Pandemic policymaking affecting older adult volunteers during and after the COVID-19 public health crisis in the four nations of the UK

Jurgen Grotz, Lindsay Armstrong, Heather Edwards, Aileen Jones, Michael Locke, Laurel Smith, Ewen Speed and Linda Birt

Abstract

Purpose – *This study aims to critically examine the effects of COVID-19 social discourses and policy decisions specifically on older adult volunteers in the UK, comparing the responses and their effects in England, Scotland, Wales and Northern Ireland, providing perspectives on effects of policy changes designed to reduce risk of infection as a result of COVID-19, specifically on volunteer involvement of and for older adults, and understand, from the perspectives of volunteer managers, how COVID-19 restrictions had impacted older people's volunteering and situating this within statutory public health policies.*

Design/methodology/approach – *The study uses a critical discourse approach to explore, compare and contrast accounts of volunteering of and for older people in policy, and then compare the discourses within policy documents with the discourses in personal accounts of volunteering in health and social care settings in the four nations of the UK. This paper is co-produced in collaboration with co-authors who have direct experience with volunteer involvement responses and their impact on older people.*

Findings – *The prevailing overall policy approach during the pandemic was that risk of morbidity and mortality to older people was too high to permit them to participate in volunteering activities. Disenfranchising of older people, as exemplified in volunteer involvement, was remarkably uniform across the four nations of the UK. However, the authors find that despite, rather than because of policy changes, older volunteers, as part of, or with the help of, volunteer involving organisations, are taking time to think and to reconsider their involvement and are renewing their volunteer involvement with associated health benefits.*

Research limitations/implications – *Working with participants as co-authors helps to ensure the credibility of results in that there was agreement in the themes identified and the conclusions. A limitation of this study lies in the sampling method, as a convenience sample was used and there is only representation from one organisation in each of the four nations.*

Originality/value – *The paper combines existing knowledge about volunteer involvement of and for older adults.*

Keywords *Well-being, UK, NHS, Volunteering, Ageing, Health and social care, Pandemic, Devolved policy*

Paper type *Research paper*

Introduction

The COVID-19 pandemic has put a spotlight on what the Nuffield Trust, in evidence to the House of Lords Public Services Committee, describes as the "true extent of the impact that underfunding, structural issues and market instability have had on the system's ability to respond and protect older people at a time of crisis" (House of Lords, 2020, p. 27). The major

Jurgen Grotz is based at the Institute for Volunteering Research, The University of East Anglia, Norwich, UK.
Lindsay Armstrong is based at the Volunteer Now, Belfast, UK.
Heather Edwards is based at the Come Singing, Norwich, UK.
Aileen Jones is a Volunteer at the Riding for the Disabled Association, Fife, UK.
Michael Locke is based at the Institute for Volunteering Research, Norwich, UK.
Laurel Smith is based at the National Trust, Swindon, UK.
Ewen Speed is based at the University of Essex, Colchester, UK. Linda Birt is based at the University of East Anglia, Norwich, UK.

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impact on volunteering during the COVID-19 pandemic was restrictions on activity due to national infection control policies and concern for volunteers' health (Kanemura *et al.*, 2022).

The question of "what is volunteering?", and consequently, "who is a volunteer?", is contentious. For this study, we use the definition provided by the UK Volunteering Forum, reported by Kearney (2001/2007) and contextualised by Rochester *et al.* (2010):

> "Volunteering is an activity that involves the commitment of time and energy for the benefit of society and the community and can take many forms. It is undertaken freely and by choice, without concern for financial gain". (Kearney, 2001/2007)

