Supporting self-help groups: an action research study based on the work of Nottingham Self-Help Groups Project between 1982 and 1983 carried out by the project worker

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SUPPORTING SELF HELP GROUPS

An action research study based on the work of Nottingham Self Help Groups Project between 1982 and 1983, carried out by the project worker

by

JUDITH M WILSON

A Master's Thesis
Submitted in partial fulfilment of the requirements for the award of

Master of Philosophy of the Loughborough University of Technology

July 24th 1987

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ABSTRACT

The Nottingham Self Help Groups Project (NSHGP) - an innovative approach to supporting self help groups - was studied and evaluated for two years through the medium of participant action research. The project worker on the scheme doubled as the participant observer. The project's six objectives provided structure for the research, but this study is not simply an evaluation of its success. Rather, in this research, self help development is set in context; the need for change is identified - examining too how changes were carried out; and specific aspects of the work are analysed. NSHGP concentrated on self help/mutual aid groups - definitions are arguable - based on health issues. The literature review reveals the lack of similar studies, but demonstrates the need to study self help in a broad context and to bring in related issues e.g. professional power. There is little evidence, however, of a self conscious self help movement in this country.

Detailed analysis reveals the strengths and limits of the project. The growth of new groups was marked; the potential problems of professional involvement is discussed; and the usefulness of joint activities is demonstrated. Responsiveness to requests, rather than promotion of groups, seemed to work. While no other organisations - local or national - offered identical help, the small size of the project meant not all needs were met. Without monitoring, evaluation and change the project could have been overwhelmed by its own initial success.

The objectives set, however, were by and large appropriate at the time and were all fulfilled to a greater or lesser extent. NSHGP, it is suggested, is important both for pioneering new work and for the unusual research methods adopted. Of interest, also, are the issues raised about lay participation in health care. Finally, the study raises questions about the values of self help and how these might be built into professional care.
INTRODUCTION

Self help as an idea is old. What is new are systems of support for it. This study is about one such system, a local innovative experiment - the Nottingham Self Help Groups Project - and its work in the first two years of its operation, 1982-1983. Its novelty does not lie in its subject alone. The method of research, summarised as action research participant observation, with worker and researcher the same person also merits attention as a method of evaluation.

Recent research and work in the self help field would appear to fall into three waves. First came the enthusiasts, largely uncritical of mutual aid groups (the term self help and mutual aid are used here synonomously). Robinson in the UK, Moeller in Germany and Katz in the USA provide examples. I put myself into the second wave - people committed to the idea of self help but paying more attention to its limits, and subsequently to its need for support. The third wave, a potentially larger one, consists of people only just appearing. As the need for self help group support has become more widely recognised, resources have been found and jobs created, bringing a need for wider recruitment. This is a form of professionalisation of self help support, with the strengths and weaknesses that such a development could be expected to bring. We have yet to see the outcomes of this expansion.

I was involved in this research both as author/researcher and as the project worker. My commitment to self help groups was part of the background to Nottingham Self Help Groups Project. It arose not from membership of a group, but from community work experience and pilot work conducted while I was working at Nottingham Council for Voluntary Service as development officer. There was not one trigger which set it off. Rather, there was a growing appreciation of the potential value of mutual aid groups, fortuitous links with other people who encouraged development of the idea of a support scheme, and a key contact at the Health Authority. Another chance link, with Professor Adrian Webb, led to the project being planned not only as a local experiment, but as one which might prove seminal and would merit careful monitoring and evaluation. The chosen method of research grew too out of a combination of circumstances: lack of money for a large scale research project; availability of a worker who could also act as researcher; and the emphasis on low key intervention
requiring a relevant research approach.

Before outlining the main features of the project, let us consider the ingredients that were present at its inception. Work began in an atmosphere of approval from its sponsor, Nottingham Council for Voluntary Service (NCVS), but there was little control or direction. Practical support, particularly in the form of free accommodation, came from the Community Health Council and money (£11,000 p.a. initially) from joint finance through the Health Authority. I came to the job with a background of local knowledge and relevant work and felt under no pressure from either manager or sponsor to produce specific results.

The research too began with a clean sheet and a similar willingness to experiment in approach and methods. Loughborough University provided supervision, a base and links with other researchers; research costs were included in the project's budget; and I made a commitment to give the time involved. While my first degree in 1965 (B.Soc. Sc. Social Study) from the University of Birmingham was relevant, the time that had elapsed since and my lack of experience in research meant this study was to be very much a learning process and a training in research methods. It began, finally, in a context of general interest in research into informal care and with a government in office concerned to push back boundaries of the Welfare State and encourage self care.

