conclusion and Implications

In recent years, volunteering has come to be seen as something of a cure-all for maladies affecting our societies. Almost regardless of the concern, volunteering is seen to be the remedy. Those concerned with the disintegration of societies see that volunteering is part of the glue that holds them together. Those concerned that the welfare state is unable to meet the needs of diverse populations see that volunteers can respond more effectively to these needs. Those concerned that there are not enough hands to service growing numbers of old people who need care see that volunteers can provide those hands. Those concerned that old people are lonely and “unproductive” see that volunteering is a means of staying active and connected. And those concerned that diminishing tax revenue will not be able to pay for those who need help see that volunteers are less costly. Thus, there seems to be nothing bad to report. As such, the main quest on all fronts is to figure out how to get more of it. However, it is not completely clear how welfare states influence volunteering.

Welfare states matter, but they matter in a different way than assumed. This study of volunteers has provided an opportunity to study volunteering in its context. We are now in a much better position to answer the second part of the research question: how can we further macro-theory of volunteer work in general and volunteer care work in particular? The case studies provide important clues about the *various ways* volunteering reacts to welfare states. The case studies also tell us that there is a shadow side to volunteering. It is not all good news.

Drawing on details from the case studies, this chapter concludes this thesis by accounting for how this study contributes to macro-theories of volunteer care work and what implications the study has for future studies of volunteering. The first section ties the knots of the various parts of the study together to argue that the *organisation of paid work* is one important key to understanding volunteer care work. The second section adopts a broader perspective to invite the readers to engage with important considerations for the direction of future volunteer theory and research.

I. What this research has established

The data suggest that attention to societies' organisation of paid work has excellent explanatory power for understanding unpaid work. By understanding "who works for pay" and "who has monopoly over what kind of work" and "who is considered specifically good at what work", we can start to understand at least some of the ways volunteering reacts to welfare states. Through a systematic attention to the manner in which volunteer care work connects to other forms of paid and unpaid work, it becomes increasingly clear that there is one connection that should not be ignored, that of *paid formalised work*.

The analysis of that particular link supports earlier feminist whispers, ones that suggested that it was simply not possible to consider volunteer work without simultaneously considering *paid work* (Baldock, 1998; Daniels, 1988; Hartmann, 1976; Loeser, 1974). However, this study is more far-reaching because it established links other than those between volunteers' *own* paid and unpaid work. The explanations here add to those voices by placing greater emphasis on how organisations regulate this relationship: the study *additionally* addresses the ways that professionalisation, organisational management of risk, and power struggles influence women's paid and unpaid work. Thus, this study gives important clues about how gender, volunteer care work, paid work and welfare state structures intermesh.

This study thus adds to both feminist theory of paid and unpaid work and macro-theories of volunteering because it points to the *multiple ways volunteer work and paid work* interact. It also shows that the gendered nature of volunteer

care work continues to deserve our attention—this problem should not just be considered a concern for feminists of yesteryear. The interdependencies between paid and unpaid work—as a set of cogwheels—are evidenced in at least five ways.

First, the relative *success of professionalisation projects* (Witz, 1992) determines the spaces of care that are made available to volunteers. In this way, the relative strength of paid actors and their ability to monopolise different forms of paid work determine how volunteers can participate.

Second, the organisational quest to manage *risk* significantly influences the spaces that volunteers are able to carve out for themselves. Where risk cannot be managed, volunteers lose access to specific tasks.

Third, the benchmark for appropriate volunteer care in both countries is *professional paid care*, rather than good informal care. In Australia, volunteer care work is perceived to be warmer care than that which is provided by *paid staff*. In Denmark, volunteer care work is perceived to be a necessary, second-best substitute for *paid hands*.

Fourth, volunteers, management, key participants and even governments all talk about paid and unpaid work as *interchangeable*: volunteering is either a threat to paid work, or (remarkably) paid work is a threat to volunteer work. As such, volunteering is the only form of unpaid work that is seen as interchangeable with paid work (see also Baldock, 1998).

Fifth, volunteer care workers explain their own involvement in volunteer care work with reference to their *paid work experiences*. The findings suggest that a large percentage of the volunteer care workers are attracted to care work, not volunteering *per se*.

Based on the evidence, I argue that the form, extent and meanings of volunteer care work cannot be understood separately from how the organisation of paid work develops in the respective countries. In turn, this organisation of work is ultimately connected to macro-level structures of welfare state models.

II. Implications: Where do we go from here?

This section draws this thesis to a close with a further discussion of what I see to be the most important implications of this study for future theory and research. This last section provides me the chance to puzzle over some of the questions this study has raised for me, and to share how I have made sense of those same puzzles by leaning on the evidence. After drawing the evidence together, it is time to discuss the implications.

A *first* implication of this study is that we need to consider carefully whether different forms of volunteering *actually* constitute work. The overarching question raised by actors in this study is *not* whether the label, “volunteering”, applies (something all actors were comfortable with), but whether volunteering is work in the same way as paid work is. This question, “Is volunteering work?”, is not one that the volunteering literature typically grapples with. Hence, the question has attracted little *empirical* attention. On the *conceptual level*, however, there has been a visible shift. *Now*, most writers on volunteering agree that volunteering is a form of work, and this is a relatively new way to conceptualise volunteering (Mutchler, Burr and Caro, 2003: 1269; Oppenheimer and Edwards, 2011: 7). For example, an older review article *defining who is a volunteer* did not even consider “work” as an element in such a definition (Cnaan, Handy and Wadsworth, 1996).

Management made various claims to indicate that volunteer engagement is *less work* than paid work, claiming that volunteers are just doing “the extra” or “not doing a paid person’s job”. By claiming that volunteers are doing things that only vaguely resemble economic activity, or are not doing tasks that people normally get paid for, management upholds a divide between paid and unpaid work that cannot be maintained on the evidence accumulated in the fieldwork. My observations suggest that these volunteers (in both countries) are indeed working and often doing exactly the same tasks as paid staff (as outlined in chapters 6 and 9). Indeed, it becomes particularly problematic to claim that one is working and the other not when, for instance, an unpaid and a paid person stand opposite each other and mirror each other’s movements performing a bed wash. Similarly, when an unpaid person washes up a mountain of dishes that

the paid kitchen staff members hand to her, it is impossible to make this distinction. And while Glucksmann rightly warns that “it is not the actual activity, or task, that determines whether or not it constitutes work” (1995b: 65), it is hard to defend the proposition that volunteer care work is less work than paid work when we simultaneously consider the formal setting in which it takes place. When the same tasks take place under highly structured terms, in the same physical settings and alongside paid staff, under similar managements, and with economic and service level gains for the organisations, we *must* recognise it as work³⁶.

The question, “Is volunteering work?”, was also pivotal because some *volunteers* insisted that they were not working, such as Margo who claimed of her own work that “it is not actually work”. However, most volunteers did talk about volunteering as work, such as Agnes who said, “We do a piece of *work*. I am tired, when I get home. That is *work*,” and Janne who said, “It is an important piece of *work* that we do,” or Jean who said, “I love *working* with lovely people,” or finally Lennart who described his engagement as “hard *work*”. Hence, contemporary volunteer care workers³⁷ are accustomed to thinking about their engagement as work. Nevertheless, it should not be taken for granted that all volunteers are indeed working, and I suspect that volunteers who operate in other domains than care work have even more trouble conceptualising their own effort as work.

The *second* implication—and of crucial importance—is that we need to carefully consider the notion of “free will” or “choice” in studies of volunteering. As stated in Chapter 2, the notion of free will is so embedded in studies of volunteering that we are almost unable to engage in any form of discourse other

³⁶ The classification of volunteers as “workers” is now formally recognised in a number of contexts in Australia, as discussed by a number of key participants in chapter 5. For example, both waged and unwaged workers are treated equally in the Work Health and Safety Act 2011 as well as in the Fair Work Amendment Act, which extends protection to volunteers experiencing bullying in the workplace (McGregor-Lowndes, 2014: 35; 37). However, it is not merely the Act that determines whether we, as sociologists, should label volunteering as “work”. Rather, the legislation indicates that there is an increasing recognition of volunteering as work.

³⁷ I am, however, not claiming that other volunteers think about it in the same way. I will return to this discussion shortly.

than one that sees volunteering as the epitome of free will. Indeed, choice has been a recurrent theme in this study. Volunteers and management readily offer the opinion that “it really just depends on each person’s choice whether they want to volunteer”. Likewise, volunteer care workers insisted that volunteering allows them to choose jobs they find interesting and to switch to tasks they find more desirable. The volunteering literature is also saturated with the belief that free will is the core quality of voluntary work and therefore one of the dimensions that separates it from paid work (Australian Bureau of Statistics, 2010: 12; Boje et al., 2006; Musick and Wilson, 2008). It is finally argued that it is this notion of choice that separates volunteer work from other kinds of unpaid work where “compulsory altruism” (a term coined by Land and Rose) pushes women to take on unwaged work (Baldock, 1998: 24).

Yet, the findings in this study indicate that “choice” is to be regarded with considerable caution. Despite volunteers’ focus on their right to choose between volunteer jobs and to come and go as they please, most volunteers never exercise that right. For example, Rose and Janne refrain from taking holidays unless they are able to arrange for their substitution. Furthermore, volunteers were (mostly) diligent workers. Indeed, there was little in the evidence that supported a view of volunteers as unreliable workers (the Wednesday Fig Tree Program volunteers are the notable exception). Additionally, some of the volunteers in both hospices had worked there as long as or longer than *any* paid staff, refuting visions of volunteers as transient creatures who come and go as they please.

Also, volunteers do not choose what tasks they want to take on; organisations do. Furthermore, “choices” are determined by the boundaries with paid professionals. Indeed, paid staff members have more to say over what volunteers do than volunteers themselves. Finally, volunteering often becomes a “choice” in situations where *better choices* about engaging in paid work are unavailable. In summary, “choice” is set by structural boundaries, and “free will” does little to define volunteering as separate from other forms of paid and unpaid work. It thus becomes increasingly clear that despite notions of choice

that involve a yes or no to volunteering (y/n), the real choice is better described as a decision between paid and unpaid work (p/up).

