Moving Away, Toward, and Against: How Front-line Workers Cope with Substitution by Volunteers in Dutch Care and Welfare Services

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Abstract

Welfare states increasingly activate citizens in the provision of care and welfare services,
expecting them to take over certain parts of professional work. The consequences of this
'volunteer responsibilisation' for front-line workers' professionalism have not been studied
extensively. Professionalism may be pointed in another direction, from professional self-control
or organisational forms of control based on management criteria toward forms of embedded
control in which professional work is defined in interaction with all kinds of 'outsiders',
including volunteers. In this paper we analyse how front-line workers cope with such shifts in
care and welfare provision. We find that they move away from frail volunteers, move toward
vigorous volunteers, and move against policy makers.

Introduction

An important characteristic of recent policy reforms across developed welfare
states is the activation of citizens in the provision of care and welfare services
(Clarke, 2005; Muehlebach, 2012; Newman and Tonkens, 2011; Verhoeven and
Tonkens, 2013; Verhoeven et al., 2013). Unpaid workers such as volunteers are
increasingly not only expected to provide a little 'extra' on top of professional
work (Handy and Srinivasan, 2005), but also to take over parts of professional
work (Baines, 2004; Van Bochove et al., 2016; Hoad, 2002). Although cross-
national (Overgaard, 2015) and cross-sector (Van Bochove et al., 2016) differences
exist, a trend of 'volunteer responsibilisation' for such tasks is observed in a
range of countries, including Germany and Italy (Komp et al., 2013; Muehlebach,
2012), Scandinavian countries (Lorentzen and Henriksen, 2014), the UK (Hardill
and Baines, 2011), the Netherlands (Verhoeven and Tonkens, 2013), Canada
(Baines, 2004; Elson, 2009) and Australia (Johansson et al., 2012). Much has been

written on the potential threats of New Public Management (NPM) strategies (Duyvendak *et al.*, 2006; Evetts, 2011; Harington and Bedoe, 2014; Noordegraaf, 2006; Sirotkina and van Ewijk, 2009) and 'proto-professionalisation' of clients (Dent, 2006; De Swaan, 1988) for professionalism. However, what volunteer responsibilisation means for the professionalism of front-line workers in care and welfare has not been studied extensively.

The presence of volunteers who assist and partly take over from front-line workers has consequences for the latter's professionalism. In general, we can see professionalism as a form of control that changes over time. In the 1980s and 1990s, traditional forms of professional control that focused on protection from influence by external forces were gradually supplemented with or replaced by NPM-driven organisational forms of control that manage and measure professionals (Evetts, 2003, 2011; Noordegraaf, 2016: 784–5). The proliferation of organisational control differs from country to country. In Europe, the UK and the Netherlands seem to have been most affected by NPM reforms (John, 2001: 172–5). The current dominance of active citizenship regimes and the trend of volunteer responsibilisation may point professionalism in yet another direction. According to Noordegraaf (2016: 802), current-day professionalism is not only 'organisational' but also 'connective', denoting that front-line workers increasingly have to collaborate with other professionals and with 'outside worlds'. Connective professionalism is characterised by 'embedded control' that, inter alia, refers to the fact that 'occupational standards are set and controlled by outsiders and outside forces, as well as by seeking new professional relations and repertoires' (Noordegraaf, 2016: 803).

This idea of connective professionalism as a form of embedded control is helpful in analysing the impact of active citizenship regimes, and particularly the trend of volunteer responsibilisation, on current professionalism in care and welfare. Instead of discarding these processes right away as a threat to professional or organisational control, the idea of embedded control opens an analytical space to empirically investigate if and how current-day professionalism is affected by these new developments. A helpful perspective for such an analysis can be found in coping literature that, ever since Lipsky's (1980) classical study, focuses on how professionals deal with the implementation of policies in their everyday work.

Based on these arguments, the main question of this paper is: *How do front-line workers in care and welfare provision cope with the presence of volunteers that are expected to partially take over their work?* Our empirical analysis is based on two case studies in the Dutch cities of Eindhoven and Dordrecht, in which care and welfare policies are expressly aimed at volunteers taking over front-line workers' tasks. The Netherlands provides a good test case for such new policies because, under the 2007 Social Support Act, citizen responsibility in care and welfare became institutionalised (Grootegoed, 2013; Tonkens, 2012; Verhoeven *et al.*, 2013).

With this paper, we hope to stimulate academic debate on changing professionalism under current active citizenship policies. Such debate is badly needed given the strong financial and ideological impetus to intensify such policies and draw more on citizens' capacities. Before we introduce the two cases and present our findings, we will first develop our theoretical perspective.

