

A model of volunteering for socio-disadvantaged people and its effect on their lives

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The increase in food insecurity, caused by running out of food and being unable to afford to buy more, is evident in Australia.¹ In response to this there has been an increase in dependence by socioeconomically disadvantaged people on food provided by soup kitchens to supply their basic nutritional needs.² In Australia, soup kitchens are usually staffed by volunteers, but anecdotal evidence suggests that in general, these volunteers are not themselves economically disadvantaged. Most studies of volunteers are of people who are not socioeconomically disadvantaged.³⁻⁵ The present study describes a novel practice whereby community kitchen clients, who are socioeconomically disadvantaged, are trained as volunteers to prepare and serve lunches in the kitchen they attend. The kitchen is located in one of the most socioeconomically disadvantaged areas of NSW.⁶ An earlier study on food insecurity conducted at the kitchen has been reported.⁷

During 2008/09, semi-structured interviews were conducted individually with 10 volunteers who were clients at the kitchen. The interviews explored experiences and perceptions of training and working in the kitchen and were audio-recorded and transcribed. Qualitative content analysis⁸⁻¹⁰ was used to categorise verbatim responses to the open-ended questions.

Volunteers reported mostly positive experiences and personal benefits, such as altruism, feeling worthwhile, opportunity for social interactions, and improved self-esteem. "...if they [clients] don't have lunch they don't eat...I like helping people out – knowing I have done something useful." (46 year old male). Volunteers were also aware of the benefits of the service for clients and their role in providing this. "...stops them going to jail...you get free food and don't have to go through rubbish bins...stops them suiciding." (44-year-old female). Reported negative aspects were the perceived greediness and impatience of some clients and the violent behaviour exhibited by certain clients, sometimes attributable to alcohol and other drug use and/or mental health problems.

Volunteers gave positive feedback on the training program: "...Very informative for people who are not aware of issues, such as cross-contamination....If people get sick the Health Department could close down the place." (39-year-old female). Several volunteers expressed interest in undertaking additional training to help them in their volunteer role or future employment.

Our findings indicate that these socio-economically disadvantaged volunteers experienced many of the benefits which have been documented in the literature for volunteers who are not disadvantaged, such as enhanced self-esteem and increased social interactions.¹¹⁻¹⁴ We contend that such opportunities should be made more available as they promote health and well-being; enable volunteers to contribute to their community, and provide a possible avenue for disadvantaged people to enter, or re-enter, the paid workforce.

References

1. Quine S, Morrell S. Food insecurity in community-dwelling older Australians. *Public Health Nutr.* 2006;9(2):219-24.
2. Wicks R, Trevena LJ, Quine S. Experiences of food insecurity among urban soup kitchen consumers: insights for improving nutrition and well-being. *J Am Diet Assoc.* 2006;106(6):921-4.
3. Wardell F, Lishman J, Whalley LJ. Who Volunteers? *British Journal of Social Work.* 2000;30(2):227-48.
4. Cloke P, Johnsen S, May J. Ethical Citizenship? Volunteers and the ethics of providing services for homeless people. *Geoforum.* 2007;38(6):1089-101.
5. Bittman M, Fisher K. *Exploring the Economic and Social Value of Present Patterns of Volunteering in Australia.* Social Policy Research Papers No.: 28. Canberra (AUST): Commonwealth Department of Family and Community Services; 2006.
6. Australian Bureau of Statistics 2033.0.55.001- *Census of Population and Housing: Socioeconomic Indexes for Areas (SEIFA), Australia – Data Only, 2006.* Canberra (AUST): ABS; 2008 [cited 2010 May]. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/2033.0.55.001/>
7. Furber S, Quine S, Jackson J, Laws R, Kirkwood D. The role of a community kitchen for clients in a socioeconomically disadvantaged neighbourhood. *Health Promot J Aust.* 2010;22(2):143-5.
8. Grbich C. *Qualitative Research in Health.* Sydney (AUST): Allen and Unwin; 1999.
9. Green J, Thorogood N. *Qualitative Methods in Health Research.* London (UK): Sage; 2009.
10. Silverman D. *Interpreting Qualitative Data.* London (UK): Sage; 1993.
11. Finkelstein MA. Intrinsic vs. extrinsic motivational orientations and the volunteer process *Personality and Individual Differences.* 2009;46(5-6):653-8.
12. Thoits PA, Hewitt LN. Volunteer Work and Well-Being. *J Health Soc Behav.* 2001;42(2):115-31.
13. Stukas AA, Daly M, Cowling MJ. Volunteerism and Social Capital. *Australian Journal on Volunteering.* 2005;10(2):36-44.
14. McClure P. *Participation Support for a More Equitable Society – Final Report.* Canberra (AUST): Commonwealth Department for Family and Community Services; 2000.

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