



Rewarding altruism: Addressing the issue of payments for volunteers in public health initiatives



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ABSTRACT

Lay involvement in public health programmes occurs through formalised lay health worker (LHW) and other volunteer roles. Whether such participation should be supported, or indeed rewarded, by payment is a critical question. With reference to policy in England, UK, this paper argues how framing citizen involvement in health only as time freely given does not account for the complexities of practice, nor intrinsic motivations. The paper reports results on payment drawn from a study of approaches to support lay people in public health roles, conducted in England, 2007–9. The first phase of the study comprised a scoping review of 224 publications, three public hearings and a register of projects. Findings revealed the diversity of approaches to payment, but also the contested nature of the topic. The second phase investigated programme support matters in five case studies of public health projects, which were selected primarily to reflect role types. All five projects involved volunteers, with two utilising forms of payment to support engagement. Interviews were conducted with a sample of project staff, LHWs (paid and unpaid), external partners and service users. Drawing on both lay and professional perspectives, the paper explores how payment relates to social context as well as various motivations for giving, receiving or declining financial support. The findings show that personal costs are not always absorbed, and that there is a potential conflict between financial support, whether sessional payment or expenses, and welfare benefits. In identifying some of the advantages and disadvantages of payment, the paper highlights the complexity of an issue often addressed only superficially. It concludes that, in order to support citizen involvement, fairness and value should be considered alongside pragmatic matters of programme management; however policy conflicts need to be resolved to ensure that employment and welfare rights are maintained.

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Introduction

To meet the challenge of persistent health inequalities, Morgan and Ziglio (2007) argue that a shift is required towards asset-based approaches that seek to harness the knowledge, skills and resources within communities. Across the globe, there is a tradition of public health programmes where ‘community’ or ‘lay’ health workers deliver healthcare and prevention to underserved communities (World Health Organization, 2007). Lay involvement in health can also occur through volunteering in public services or community-based activities, where volunteer contributions may be

classified as regular, occasional or episodic (Low, Butt, Ellis Paine, & Davis Smith, 2008). Scaling up citizen involvement as part of a strategic response to health inequalities requires consideration of what is required to support and value those individuals engaged in delivery. This paper deals with the question of whether involvement through lay health worker (LHW) interventions or more generic volunteering should be supported by payment. Remuneration is an issue that receives inadequate attention in public health policy and research, although practitioners will certainly face choices over incentives and financial support in implementing LHW programmes. The assumption, implicit in much literature, that all participation should be unpaid is questionable, given that public health efforts are often focused on the poorest communities.

The aim of the paper is to present a critical discussion of remuneration in the context of the management of LHW programmes, reporting findings from a study of approaches to develop and support lay people in public health roles conducted in England,

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UK (South et al., 2010). Assumptions that a simple distinction can be made between payment and volunteering models are undermined by the variety of approaches to providing financial and non-financial benefits that are reported (see Cherrington et al., 2010; Elford, Sherr, Bolding, Serle, & Maguire, 2002; Lam et al., 2003; Leaman, Lechner, & Sheeshka, 1997). Any discussion of LHW remuneration, therefore, needs to take account of the diversity of public health practice. Financial support is an important programme management issue and can be used as a mechanism for achieving various objectives such as addressing poverty or incentivising recruitment (Hooker, Cirill, & Wicks, 2007; Taylor, Serrano, & Anderson, 2001). A World Health Organization review identifies payment as a factor in programme sustainability because most community health workers are poor (World Health Organization, 2007).

Boundaries between volunteering and low paid work can be blurred (Baines & Hardill, 2008; *The Commission on the Future of Volunteering*, 2008); however in the current economic climate, there are legitimate concerns over replacement of paid jobs with volunteer roles (Taylor, Mathers, Atfield, & Parry, 2011). Recompense for time given does not always have to be in the form of a wage, but when payment is involved, anything other than the proper rate for the job can be considered exploitation. Ultimately payment reflects how society values purposeful occupation. Notwithstanding that volunteering is valued as evidence of reciprocity (Dingle & Heath, 2001), it tends to have lower status than professional activity as there is an implicit assumption that reliability and competence is assured through delivery by paid staff. A further issue for public health arises when individuals from low income communities are asked to contribute their time, knowledge and skills freely to help address health inequalities, yet in a context where their personal and employment opportunities are limited due to the impact of structural inequalities (Whitehead, 2007).