Theorising professionalism under conditions of volunteer responsibilisation

The classical post-war welfare state was built on two pillars: bureaucracy and professionalism (Duyvendak *et al.*, 2006: 9). The pillar of bureaucracy provides control and coordination of work (Blau and Meyer, 1987) while the pillar of professionalism creates a discretionary space for professionals to judge if demands by clients match the public good, thus performing an intermediary function between welfare state and society in the provision of social services. The precarious balance between bureaucracy and professionalism was kept intact until somewhere in the late 1980s or the 1990s, depending on the country under scrutiny. It changed with the development of NPM strategies (Clarke, 2005; Evetts, 2011; Newman and Tonkens, 2011; Noordegraaf, 2006) and now it may change again under the influence of active citizenship regimes. To scrutinise current changes, we need to be clear about what we mean by professionals and professionalism. We also need to clarify what we know about professionalism in active citizenship regimes that push for more voluntarism, and we need to theorise about coping with volunteer responsibilisation within such regimes.

Professionalism: from self-control to organisational and embedded control

In functionalist approaches, being a professional is seen as a functional necessity based on characteristics such as a body of knowledge and skills, a division of labour, occupational access based on credentials, training programmes and shared ideologies (Abbott and Meerabeau, 1998; Freidson, 2001). In this perspective, typical professionals are doctors and lawyers. Occupational groups such as police officers, care workers or social workers are at best seen as semi-professionals (Etzioni, 1969). Evetts (2011: 4) has argued that, instead of drawing a hard line between professions and occupations, we should see them as similar social forms with common characteristics. The discussion then shifts from who is a *professional* toward *professionalism* as the key concept in analysing knowledge-based work (Evetts, 2011: 7).

According to Noordegraaf (2007, 2016), professionalism is a matter of '(self)controlled content', which denotes control over internal domains and protection from external forces. This means that groups of workers themselves

regulate the application of knowledge, skills, and expertise (Noordegraaf, 2016: 784). Similarly, Fournier (2000) describes how professionalism used to be based on an independent field of professional knowledge, clear boundaries between professionals and clients, and an obvious distinction between professional and market logics. However, these boundaries have become increasingly blurred and professional self-control is subject to change.

With the introduction of NPM, public services became oriented on costs, efficiency, supposed rational choice of consumers, and unilateral formulation of performance indicators. Many authors have argued that these aspects deliberately limit the power, expertise and knowledge of professionals, leading to de-professionalisation: a loss of professional autonomy, authority, discretion, trust and the service ethic that are central to professional work (Duyvendak *et al.*, 2006: 7; Evetts, 2011: 12; Freidson, 2001: 222; Harrington and Beddoe, 2014: 151; Kremer and Tonkens, 2006: 123; Noordegraaf, 2006: 184; Smith and Lipsky, 1993: 108–11). Noordegraaf (2016: 785) describes this process as a turn from '*professional* to *organisational* control', which means that professionals become 'managed and measured'. Instead of being governed by internal criteria, professionalism now has to meet external criteria, such as customer satisfaction and commercial success (Fournier, 2000: 81).

Noordegraaf and Fournier both observe another challenge to 'classic' professionalism: the increased interdependence between professional groups and between professionals and 'outside worlds'. Fournier (2000: 78–9) argues that 'if the world itself is becoming interwoven into more complex and dynamic relationships, any valid and useful knowledge about the world will need to reflect this interdependency.' Policy makers stimulate inter-professional collaboration in public services, with varying degrees of success (Bucher *et al.,* 2016; King *et al.,* 2015). While for Fournier this is a consequence of the dominant market logic, Noordegraaf (2016: 785–6) sees it as the result of broader societal changes, such as professional labour markets becoming more volatile, professional education becoming more fragmented, client demands becoming more ambiguous, and media exposure showing professional failure. As a consequence, Noordegraaf (2016: 801) argues that 'professionalism has become an unstable category' that challenges professionals 'to enact new forms of control that enable them to cope with constrained autonomies, contingent case treatment, and ephemeral identities'. New professionalism is 'unavoidably more connective', calling for a reduction of heterogeneity instead of a maximisation of homogeneity that comes with professional control. The reduction of heterogeneity can be achieved via forms of 'embedded control' that emphasise professionalism which, inter alia, is defined in relationships between professionals and outside worlds (Noordegraaf, 2016: 801). Analytically, embedded control can be studied by looking into how professionals 'comply with, adapt to, or cope with societal or stakeholder pressures' (Noordegraaf, 2016: 802).

Both Fournier and Noordegraaf mention that the larger role for citizens also changes professionalism. However, neither systematically analyse how the responsibilisation of volunteers affects professionalism in care and welfare. This paper aims to fill this gap by discussing the coping strategies that front-line workers in care and welfare develop in response to volunteer responsibilisation in active citizenship regimes.