Following from a realisation that volunteering is a choice between paid and unpaid work, a *third* implication is the need to rethink the research informing what (we think) we know about volunteering. For example, many who write about volunteering have described volunteers as people who sympathise with the plight of others and want to help them (Hermansen et al., 2014b; Musick and Wilson, 2008: 101). We also know that volunteers claim they volunteer because they can participate in social relationships and because it makes them feel important (Fridberg and Henriksen, 2014: 121; Musick and Wilson, 2008: 59-60). But can we be sure that people who work for pay do not do so for exactly the same reasons? Perhaps non-volunteers instead channel their urge to help others into a paid career. Possibly, paid nurses in the Danish and Australian hospices are even more caring, altruistic and concerned for their patients than their unpaid colleagues. And possibly, nurses also like to work in a hospice because it makes them feel important³⁸. I am not claiming that altruism, self-worth and social relationships are without any explanatory value, but surely they also matter for paid workers. So why is there this artificial divide?

Research into volunteers' motivations also needs to consider the implications of making the right comparisons. These studies are driven by one underlying puzzle: "Why would *anybody* volunteer?" (Clary et al., 1998; Clary, Snyder and Stukas, 1996: 486; Clary and Snyder, 1999: 156). The puzzle is to figure out why anybody would want to volunteer when they instead could be doing nothing—or at least something more pleasurable than (say) looking after HIV patients? What consequences does it have for studies of motives if researchers instead asked, "Why would anybody work for no pay *rather than for pay*?" By re-phrasing the question in this way, researchers can begin to see that outcomes are indeed shaped by the willingness and motivations of the individual

³⁸ For example, public servants working in the British civil service also explained that altruism is a key factor in explaining their work (Page, 1996), indicating that volunteers and civil society do not hold a monopoly on claims of altruism. Furthermore, studies have found that social support in the workplace is an excellent predictor of job satisfaction (Morgeson and Humphrey, 2006)

person, but that outcomes are *also* influenced by the possibilities that are created by organisations, cultural and gender norms, and societal structures, of which workforce participation is the most important dimension.

Using the right “control group” may also present challenges to what we think we know about another area of volunteer research, i.e. productive ageing. Studies tell us that volunteering enhances health and life satisfaction in old age (Brown, Consedine and Magai, 2005; Onyx and Warburton, 2003), but do we know if *volunteering* in a hospice enhances health and life satisfaction more than *working for pay* in a hospice? Furthermore, these studies tend to assume that early withdrawal from the workforce is simply a matter of choice (Pavlova and Silbereisen, 2012; Erlinghagen and Hank, 2006), while it is a repeated concern in a number of countries, Denmark and Australia included, that age discrimination is a widespread barrier to (paid) work, and that unplanned retirement is linked to ageism in the workforce (Andreasen, 2014; Australian Human Rights Commission, 2010; Thorsen, Rugulies, Løngard, Borg, Thielen and Bjerne, 2012; Wilson, 2013). These considerations raise questions about whether it is reasonable to compel these seemingly “unproductive” ageing people to enter into unpaid work, if what they really wanted and needed was paid work.

The *fourth* implication of this study is that we need to be cautious about assuming that volunteers are driven by the needs of others. The findings in this study do not support the assumption that identification of others’ needs necessarily prompts people to get involved. The “spoilt” volunteers in the well-funded hospices were well-aware that their help was needed more elsewhere, such as in aged care centres. We cannot therefore assume that people will get involved where their engagement is needed. Instead, evidence from this study suggests that volunteer care workers are attracted to much the same kind of work that we can assume paid workers are. Working with the dying and cancer patients is more desirable for both paid and unpaid care workers in contemporary society than, for example, disability care or mental health care. My claims are supported by Jessen’s study (2014) of volunteer engagement in a Danish public aged care centre. She found that dementia patients and other

vulnerable old people were ignored by volunteers. Volunteers would direct their attention to the old people who were easy to work with, but avoid those who were difficult to be around. However, my argument here directly contradicts arguments by Schervish and Havens who posit that “Caring behaviour is motivated by identification with the needs of others” (Schervish and Havens, 2002: 49). These scholars argue that the caring behaviour of volunteers “is the river that rises from within the garden of our daily life and branches into streams of broader concern” (2002: 69). It also contradicts the argument by Music and Wilson that “in so many ways, volunteer work is an extension of the care family members provide each other into the public sphere [sic]” (2008: 250).

The *fifth* implication of this study is therefore that we need to stop assuming that volunteering is an extension of our informal lives. There was little in the data that indicates that volunteers extend their private spheres into the formal spheres (as discussed in chapter 7 and 10). Volunteers in this study, with Harry the only exception, did not see their volunteer care work as part of their “community” responsibilities. On the contrary, some volunteers have specific rituals that mark off their volunteer engagement from their informal and private lives. Predominantly, these volunteers explained their volunteer engagements *via* their paid work trajectories. The strong connection between volunteer care work and paid care work (rather than between volunteer care work and unpaid informal care) indicates that we have to be critical of the notion that this form of structured volunteer care work in formal organisations is part of civil society and “the community”.

Questions persist. Do we truly encounter a healthier civil society just because people do not get paid for their work? Is volunteering one of those words like community care that “conjures up a sense of warmth and human kindness, essentially personal and comforting” so that “what some hope one day will exist is suddenly thought by many to exist already” (Titmuss, cited in Finch and Groves, 1980: 495)? After carrying out this study, I doubt that volunteer care work necessarily testifies to the existence of mutually caring relationships, and I argue that we should be wary of any uncritical attempt to use volunteer care work as a measure of a healthy and caring society. The caring, mutual

relationships we have for each other in society are carried out and shown in other ways than through formal care volunteering (for a similar argument see Finch and Groves, 1980: 496).

A *sixth* implication is that we need to understand that, for individuals, unpaid work is predominantly understood in relation to the trajectories of their own paid work and their access to work. Volunteer care work can sometimes present itself as an attractive alternative to paid work: it can be professionally satisfying; it allows women to utilise the professional skills that they possess; and it allows them to enter into a field of work that would otherwise be inaccessible to them—while also being available to their families. With the Australian organisations allowing volunteers to take on more meaningful and professionally satisfying jobs, and with Australian society placing more normative value on volunteer care, volunteer care work presents itself as a more attractive alternative to paid work in Australia than it does in Denmark. But its attractiveness also conceals its dangers.

Some would argue that volunteer care work allows women to engage in meaningful work while also allowing them to be present for their families. The argument is thus similar to the one that is sometimes made for part-time work. Part-time work is seen to be the most extensive solution to balancing an inherent conflict between work and family in many countries (Boje and Ejrnæs, 2013: 121; Esping-Andersen, 2009: 52-53), although it is obvious that choosing part-time employment comes at a considerable cost for these workers, primarily in the form of lower wages, lack of superannuation, fewer opportunities for advancement, and limited access to higher-wage industries (Chalmers and Hill, 2007)]. The same can be said about volunteer work.

More critically, others argue that *if* the paid workforce is moulded around male participation to such a degree that the female population finds it difficult to manage a work-life balance, women hardly have a free “choice” about working in an unpaid capacity if they want to work at all (see Hartmann, 1976: 775). In societies where women face the challenges of participating in a male-dominated workforce and where there is considerable pressure to be available for family, volunteering presents itself as an attractive alternative. In such societies, where

full participation is difficult with family and children, volunteering is easier to manage than paid work. Australia fits such a description in many ways. Indeed, there are strong, recent findings that women are being discriminated against in the Australian workforce. A report by the Australian Human Rights Commission (2014) found that workplaces continue to see pregnancy as a privilege rather than a right, and the Human Rights Commission reports that pregnancy has overtaken disability as the main source of discrimination complaints (Fair Work Ombudsman, 2013: 32; Fair Work Ombudsman, 2014: 31). Women's withdrawal from the paid workforce (Meagher, 2014) is also an indication of women's inability to manage family and paid work in the current shape of the workforce. Access to work as part of the design of welfare states is therefore at the heart of understanding volunteering patterns.

A *seventh* implication is that we need to consider whether the particular term, "volunteering", makes it harder to see this form of labour for what it really is. It appears to me that we need a new language, a language that separates volunteering from "free will" and from the relationships in the informal spheres, and that links it more closely to paid work, while also reflecting on how unpaid work is embedded in paid work structures. This new discourse needs to more adequately describe the "choices" that men and women make between paid and unpaid work, the choices that are made available to the volunteers, and how some choices are more accessible than others. Perhaps the terms, "waged" and "unwaged" work, are more fitting descriptions, as one key participant suggested. But if we abandon the term, volunteering, what then enables us to separate this form of unpaid labour from other forms of unpaid, potentially unlawful, forms of unpaid labour³⁹? More importantly, why do researchers, policy-makers and management insist on that distinction? These questions need attention.

³⁹ It is worth considering if and to what degree it is possible to separate "volunteering" from other forms of unpaid work. We may, for example, consider what the Australian Ombudsman tells us indicates an unlawful, unpaid, employment. The Ombudsman considers employment to include the following elements. If unpaid, it is unlawful.

- Where the arrangement involves productive work rather than just meaningful learning, training and skill development, it is likely to be an employment relationship.
- The longer the period of the arrangement, the more likely the person is an employee.

If we do not fully abandon the idea that volunteering exists as a form of work that is different from other forms of unpaid and paid work, at least “volunteering” needs further differentiation. The *final* implication of this study is that it appears to be fruitful to research volunteer care work separately from other forms of volunteering. This is a direction that I am further investigating, with two colleagues, in a forthcoming article⁴⁰. Central to much of the literature and research on volunteering is the notion that it is predominantly individuals with high levels of resources who are able to do so. Theories that present this argument include dominant status theory (Smith, 1994), the hybrid theory of volunteering (Einolf and Chambré, 2011), and the integrated theory of volunteering (Wilson and Musick, 1997a). However, tentative analysis of the 2012 Danish volunteer survey shows that care volunteers have little in common with the non-care volunteers we normally group them with, but have more in common with non-volunteers. The main problem with resource theories is that once care volunteers are separated from the larger group of volunteers, they do little to explain the characteristics of who volunteers in health and welfare organisations.