**Philosophy and objectives**

The broad objective of NSHGP was to provide a local, specialised service of support and information, aimed at self help groups and people who wanted to know more about them. The particular focus was on mutual aid groups based on a particular problem or issue that had a health base or connection. The philosophy on which the scheme was based was less clearly stated, there being more an instinctive way of working than a well formulated statement of beliefs. It can be summarised as an initial (at first not very strong) degree of confidence in the appropriateness of offering support to self help groups in this way; a conviction of the need for low key intervention by outsiders in both the running and starting of groups; and the need for a responsive approach, rather than one which promoted groups. The project was based too on a deeply held belief in the importance of people doing things for themselves, if they so chose. Recognition of people's potential to grow
and develop was also a feature of the scheme. The working methods chosen, largely those akin to community development, reflect this approach.

While the philosophy was not initially set out clearly, the objectives of the scheme were well formulated, publicised and reviewed. They were set out as follows:

(i) To provide a range of services for groups to draw on, available to both new and established groups, eg. typing, duplicating, meeting room, contact address, information on publicity etc.

(ii) To provide an information service on the work of groups, both locally and nationally, to be available to workers in the health and social services, both voluntary and statutory.

(iii) To promote knowledge and understanding about self help among workers in the health and social services.

(iv) To spread information and ideas about self help and how to make it effective, between self help groups in the Nottingham area.

(v) To monitor and write up the work of the project in a way that is suitable for national and international circulation.

In summary, the scheme aimed to:

- support new groups;
- provide services for new and established groups;
- provide information about groups;
- promote knowledge to professionals;
- spread ideas between groups; and
- monitor work and disseminate findings.

The research also combined tentative thought and clearly worked out methods. It was seen as a way of evaluating an experiment, which as Webb has said, is an approach much needed as a way of reaching better service models (Webb 1980). It was clear too that this was an unusual experiment, with the same person combining the roles of worker and researcher and undertaking action research using largely participant observation methods. In planning the research the aim was not to find the best methods immediately, but rather to experiment, review and improve as the two years progressed, settling to what would appear to be an acceptable pattern in the second year.
The research did not begin from a hypothesis to be tested. Instead I undertook an evaluation of action, enabling conclusions to be drawn about which approaches were more relevant and worthwhile than others, rather than producing a quantitative measurement of results. A particularly important component of the research was the emphasis on perceiving change and the need for change. As the study will I hope demonstrate, change came about through demand, the quantity and nature of work, the methods of both work and evaluation employed and the environment in which the project was operating. As an action research programme, the aim was not only to produce this thesis, but to contribute immediately to helping the worker perceive change and how to respond to it. The action component of this study began and remained an important feature of it. Finally, my aim was to tease out the relationship between the project and the community, national and local, in which it was working.

**Summary of contents**

This study, in brief, falls into three parts. The first four chapters in Part 1, though disparate in emphasis, all aim to set the scene. The attempt to define self help groups contained in the first chapter shows the potentially broad field of action which the project began to address. The literature review, second, outlines the context in which self help is presently operating and identifies some of the political issues involved. The question is raised, third, as to whether there is a self help movement. Research methods are described and discussed in the fourth chapter, so concluding the first section.

The middle section, entitled 'Unfolding the Story Through Action Research', reviews three aspects of the work. It was not planned so that all chapters related to a specific objective of the project. Two chapters review what proved to be one of the most important aspects of the project's work: enabling the growth of new groups. Two angles are examined. Chapter 5 unfolds the story of the project's work directly with new groups. Chapter 6 concentrates on professional workers who came to the project for advice on their own work with a new group, a study which draws some important conclusions on professional attitudes and training and the degree to which NSHGP was able to influence practice. In Chapter 7, work which required a greater degree of initiation by the project worker was examined - joint activities between groups. Analysis of the local and national context in
which NSHGP operated ends Part II.

Part III comes to some conclusions. Though this study is far from being an annual report, it was felt important to include, (Chapter 9), a stringent examination of the project's objectives, the extent to which they were met and the limits to their appropriateness and the success of the scheme. Touched on more lightly - for issues presented here may well justify further examination elsewhere - are the topics of the importance of NSHGP as both an innovative social action scheme and as a research project. In the final chapter are some implications for social policy. Here too will be found a more confident setting out of a philosophy of empowerment and the value of involvement of lay people as partners with professionals than seemed appropriate at the beginning of 1982.
Part I

SETTING THE SCENE
CHAPTER 1

DEFINING SELF HELP AND THE SCOPE OF THE NOTTINGHAM SELF HELP GROUPS PROJECT

This study, as we have seen, is not so much about self help groups themselves, as about support for them. Without some examination of what is meant by the term 'self help', however, this research, and the work on which it is based, could rightly be seen to be suffering from lack of clarity. It is not a simple concept to consider, and the lack of research in this country - as the literature review in the next chapter will show - means that only a few people in the UK have given substantial thought to the issues behind self help. The literature review will look in depth at what has been published. Here we shall attempt to look briefly at the questions surrounding definitions of self help and self help groups; touch on their historical context; and outline the scope of Nottingham Self Help Groups Project.