Professionalism and volunteering under active citizenship regimes

The term active citizenship is ubiquitous and used to label a wide range of participatory practices in European welfare states. We focus on care and welfare practices in which individual citizens are taking care of their own well-being or become active as volunteers in providing care to others in their communities (Van Bochove *et al.*, 2016; Muehlebach, 2012; Verhoeven and Tonkens, 2013). These care and welfare practices carry the potential of a threat to professionalism, particularly if the aim of social policies is that citizens take over tasks from care and social workers. This point is illustrated by the Dutch Social Support Act (SSA), which serves as the context of our case study below.

The SSA came into effect in 2007 with the aims of: 1) enhancing the social participation of people with disabilities, psychiatric patients and elderly people in need of care; 2) calling upon all citizens to voluntarily provide care to these vulnerable groups; and 3) devolving care tasks from central to local government (Verhoeven and Tonkens, 2013: 418). The core ethos of the SSA is self-reliance and volunteer aid, based on the idea that family, friends and volunteers can provide better personal attention and support than care and social workers. Volunteers are supposed to *substitute* for professional labour by (partially) taking over tasks previously performed by professionals. Emphasizing self-reliance and voluntary aid does not imply that professional care is completely substituted, but it does indicate that professional care will decrease in favour of voluntarism (Ministerie van VWS, 2009; Verhoeven and Tonkens, 2013: 418–19). It is against the background of this major change in social policy that we analyse the ways in which care and social workers cope with volunteers taking over parts of their work.

What do we know so far about such practices? The collaboration between front-line workers and volunteers is somewhat understudied, both in research on volunteering (Wilson, 2012), and in the sociology of professions (Saks and Van Bochove, forthcoming). Various scholars have explored the boundaries between volunteering and paid work (e.g., Hoad, 2002; Merrell, 2000; Overgaard, 2015; Van Bochove *et al.*, 2016). Their studies showed that these boundaries were clear regarding care provision, such as washing or dressing clients in a nursing home, but that there were also 'grey areas' in which it was unclear whether a volunteer was allowed to take over a certain task or not. Hoad (2002) and Van Bochove *et al.* (2016) showed that, depending on the level of knowledge and skills,

volunteers were handed either simpler or more complicated ('professional') tasks. However, in these cases, front-line workers were still in the lead: they decided which volunteers were invited into the 'professional domain' and which – still largely supplementary – tasks they were allowed to perform. The question remains as to how professionals cope with situations in which volunteers are recruited to substitute, instead of supplement, parts of front-line workers' tasks.

Coping with volunteer responsibilisation

In public policy literature, the concept of coping is used to analyse how professionals involved in policy implementation deal with dilemmas and stress in their work that may be caused by pressure from policy makers or clients (Lipsky, 1980; Maynard-Moody and Musheno, 2003). In Lipsky's classic study on policy implementation by 'street-level bureaucrats', coping mechanisms are seen as part and parcel of practising 'discretion'. Lipsky argued that street-level bureaucrats need some discretionary space to apply rules, make judgments about people, promote self-regard and convince clients that they do the best they can for them. Such discretion is expressed through the 'routines and subjective responses street-level bureaucrats develop in order to cope with the difficulties and ambiguities of their jobs' (Lipsky, 1980: 82). Examples of such coping mechanisms are: 'routinising, modifying goals, rationing their services, redefining or limiting the clientele to be served, asserting priorities and generally developing practices that permit them to process the work they are required to do in some way' (Lipsky, 1976: 207 quoted in Durose, 2011: 3). By exercising discretion through coping behaviour, street-level bureaucrats primarily determine policy implementation, as Lipsky (1980) famously claimed.

Lipsky's insights were based on observations during the heyday of hierarchical welfare-state bureaucracies, characterised by professionalism that built on the professional control exercised by street-level bureaucrats. Consequently, most of the coping mechanisms he found were rather conservative, trying to *reduce* external and internal demands and conflicts of jobs, in line with street-level bureaucrats' self-interests. In current active citizenship regimes, the implementation of welfare-state policies is considered to be a shared task that is based on embedded control, as Noordegraaf (2016: 802) argues. Hence, we use the term front-line workers throughout this paper, to mark the changing demands on current professional practices in care and welfare. Front-line workers are expected to read a situation, improvise, reflect on action, and engage in very context-sensitive forms of community empowerment (Van Hulst *et al.*, 2011: 128; Van Hulst *et al.*, 2012: 437) instead of mainly exercising professional control as street-level bureaucrats do. Another consequence of such new regimes is that they may lead to other ways of coping by front-line workers.