Wilson (2000: 233) has similarly warned against trying to explain all activities within the same theory; yet, it appears that there is a persistent tendency to treat all volunteers as similar. “Volunteering” is thought of as a specific activity where the most prominent feature is the absence of pay. This focus, however, ignores both what people do when they work, as well as what they do when they volunteer. This is in stark contrast to the paid workforce which is routinely studied within its own boundaries. For example, we distinguish between those who work in the health sector and those who work in

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- Is the work normally performed by paid employees? Does the business or organisation need this work to be done? The more integral the work is to the function of the business, the more likely it is that an employment relationship could be found.
 - If the business or organisation is gaining a significant benefit from the person's work, an employment relationship is more likely to exist.

The Ombudsman also stresses that it is the nature of the arrangement that needs to be considered, not just how the parties have chosen to describe it (Fair Work Ombudsman, n/d).

⁴⁰ The abstract for this article is provided in Annexe A.

manufacturing. Furthermore, we distinguish different occupations and professions within a sector from each other (e.g. nurses from social workers).

At this point, I return to the earlier question about what constitutes “work”, i.e. whether volunteering is work. The tasks that volunteer care workers performed in this study are similar to paid work in that they involve performing defined tasks for specific time periods within the context of formal organisations. However, I make no claim that the findings here necessarily apply to all forms of volunteering. Other forms of volunteering (such as in junior sports) may have less in common with paid work, and are less like paid work because they do not involve performing defined tasks, may not include specific time commitments, and may take place in less formalised settings. Again, when all volunteering is treated indistinctly, it hides the fact that there are differences between the characteristics of volunteers as well as between the circumstances in which they engage. The label, “work”, is well-suited to describe the tasks of the volunteer care workers in this study, but it does not follow that all forms of volunteering are “work”.

My suggestion is that future country comparative studies cease to study “volunteering” as a single entity. While La Cour (2014) begins his book by provocatively stating that volunteering does not exist, I conclude this thesis with the same claim, though my arguments are different. “Volunteering” does not exist because this concept falsely claims that many *very different* activities can be held under the same umbrella term. I would therefore suggest that studies concerned with welfare states and volunteering narrow their focus to one form of “volunteering” and relate it directly to the setting, actors, logics and discourses that belong to that specific field of volunteering, rather than reach across and compare it with other forms of volunteering.

References

- Andreasen S 2014, Stadig flere sager om aldersdiskrimination, *Kristeligt Dagblad*, viewed 17 September 2014, <http://www.kristeligt-dagblad.dk/danmark/stadig-flere-sager-om-aldersdiskrimination>
- Anheier HK 2013, 'Civil society and non-profit organizations: what are the issues?', paper presented at the *Hertie School of Governance*, January 2013, http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=8&ved=0CEIQFjAH&url=http%3A%2F%2Fis.muni.cz%2Fdo%2Fecon%2F%2Fsoubory%2Fkatedry%2Fkve%2F4080074%2FAnheier_ppp_2013.ppt&ei=kionVfrKKcyD8gW0s4GABw&usq=AFQjCNHi2IVqhNO3JaiWzirZNiLyxyxYWA&sig2=xtrvT-HBy8xLBt7ReILS7g&bvm=bv.90491159,d.dGc
- Anheier HK 2014, *Nonprofit organizations: theory, management, policy*, New York: Routledge.
- Anttonen A 2002, Universalism and social policy: A Nordic-feminist revolution. *NORA - Nordic Journal of Feminist and Gender Research* 10: 71-80.
- Australian Bureau of Statistics 2010, *Voluntary work, Australia 2010*, cat. no. 4441.0, viewed 21 May 2014, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4441.02010?OpenDocument>
- Australian Bureau of Statistics 2000, *Voluntary work, Australia 2000*, cat. no. 4441.0, viewed 21 May 2014, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4441.0Main+Features12000?OpenDocument>
- Australian Human Rights Commission 2010, *Age discrimination: Exposing the hidden barrier for mature age workers*, viewed 1 June 2015,

<https://www.humanrights.gov.au/our-work/age-discrimination/publications/age-discrimination-exposing-hidden-barrier-mature-age>

Australian Human Rights Commission 2014, *Supporting working parents: Pregnancy and return to work national review*, viewed 25 July 2014, <https://www.humanrights.gov.au/publications/supporting-working-parents-pregnancy-and-return-work-national-review-report>

Australian Institute of Health and Welfare 2011, *Australia's welfare 2011*, Australia's welfare series no. 10. Cat. no. AUS 142, viewed 5 June 2014, <http://www.aihw.gov.au/publication-detail/?id=10737420537>

Australian Institute of Health and Welfare 2013, *Australia's welfare 2013*, Australia's welfare series no. 11. Cat. no. AUS 174, viewed 5 June 2014, <http://www.aihw.gov.au/publication-detail/?id=60129543825>

Baldock C 1998, Feminist discourses of unwaged work: The case of volunteerism. *Australian Feminist Studies* 13: 19-34.

Baldock CV 1990, *Volunteers in welfare*, Sydney: Allan & Unwin.

Bambra C 2007, Defamilisation and welfare state regimes: a cluster analysis. *International Journal of Social Welfare* 16: 326-338.

Bazeley P 2009, Analyzing qualitative data: More than 'identifying themes'. *Malaysian Journal of Qualitative Research* 2009: 6-22.

Bazeley P and Jackson K 2013, *Qualitative data analysis with NVivo*, London: Sage.

Bertelsen TM and Rostgaard T 2013, Marketisation in eldercare in Denmark: Free choice and the quest for quality and efficiency. In: Meagher G and Szebehely M (eds) *Marketisation in Nordic eldercare: A research report on legislation, oversight, extent and consequences*. Stockholm: Stockholm University.

Billis D and Glennester H 1998, Human services and the voluntary sector: Towards a theory of comparative advantage. *Journal of Social Policy* 27: 79-98.

Bloksgaard L 2011, Masculinities, femininities and work: The horizontal gender segregation in the Danish labour market. *Nordic Journal of Working Life Studies*, 1: 1-21.

- Blond P 2010, *Red Tory: how the Left and Right have broken Britain and how we can fix it*, London: Faber & Faber.
- Boje TP 2012, Sociology of the welfare State: Transition from social protection to social investment. In: Aakvaag GC, Hviid JM and Johansson T (eds) *Introduction to sociology: Scandinavian sensibilities*. Harlow: Pearson, 1-38.
- Boje TP and Ejrnæs A 2013, *Uligevægt: Arbejde og familie i Europa (translation: Imbalance: work and family in Europe)*, Frederiksberg: Nyt fra Samfundsvidenskaberne.
- Boje TP, Fridberg T and Ibsen B 2006, *Den frivillige sektor i Danmark (translation: The voluntary sector in Denmark)* Socialforskningsinstituttet, viewed 1 June 2015, <http://www.sfi.dk/Default.aspx?ID=4681&Action=1&NewsId=100%20&PID=9267>
- Boje TP and Ibsen B 2006, *Frivillighed og non-profit i Danmark - Omfang, Organisation, Økonomi og Beskæftigelse (Translation: Voluntary Work and Non-profit in Denmark - Extent, Organisation, Economics and Employment)*, Socialforskningsinstituttet, viewed 1 June 2015, <http://www.sfi.dk/rapportoplysninger-4681.aspx?Action=1&NewsId=102&PID=9267>
- Boje TP and Potucek M 2001, *Introduction. Social rights, active citizenship and governance in the European Union*, Baden Baden: Nomos Verlagsgesellschaft.
- Borchhorst A and Siim B 2002, The women-friendly welfare states revisited. *NORA. Nordic Journal of Feminist and Gender Research* 10: 90-98.
- Borchhorst A and Siim B 2008, Woman-friendly policies and state feminism: Theorizing Scandinavian gender equality. *Feminist Theory* 9: 207-224.
- Bowman W 2009, The economic value of volunteers to nonprofit organizations. *Nonprofit Management and Leadership* 19: 491-506.
- Brandt M, Haberkern K and Szydlik M 2009, Intergenerational help and care in Europe. *European Sociological Review* 25: 585-601.
- Brante T 2011, Professions as science-based occupation. *Professions & Professionalism* 1: 4-20.