An old idea

The dictionary definition of self help is not totally helpful: "The action or faculty of providing for oneself without assistance from others" (Shorter Oxford English Dictionary 1985). Self help in this sense is seen as individualist rather than collective action. In practice, even if people begin by wanting to do something for themselves, it must be rare that they take action entirely on their own. Self help development stems more, I would suggest, from collective rather than individual efforts. Self help groups - part of non-state activities - are based on a community of interest, as Barclay puts it, rather than a geographical community (Barclay 1982). While individualism is part of their emphasis, we can justifiably view them as a type of collective action.

What needs have in fact been met by self help? Looking back into the eighteenth and nineteenth centuries, the development of friendly societies, and hence modern insurance companies can be traced to the concept of self help. Co-operatives, from the Rochdale Pioneers onwards, are another example. In this century, the playgroups movement and, increasingly, black self help provide illustrations of ways in which people have defined gaps and needs, got together with others and taken action. It would seem that
Self-help inspired developments emerge in many guises and vary according to the needs of the time. It is an old idea, re-interpreted each time it re-emerges.

Philosophical constructions placed on the concept by interested observers can also be traced back some time. Samuel Smiles, like the dictionary compiler, emphasised the need for personal self reliance (Smiles 1859). His trenchant ideas still influence political interpretations of self help, as the policies of the current Conservative government show. Kropotkin, however, emphasised self help as collective action. He argued that mutual aid - his preferred term - is a natural human force, a healthy way for communities to organise themselves (Kropotkin 1902). Such authors are attempting to impose, it could be said, a theoretical framework on self help which is not always appropriate. As we shall see, there is great variety in the way self help groups run and operate. Outsiders who attempt to force them into a personal philosophy of their own making may cloud rather than clarify the concept.

**More recent definitions**

Kropotkin used the term 'mutual aid'. The Volunteer Centre attempted to introduce the phrase 'mutual help' (Johnston 1981). In practice, self help is the most usual term. Although the philosophies surrounding it - and the dictionary definition - make it less than satisfactory, it is the term most people use and understand (Knight & Hayes 1981). More recent definitions merit attention. The main body of literature on which one can draw is largely American and it is as well to remember the American background against which of course such research has been carried out. A number of writers in the States have tried to construct elaborate definitions of self help groups and to develop elegant typologies. The most quoted of these definitions is by Katz and Bender (1976):

"Self Help groups are voluntary, small group structures for mutual aid and the accomplishment of a special purpose. They are usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disrupting problem, and bringing about desired social and/or personal change. The initiators and members of such groups perceive that their needs are not, or cannot be, met by or through existing
social institutions. Self help groups emphasise face to face social interactions and the assumption of personal responsibility by members. They often provide material assistance, as well as emotional support; they are frequently 'cause' - oriented, and promulgate an ideology or values through which members may attain an enhanced sense of personal identity."

Hatch, in the UK, while discussing the place of mutual aid associations among voluntary organisations highlights a common issue among self help groups: their members are also their beneficiaries (Hatch 1980a). Webb first raised this question in the 1970's (Webb 1971) and returns to it in his 1987 book, (Webb and Wistow 1987), linking the concept of members as the primary interest group with the form of organisation that is dominant. In the case of mutual aid groups, this is participative democracy. Both authors concede that there is a continuum, rather than a clean dividing line, relating to the extent to which beneficiaries are involved in running mutual aid organisations. The idea of a continuum is one that arises elsewhere: Pancoast (1983) sees self help groups as part of a continuum of arrangements for engaging in non-statutory care. Papers from the International Information Centre on Self Help and Health (IIS) clarify self help groups as part of a broad system of lay health care. Perhaps definitions that attempt to be too precise are doomed to failure. It may be more helpful to see self help groups as having some common characteristics - though these may not always all be present - and to see how they overlap with other types of development.