Recently, Tummers *et al.*, (2015) wrote an extensive review article of coping literature in which they defined coping as: 'behavioural efforts frontline workers

employ when interacting with clients, in order to master, tolerate, or reduce external and internal demands and conflicts they face on an everyday basis' (Tummers *et al.*, 2015: 1100). Compared to Lipsky's work, this definition is particularly useful for the purposes of this paper since it opens up coping behaviour to changing circumstances. In current situations, Tummers *et al.* (2015) suggest that we can find three families of coping behaviour among front-line workers: moving toward clients, moving away from them, or moving against them. When front-line workers *move toward* clients, they 'often seem to pragmatically adjust to the client's needs, with the ultimate aim of helping them' (Tummers *et al.*, 2015: 1108). Moving toward clients may involve rule-bending, rule-breaking, instrumental action to find long-term solutions to stressful situations, prioritising among clients, or using personal resources to help them (Tummers *et al.*, 2015, p. 1108–1109). *Moving away* focuses on avoiding meaningful interaction with clients, which may involve routinising ('dealing with clients in a standardised way'), or rationing ('make accessing the public service more difficult for clients') (Tummers *et al.*, 2015: 1110). *Moving against* occurs when front-line workers seek confrontations with their clients. Examples of such coping mechanisms are 'rigid rule following' to maintain professional control, or 'aggression' as a reaction to aggressive clients or as a way to relieve frustrations (Tummers *et al.*, 2015: 1110–11).

In our empirical analysis, we use Tummers *et al.*'s definition of coping and their different families but, instead of interaction with clients, we focus on interaction with volunteers.

Sites and methods: two local policy pilots

Since the SSA was instituted in 2007, many Dutch care tasks have been decentralised from national to local government. Decentralisation means that Dutch municipalities can determine how they want to enhance self-reliance of, and volunteer aid to, vulnerable people while decreasing the demand for professional care. Many of the larger Dutch municipalities have started policy 'pilots' to try this out. For our case selection, we searched for continuity in volunteer responsibilisation and variety in the field of work (care and welfare) and the municipal context in which pilots have been implemented. After an extensive search, and some short interviews with experts in the field, we selected the municipalities of Eindhoven and Dordrecht, which were ahead of others in terms of volunteers taking over tasks from front-line workers, with Eindhoven starting a care pilot and Dordrecht starting a welfare pilot.

In 2011, the municipality of Eindhoven, a city in the southern part of the Netherlands with about 216,000 inhabitants, started to provide day-care activities for people with disabilities and people suffering from social isolation. Several care organisations were invited to formulate proposals for 'living-room' projects in

which the activities should be situated. Four such living-room projects were awarded funding on condition that they were run by volunteers with one or more front-line workers at arm's length; a condition that differed from preceding policies in which front-line workers performed almost all the tasks. The volunteers are expected to undertake activities with the clients, to mediate possible conflicts between them and to stimulate friendships.

Dordrecht is a city with about 119,000 inhabitants in the south-west of the Netherlands. In 2011, the municipality financed a welfare organisation to set up a pilot in which volunteers provide home support to multi-problem families and people with psychiatric or psychosocial problems who have been in a welfare trajectory and need aftercare. At first, this aftercare was limited to 70 hours per household, which often proved to be insufficient. In the pilot, front-line workers still provide the 70 hours, but volunteers then take over. They also keep the clients company or offer assistance in raising children. All volunteers receive eight weeks of training, consisting of one two-hour session per week, during which they learn how to deal with debt problems and specific syndromes, and how to behave assertively and reflexively.

In total, we conducted 17 semi-structured interviews[1] with coordinating and front-line workers. These lasted between one and two hours. We asked the respondents about their tasks and responsibilities and their experiences of working with volunteers taking over professional work. We selected workers with different demographic backgrounds and different tasks to capture the variety of their experiences. These tasks included home counselling, coordinating, and client counselling at the office. We cannot give more details on personal backgrounds, since our respondents asked for anonymity. Since our respondents were part of policy experiments that could be continued or aborted, they needed anonymity to avoid possible difficulties with their employers. In addition to the interviews, we observed three training sessions for volunteers in the home-support programme, and conducted one observation in each of the two living- room projects in Eindhoven. In both situations front-line workers were present. All interview transcripts and observation notes were manually coded for different forms of coping behaviour that we observed. Although there was variation in front-line workers' experiences with and opinions of volunteers, the coping mechanisms we describe below were dominant across cases. We therefore structure our results based on coping mechanisms rather than locations.