- Brennan D, Cass B, Himmelweit S and Szebehely M 2012, The marketisation of care: rationales and consequences in Nordic and liberal care regimes. *Journal of European Social Policy* 22: 377-391.
- Brown E 1999, Assessing the value of volunteer activity. *Nonprofit and Voluntary Sector Quarterly* 28: 3-17.
- Brown W, Consedine N and Magai C 2005, Altruism relates to health in an ethnically diverse sample of older adults. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* 60B: 143-152.
- Bryson L and Verity F 2009, Australia: From wage-earners to neo-liberal welfare state. In: Alcock P and Craig G (eds) *International social policy: Welfare regimes in the developed world*. Basingstoke: Palgrave Macmillan.
- Bundesen P, Henriksen LS and Jørgensen A 2001, *Filantropi, selvhjælp og interesseorganisering (Translation: Philanthropy, self-help and interest organisations)*, Odense: Odense Universitetsforlag.
- Castles FG 1994, The wage earners welfare state revisited: Refurbishing the established model of Australian social protection, 1983-93. *Australian Journal of Social Issues* 29: 120-145.
- Castles FG 2001, A farewell to Australia's welfare state. *Eureka Street* 11: 29-31.
- Castles FG 2002, Australia's institutions and Australia's welfare. In: Brennan G and Castles FG (eds) *Australia reshaped: 200 years of institutional transformation*. Cambridge: Cambridge University Press.
- Castles FG and Mitchell D 1992, Identifying welfare state regimes: The links between politics, instruments and outcomes. *Governance* 5: 1-26.
- Chalmers J and Hill T 2007, Marginalising women in the labour market: 'Wage scarring' effects of part-time work. *Australian Bulletin of Labour* 33: 180-201.
- Chamberlayne P and King A 2000, *Cultures of care: Biographies of carers in Britain and the two Germanies*, Bristol The Policy Press.
- Charmaz K 2014, *Constructing grounded theory*, London: Sage Publications.
- Chua W-F and Clegg S 1990, Professional closure: The case of British nursing. *Theory and Society* 19: 135-172.
- Clary EG, Snyder M, Ridge RD, Copeland J, Stukas AA, Haugen J and Miene P 1998, Understanding and assessing the motivations of volunteers: A

- functional approach. *Journal of Personality and Social Psychology* 74: 1516-1530.
- Clary EG, Snyder M and Stukas AA 1996, Volunteers' motivations: Findings from a national survey. *Nonprofit and Voluntary Sector Quarterly* 25: 485-505.
- Clary GE and Snyder M 1999, The Motivations to Volunteer: Theoretical and Practical Considerations. *Current Directions in Psychological Science* 8: 156-159.
- Cloke P, May J and Johnsen S 2007, Ethical citizenship? Volunteers and the ethics of providing services for homeless people. *Geoforum* 38: 1089-1101.
- Cnaan RA, Handy F and Wadsworth M 1996, Defining who is a volunteer: Conceptual and empirical considerations. *Nonprofit and Voluntary Sector Quarterly* 25: 364-383.
- Conlon C, Timonen V, Carney G and Scharf T 2014, Women (re)negotiating care across family generations: Intersections of gender and socioeconomic status. *Gender & Society* 28: 729-751.
- Cooper J, Lewis R and Urquhart C 2004, Using participant or non-participant observation to explain information behaviour. *Information Research* 9: Paper 184.
- Cox R 2004, The path-dependency of an idea: Why Scandinavian welfare states remain distinct. *Social Policy and Administration* 38: 204-219.
- Creswell JW 2003, *Research Design. Qualitative, Quantitative and Mixed Methods Approaches*, Thousand Oaks: Sage Publications.
- Crouch M and McKenzie H 2006, The logic of small samples in interview-based qualitative research. *Social Science Information* 45: 483-498.
- Dahl HM 2010, An old map of state feminism and an insufficient recognition of care. *NORA. Nordic Journal of Feminist and Gender Research* 18: 152-166.
- Daly M 2000, Paid work, unpaid work and welfare. Towards a framework for studying welfare state variation. In: Boje TP and Leira A (eds) *Gender, welfare state and the market: Towards a new division of labour*. Florence: Routledge.

- Daly M 2002, Care as a good for social policy. *Journal of Social Policy* 31: 251-279.
- Daly M and Lewis J 1998, Introduction: Conceptualising social care in the context of welfare state restructuring. In: Lewis J (ed) *Gender, social care and welfare state restructuring in Europe*. Aldershot: Ashgate Publishing.
- Daly M and Lewis J 2000, The concept of social care and the analysis of contemporary welfare states. *British Journal of Sociology* 51: 281-298.
- Daniels AK 1988, *Invisible careers*, Chicago: The University of Chicago Press.
- Dekker P and Halman L 2003, Volunteering and Values. In: Dekker P and Halman L (eds) *The Values of Volunteering: Cross-Cultural Perspectives*.
- Dollery B and Wallis J 2001, Social service delivery and the voluntary sector in contemporary Australia. *Working Paper in Economics*, 13, viewed 26 June 2015, http://www.une.edu.au/_data/assets/pdf_file/0005/67820/econwp01-10.pdf
- Downs LL 1992, Review of: *Women Assemble: Women Workers and the New Industries in Inter-War Britain* by Miriam Glucksmann. *Social History* 17: 150-155.
- Dryzek JS 2002, Including Australia: A democratic history In: Brennan G and Castles FG (eds) *Australia reshaped: 200 years of institutional transformation*. Cambridge University Press: Cambridge.
- Egmond M, Baxter J, Buchler S and Western M 2010, A stalled revolution? Gender role attitudes in Australia, 1986–2005. *Journal of Population Research*: 147-168.
- Einolf CJ and Chambré SM 2011, Who volunteers? Constructing a hybrid theory. *International Journal of Nonprofit and Voluntary Sector Marketing* 16: 298-310.
- Erlinghagen M and Hank K 2006, The participation of older Europeans in volunteer work. *Ageing and Society* 26: 567-584.
- Esping-Andersen G 1990, *The three worlds of welfare capitalism*, Cambridge: Polity Press.
- Esping-Andersen G 1999, *Social foundations of postindustrial economies*, New York: Oxford University Press.

- Esping-Andersen G 2009, *The incomplete revolution: Adapting to women's new roles*, Cambridge: Polity Press.
- Etzioni A 1993, *The spirit of community: Rights, responsibilities, and the communitarian agenda*, New York: Crown.
- Eurobarometer 2011, *Volunteering and intergenerational solidarity* European Parliament, viewed 17 September 2014, http://www.europarl.europa.eu/pdf/eurobarometre/2011/juillet/04_07/rapport_%20eb75_2_%20benevolat_en.pdf
- Evans MDR and Kelley J 2000, Charity work: International differences and Australian trends. *Australian Monitor* 3: 15-23.
- Evers A 1993, The welfare mix approach: Understanding the pluralism of welfare systems. In: Evers A and Svetlik I (eds) *Balancing pluralism. New welfare mixes for the elderly*. Aldershot: Avebury.
- Evers A 1995, Part of the welfare mix: The third sector as an intermediate area. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 6: 159-182.
- Evers A 2009, Civicness and civility. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 20: 239-259.
- Evers A 2011, Different traditions and prospects: Social services, third sector organisations and reform plans of the EU Commission. In: Boje and Potucek (eds) *Social rights, active citizenship, and governance in the European Union*. Baden Baden: Nomos Verlagsgesellschaft, 53-60.
- Evers A and Svetlik I 1993, *Balancing pluralism. New welfare mixes in care for the elderly*, Aldershot: Avebury.
- Eydal GB and Rostgaard T 2013, Caring families: Policies and practices in Nordic countries. In: Ottesen MH and Björndal U (eds) *Challenges for future family policies in the Nordic Countries* Copenhagen: SFI, 133-170.
- Fair Work Ombudsman 2013, *Annual report 2012-13*, viewed 25 July 2014, <http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CCcQFjAB&url=http%3A%2F%2Fwww.fairwork.gov.au%2FArticleDocuments%2F710%2FFair-Work-Ombudsman-Annual-Report-2012-13.pdf.aspx&ei=O6BrVY6mB4KC8gXGoID4Aq&usq=AFQjCNHDFT8tkOcsy2Yungj4tbealtHvUA&sig2=LRA9v2qZIR1Hsdb4uvOw3A&bvm=bv.94455598,d.dGc>

- Fair Work Ombudsman 2014, *Annual report 2013-14*, viewed 1 June 2015, <http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0CC0QFjAC&url=http%3A%2F%2Fwww.fairwork.gov.au%2FArticleDocuments%2F710%2Ffair-work-ombudsman-annual-report-2013-14.pdf.aspx&ei=1aFrVbjjHdjv8gXEwIPoAw&usq=AFQjCNFvv8OI62G8Kip9hm4R4X9dCSaUmQ&sig2=ugeUSqe2e4E-juBCjwvr7q&bvm=bv.94455598,d.dGc>
- Fair Work Ombudsman n/d, *Unpaid Work*. viewed 1 June 2015 <http://www.fairwork.gov.au/pay/unpaid-work>.
- Finch J and Groves D 1980, Community care and the family: A case for equal opportunities. *Journal of Social Policy* 9: 487-511.
- Fine M 1999, Coordinating Health, Extended Care and Community Support Services. Reforming Aged Care in Australia. *Journal of Aging and Social Policy* 11: 67-90.
- Fine M 2007, *A caring society? Care and dilemmas of human service in the 21st century*, New York: Palgrave Macmillan.
- Flyvbjerg B 2001, *Making social science matter*, Cambridge: Cambridge University Press.
- Flyvbjerg B 2006, Five misunderstandings about case-study research. *Qualitative Inquiry* 12: 219-245.
- Fontana A and Frey JH 2005, The interview: From neutral stance to political involvement. In: Denzin NK and Lincoln YS (eds) *Handbook of qualitative research* Thousand Oaks: Sage Publication, 695-727.
- Fraser N 1994, After the family wage: Gender equity and the welfare state. *Political Theory* 22: 591-618.
- Freidson E 2001, *Professionalism, the third logic*, Cambridge: Polity Press.
- Fridberg T and Henriksen LS 2014, *Udviklingen i frivilligt arbejde (translation: Developments in Voluntary Work)*, Socialforskningsinstituttet, viewed 1 June 2015, <http://www.sfi.dk/rapportoplysninger-4681.aspx?Action=1&NewsId=4327&PID=9267>
- Fridberg T, Henriksen LS and Qvist HP 2013, *Udviklingen i frivilligt arbejde 2004-2012, foreløbige analyser (Translation: developments in voluntary work 2004-12)*, Socialforskningsinstituttet, viewed 15 December 2014,