When Nottingham Self Help Groups Project began, there was no one authority on self help groups, no respected source to turn to for advice on concepts that were generally agreed. But since 1984 the IIS has become recognised as being such a source. Conferences and writers are increasingly using IIS definitions: it seems appropriate to turn to these as the most apt for our purposes. Hatch & Kickhusch (1983) offer the following which are included in the IIS Summary of papers on self help:

"Lay Care refers to all health care given by lay people to each other in both natural and organised settings and by individuals to themselves; lay care is often referred to as non-professional care, but this term links the phenomenon of lay care too closely to the development of professional service."
Self-Care refers to un-organised health activities and health related decision making both by individuals, families, neighbours, friends and colleagues at work etc; it encompasses self-medication, self-treatment, social support in illness, first aid in a 'natural setting', ie. the normal social context of people's everyday lives. Self-care is definitely the primary health resource in the health care system. Its most important distinguishing feature from self-help is that does not imply purposeful organisation and is often provided on an ad-hoc basis in intimate settings.

Self Help refers to formally or purposefully organised groups in health care, ie. 'created social units' that find a common - if broad - denominator in a move towards new social forms of coping, lay autonomy and humanisation of health care; it encompasses both self help groups (the term more popular in Europe, while in the USA mutual aid groups is also used quite often), self help organisations and alternative care."

Hatch & Kickbusch also include the definition of self help groups by Katz & Bender, quoted above. But they suggest, helpfully one feels, that a simpler and broader definition is "groups of people who feel they have a common problem and have joined together to do something about it" (Richardson and Goodman 1983).

For workers in self help support systems such as NSHGP, there are still some problems linked to Richardson & Goodman's definition, as we shall see, but it probably remains the most workable of those reviewed. Let us take it as the definition on which this study is based, while retaining the idea of self help groups as overlapping with other systems of care.

The Scope of NSHGP

In 1980/81, when plans were being made to set up NSHGP, no carefully worked out definition on self help groups was included in the outline of the project. There was rather an assumption that people knew what they were and the groups were described by what they did, rather than by using theoretical concepts.
By 1983, however, Richardson and Goodman's definition was included in the first annual report. Let us consider the limits within which the project operated, despite the adoption of a broad definition. First, the health emphasis: "The project is concerned with self help groups based on health problems, or problems relating to health, in the Nottingham area" - (March 1982 leaflet, Appendix A). The health bias arose for two reasons: the source of funding and the lack of support, as identified in the feasibility study, for groups based on such issues. Funding being far from secure for NSHGP, it seemed imperative to keep the interests of the Health Authority to the forefront and to concentrate on work where there was a demonstrable link with statutory health care. There was also some anxiety about groups concerned with campaigning, and those who could be seen to be offering alternative therapies: supporting either or both of these categories could have brought questions from the project's funders. The emphasis was on health orientated groups offering primarily mutual support.

Second, the project was based on a responsive approach. The worker responded to requests for help, rather than herself deciding on areas for new development and promotion. This too resulted in concentration on health issues, although a small number of groups also formed around social issues that brought problems to those experiencing them. In practice, the scope of the project was to some extent dictated by its users. By the end of 1983, the project was described - in response to a wider range of groups beginning to use the scheme than had originally been envisaged - as working with groups based on "health, social or personal problems or conditions".

Third, users of the project also influenced the worker's approach to what were appropriate self help group activities. It became clearer as the project continued that an essential part of self help group definition was the question of who led and decided on the activities of the group rather than what it did. I became very committed to working with people so they themselves could run the groups and to help them resist attempts to be taken over, as later chapters will show. Leadership emerged as a more important part of definition than activities.

Fourth, the scope of the project was limited by lack of time and resources. It became increasingly necessary to restrict the area of NSHGP's interest to a manageable target group. Widening it to take in, say, employment self
help groups, would have made it impossible to be effective.

Fifth, and last, links with other self help support workers, in Europe and in the UK, helped clarify the logical bias towards health issues and an appreciation of the importance of the consumer's voice. Visits and discussion enabled the worker to see that self help for health was a logical boundary - and a boundary that was used elsewhere too.

All five issues influenced the scope of NSHCP to a greater or lesser extent. One should perhaps highlight one other aspect of its work: it was an agency with an all white staff, relating largely to groups with a white membership. It did not attempt specifically to draw in people who might be interested in black self help, with or without a health emphasis, nor did people from ethnic minorities approach it for help in the first two years, although this began to change in subsequent years.