There was evidence of new models of volunteering emerging during the COVID-19 pandemic, especially in responses to national initiatives. Such volunteer involvement appeared predominantly taken up by working-age people (Mao *et al.*, 2021). At the same time, traditional forms of neighbourly support re-emerged, with older people who received help also providing it (Dury *et al.*, 2023). Nonetheless, Grotz *et al.* (2020) suggested that the abrupt cessation of volunteering activities both of and for older people because of the COVID-19 pandemic had and will continue to have a number of negative and long-lasting effects on the health and wellbeing of older adults, with the attendant loss of known positive effects of volunteering (Addario *et al.*, 2022). Positive effects of volunteering can, for example, be observed initially in the transition to retirement (Davis Smith and Gay, 2005; Schwingel *et al.*, 2009) and ongoing wellbeing (Thoits and Hewitt, 2001; Greenfield and Marks, 2004; Adams *et al.*, 2011), physical health (Sneed and Cohen, 2013; Burr *et al.*, 2016) and mental health (Musick and Wilson, 2003; Choi and Bohman, 2007), with the corollary of risk of cessation (Lum and Lightfoot, 2005; Holt-Lunstad *et al.*, 2010; Okun *et al.*, 2013).

Since Grotz *et al.* (2020) suggested such potential impacts, evidence continues to emerge from the UK and other countries suggesting that these were not as grave as expected as fewer older people needed to stop their volunteer involvement (see, for example, Principi *et al.*, 2022). In the UK, the impact of the cessation of these opportunities can be related, understood and addressed directly in terms of policymaking both during and after the pandemic. In order to do this, however, there is a need to acknowledge that the policy responses in England, Scotland, Wales and Northern Ireland differed (Hardill *et al.*, 2022).

This study aimed to critically examine what are the effects of COVID-19 social discourses and policy decisions, specifically on older adult volunteers in the UK. In particular, it is going to consider how regional variation in the public health response to COVID-19 created different opportunities for volunteering in the different jurisdictions. The initial policy emphasis was placed on prevention of disease transmission through the limitation of individual freedom. However, as the pandemic progressed, differences around the efficacy of this public health response emerged across the UK and indeed internationally (Angeli *et al.*, 2021).

Method

The approach taken for this paper draws on Bacchi's (2012) work to facilitate critical interrogation of public policies. The approach enables us to problematise the impact of social changes in and around the COVID-19 pandemic and how this affected volunteer involvement. The basic premise is that "the abrupt cessation of volunteering activities of and for older people because of the COVID-19 crisis had negative health and wellbeing effects on older adults with long-term and far-reaching policy implications". This critical view of the effects of the COVID-19 crisis on older people's volunteer involvement was first taken by Grotz *et al.* (2020) in a policy-orientated commentary. Problematising these assumptions and pursuing the critique, the research applies a methodology which deliberately seeks to understand the wider context in which such discourses occur. It does this by first selecting

contextualising documents and using a systematic critical discourse analysis to identify discourses and their uses here.

The findings from the critical discourse analysis are then contrasted with findings of an analysis of authentic voices drawn from patient and public contributors, all of whom had relevant first-hand experiences of the volunteer management during the pandemic. It is imperative to include authentic voices in order to adjudge the analytical value and utility of problematising the impact of social changes in and around the COVID-19 pandemic and how they affected volunteer involvement. This ensures that discussions are theoretically grounded, that the methods used for analysis are robust and, due to the limited data, that the approach is validated across multiple contexts.

The research underpinning this paper received approval from Faculty of Medicine and Health Sciences Research Ethics Committee, REF 2021/22-011. This paper is co-produced in collaboration with co-authors who have direct experience with volunteer involvement responses and their impact on older people.

The research aim was to understand, from the perspectives of volunteer managers, how COVID-19 restrictions had impacted older people's volunteering and to situate this within statutory public health policies. To understand written and spoken texts within a unique and defined social context, the methods drew on a discourse analysis approach. Discourses are the texts and talk which support shared understandings of meaning (Oswick and Noon, 2014). Discourse analysis enables the description, interpretation and explanation of accounts, understanding them as systems of sense-making (Howarth, 2000). There are many discrete approaches, including understanding language in all its forms as a way to examine social process (Jørgensen and Phillips, 2002). The focus in this study was on the ways in which discourses of volunteering, in relation to older people, were framed and understood, and a consideration of these framings related to the wider policy context, considering the ways in which older people were characterised as vulnerable. The analysis considered in particular how these characterisations were reflected or reconstructed in narratives of managers implementing policy within the distinct social structure of the COVID-19 pandemic. A pragmatic approach was adopted due to the constraints of undertaking research when pandemic restrictions were still affecting research and volunteer practices (Wenzelburger *et al.*, 2019; Hadorn *et al.*, 2022). This approach was appropriate as the aim was to understand effect of social policy on volunteer involving organisations' "actionable knowledge" (Kelly and Cordeiro, 2020).