<http://www.sfi.dk/rapporTOPlysninger-4681.aspx?action=1&newsid=4327&pid=9267>

- Fyall R and Gazley B 2013, Applying social role theory to gender and volunteering in professional associations. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 26: 288-314.
- Ganesh S and McAllum K 2012, Volunteering and professionalization. *Management Communication Quarterly* 26: 152-158.
- Gaskin K 2005, On the safe side: Volunteering and risk in England. *Voluntary Action: The Journal of the Institute for Volunteering Research* 8.
- Gelissen JPT, van Oorschot WJH and Finsveen E 2012, How does the welfare state influence individuals' social capital? . *European Societies* 14: 416-440.
- Gibelman M 2000, The nonprofit sector and gender discrimination. *Nonprofit Management and Leadership* 10: 251-269.
- Glucksmann M 2005, Shifting boundaries and interconnections: Extending the 'Total Social Organisation of Labour'. In: Pettinger L, Parry J, Taylor R and Glucksmann M (eds) *A new Sociology of Work*. Carlton: Blackwell Publishing, 19-36.
- Glucksmann MA 1995a, Some do, some don't (but in fact they all do really); some will, some won't; some have, some haven't: women, men, work and washing machines. *gender and History* 7.
- Glucksmann MA 1995b, Why 'work'? Gender and the 'total social organisation of labour'. *Gender, Work and Organization* 2: 63-75.
- Graham H 1983, Caring: A labour of love. In: Finch J and Groves D (eds) *A labour of love: Women, work and caring* Henley on Thames: Routledge and Kegan Paul Books, 13-30
- Gray M and Baxter J 2010, *The longitudinal study of Australian children. Annual statistical report 2010*, Australian Study of Family Studies, viewed 1 June 2015, <http://www.growingupinaustralia.gov.au/pubs/asr/2010/asr2010d.html>
- Greeno CG and Maccoby EE 1986, How different is the "different voice"? *Signs* 11: 310-316.
- Greve B 2004, Universal or not so universal welfare state. *Social Policy and Administration* 38: 156–169.

- Habermann U 2007, *En postmoderne helgen? Om motiver til frivillighed* (Translation: *A post-modern saint? On motives for volunteer work*), Copenhagen S: Museum Tusculanums Forlag.
- Hakim C 2003, A new approach to explaining fertility patterns: Preference theory. *Population and Development Review* 29: 349-374.
- Hakim C 2004, *Key issues in women's work: Female diversity and the polarisation of women's employment*, London: The GlassHouse Press.
- Handy F and Hustinx L 2009, The why and how of volunteering. *Nonprofit Management and Leadership* 19: 549-558.
- Handy F and Srinivasan N 2004, Valuing volunteers: An economic evaluation of the net benefits of hospital volunteers. *Nonprofit and Voluntary Sector Quarterly* 33: 28-54.
- Hardill I and Baines S 2011, *Enterprising care? Unpaid voluntary action in the 21st century*, Bristol: Policy Press.
- Hartmann HI 1976, Comment on Marnie W. Mueller's: the economic determinants of volunteer work by women. *Signs* 1: 773-776.
- Haski-Leventhal D 2009, Altruism and volunteerism: The perceptions of altruism in four disciplines and their impact on the study of volunteerism. *Journal for the Theory of Social Behaviour* 39: 271-299.
- Henriksen LS 2011a, Frivilligt socialt arbejde i nye (politiske) omgivelser (Translation: Voluntary social work in new (political) contexts). *Social Politik* 5: 10-17.
- Henriksen LS 2011b, Restrukturering af Frivilligheden (translations: Restructuring volunteerism). *Uden for Nummer*. Copenhagen: Dansk Socialrådgiverforening.
- Henriksen LS and Bundesen P 2004, The moving frontier in Denmark: Voluntary-state relationships since 1850. *Journal of Social Policy* 33: 605-625.
- Henriksen LS, Koch-Nielsen I and Rosdahl D 2008, Formal and informal volunteering in a Nordic context: The case of Denmark. *Journal of Civil Society* 4: 193-209.
- Henriksen LS, Smith SR and Zimmer A 2009, 'At the eve of convergence?', paper presented at the *The 38th Annual ARNOVA (Association for Research on Nonprofit and Voluntary Action) Conference*. Cleveland,

USA. 19-21 November, 2009 <http://vbn.aau.dk/files/18925948/arnova09--DraftFinalVersion---10Nov09.pdf>

- Hermansen J forthcoming, The impact of nonresponse on estimates of volunteering in the case of Denmark *n/a*.
- Hermansen J, Petrovski E and Boje T 2014a, 'Formelt og uformelt frivilligt arbejde - supplerende eller alternative aktiviteter', paper presented at the *Civilsamfund og Frivillighed i Forandring*,
- Hermansen J, Petrovski E and Boje T 2014b, 'Formelt og uformelt frivilligt arbejde: Supplerende eller alternative aktiviteter', paper presented at the *Civilsamfund og Frivillighed i Forandring Seminar*, 28 and 29 October 2014,
- Hernes HM 1987, *Welfare, state and woman power: Essays in state feminism*, Oslo: Norwegian University Press.
- Hernes HM 1988, Scandinavian citizenship. *Acta Sociologica* 31: 199-215.
- Hjalager AM, Lassen M and Bild T 2009, Nurses' shop stewards and their collaboration with management. *Journal of Health Organization and Management* 23: 23-37.
- Hoad P 1991, Volunteers in the independent hospice movement. *Sociology of Health and Illness* 13: 231-248.
- Hoad P 2002, Drawing the line: Boundaries of volunteering in the community care of older people. *Health and Social Care in the Community* 10: 239-246.
- Hochschild A 2003, *The commercialization of intimate life*, Berkeley and Los Angeles: University of California Press.
- Holst C 2006, Statsfeminisme og nasjonalstaten [State feminism and the nation state]. *Kvinder, Køn og Forskning* 4: 5-16.
- House of Representatives Standing Committee on Family Community Housing and Youth 2009, *Who Cares ...? Report on the inquiry into better support for carers* viewed 1 June 2015, http://www.aph.gov.au/parliamentary_Business/Committees/House_of_Representatives_Committees?url=fchy/carers/index.htm
- Huppatz K and Goodwin S 2013, Masculinised jobs, feminised jobs and men's 'gender capital' experiences: Understanding occupational segregation in Australia. *Journal of Sociology* 49: 291-308.

- Hustinx L, Handy F and Cnaan RA 2010, Volunteering. In: Taylor R (ed) *Third sector research*. New York: Springer, 73-89.
- Hustinx L and Lammertyn F 2003, Collective and reflexive styles of Volunteering: A sociological modernization perspective. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 14: 167-187.
- Ibsen B and Habermann U 2005, Defining the nonprofit sector: Denmark. *Working Papers of the John Hopkins Comparative Nonprofit Sector Project*, 44, viewed 1 June 2013, http://adm-cf.com/jhu/pdfs/CNP_Working_Papers/CNP_WP46_Denmark_2006.pdf
- Industry Commission 1995, *Charitable organisations in Australia*, Report No. 45, viewed 1 June 2013, <http://www.pc.gov.au/inquiries/completed/charity/45charit.pdf>
- Ironmonger D 2000, Measuring volunteering in economic terms. In: Oppenheimer M and Warburton J (eds) *Volunteers and Volunteering*. Leichhardt: The Federation Press.
- Jamrozik A 1994, From Harvester to deregulation: Wage earners in the Australian welfare state. *Australian Journal of Social Issues* 29: 162-170.
- Jegermalm M and Sundstrom G 2014, *Ideelle insatser for och av aldre: En losning pa aldreomsorgens utmaninger*, Stockholm: Forum och forfattarna.
- Jenson J 2009, Lost in translation: The social investment perspective and gender equality. *Social Politics* 16: 446-483.
- Jessen MB 2014, 'Flødeskum eller nødvendighed (Translation: Cream or necessity)', paper presented at the *the December Conference 2014, Hvad f*** gør frivilligheden frivillig? (Translation: December Conference 2014 'what the h*** makes voluntary work voluntary?)* organised by Center for Frivilligt Socialt Arbejde <http://www.frivillighed.dk/Webnodes/da/Web/Public/Publikationer/Bestil+publikationer/7344/publikation>
- Johnson TJ 1972, *Professions and power*, London and Basingstoke: The MacMillan Press.
- Karniol R, Grosz E and Schorr I 2003, Caring, gender role orientation, and volunteering. *Sex Roles* 49: 11-19.

- Knijn T and Kremer M 1997, Gender and the caring dimension of welfare states: toward inclusive citizenship. *Social Politics* 4: 328-361.
- Koch-Nielsen I, Henriksen LS, Fridberg T and Rosdahl D 2005, *Frivilligt arbejde: Den frivillige indsats i Danmark (Translation: Voluntary work: the voluntary effort in Denmark)*, Copenhagen: Socialforskningsinstituttet.
- Kremer M 2005, 'The cultural dimension of welfare states: Ideals of care and women's work', paper presented at the *the RC19 Meeting Chicago, 8-10 September 2005*, <http://www.northwestern.edu/rc19/Kremer.pdf>
- Kremer M 2007, *How welfare states care*, Amsterdam: Amsterdam University Press.
- Kroger T 2011, Defamilisation, dedomestication and care policy. *International Journal of Sociology and Social Policy* 31: 424-440.
- Kvale S and Brinkmann S 2009, *InterViews: Learning the craft of qualitative research interviewing*, Thousand Oaks: Sage Publications.
- Kvist J 2000, *Activating welfare states: Scandinavian experiences in the 1990s*, The Danish National Institute of Social Research, viewed 1 June 2015, https://sfi.dk/Files/Filer/SFI/Pdf/Working_papers/workingpaper2000_7.pdf
- La Cour A 2014, *Frivillighedens logik og den politik (translation: The logic of voluntary work and its politics)*, Frederiksberg: Nyt fra Samfundsvidenskaberne.
- Land H and Rose H 1985, Compulsory altruism for some or an altruistic society for all? In: Bean P, Ferris J and Whynes D (eds) *In Defence of Welfare*. London: Tavistock, 74-96.
- Landry C n/d, *Risk and the creation of liveable cities*, viewed 1 June 2015, <http://webarchive.nationalarchives.gov.uk/20110118095356/http://www.cabe.org.uk/files/what-are-we-scared-of.pdf>
- Larson MS 1977, *The rise of professionalism*, Los Angeles: University of California Press.
- Lester SM, Anheier HK, List R, Toepler S and Sokolowski SW 1999, *Global civil society: Dimensions of the nonprofit sector*, Baltimore: The Johns Hopkins University.
- Lewinter M 2008, 'Combining Caring and Work: Informal Carers in Denmark', paper presented at the *Transforming Care Conference, 2008*, August 2010,

http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCMQFjAA&url=http%3A%2F%2Fsfidk%2FAdmin%2FPublic%2FDownload.aspx%3Ffile%3DFiles%252FFiler%252Ftransforming%2Bcare%252FMyra_Lewinter2.doc&ei=gyCZU9ufIMOTkQW41YG4DQ&usg=AFQjCNG-kDx--0T5qpbilkNFWwRqlzRaSq&sig2=425-XLygVp2hch-a0rbnYA&bvm=bv.68911936,d.dGI&cad=rja

