The Role of Volunteerism in Maintaining Emergency Services in Small Rural Communities

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“One volunteer is worth ten pressed men (sic)”

INTRODUCTION

Two of the topic areas listed in the ‘Call for Papers’ provide the focus for this paper: ‘the maintenance of acute health care and emergency services in small communities’; and ‘the development of social capital in rural areas and its relationship to health and well-being’.

Drawing on the findings of our research within a major Victorian emergency service organisation, and on relevant literature, we address a series of questions:

1. To what extent is the health and well-being of small rural communities dependent upon voluntary contributions of community members?
2. What factors are influencing the viability of emergency services in small rural communities?
3. In what ways are changing demands upon emergency service volunteers impacting on their own and their families’ health and well-being?

THE CONCEPTS OF ‘HEALTH’ AND ‘WELL-BEING’

According to Henry, the original meaning of the term ‘well-being’ referred to “a state of being or doing well in life”. More than simply referring to the physical welfare of an individual or community, the term encompassed also their ‘moral’ welfare.

The concepts of ‘health’ and ‘well-being’ are often used interchangeably. The Ottawa Charter, for example, defines health as a state of complete physical, mental and social well-being rather than simply the absence of disease or infirmity. However, other definitions of health, such as that used in the recent

Australian Institute of Health and Welfare publication ‘Health in Rural and Remote Australia’² are narrower, focusing on morbidity and mortality, and statistical measures of health service provision and utilisation.

THE HEALTH DIFFERENTIAL BETWEEN URBAN AND RURAL COMMUNITIES

The choice of definition of the term ‘health’ has implications for any comparison between urban and rural communities. Strong et al.³ imply a common everyday perception of health defined in broad terms, saying:

“…Australians have long regarded life in the country as healthier than life in the city. Australian city-dwellers move to rural areas for health benefits such as clean air and reduced traffic.”

However, a narrow quantitative measure of the health of rural dwellers indicates that they are seriously disadvantaged by comparison with their urban counterparts in Australia, with higher rates of morbidity and mortality.⁴

Health service delivery also differs between urban and rural areas. Harrison⁵ points out that, while health services in rural areas “have been traditionally delivered in accordance with a medical model and ideology, primarily by both private and public sector providers operating in a hierarchical ‘patient-doctor-specialist-hospital referral system’”, volunteers are also involved in rural health care provision. For example, in many small towns, ambulance services are now provided using volunteer drivers.

VOLUNTEERING AND ITS ROLE IN OVERALL COMMUNITY HEALTH AND WELL-BEING

‘Volunteering’ is defined by the Australian Council of Social Service⁶ as “work which provides a service to the community, is done of one’s own free will and is done without monetary reward”.

The importance of volunteering in the overall health and well-being of communities is highlighted in an article by Edgar⁷ entitled ‘Dead neighbourhoods have no volunteers’. The article suggests that the lack of volunteering is an indication of a lack of life (lack of well-being?) of the community. However, given

the recent ‘rationalisation’ of services (including health services) in rural Australia, it may be equally justifiable to suggest that lack of volunteering (such as lack of volunteer ambulance drivers) may cause a lack of (or loss of) life in rural communities.

This view appears to be supported in a recent report prepared by the Country Fire Authority’s Risk Management Division, which points out that “the viability of many Australian emergency services depends on the strength and commitment of their base of volunteer members”.8 Such strength and commitment derives from the unique basis of voluntary organisations, built as they are on “values of:

• independence (‘freedom of association’);
• altruism (‘concern for others’); and
• community (‘collective action’).9

VOLUNTEERING AND SOCIAL CAPITAL

Both Edgar10 and Norton11 link volunteering with ‘social capital’. Definitions of ‘social capital’ vary, but most writers agree that social capital revolves around relationships which facilitate mutually-beneficial outcomes. Putnam12 for example, defines social capital as “features of social life – networks, norms, and trust – that enable participants to act together more effectively to pursue shared objectives”. Edgar13 suggests that volunteerism is an important element of social capital, contributing to the “social cement” which enables community cohesion.