Recruitment and data collection

Documents relating to accounts of volunteering of and for older people in policy in the four nations of the UK were selected based on prior comparative work by ES (Speed *et al.*, 2022), with the addition of two newer relevant documents, one from Scotland (Scottish Government, 2022) and one from England (Vision for Volunteering, 2020). These documents were identified in the context of a comparative policy analysis looking at the respective jurisdiction responses to COVID-19, with inclusion criteria that addressed the context of ongoing volunteering policy and strategy in response to the COVID-19 pandemic.

For personal accounts of volunteering in health and social care settings, volunteer managers representative of a variety of volunteer organisations were identified by personal contacts and invited to take part in a conversation about their experiences of managing older volunteers, aged 70 and over, during the COVID-19 pandemic. Informed consent was taken and all were invited to be co-authors, thereby having ownership of their case studies. All agreed. Conversations were undertaken individually, each lasting about 45 min. A topic guide focused on "experiences when UK Covid Guidance called for social isolation and staying at home", "feedback received about changes in volunteering", "how changes in the services organisations could provide during the pandemic affected older people who

usually received those services", "feedback received from older people who usually used services" and "the current situation". Interviews were audio recorded, and summary transcription was completed. These summaries were returned to participants for sense checking and any additional information before analysis.

Analysis

Interview analysis was undertaken by LB and JG in conjunction with participants who are co-authors. First, transcripts were deductively analysed individually with a focus on actions that were undertaken due to organisational and government policy and language on the effect of actions on older volunteers. Then examples of where individual managers had instigated actions to either "push back" against restrictions or undertake additional activity to support older volunteers were identified. Transcriptions were considered as a whole data set for differences across nations and organisation type. Findings were mapped to policy documents. Policy analysis involved identifying points of concurrence and departure in terms of the different jurisdictions. There was, for example, high concurrence around the need to ensure volunteering practice was aligned with public health policy. Where this was not possible, volunteering practice had been suspended. There were differences between the jurisdictions in the implementation of strategy and how volunteers were framed within that strategy.

Findings

We will first explore the devolved policy responses in England, Scotland, Wales and Northern Ireland. As might be expected, the public health response dominated much of the policymaking at this time. Initially, all four national governments used the same processes to identify those deemed to be most at risk from COVID-19. This affected older volunteers similarly across the UK. However, the constituent nations of the United Kingdom had characteristically different policy responses to government involvement and co-ordination of volunteer involvement in relation to COVID-19, and these differences became more pronounced over the course of the pandemic. The English response can be explained by reference to long-standing political commitments, going back to the Big Society policies from 2012 onwards, and the limited role of government in the operation of volunteer involvement. When we consider the more recent English 2020 Vision for Volunteering, there is a stark lack of reference to the role of government or the state in relation to volunteer involvement. For example, there is talk of collaboration, but the document tends to frame this as collaboration between volunteer involving organisations and community organisations or individual citizens. There is little mention of collaboration with statutory bodies or government. The vision was developed in a collaboration between five organisations, none of whom are a government department, so, at best, volunteering vision and strategy are being developed at arms' length from government. This process does not appear to have the same spirit of partnership seen in other nations. Both Northern Ireland and England tended to focus on ensuring communication of adequate public health guidance in relation to the governance of volunteer involvement. There were more instances of joint working between volunteer involving organisations and government in Northern Ireland. Conversely, both Scotland and Wales can be characterised by a much more collaborative approach to volunteer involvement policy, whereby civil society organisations worked much more closely with government. In Wales, volunteer involving organisations were actively involved in the disbursement of government monies to the voluntary sector. The recent Scottish document, the 2022 Scotland's Volunteering Action Plan, sets out the agenda, with a joint foreword provided by the Scottish Cabinet Secretary for Social Justice, Housing and Local Government and the Chief Executive Officer of Volunteer Scotland. Clear links are made between the role of government working in collaboration with volunteer involving organisations.