- Lewis J 1992, Gender and the development of welfare regimes. *Journal of European Social Policy* 2: 159-173.
- Lister R 2009, A Nordic nirvana? Gender, citizenship, and social justice in the Nordic welfare states. *Social Politics: International Studies in Gender, State and Society* 16: 242-278.
- Loeser H 1974, *Women, work and volunteering*, Boston: Beacon Press.
- Low N, Butt S, Paine AE and Smith JD 2007, *A national survey of volunteering and charitable giving*, UK: Cabinet Office.
- Lyon D and Glucksmann M 2008, Comparative Configurations of care work across Europe. *Sociology* 42: 101-118.
- Lyons M 1998, Defining the nonprofit sector: Australia. In: Salamon LM and Anheier HK (eds) *Working papers of the John Hopkins Comparative Nonprofit Sector Project, no. 30*. Baltimore: The Johns Hopkins Institute for Policy Studies, 1-20.
- Macdonald KM 1995, *The sociology of the professions*, London: Sage Publications.
- McGregor-Lowndes 2014, Volunteering and recent governance reforms. In: Oppenheimer M and Warburton J (eds) *Volunteering in Australia*. Sydney: The Federation Press.
- McLennan S 2014, Medical voluntourism in Honduras: 'Helping' the poor? *Progress in Development Studies* 14: 163-179.
- McNamara B 2004, Good enough death: Autonomy and choice in Australian palliative care. *Social Science & Medicine* 58: 929-938.
- Meagher G 2007, The Challenge of the Care Workforce: recent Trends and emerging Problems. *Australian Journal of Social Issues* 42: 151-167.
- Meagher G 2014, Persistent inequalities: The distribution of money, time and care. In: Schroeder SK and Chester L (eds) *Challenging the orthodoxy*. Springer Berlin Heidelberg, 79-100.

- Meagher G and Cortis N 2008, The political economy of for-profit paid care: Theory and evidence. In: King D and Meagher G (eds) *Paid care in Australia: Profits, purpose, practices*. Sydney: Sydney University Press.
- Merrell J 2000, Ambiguity: Exploring the complexity of roles and boundaries when working with volunteers in well woman clinics. *Social Science & Medicine* 51: 93-102.
- Messner MA and Bozada-Deas S 2009, Separating the men from the moms: The making of adult gender segregation in youth sports. *Gender and Society* 23: 49-71.
- Milligan C and Fyfe NR 2005, Preserving space for volunteers: Exploring the links between voluntary welfare organisations, volunteering and citizenship. *Urban Studies* 42: 417-133.
- Morgeson FP and Humphrey SE 2006, The Work Design Questionnaire (WDQ): Developing and validating a comprehensive measure for assessing job design and the nature of work. *Journal of Applied Psychology*, 91: 1321-1339.
- Morris S, Wilmot A, Hill M, Ockenden N and Payne S 2013, A narrative literature review of the contribution of volunteers in end-of-life care services. *Palliative Medicine* 27: 428-436
- Musick MA and Wilson J 2008, *Volunteers, a social profile*, Bloomington: Indiana University Press.
- Mutchler JE, Burr JA and Caro FG 2003, From paid worker to volunteer: Leaving the paid workforce and volunteering in later life. *Social Forces* 81: 1267-1293.
- Nancarrow SA and Borthwick A, M 2005, Dynamic professional boundaries in the healthcare workforce. *Sociology of Health and Illness*: 897-919.
- Normacare n/d, *Welcome to Normacare*. viewed 1 June 2015
<http://www.normacare.net/>.
- O'Connor JS 1993, Gender, class and citizenship in the comparative analysis of welfare state regimes: theoretical and methodological Issues. *British Journal of Sociology* 44: 501-518.
- O'Connor JS 1999, Employment equality strategies in liberal welfare states. In: Sainbury D (ed) *Gender and Welfare State Regimes*. Oxford: Oxford University Press, 47-74.

- O'Connor JS, Orloff AS and Shaver S 1999, *States, markets, families, gender, liberalism and social policy in Australia, Canada, Great Britain and the United States*, Melbourne: Cambridge University Press.
- OECD 2011, *Help wanted: Providing and paying for long-term care*, viewed 15 May 2014, <http://www.oecd.org/health/longtermcare/helpwanted>
- OECD 2013a, *Employment outlook: How do OECD labour markets perform?*, viewed 15 May 2014, http://www.oecd.org/document/22/0,3746,en_2649_37457_43221014_1_1_37457,00.html#unemp
- OECD 2013b, *OECD family database: Maternal employment*, viewed 15 May 2014, <http://www.oecd.org/social/soc/oecdfamilydatabase.htm>
- OECD 2014, *OECD family database: Employment profiles over the life-course* viewed 15 May 2014, http://www.oecd.org/document/4/0,3746,en_2649_34819_37836996_1_1_1_1,00.html
- Onyx J and Warburton J 2003, Volunteering and health among older people: A review. *Australasian Journal on Ageing* 22: 65-69.
- Oppenheimer M 2000, An overview of the voluntary principle in Australia, why the past matters. In: Warburton J and Oppenheimer M (eds) *Volunteers and Volunteering*. Sydney: The Federation Press, 9-18.
- Oppenheimer M 2014, A short history of volunteering in Australia. In: Oppenheimer M and Warburton J (eds) *Volunteering in Australia*. Sydney: The Federation Press.
- Oppenheimer M and Edwards 2011, *Protection of volunteers in the workplace: A pilot study of GREAT Community Transport (GCT) Inc*, Department of Family and Community Services, viewed 1 June 2015, <http://greatcommunitytransport.org.au/wp-content/uploads/2012/09/GCT-protectionofvolunteers-2011.pdf>
- Oppenheimer M and Warburton J 2014, Introduction. In: Oppenheimer M and Warburton J (eds) *Volunteering in Australia*. Sydney: The Federation Press, 2-12.
- Orloff AS 1993, Gender and the social rights of citizenship: The comparative analysis of gender relations and welfare states. *American Sociological Review* 58: 303-328.

- Orloff AS 1996a, Gender and the welfare state. Paper based on public lectures on the subject 'gender relations and welfare states' held at Center for Advanced Study in the Social Sciences of the Juan March Institute, Madrid, 1995.
- Orloff AS 1996b, Gender in the welfare state. *Annual Review of Sociology* 22: 51-78.
- Overgaard C 2014, De frivilliges styrke i omsorgsarbejdet (translation: Volunteer strengths in care work). *Sygeplejersken* 7: 72-77.
- 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: 380–388.
- Page R 1996, *Altruism and the British welfare state*, Aldershot: Avebury.
- Parry J 2005, Care in the community? Gender and the reconfiguration of community work in a post-mining neighborhood. In: Pettinger L, Parry J, Taylor R and Glucsmann M (eds) *A new Sociology of Work*. Oxford: Blackwell, 149-166.
- Parry J, Taylor R, Pettinger L and Glucsmann M 2005, Confronting the challenges of work today: New horizons and perspectives. In: Pettinger L, Parry J, Taylor R and Glucsmann M (eds) *A new Sociology of Work*. Oxford: Blackwell, 3-18.
- Parsons T 1951, Illness and the role of the physician: A sociological perspective *American Journal of Orthopsychiatry* 21: 452-460.
- Pateman C 1987, The patriarchal welfare state: women and democracy In: Gutmann A (ed) *Democracy and and the welfare state* Princeton: Princeton University Press, 231-260.
- Patton MQ 1990, *Qualitative evaluation and research methods*, Newbury Park, California: Sage Publications.
- Pavlova M and Silbereisen RK 2012, Participation in voluntary organizations and volunteer work as a compensation for the absence of work or partnership? Evidence from two German samples of younger and older adults. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 67: 514-524.
- Payne S 2002, Dilemmas in the use of volunteers to provide hospice bereavement support: evidence from New Zealand *Mortality* 7: 139-154.