Norton highlights the threat to social capital posed by recent changes affecting volunteer organisations. He warns that the recent move to ‘contracting out’ of various services by governments to volunteer organisations, with the associated requirements for accountability, poses the danger of undermining “the very relationships which made the organisations attractive deliverers of … services. They become outposts of the bureaucracy, endangering their attraction to beneficiaries and volunteers”.14

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THE CASE STUDY

The primary data for this paper is drawn from a series of 51 focus groups conducted in Victoria in 1997 and 1998. Participants were drawn from volunteer members of the Country Fire Authority (CFA), and the aims of the study were to:

- identify the range of motivations for volunteer participation in CFA;
- to gauge the overall perceptions of CFA volunteers concerning their participation in CFA;
- develop an understanding of the impacts of volunteers’ participation in CFA on their own daily activities and the daily activities of those around them (eg family, friends, workmates, etc.);
- explore with focus group participants the broader issues affecting recruitment, participation, satisfaction and retention of volunteers within CFA; and
- encourage focus group participants to develop solutions or strategies to overcome problematic issues.

FACTORS INFLUENCING THE VIABILITY OF EMERGENCY SERVICES IN SMALL RURAL COMMUNITIES

Demographic changes were identified as a major factor undermining the viability of emergency services in small rural communities. These included changes in population level, age profile, ethnic diversity and socio-demographic characteristics of rural residents.

In most of the small rural communities from which participants were drawn, population levels were declining. This reduced the overall pool from which volunteers could be drawn. Factors contributing to this decline have included technological developments and agricultural restructuring. Moreover, focus group participants confirmed the trend noted by Strong et al.\(^{15}\) of young people moving from rural areas to pursue work or study, which results in a reduced capacity for emergency service organisations to recruit within that age range. This is borne out by a report by the Victorian Department of Infrastructure, based on 1996 census data, which shows that in regional Victoria, 18-24 year olds make up 8.7 per cent of the population, compared with 10.4 per cent for the State as a whole.\(^{16}\) In many small rural communities, the combination of this declining population level and the loss of young people will undermine seriously the capacity of emergency services to recruit sufficient volunteers to maintain viable local service units.


Ethnic diversity in Victoria is increasing, with more than one-fifth of Victoria’s population in 1996 having been born in a non-English speaking country. Although immigrants settle mainly in the metropolitan area, a 1995 ABS report predicts that over time they will move into more rural areas. This will have implications for recruitment to volunteer-based emergency services. Evidence from the focus groups indicates that this is already being noticed by brigades, with widespread agreement that people from non-English speaking backgrounds do not usually join CFA. A range of explanations was given for this (based, however, on the perceptions of participants who were predominantly of English-speaking background). Whatever the real reasons, the failure to recruit from this sector of the population will limit the future viability of volunteer-based emergency services.

Another set of demographic changes influencing the viability of emergency services in rural areas relates to the changing socio-demographic profile of the population. The increasing incidence of absentee landholders has a dual influence by creating a heightened risk/potential demand for services at the same time as there is a diminished pool of potential volunteers. Similarly, the focus group participants highlighted a trend for lower income households to take advantage of cheap housing in rural Victoria. Whilst this increases the total pool of people from whom volunteers can be recruited, the fact that the majority of these people move from the metropolitan area means that they are less likely to be familiar with the ‘volunteer culture’ of rural communities and rural emergency services in particular.

As well as demographic changes, an overall cultural change appears to be influencing the viability of emergency services. Putnam points to the trend to a decline in ‘civic engagement’, and notes that in America over the past twenty or thirty years “participation in many conventional voluntary associations has declined by roughly 25 per cent”. Putnam sees this as a generational issue, suggesting that people who were adults during the Depression and World War Two were much more involved in community life than are members of the ‘younger generations’. This was confirmed by the focus groups, which highlighted the difficulty in recruiting younger people even when they remain in the local community. Among the explanations offered for this were: a lack of community mindedness; an aversion to discipline; the availability of more attractive options for occupying spare time; and a sense of frustration with the organisation and the older personnel within the organisation, focusing particularly on resistance to change.