In both municipalities, we found front-line workers moving away from volunteers they qualify as 'frail' by asking them to quit. In addition, they move toward volunteers they qualify as vigorous by stringent selection, idealising 'professional' volunteers, and protecting volunteers' boundaries. Finally, we found coping mechanisms among front-line workers directed at policy makers instead of volunteers. By increasing their presence in the projects and by

maintaining their responsibility they moved against the policy goals of substituting professional with voluntary care.

Moving away from frail volunteers

The regime change propagated by the Social Support Act depends on finding enough volunteers to allow front-line workers to step back. Finding such volunteers has proven to be a struggle in both the living-room project and the home-support programme. However, the scarcity of volunteers is not the biggest issue. The real problem, according to the front-line workers, is that the people who are interested in becoming volunteers are not always suitable for the job. A front-line worker in the living-room project said that people without disabilities are busy with their daily affairs, such as paid work, while people with disabilities have more time on their hands and want 'to do something useful' which goes beyond drinking coffee, cooking or painting; in other words: they want to be more than 'just' a visitor (P4E).

In both cities, we see front-line workers qualifying volunteers either as 'frail' or as 'vigorous' (in Dutch: 'zwak' and 'sterk', respectively). These qualifications are rooted in their experiences of volunteers that were unable to work with a group of vulnerable people or to offer individual support to multi-problem clients. Based on these distinctions, front-line workers develop one predominant coping mechanism in relation to frail volunteers: asking or encouraging them to quit.

Many volunteers in the living-room project have a disability. The front-line workers are not too happy about this, since they think that these volunteers are not able to help the more severely disabled clients – or 'visitors' as they prefer to call them. Front-line workers try to avoid situations of 'the blind leading the blind' by asking frail volunteers to quit their activities, both to protect the visitors and to ensure volunteers' well-being. One front-line worker explained that this was not an easy decision, but was a necessary one:

'In the beginning, we saw volunteers of whom we thought: "Listen, you come here to get more than you have to offer. So, you actually belong to the target group of vulnerable citizens." That is what we tried to say. (. . .) Yes, that's complicated because you say to these people: Actually, we are not so pleased with how you do your job as a volunteer. (. . .) A number of people have dropped out; they felt rejected and have not come back. That is a pity, but anyhow, on the other hand, doing nothing about it and having incapable people do the job would not have been so adequate either.' (P2E)

In the home-support programme, volunteers who first seemed fit for the job later on turned out to fall into the category of frail volunteers, also in their own eyes. Instead of front-line workers deciding that volunteers should quit, this decision was more of a joint process in which the volunteer discovered that the job was

much harder than expected and a front-line worker recognised these difficulties too:

> 'There is self-selection because it is something else than being a buddy, it goes deeper, one needs to have some competence, so people who do not have that leave after a while. (. . .) We had one volunteer who until recently was a client in our home-support programme and had a hard time being a volunteer. The confrontation with her own past was too much for her, so she quit, which we also would have advised her to do if she had stayed on.' (P1D)

These examples indicate the more or less subtle ways in which frontline workers ask or encourage frail volunteers to quit, in order to protect both their clients and the volunteers themselves. Through this way of coping, they move away from frail volunteers, avoiding meaningful interaction with them in the future.

Moving toward vigorous volunteers

Based on the same distinction between frail and vigorous volunteers, we see front-line workers in both municipalities move toward the latter by employing three coping mechanisms: stringent selection, idealising 'professional' volunteers, and protecting volunteers' boundaries.

Stringent selection

The stringent selection of vigorous volunteers works through formal and informal processes. In the home-support programme, the competences of volunteers are more clearly delineated than in the living-room project since the aftercare with multi-problem families requires specific skills. One of the front-line workers in the home support programme explained the 'job profile' for volunteers:

> 'It says that someone needs to have communication skills, substantial self-knowledge, and that he or she needs to know how the procedures of the project work, what you can and cannot do; so, one needs to be familiar with the boundaries and delimitations of the voluntary work. Volunteers need to be assertive to a certain extent. So, what we require is quite demandingThis is clear if one compares it with other voluntary work: here they need to have some competence and should be open to improving themselves. That's why selection interviews are so important.' (P2D)

The volunteers in the home-support programme have to go through a selection procedure in which their competences are checked against the profile. At first, a minimum education level for volunteers was required; volunteers needed to have at least a higher vocational degree. However, since it proved hard to find enough volunteers that met this criterion, the requirements were lowered. Moreover, the front-line workers thought educational level was not a proper criterion anyway: 'It is much more about how someone behaves in person', one of them remarked (P2D). At this point, formal aspects of stringent selection are overtaken by informal ones in which front-line workers rely on their 'gut feelings' about

individual volunteers. Similar forms of informal selection can be found in the living-room project. The demands of the voluntary job are lower than in the home-support programme but have become more stringent than they were at the beginning of the project:

'In the beginning, we were happy with every volunteer, whereas now we first have a discussion with them. (. . .) During the intake, we need to have the feeling that someone has something to offer.' (P2E)

By using such formal and particularly informal forms of stringent selection, front-line workers ensure that they can work with vigorous volunteers, whom they can help and support on the job instead of having to make them quit. They select volunteers that they can move toward instead of away from; volunteers who have valuable experience in personally or professionally dealing with disabilities or multiple problems. In the living-room project, these volunteers are sometimes called 'super-volunteers' (P3E) whereas front-line workers in the home-support programme call them 'gems' (PD4).