- Pestoff VA 1995, *Citizens as co-producers of social services in Europe. From the welfare state to the welfare mix*, Stockholm Stockholm University, School of Business.
- Pfau-Effinger B 1998, Gender cultures and the gender arrangement - a theoretical framework for cross-national gender research. *Innovation: The European Journal of Social Sciences* 11: 147-166.
- Pfau-Effinger B 2004, *Development of culture, welfare states and women's employment in Europe*, Aldershot: Ashgate Publishing.
- Phillips B 2014, *Fundamentals of SPSS (course material supplied at ACSPRI winter program 2014)*, Melbourne: Swiburne University of Technology.
- Pichler F and Wallace C 2007, Patterns of formal and informal social capital in Europe. *European Sociological Review* 23: 423-435.
- Pick D, Holmes K and Brueckner M 2011, Governmentalities of volunteering: a study of Regional Western Australia. *Voluntas* 22: 390-408.
- Portes A 1998, Social capital: Its origins and applications in modern sociology. *Annual Review of Sociology* 24: 1-24.
- Portes A 2000, The two meanings of social capital. *Sociological Forum* 15: 1-12.
- Preston A and Whitehouse G 2004, Gender differences in occupation of employment within Australia. *Australian Journal of Labour Economics* 7: 309-327.
- Productivity Commission 2010, *Contribution of the not-for-profit Sector. Research report*, viewed 13 June 2014, <http://www.pc.gov.au/projects/study/not-for-profit/report>
- Productivity Commission 2011a, *Caring for older Australians*, viewed 13 June 2014, <http://www.pc.gov.au/projects/inquiry/aged-care/report>
- Productivity Commission 2011b, *Disability care and support*, viewed 14 June 2014, <http://www.pc.gov.au/projects/inquiry/disability-support/report>
- Putnam R 1995, Bowling alone: America's declining social capital *Journal of Democracy* 6: 65-78.
- Putnam R 2000, *Bowling alone*, New York: Simon and Schuster Paperbacks.
- Quiggin J 2007, The risk society, social democracy in an uncertain world. *Centre for Policy Development, Occasional Paper, No. 2*, viewed
- Regeringen 2012, *Danmark i arbejde: Udfordringer for Dansk økonomi mod 2020 (Translation: Denmark at work: Challenges for Danish economy*

- toward 2020), Regeringen, viewed 13 June 2014,
http://www.stm.dk/p_13679.html
- Richards L 2009, *Handling qualitative data: A practical guide*, London: Sage.
- Rifkin J 2004, *The end of work*, New York: Jeremy P. Tarcher/Penguin.
- Rittel HWJ and Webber MM 1973, Dilemmas in General Theory of Planning. *Policy Sciences* 4: 155-169.
- Rostgaard T and Szebehely M 2012, Changing policies, changing patterns of care: Danish and Swedish home care at the crossroads. *European Journal of Ageing* 9: 101-109
- Sainsbury D 1999a, Gender and social-democratic welfare states. In: Sainsbury D (ed) *Gender and welfare state regimes*. Oxford: Oxford University Press, 75-116.
- Sainsbury D 1999b, Introduction. In: Sainsbury D (ed) *Gender and welfare state regimes*. Oxford: Oxford University Press, 1-14.
- Saks M 2012, Defining a profession: The role of knowledge and expertise. *Professions & Professionalism* 2: 1-10.
- Salamon LM 1987, Of market failure, voluntary failure, and third-party government: Toward a theory of government-nonprofit relations in the modern welfare state. *Journal of Voluntary Action Research* 16: 29-49.
- Salamon LM and Anheier HK 1998, Social origins of civil society: Explaining the non-profit sector cross nationally. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 9: 213-247.
- Salamon LM and Sokolowski SW 2003, Institutional roots of volunteering: Toward a macro-structural theory of individual voluntary action. In: Dekker P and L H (eds) *The Values of Volunteering*. New York: Kluwer Academic/Plenum Publishers, 71-90.
- Salamon LM, Sokolowski SW and Anheier HK 2000, Social origins of civil society: An overview. *Working Papers of the Johns Hopkins Comparative Nonprofit Sector Project*, no. 38, 38, viewed March 2012,
http://ccss.jhu.edu/wp-content/uploads/downloads/2011/09/CNP_WP38_2000.pdf
- Salamon LM and Sokolowski W 2001, Volunteering in cross-national perspective: Evidence from 24 Countries. *Working Papers of the Johns Hopkins Comparative Nonprofit Sector Project* 40.

- Sawer M 2002, Waltzing matilda: Gender and Australian political institutions. In: Castles FG (ed) *Australia reshaped: 200 years of institutional transformation*. Cambridge: Cambridge University Press, 148-180.
- Schervish P and Havens J 2002, The Boston area diary study and the moral citizenship of care. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 13: 47-71.
- Scott AF 1991, *Natural allies: Women's associations in American history*, Chicago: University of Illinois.
- Shutes I and Walsh K 2012, Negotiating user preferences, discrimination, and demand for migrant labour in long-term care. *Social Politics* 19: 78-104.
- Skocpol T 1996, What Tocqueville missed, *Slate*, 15 November, viewed http://www.slate.com/articles/news_and_politics/hey_wait_a_minute/1996/11/what_tocqueville_missed.html
- Smith DH 1994, Determinants of voluntary association, participation and volunteering: A literature review. *Nonprofit and Voluntary Sector Quarterly* 23: 243-263.
- Smith SR and Lipsky M 1993, *Nonprofits for hire*, London: Harvard University Press.
- Staines GL 1980, Spillover versus compensation: A review of the literature on the relationship between work and nonwork. *Human Relations* 2: 111-129.
- Stake RE 2006, *Multiple Case Study Analysis*, New York: The Guilford Press.
- Stake RE 2008, Qualitative case studies. In: Denzin NK and Lincoln YS (eds) *Strategies of qualitative inquiry*. Thousand Oaks: Sage Publications, 119-150.
- Stark A 2005, Warm hands in cold age: On the need of a new world order of care *Feminist Economics* 11: 7-36.
- Statsministeriet 2006, *Frit valg, brugerinddragelse og personligt ansvar. Temamøde den 30. november 2006 (Translation: Consumer choice, citizen participation and personal responsibility, a discussion paper from the Danish Prime Minister's Office)* viewed 14 July 2014, http://www.stm.dk/p_13641.html

- Stebbing A and Spies-Butcher B 2010, Universal welfare by other means? Social tax expenditures and the Australian dual welfare state *Journal of Social Policy*. 1-22.
- Taylor R 2004, Extending conceptual boundaries: work, voluntary work and employment. *Work, employment and society* 18: 29-49.
- Taylor R 2005, Rethinking voluntary work. In: Pettinger L, Parry J, Taylor R and Glucksmann M (eds) *A new sociology of work?* Carlton: Blackwell Publishing, 119-135.
- Thøgersen M 2013, Selvejende institutioner i Danmark (transl.: Self-governing organisations in Denmark In: Henriksen LS (ed) *01: 2013 Arbejdsnotat Netværk for forskning i civilsamfund og frivillighed*. Odense: Netværk for forskning i civilsamfund og frivillighed.
- Thorsen S, Rugulies R, Løngaard K, Borg V, Thielen K and Bjorner JB 2012, The association between psychosocial work environment, attitudes towards older workers (ageism) and planned retirement. *International Archives of Occupational and Environmental Health* 85: 437-445.
- Tonkens E 2012, Working with Arlie Hochschild: connecting feelings to social change. *Social Politics* 19.
- Tronto J 1993, *Moral boundaries: A political argument for an ethics of care*, New York: Routledge.
- Uhr J 2002, Political leadership and rhetoric. In: Brennan G and Castles FG (eds) *Australia reshaped: 200 years of institutional transformation*. Cambridge: Cambridge University Press, 261-294.
- Ungerson C 2000, The commodification of care: Current policies and future policies. In: Hobson B (ed) *Gender and citizenship in transition*. London: Macmillan, 173-200.
- Ungerson C 2005, Care, work and feeling. In: Pettinger L, Parry J, Taylor R and Glucksmann M (eds) *A new sociology of work*. Carlton: Blackwell Publishing, 188-203.
- van Oorschot W and Arts W 2005, The social capital of European welfare states: The crowding out hypothesis revisited. *Journal of European Social Policy* 15: 5-26.

- van Oorschot W, Arts W and Gelissen J 2006, Social capital in Europe: Measurement of social and regional distribution of a multifaceted phenomenon. *Acta Sociologica* 49: 149-167.
- van Oorschot W, Arts W and Halman L 2005, Welfare state effect on social capital and informal solidarity in the European Union: Evidence from the 1999/2000 European Values Study. *The Policy Press* 33: 33-54.
- Verba S, Schlozman KL and Brady HE 1995, *Voice and equality: Civic voluntarism in American politics*, Cambridge: Harvard University Press.
- Viborg Menighedspleje a n.d., *Menighedsplejens, Aflastningstjeneste*. viewed 6 November 2014
http://frivilligeshus.dk/Menighedsplejens_Aflastningstjeneste_Viborg.asp.
- Volunteering Australia 2011a, *Designing volunteer roles and position description*. viewed 30 August 2013
<http://www.volunteeringaustralia.org/Publications/Best-practice/Designing-Volunteer-Roles-and-Position-Descriptions.asp>.
- Volunteering Australia 2011b, *National survey of volunteering issues*, viewed 5 June 2014, http://www.volunteeringaustralia.org/wp-content/files_mf/1377045635VANSVI2011.pdf
- Wagner A 2000, Reframing 'social origins' theory: The structural transformation of the public sphere. *Nonprofit and Voluntary Sector Quarterly* 29: 541-553.
- Warburton J and Jeppsson Grassman E 2011, Variations in older people's social and productive ageing activities across different social welfare regimes. *International Journal of Social Welfare* 20: 180-191.
- Warburton J, Oppenheimer M and Moore M 2014, Volunteering in traditional and social welfare organisations: Current challenges and opportunities. In: Warburton J and Oppenheimer M (eds) *Volunteering in Australia*. Sydney: The Federation Pres, 154-167.
- Warburton J and Smith J 2003, Out of the generosity of your heart: Are we creating active citizens through compulsory volunteer programs for young people in Australia? *Social Policy and Administration* 37: 772-786.
- Wheelan J 2012, *Big society and Australia: How the UK Government is dismantling the state and what it means for Australia*, Centre for Policy

- Development, viewed 31 October 2014, http://cpd.org.au/wp-content/uploads/2012/05/cpd_big_society-FINAL-WEB-VERSION.pdf
- Whelan J 2012, Big society and Australia. *Centre for Policy Development* May 2012.
- Wilson C 2013, Unemployment among older Australians a national disaster, age discrimination commissioner says, *ABC News*, viewed 17 September 2014, <http://www.abc.net.au/news/2013-11-02/older-people-struggle-to-reenter-workforce/5065854>
- Wilson J 2000, Volunteering. *Annual Review of Sociology* 26: 215-240.
- Wilson J and Musick MA 1997a, Who cares? Toward an integrated theory of volunteer work. *American Sociological Review* 62: 694-713.
- Wilson J and Musick MA 1997b, Work and volunteering: the long arm of the job. *Social Forces* 76: 251-271.
- Wilson J and Musick MA 1999, Attachment to volunteering. *Sociological Forum* 14: 243-271.
- Witz A 1990, Patriarchy and professions: The gendered politics of occupational closure. *Sociology* 24: 675-690.
- Witz A 1992, *Professions and patriarchy*, London: Routledge.
- Yeatman A 2009, *Individualization and the delivery of welfare services*, Hampshire, UK: Palgrave Macmillan.
- Yeung AB 2004, The octagon model of volunteer motivations: Results of a phenomenological analysis. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 15: 21-46.
- Yin RK 2003, *Case study research*, Thousand Oaks: Sage Publications.
- Youniss J, Yates M and Su Y 1997, Social integration: Community service and marijuana use in high school seniors. *Journal of Adolescent Research* 12: 245-262
- Zimmer 2006, *Nordic civic society organisations and the future of welfare services*, Copenhagen: Nordic Council of Ministers,.