Changes in the nature of emergency service activities and the requirements of volunteers are also influencing the viability of such services in rural areas. Participants noted that in many areas, CFA volunteers are being called out more frequently to emergencies other than fires (for example, chemical spills, road accidents and the like) for which they feel ill-equipped and under-trained. The
Need to respond to such events increases the overall demand on volunteers at the same time as other time demands are also increasing. Administrative tasks associated with holding office in emergency service organisations is also increasing, as organisations seek to improve accountability and communication between organisational headquarters and local volunteer groups. As well, as equipment and hazards increase in complexity, volunteers are required to devote more and more time to training, in many cases at distant training facilities.

In the current economic climate, for many farmers, off-farm work is essential to maintain a reasonable standard of living. This leaves brigades with fewer available volunteers during the daytime, and necessitates many volunteers working two jobs (their day job and the farm, which they work after hours), further reducing volunteer availability for responding to emergencies and also reducing the time volunteers have available for meetings, paperwork and training.

Traditionally, volunteerism in emergency services has been an almost exclusively male activity, with the result that emergency service organisations tend to have a masculine culture and to have (in the past, at least) actively excluded women. Although in some areas the lack of volunteer availability has been overcome recently by the recruitment of female volunteers, in other areas this has not occurred because of attitudes within brigades or amongst the female population, or simply because the potential female volunteers are also involved in off-farm work.

Since the conduct of the focus groups, the danger posed to volunteer emergency service workers has been underlined with the death of five volunteer firefighters at Linton near Ballarat. Undoubtedly, such a tragedy will have ramifications for recruitment of emergency service volunteers in future, further undermining the viability of such services. Moreover, the Linton deaths are likely to undermine the confidence of current volunteers and their families concerning the safety of volunteers, causing apprehension and anxiety, and undermining their sense of well-being.

In the current political climate of ‘smaller government’, ‘economic rationalism’ and ‘privatisation’, the chance of fully professional emergency services being provided in rural areas seems remote. Yet the ‘social capital’ which is so important to the maintenance of a viable alternative to fully professional services is being undermined by the effects of the same policies. Local government amalgamations have reduced community identity and cohesion; perceptions of diminishing government support have prompted individuals to focus on their own current and future financial stability at the expense of community involvement; and ‘rationalisation’ and ‘regionalisation’ of government-funded services such as schools, hospitals and the like has diminished the pool of available volunteers in rural communities.
IMPLICATIONS OF THESE FINDINGS

The implications of all of these changes for the viability of emergency services in rural areas are obvious, as are the implications for the health and well-being of volunteers and their families. Fewer volunteers means either more workload being carried by those who do volunteer, or less service being offered. Ultimately, if insufficient numbers of volunteers are available, emergency services will become unsustainable, and small rural communities will simply lose their emergency services. However, what is perhaps less obvious but equally critical is the impact of this on the health and well-being of rural communities overall.

Lack of viable emergency services in rural areas will not only undermine the actual safety and health of community members, but will also undermine their sense of security and well-being. Residents will have to live with the anxiety of knowing that there is no fire brigade or no ambulance service to assist them in times of crisis. Moreover, the diminution of community involvement resulting from some of the factors outlined above will further undermine community cohesion, resulting in a loss of a sense of belonging within the community.

Baum points to evidence which shows “that people and populations are healthier when they have supportive ties”. The corollary of this is that when supportive ties are diminished, people and populations are likely to be less healthy.

Thus, though emergency services may (given different political and economic circumstances) be able to be provided in rural areas using other strategies, unless this is done in such a way that social capital is maintained, the overall health and well-being of communities and the individuals in them will be diminished. The old adage therefore holds true: One volunteer is, indeed, worth ten pressed men!

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