Idealising 'professional' volunteers

Workers in both municipalities think that finding vigorous volunteers is based on luck: sometimes the 'super-volunteers' or 'gems' just walk into the room. In the living-room project, some of the visitors have 'clear psychiatric problems' and can disturb the harmony in the group (P3E). The front-line workers think it is beneficial that the volunteer who is responsible for the group has some experience in dealing with such visitors. For them, the ideal vigorous volunteer is someone who used to be a front-line worker: a 'professional' volunteer. One front-line worker recounted:

'The supply of volunteers who can handle this is small. Last year we got lucky. A former colleague of ours, who has retired, came to work here as a volunteer. He worked with these very complex people for a long time – and yes, then it works out.' (P3E)

From our observations of the living room project it becomes clear why front-line workers idealise 'professional' volunteers. The visitors in the living-room project have physical problems and weak social skills, which requires volunteers on which professionals can depend. The volunteer that was present told us that he tries to be as neutral as possible in conversations with visitors about what they experience in their daily lives, but he finds this quite challenging. He regrets there is no professional to collaborate with, although the professional sits in a nearby office and he can always come in to ask questions (observation notes, Eindhoven).

In the home-support programme, volunteers with 'professional' qualities are also present. One volunteer who studied psychology and is very knowledgeable about the problems of her clients was given substantial responsibility. From

the perspective of front-line workers, the ideal volunteer matches their level of knowledge and skills, which means that they function as proto-professionals (De Swaan, 1988; Dent, 2006). Another expectation in the home-support programme is that the volunteers have some knowledge of professional codes, which is often seen as an important characteristic of professional forms of control (Noordegraaf, 2007, 2016).

Protecting volunteers' boundaries

The third coping mechanism we found within the family of 'moving toward volunteers' is the protection of volunteers' boundaries. This mechanism was only found in the home-support programme because those volunteers work more autonomously with clients, while in the living-room project there is always a front-line worker around when volunteers are present. Front-line workers in the home-support programme are rather active in coaching volunteers during training sessions, so-called intervision meetings (where volunteers exchange experiences with each other and with a front-line worker), and on the job.

Learning to safeguard personal boundaries is one of the most important things volunteers in the home-support programme are taught by the front-line workers. Insofar as friendships are allowed, they are seen as one-sided relationships: volunteers are the clients' friends but not the other way around. One volunteer who lives in the same neighbourhood as a client and who is regularly visited by one of the client's nine children was warned of the danger of boundary-transgressing behaviour:

'It is of course nice to hear. But the pitfall is that you do not guard your boundaries. And if you do not guard your boundaries the other one will just cross them like that.' (P1D)

Many volunteers take this advice seriously and even start to use the front-line workers' terminology of 'guarding boundaries' and 'keeping distance'. One volunteer remarked: 'You cannot be too close, he/she is not a friend' (V1D). However, even if they agree with workers on theoretical grounds, the volunteers find it impractical or unkind toward the client to maintain a strict boundary between their voluntary work and their private lives. One of the volunteers found it hard to keep her phone number a secret 'because if I call them with my phone they will see and recognise my number anyhow' (V2D). Another volunteer thought it was rather harmless to give his Facebook information to his client, whereas the following fragment – coming from an observation from a feedback session – indicates that front-line workers think this is close to a transgression of boundaries:

Volunteer (V3D): 'Yes, she also has Facebook and once in a while I see the messages she posted. I have also given her my address, which perhaps was something I shouldn't have done. But I get a lot of messages from her. '
Worker (P1D): 'You gave your home address?'

Volunteer: 'My Facebook address.'
Worker (P5D): 'But you can block her.'
Volunteer: 'Yes, that is a possibility, but if you have made such an agreement . . . '
Worker (P5D): 'Yes, but does she bother you, or . . . ?'
Volunteer: 'No not at all, no, not that.'