However, despite those substantial differences, the prevailing overall policy approach during the pandemic was that the risk of morbidity and mortality to older people was too high to permit them to participate in volunteering activities. Through blanket public health policies designed to protect health, counterintuitively older volunteers were deprived of the freedoms and agency which enabled them to live well in the third age, a period where older people engage in leisure, fitness and active lifestyles (Gilleard and Higgs, 2000). Such withdrawal of activities to enable "healthy active ageing" may have hastened the onset of frailty and movement to the fourth age and a period of physical and social decline (Stenner *et al.*, 2011). The personal accounts of the volunteer managers, co-authors of this paper, are clear that policy decisions and uncertainty have negatively impacted older volunteers through a lack of volunteering activities and associated increased social isolation. The negative impacts from the resulting, almost complete, cessation of older volunteers' volunteer involvement, without mitigation against associated health effects, may have outweighed the benefits of excluding older people from volunteer involvement. This can be seen as a regressive policy where the loss of volunteer benefits was not fully considered and non-agentic blanket public health restrictions were used. It reflects an underlying policymaker's view of older people as particularly vulnerable, as it does not seem to relate to the nations' relationship with the voluntary sector and understanding of volunteer involvement. While interpreted differently beyond the UK, such an approach was not unique to the nations of the United Kingdom (Fraser *et al.*, 2020).

Whilst public health messaging dominated these responses, there were differences between jurisdictions that emerged over time, particularly in the way guidance would affect volunteering of and for older people. In the English context, for example, the cessation of older people's volunteer involvement identified many underlying problems within the voluntary sector that have been backgrounded for years. Following David Cameron's 2012 Big Society, the English volunteer involvement field has been dominated by government divesting itself of volunteer involvement and a consequent hollowing out of infrastructure. Much of the remaining infrastructure is predicated on individual citizen involvement with non-statutory charities and organisations. In the context of the pandemic, this national government approach in England to provision was found to be inadequately equipped to support the necessary response in the face of the pandemic to mobilise alternative ways of organising for and of older volunteers. Conversely, in Scotland, the situation was somewhat different, and we would in part attribute this to the stated policy commitment to collaborative partnership working, and there appears to be a fundamentally different understanding of the social value of volunteer involvement in policy making. This was the key difference across the jurisdictions: there was much more emphasis on collaboration and partnership in the Welsh and Scottish policy contexts, and this was much reduced in the English context. Northern Ireland had a greater emphasis on collaboration than England, but not the same as the other jurisdictions (Speed *et al.*, 2022).

Next, we will describe and reflect on the personal accounts of volunteer managers in volunteer involving organisations. They shared their experiences from four different nations and from four different backgrounds:

1. a dementia singing group in England;
2. a heritage property in Wales;
3. a riding for disabled children and adults group in Scotland; and
4. support, including driving, befriending and older people's forums in Northern Ireland.

Their accounts reflect many similar situations and experiences but also some clear and distinguishable differences across all UK nations. Similarities appear to relate to public health perception of older people needing protection, the nature of the volunteering activity and the way policy can be adaptable within risk parameters. The differences relate to the ways that respective national governments interact with voluntary and community-sector

organisations and volunteer involving organisations. Similarities in effects of the policy response, especially at the beginning of the pandemic, are clearly reflected in the accounts, where the primary narrative is on the dominance of adhering to public health strategy. Uniformly, all organisations talked about the need to put this front and centre in their activities.

> "For us lockdown meant that group singing for dementia support had to stop, which was a devastating blow for people living isolated at home". (England)

> "We had to cancel the ridden sessions". (Scotland)

Within this, there were a number of different responses, some positive and some negative. More positively, the capacity to adapt volunteering activities to this prevailing public health context was demonstrated with a Northern Irish participant who talked about volunteer activities which involved providing an essential service, namely, transport of looked-after children and people requiring essential hospital treatment.