Annexe A: Abstracts

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.

This paper explores the manner in which two hospices—one located in Denmark and one in Australia – negotiate and determine the boundaries of volunteer workers *vis à vis* paid staff. A comparative case study approach was used to juxtapose organisations with similar activity fields located in different welfare state systems, i.e. a social-democratic welfare state and a liberal welfare state. This study involved non-participant observation of volunteers at work and unstructured interviews with volunteers, staff and management in the hospices. Data were collected between August 2012 and February 2013. Data were managed using NVivo and analysed thematically. A key finding is that volunteers in the Danish hospice were excluded from all direct care work due to the effective monopoly of the professional care providers, whereas the Australian volunteers participated in the provision of care to the extent that risk could be eliminated or mitigated to an acceptable level. The findings suggest two different models of the roles of volunteers in tension with professional care providers. Both models recognise that volunteers add to the level of care delivered by the organisations and allow for a discussion that moves away from the normative discussions of “not taking somebody’s job”, while also recognising that volunteers must be more than just the “nice extra” if they are to be of any real value to the organisation and to care-receivers.

Overgaard C 2014, De frivilliges styrke i omsorgsarbejdet (translation: Volunteer strengths in care work). *Sygeplejersken*, 7, 72-77.

This article is concerned with volunteers' involvement in the delivery of care to the old, the very sick and the dying. Focussing on the voices of those involved in care work, the aim of this chapter is to explore the question, "What are volunteers particularly good at in care work?" Data have been collected through interviews with management, staff and volunteers in a number of Australian and Danish human service organisations. Participants see that volunteers are particularly good care-givers when volunteers participate in job functions where they can utilise the three factors, time, humanity and experience. They further see that those jobs provide a sense of purpose to volunteers' engagement. The article's author gives a number of examples where organisations have used the special strength of volunteers to enhance the organisation's quality of care. The findings are thus of relevance to organisations which use or are planning to use volunteers in care work.

Overgaard C 2014, Volunteer care work, paid care work and gender: A comparative study of Australia and Denmark, presented in the seminar *Civilsamfund og Frivillighed i Forandring*, organised by Aalborg University, on 28 and 29 October 2014.

The objective of this paper is to explore the links between what people do when they work(ed) for pay to what they do when they volunteer, by focussing specifically on volunteers who work with the aged, the very sick and the dying. The data in this paper were collected as part of a comparative case study of Denmark and Australia. Data were collected between August 2012 and May 2013 through face-to-face interviews with hospice and respite volunteers in Denmark and Australia. The data suggest that the interview participants' involvement in volunteering and their paid work trajectories are closely linked and intertwined. The paper argues that volunteering must be understood in relation to men and women's "access to work".

Overgaard C n.a., When to work for pay, when not to: A comparative study of Australian and Danish volunteer care workers, accepted in *Voluntas* with minor revisions.

This paper explores the links between volunteers care workers' current unpaid work and their own present or former paid work with the objective of analysing the ways welfare states influence volunteer care work. Data were collected between August 2012 and May 2013 through 41 face-to-face interviews with Danish and Australian volunteers working with the frail elderly, very sick and terminally ill. Three related arguments are made. One, paid and unpaid care work are so intertwined that it is not possible to understand volunteers' unpaid working lives without simultaneously understanding their paid work lives. Two, many volunteer care workers are attracted to care work, not volunteering per se. Three, volunteering must be understood in relation to men's and women's 'access to work' in the welfare state, access that ultimately depends on the design and developments of these two contrasting welfare states.

Petrovski E, Hermansen J and Overgaard C n.a., Volunteer Care Workers: A Case for Challenging Resource Theories on Volunteering. This article is planned to be presented at Association for Research on Nonprofit Organization and Voluntary Action (ARNOVA) conference in November 2015 and later to be submitted to the journal *Third Sector Research Quarterly*.

This paper challenges theories on volunteering that uniformly explain participation in volunteering by the high capital resources of individuals. To do this, we focus on volunteers within the vast and important caring domain, and use care theory to frame this type of care work as a low-status practice, primarily undertaken by women. With a 2012 Danish population survey, we confirm that care volunteering is a special case. We find that care volunteers are low-resource women, whereas non-care volunteering attracts high-resource men. We use this finding to argue for particular attention to gender and practices of informal care in volunteering research.

Annexe B: Ethics approval

Ethics Application Ref: (5201200419) - Final Approval

Dear A/Prof Fine,

Re: ('Volunteer work, human services and women in two different welfare systems')

Thank you for your recent correspondence. Your response has addressed the issues raised by the Faculty of Arts Human Research Ethics Committee and you may now commence your research.

This research meets the requirements of the National Statement on Ethical Conduct in Human Research (2007). The National Statement is available at the following web site:

http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/e72.pdf.

The following personnel are authorised to conduct this research:

A/Prof Michael Fine
Charlotte Hooper Overgaard

NB. STUDENTS: IT IS YOUR RESPONSIBILITY TO KEEP A COPY OF THIS APPROVAL EMAIL TO SUBMIT WITH YOUR THESIS.

Please note the following standard requirements of approval:

1. The approval of this project is conditional upon your continuing compliance with the National Statement on Ethical Conduct in Human Research (2007).
2. Approval will be for a period of five (5) years subject to the provision of annual reports.

Progress Report 1 Due: 18/06/13

Progress Report 2 Due: 18/06/14

Progress Report 3 Due: 18/06/15

Progress Report 4 Due: 18/06/16

Final Report Due: 18/06/17

NB: If you complete the work earlier than you had planned you must submit a Final Report as soon as the work is completed. If the project has been discontinued or not commenced for any reason, you are also required to submit a Final Report for the project.

Progress reports and Final Reports are available at the following website:

http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/human_research_ethics/forms

3. If the project has run for more than five (5) years you cannot renew approval for the project. You will need to complete and submit a Final Report and submit a new application for the project. (The five year limit on renewal of approvals allows the Committee to fully re-review research in an environment where legislation, guidelines and requirements are continually changing, for example, new child protection and privacy laws).
4. All amendments to the project must be reviewed and approved by the Committee before implementation. Please complete and submit a Request for Amendment Form available at the following website:

http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/human_research_ethics/forms

5. Please notify the Committee immediately in the event of any adverse effects on participants or of any unforeseen events that affect the continued ethical acceptability of the project.

6. At all times you are responsible for the ethical conduct of your research in accordance with the guidelines established by the University. This information is available at the following websites:

<http://www.mq.edu.au/policy/>

http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/human_research_ethics/policy

If you will be applying for or have applied for internal or external funding for the above project it is your responsibility to provide the Macquarie University's Research Grants Management Assistant with a copy of this email as soon as possible. Internal and External funding agencies will not be informed that you have final approval for your project and funds will not be released until the Research Grants Management Assistant has received a copy of this email.

If you need to provide a hard copy letter of Final Approval to an external organisation as evidence that you have Final Approval, please do not hesitate to contact the Faculty of Arts Research Office at ArtsRO@mq.edu.au

Please retain a copy of this email as this is your official notification of final ethics approval.

Yours sincerely

Dr Mianna Lotz

Chair, Faculty of Arts Human Research Ethics Committee

Annexe C: Interview schedule

| The questions asked | The information that that the interviews aim to cover |
|---|---|
| Intro questions | |
| Can you tell me about your time with this organisation? | |
| What do you think good care is for aged and sick? | professionals/friends/family |

| | |
|--|---|
| Work and Jobs | |
| Can you tell me about your working life? | Type, duration, time, skills |
| How do you feel your working life is connected to your volunteer work? | Age perspective Stepping stone, an alternative, continuation of work |
| Do you use any job related skills in volunteering? | List of resources |
| | |

| | |
|---|--|
| Private spheres | |
| Can you tell me about your private life and how you use your time there | Family composition, closeness, type of work, time, skills, marriage |
| How do you feel your private life is connected to your volunteer work? | Compete, complement or substitute Marriage, Age, certain cohorts? |
| Do you use any skills here that you also | List of resources |

| | |
|--|---|
| use at home? | |
| Are you involved in other ways beyond your immediate family? | Informal helping, other volunteering, extended family |

| | |
|---|--|
| Welfare states | |
| What role do you think the state has in looking after the sick and aged/refugees? | The links between welfare state systems and volunteerism |
| What role do you think this organisation has in looking after the sick and aged? | Rights, obligations |
| What role do you think you have in looking after the sick and aged? | |
| Do ideas about rights and obligations mean anything to you in regards to volunteering? In which ways? | Citizen rights and citizen obligations or other forms of obligations: religious, moral, family values, |
| Do you think the welfare state in any way influence your decision to volunteer – in which ways? | Directly, indirectly |

| | |
|---|--|
| Values | |
| What values do you think are important for being a good volunteer | What are motivations related to? Where do they originate? State, family, work, religion? |

| | |
|---|--|
| Gender | |
| What sort of gender differences to you think apply to volunteering? | Practical differences, morally, society's expectation, feminist roles, |