In the actual practice of home support, the volunteers are often more personally involved than the front-line workers would like them to be. Volunteers and front-line workers operate from a different logic of appropriateness (March and Olson, 2006): volunteers want to develop close relationships with clients, while front-line workers want to keep their distance and expect the same from the volunteers. In the end the front-line workers let the volunteers decide how they want to deal with the boundaries between voluntary work and private life. Where the boundary that needs to be protected lies exactly 'is different for everyone', according to one of the front-line workers (P5D).

Whereas front-line workers promote sufficient distance between volunteers and clients, in policy documents the lack of distance between them is actually celebrated. Policy makers associated with the home-support programme argue that front-line workers represent an organisation whereas volunteers are 'equal fellow citizens'. Relationships between volunteers and clients are perceived as friendlier than those between front-line workers and clients:

'The volunteer's first and foremost focus is to build a trust relationship. Subsequently he/she has the role of a friend, of the one who offers comfort if things go against the grain, the one who helps you to arrange the administration, who makes a start, who gives advice, who practices with you, who sets you on the right track, with whom you can have fun, who reassures you that you do the right thing or shows that perhaps things can be done differently.' (DWO, MEE en Stichting Maatschappelijk Welzijn, 2010: 2)

Front-line workers protecting volunteers' boundaries does not sit comfortably with local policy objectives, although front-line workers do not seem to be aware of this. However, front-line workers also employ coping mechanisms that more consciously move against policy makers.

Moving against policy makers

The active citizenship regimes in the living-room project and the home-support programme partially function according to plan. Volunteers take over certain tasks, whilst front-line workers carry out some new tasks: they recruit, select, train and supervise volunteers. These tasks have proven to be more time-consuming than expected. In addition, both front-line workers and volunteers acknowledge that the former are still crucial in providing care and welfare; more so than expected by policy makers. As a consequence, we see front-line workers persist in a leading role, instead of substantially handing over tasks to volunteers. By maintaining their position, they move against the plans of policy makers,

not through confrontations with volunteers, but by negotiating more space for themselves. Two coping mechanisms prevail in this process: increasing presence and maintaining responsibility.

Increasing presence

To sufficiently guide volunteers, front-line workers try to increase their presence by asking for more money and hours. In the home-support programme, front-line workers officially get eight hours spread over six weeks to hand over a client to a volunteer. One of them somewhat sardonically said: 'That's not much' (P6D). In practice, preparing volunteers for their 'job' and guiding them during their first year requires more time. The front-line workers therefore argue that the municipality should invest more money in the programme to give them additional hours:

'I'm very happy with these two clients, who are guided by a good volunteer. It works fine, but I'm convinced that not everybody can do that. I think that we, as home-support counsellors, need a higher budget from the municipality to enable us to be more intensely involved and for a longer period of time. Or perhaps to be there together with a volunteer. These signals should be conveyed at a certain moment to the municipality.' (P6D)

The fact that workers still play an important part in the provision of services is not only due to too many 'frail' volunteers. Even where there are vigorous volunteers, the presence of and coordination by workers remains important. In the living-room project, the aim was that, after the volunteers were trained for their tasks, fewer workers would be required. However, in practice, they spend structurally more time on guiding volunteers than planned:

'The professionals help to start up and then they should retreat. That is the goal of the project. However, the actual professional effort is higher than the municipality had estimated in advance. (. . .) The municipality has responded to this by doubling the subsidy. One of the reasons it had to be doubled is the fact that professional care is badly needed. Up till now we have noticed that we cannot leave the volunteers alone. Someone is constantly present.' (P2E)

Maintaining responsibility

Front-line workers in both pilots argue that they remain ultimately responsible for the care and welfare of the clients they hand over to volunteers. They are the ones who are liable if things go wrong, not the volunteers. Front-line workers try to keep responsibility by informing themselves about what the volunteers are doing, through organising feedback meetings or by emailing and phoning them. Based on the acquired information, clients that have been handed over to volunteers may eventually return to professional care. An example from the home-support programme may serve as an illustration:

'In some situations, we withdraw the volunteer. The other day we had a case in which the volunteer had discovered that the man [the client] was carrying drugs with him and that he

was cheating on his wife and what have you not; so many things came together and we told the volunteer: "We knew that this man could be dangerous, so we will pull you out." Another volunteer found out that the client had committed fraud with social services, and said: "This is too big for me and I do not think this is part of my tasks", so that volunteer quit and rightfully so.' (P4D)

The quote also illustrates that volunteers agree that front-line workers are ultimately responsible for the well-being of clients. In fact, volunteers try to protect themselves against shouldering too many responsibilities by clearly distinguishing between their own tasks and those of workers. People involved in the projects in both municipalities seem to concur with the view expressed by this front-line worker from the home-support programme, who said:

'I think it can never be done without professional care because we work quite differently than volunteers. See, what they do remains voluntary work.' (P7D)