> "Several older volunteers wanted to continue to be drivers. Therefore we worked with other local and national organisations to ensure proper procedures in place i.e. disinfecting cars and PPE then continued to offer this service". (Northern Ireland)

Adaptation to the pandemic context was also reported by participants who reported moving to virtual methods for some volunteer involvement, with advantages and disadvantages to virtual methods of service delivery, but generally a sense that it helped a bit:

> "Telephone, skype and similar support was developed but none of this is enough to combat the isolation of dementia, but it helps a bit and has given a sense of purpose to volunteers". (England)

In one case, virtual methods created new possibilities.

> "The befriending service had to move to telephone contact. It did not work for a few people, but for the majority they could continue to volunteer and be safe at home. It had the added benefit of older volunteers being able to befriend more than one person as no travel involved". (Northern Ireland)

Another positive impact was the way in which it became possible to develop new opportunities. Depending on the nature of the volunteer involving organisation, the "break" in service provision caused by COVID-19 often provided opportunities to explore ways of involving older volunteers who are not so physically active:

> "Lockdown provided us with the opportunity to think about what we were doing and how we could expand our sessions for the benefit of the wider community. We are now working towards providing Non Ridden Equine Therapy sessions. It is our intention to make these sessions available to people living with dementia and to local care homes, These kind of sessions would not be so physically demanding and so our older, less physically fit volunteers could assist in their running". (Scotland)

For large organisations, there was the chance to streamline how they involved volunteers and recognition that new systems of working needed time for training:

> "During lockdown we developed an online system for volunteers to book when they could work. Volunteers were asked to do online training before returning, in order to use the system and not everyone was tech happy so we sent lots of emails and phone calls to support people to do this as well as alternative formats [. . .]. The change gives more choice to volunteers, they don't need to have set days so if people work on shifts or have caring responsibilities they can pick and choose their availability each week". (Wales)

Volunteer managers also identify older volunteers who enthusiastically renewed their involvement, especially in the case of ongoing challenges. For example coming forward to volunteer in COVID-19 vaccination centres:

> "There were 435 across 6 sites volunteering 45 thousand hours over a seven months period. The majority of them were older volunteers over 50 and a large proportion of the older volunteers spoke about wanting to be part of the solution". (Northern Ireland)

When volunteering activity had to stop, participants reported that being able to draw on well-defined government policy was seen as helpful, when justifying organisational policies:

> "At the beginning everything closed and volunteers accepted this as national guidance [. . .] later as things started to open up there were rules over the most vulnerable not returning and a couple of volunteers sent in complaints that they were not allowed to return even though they felt fit and well and enjoyed it. They were okay when we explained it was government guidance not our decision and there were differences across regions. As a Welsh border property our volunteers from England and Wales had to follow different government guidance on shielding and travel". (Wales)

Volunteer managers had great awareness of the negative impact of not volunteering, compounded with the general social isolation in place due to public health measures, and they made additional efforts to "stay in touch" and support volunteers, especially as for some people, volunteering was essential to their own wellbeing. Examples of "staying in touch" activities included newsletters and social Zoom sessions. There was acknowledgement that this was not accessible to all. Therefore, when national policy allowed outside activities, two organisations reported how they were well placed to instigate wellbeing activities for volunteers outside. Here, though, it was noted that in Scotland, the extended period of restrictions on travel meant volunteers could not come back to their activities even when some social distancing for meetings taking place outside was allowed. Only one nation, Northern Ireland, appeared to offer funding to specifically support volunteers and service user wellbeing:

> "We work with the senior citizens forum, groups of older quite active people who campaign for older people's rights in the city. These meetings moved online, and funding was obtained so people could be provided with tablets and instructions on use. This worked well and we also did 'wellbeing' social activities such as crafts and quizzes. We also got funding to send wellbeing packs out such as thermal cups and sweet treats". (Northern Ireland)

One of the most negative effects of the pandemic was its impact on the ongoing activities of older participants. For example, a Welsh volunteer involving organisation reported that the cessation of well-established volunteering opportunities for some older volunteers triggered a full and lasting separation from those opportunities:

> "Some of our volunteers don't feel as confident in their physical ability to stand in a cold house, and they have said 'I've been thinking for a couple of years and now feels like the right time to stop". (Wales)

In summary, the COVID-19 pandemic changed the nature of volunteer involvement for older people as the national guidance, which centred on protection, stripped out opportunities to volunteer in person, while new ways of volunteering through virtual methods were not accessible or acceptable to all. Some volunteers did not return to their pre-pandemic activity. For some, there was concern over deconditioning, while others picked up new activities that engaged their time. However, the activities of volunteer involving organisations helped mitigate the negative impacts of this and also assist in a return to volunteering, at least for some. Support for their activities varied greatly across the nations of the UK and does not appear to reflect policies specifically directed at mitigating the impact of pandemic policymaking on older volunteers. Whilst differences in the policy contexts brought different opportunities for older people, it would appear that the primacy of public health messaging, coupled to an underlying characterisation of older people as uniquely vulnerable in the context of the pandemic, ensured that across all jurisdictions, the impacts of the pandemic on older volunteer adults were remarkably similar.

Discussion

Despite the fact that the four national governments have distinctly different approaches to volunteer involvement, their stigmatising and disenfranchising of older people, as exemplified in volunteer involvement, was remarkably uniform (British Academy, 2021). Whilst understandable in the context of current and aforementioned public health concerns, the authors are keen to stress that we do regard the policy response as something that does not start and end with the COVID-19 pandemic. Rather, we argue that COVID-19 and the policy response it mobilised have functioned to exacerbate existing social, political, cultural and economic exclusions as much as it has created new ones, and highlighted the ongoing policy failure recognising older people's agency. Given that the policy responses to the COVID-19 pandemic portrayed and stigmatized older people as vulnerable, directly removing agency from them, as an exemplar, older volunteers have been affected by pandemic policies disproportionally, in particular relating to self-determination and choice.

It appears that the feared, potentially catastrophic, Impact on older volunteers, however, did not come to pass (Addario *et al*., 2022). This seems to be despite the policy failure outlined above and appears to have only been achieved by volunteers and volunteer involving organisations reasserting their agency.

Strengths and limitations

Working with participants as co-authors helps to ensure the credibility of results in that there was agreement in the themes identified and the conclusions. A limitation of this study lies in the sampling method, as a convenience sample was used and there is only representation from one organisation in each of the four nations. Pragmatically, this was all that was possible in this small, non-funded study. This reduces the transferability of results.

Conclusion

Addressing the aim of the study to critically examine the effects of COVID-19 policy decisions specifically on older adult volunteers in the UK and comparing the responses and their effects in England, Scotland, Wales and Northern Ireland, the evidence of volunteers and volunteer involving organisations independently reasserting their agency in the face of uniformly applied stereotypes in policy, suggests that the disproportionately negative effects on older adult volunteers were not inevitable but are directly related to widespread policy failure on the part of the national governments. In the face of this policy failure and the perceptions and portrayals they reflect, we are interested in how the affected groups might themselves propose responding to novel contexts, like the COVID-19 pandemic, and the risks posed. We suggest the need for a conversation on co-producing responses to inform future policy responses. Such a conversation might provide a means of negotiating between public troubles and private issues, that is, between the public health needs of the population and the private health needs of the individual. As demonstrated in this article, a debate, specifically in the context of volunteer involvement, can crystallise and clarify broader concerns. There is clearly a need to think about ways in which policy makers and key stakeholders might all work together to facilitate a more coherent policy framework in which to enable meaningful forms of volunteer involvement across people of all ages, but in particular amongst those who are directly and indirectly prevented from participating, for whatever reason. There is a real and pressing need for older people to be directly involved in these conversations in such a way that possible new solutions might be developed, or indeed older, perhaps unfashionable solutions may be reinvigorated and re-articulated as a means of volunteer involvement of and for older people, not just in the context of COVID-19 but also for learning and development beyond.

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Corresponding author

Jurgen Grotz can be contacted at: j.grotz@uea.ac.uk