In summary, financial support for lay delivery raises fundamental matters of fairness, but at the same time, it remains an inherently practical and highly contextualised issue where approaches evolve within policy frameworks that may constrain or facilitate citizen involvement in health. This paper examines these issues through a study focused on public health practice across England, where questions of volunteering and remuneration have not been sufficiently explored. The following section outlines the relationship between motivation and reward in relation to volunteering, before going on to examine how policy frames these issues in England.

Volunteering & payments

Volunteering has been shown to fulfil a range of functions (Andreoni, 1990; Benabou & Tirole, 2006), which include providing public goods, investing in human capital and providing volunteers with the means to secure additional extrinsic rewards, or to enable them to exhibit underlying tastes and attributes (such as extroversion or altruism). Exploring the motivations of volunteer firefighters in the US, Carpenter and Myers (2010) distinguish between six discrete behavioural motives for pro-social behaviour such as volunteering: altruism; image concerns; career concerns; making or being with friends; complying with religious beliefs; and excitement/risk seeking. They also identify additional factors influencing volunteers' decision to participate, including: family tradition; whether or not they have been asked to help; and the payment of extrinsic incentives. While the payment of stipends was found to have a positive effect on the participation rates of some volunteers, for those volunteers prioritising image concerns, such payments could have a negative impact if they were perceived as detracting from an altruistic image. These findings are consistent

with earlier research (Frey & Goette, 1999), which suggests that paying people to perform a task which they were previously prepared to complete without reward can cause them to reduce their effort. This 'crowding out' of intrinsic motivations raises profound challenges to policy makers and practitioners seeking to enhance participation rates and reward those who volunteer.

Exploring the motivations of volunteers in a number of different countries, and the impact of external factors, Ziemek (2006) suggests that volunteers will react differently to changes, specifically in the level of contributions made by others, depending on their intrinsic motivation. Ziemek distinguishes between three micro-economic models to explain volunteering, each of which reflects the extent to which the volunteer subscribes to different motivations: the public goods model (where altruism prevails); the private consumption model (where the volunteer derives self-value, for example, in the form of enjoyment, from their contribution); and the investment model (where they pursue an exchange benefit, such as work experience, skills and contacts). She concludes that the level of a country's economic development positively influences altruism and private consumption motivations, while negatively influencing investment motivation.

The Female Community Health Volunteer (FCHV) programme in Nepal, which sought to enhance community self-reliance and empowerment, offers further insights into tensions between economic and social drivers (Glenton et al., 2010). FCHVs were paid a nominal annual stipend, but this was withdrawn after a year of operation due to funding limitations. Ongoing discussions on the re-introduction of payments highlighted the negative impact on volunteers, specifically the unreasonable expectations payments created in communities in relation to the availability and amount of work expected of FCHVs. Payments were also found to have a negative impact on the social respect FCHVs received, in the context of a strong cultural tradition of volunteering.

Research into the role of lay tutors on the Expert Patient Programme (MacDonald et al., 2009) suggests that the motivation of these volunteers reflected the importance they ascribed to personal goals and altruism. Nonetheless, volunteers from more deprived areas were less willing to make their contribution for free, suggesting that specific incentives may be required to recruit and retain volunteers from disadvantaged groups. Fuller, Kershaw, and Pulkingham (2008), in a case study of Canadian lone mothers on social assistance, explore the paradox that exists between volunteering as an act of citizenship that demonstrates social worthiness and volunteering as 'a consequence of the narrowing of liberal notions of social citizenship that once assumed entitlement to a basic minimum standard of living to be a citizenship right' (p. 168). Here women volunteered in order to gain food or supplement family income through honorariums, but at the same time saw volunteering as an 'honourable' act that was linked to altruism and brought greater social inclusion. Drawing on Glucksmann's theorising of 'Total Social Organisation of Labour', which rejects the dualism of 'paid employment' and 'unpaid not-work' (Glucksmann, 2005), a study of volunteer work in two voluntary sector organisations, one focused on health care and one a community and refugee centre, found interconnections between work in different spheres, both paid and unpaid (Taylor, 2004). Taylor further argues that in order to understand unpaid work, it is necessary to take account of an individual's social and economic position, as all unpaid work has to be supported economically through some means, for example a partner's employment or through benefits (Taylor, 2005).

In summary, recruiting and maintaining the commitment of volunteers and LHWs requires a sophisticated understanding of the heterogeneous motivations that underpin contributions. Volunteers cannot therefore be treated as a homogenous group, as

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