Although front-line workers coach volunteers in adopting a professional attitude, they also think that in the end volunteers are not sufficiently well-equipped to handle all kinds of situations as well as they can. When asked what kinds of problems front-line workers encounter in guiding volunteers, one worker answered:

'They cannot keep enough distance, which gets them into trouble. Or they are unable to analyse the problems, or they try to act like a social worker, or they can not step back when this is needed.' (P1D)

Conclusions

Our two cases indicate that getting front-line workers to play a more distant role in the provision of care and welfare services in favour of volunteers is hard to achieve. We find that front-line workers try to make the best of the situation both through moving away from volunteers they qualify as frail (by encouraging them to quit) and through moving toward volunteers they qualify as vigorous (by stringent selection, idealising 'professional' volunteers, and protecting volunteers' boundaries). Moving away from frail volunteers and moving toward vigorous volunteers can be seen as manifestations of embedded control (Noordegraaf, 2016): both coping mechanisms are based on negotiations between front-line workers and volunteers instead of unilateral decisions based on professional control.

In addition to the forms of coping with volunteers we also find that the front-line workers cope with policy makers' demands by moving against them in subtle ways via increasing their presence and maintaining responsibility. These coping mechanisms can partially be interpreted as a form of embedded control based on negotiation with policy makers. It is only part of the interpretation, since keeping up responsibility also involves elements of professional control

when boundaries are drawn between professional and volunteer tasks. As soon as the core responsibility for clients is at stake, professional forms of control start to predominate; a reaction that moves against policy makers' ideals of volunteer responsibilisation. Moving against policy makers is also an interesting finding because it shows that coping in times of embedded control is less oriented toward bilateral relations with one type of actor (the client, the volunteer) than seems to be common in the coping literature discussed by Tummers *et al.* (2015). In situations of embedded control, coping may develop in several directions, depending on the multilateral relations that are at stake.

The policy experiments of increasing volunteer responsibility in care and welfare provision raise four important issues for critical debate. First, moving away from frail volunteers seems to undercut the voluntarism of vulnerable groups, and thus to run against the policy idea of assisting them to live a more independent and active life. Similar to what El Enany, Currie, and Lockett (2013) described in the case of service-user involvement, we found volunteer stratification, in which 'professional' volunteers are distinguished from 'lay' volunteers. An unintended consequence is that inequalities between volunteers are maintained and even reinforced.

Second, front-line workers not only have new tasks – such as coaching, selecting and checking volunteers – but they also maintain many of their previous tasks, thus creating a heavier workload, that probably will increase even more when further cutbacks in care and welfare lead to lay-offs. So, although volunteers can ease work pressure (Van Bochove *et al.*, 2016), working with volunteers can also create extra tasks and responsibilities for front-line workers.

Third, it remains to be seen how far volunteers are prepared to go in taking over tasks from front-line workers in care and welfare practices. Following professional norms can be interesting for volunteers but when do they reach the tipping point where their motivations are undermined and potentially crowded out? As Muehlebach (2012) described in her study on volunteer responsibilisation in Italy, emphasis on 'professional' volunteers can lead to unease both on the part of front-line workers 'who feared that volunteers were encroaching upon their territory', and on the part of the volunteers, who say they do not want 'to fill the holes produced by a retreating public sector' (Muehlebach, 2012: 128; cf. Overgaard, 2016). This point is particularly relevant to policy makers, who need to learn case-by-case where these boundaries are situated. In doing so, policy makers should take into account how citizens 'think and feel about the "right" person or institution to turn to' (Hochschild, 2013: 488). Not every task that, in theory, can be performed by volunteers is suitable or acceptable in practice.

Fourth, it is time for a critical debate on volunteer responsibilisation in active citizenship regimes. Policy makers' expectations regarding the substitution of professional work seem to be high, while it is hard to find willing volunteers. For most people, voluntarism needs to be combined with paid jobs, whereas

volunteers from vulnerable groups need additional support for which front-line workers need substantial hours. As Eliasoph (2016) emphasised, working with volunteers, especially those who are 'needy' themselves, creates many unspoken dilemmas that need to be discussed rather than ignored.

These four critical points can also be read as an agenda for future research to discover the boundaries of volunteer responsibilisation in different care and welfare practices. Based on two cases, we cannot tell what those boundaries are and how exactly they work. However, we can tell that volunteer responsibilisation in care and welfare is a precarious process that may easily lead to running out of volunteers or overburdening front-line workers, unless we quickly gain knowledge about the boundaries of such processes and use this knowledge in policy design.

Acknowledgements

Note

1 All interviews were conducted in Dutch, and the quotes below have been translated into English by the authors.

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