Conclusion

Returning to the question of definitions, I faced a dilemma. As field worker, I needed a definition of self help groups for work purposes, but as the importance of both a responsive approach, and the concept of self management in groups grew, the appropriateness of a tight definition became increasingly questionable. A working tool was however, essential. Richardson's definition was, as we have seen, chosen as the best available, but even this had some limitations as a tool for the job. It fails to make clear the essential ideas of membership and ownership. Nor does it include any concept of an appropriate form of organisation for self help groups, and some views on this became essential in order to illuminate and aid my work. Moreover, Richardson's definition does not explore the concept of "problem". The common problem, for example, may not reside in the individuals themselves but in the attitude of society and of policy makers to them. Last, Richardson's definition implies that the motivation for joining a group is to solve a current problem. In practice, people may well join, or form, a group because of a wish to be helpful to people who are currently facing difficulties which they themselves have faced and with which they have largely coped.
I also needed a definition as researcher. This study required an intellectual framework, not to prescribe work, but rather to generate questions. For example, if groups run themselves, what place does a support worker - or indeed a local professional or a national body - have in their structure? What are the limits to the support that can be offered? Moving on to broader questions, the researcher must also ask: is there a self help movement, and what is the place of self help groups in social policy? The questions raised by Abrams about community care - eg. Do you need to bring non state collective action into public policy? If so, how? Might you then kill it off? - have not yet been faced, let alone answered in relationship to self help groups (Abrams 1977). This study can only make a small contribution to the exploration of these questions. Here too, however, the problem of defining self help groups, even if the answer is not totally conclusive, has to be faced. It is an essential first step in relating self help to a broader philosophical debate on social policy.

The dual role of researcher and practitioner meant that this dilemma was not resolved. It did however lead to a creative tension, a productive interweaving of analysis of local work and broader concepts. Feeling for a definition as the two years progressed both stimulated intellectual questions and horizons and clarified issues relating to practice.

To summarise, Richardson's brief definition - and, despite its limitations, its brevity is one of its strengths - provided a working tool, but alone was not enough. Wider reading, travel and knowledge of concepts behind the definitions enriched both the research and the work. The project began with and retained an emphasis on health based self help groups, though broadening in response to use and demands.

In later chapters, we shall return to some of these issues, but for now let us turn to the literature on self help groups.
CHAPTER 2

A REVIEW OF THE LITERATURE

It became clear soon after beginning a literature search, that there was not a coherent body of research on mutual aid. The search, accordingly, spread into a variety of fields and also took in issues the literature of which provide the background against which mutual aid operates. While this study is an action research study of a particular project, one needs to touch on, at least, the place of mutual aid groups in social policy, by identifying traditions and ideologies which have some relationship to self help. Through an historical review, one can see changes which contribute to our perception of self help group development in the 1980's. It is not only mutual aid that one should review, for state welfare - and attitudes to it - is the background against which present day mutual aid operates. It is against a backcloth of the current debate on state welfare and voluntarism that we begin this discussion. As Dean has pointed out, however, it is a mistake to see the current controversy over health expenditure and increased interest in the subject of self-care in general, as a cause and effect relationship. She identifies three parallel developments: lay activation; criticism of the high technology emphasis; and the economic crisis in healthcare (Dean 1985). Current political concerns in the UK on decentralization and on limiting the role of the state make it particularly relevant to review the literature on mutual aid. It is not a simple picture in the context of state welfare, however and some of the themes can only be touched on lightly.

After a brief reference to the development of state welfare, the first theme to be addressed will be that of general social policy. We shall look at three broad strands of literature which focus attention on both the limits of state welfare and alternatives to it. The three strands are, first, views of the welfare state emphasising its expenditure limits; second, studies which demonstrate the lack of ideological consensus about its philosophy and operation; and, third, literature which concentrates on aspects of failure of the welfare state.

There are, as we shall see, advantages and disadvantages to non-state alternatives to welfare, and a variety of relationships between state and non state. Among these referred to will be giftgiving; structures which
promote voluntary action; and the consumer as a resource. Non state alternatives can best be examined under four main headings: formal voluntary organisations, volunteers, informal care and mutual aid. As will be explained later in this chapter, the private market will not be reviewed. Mutual aid, appropriately, will be considered in some depth.

For while the lack of coherence in the literature still seemed apparent at the end of the search, there is a considerable amount of material relevant to this study. The structure devised for presenting the literature was to take, first, an historical perspective; second to consider mutual aid as one informal institution among many; and, third, to touch on how self help operates in inner cities. Published bibliographies contribute to a certain extent to solving the problem of there being no obvious structure to studies of mutual aid, and are useful pointers to some of the literature published in other countries. Foreign literature, I will be suggesting, has some relevance to the UK situation.

British literature, however, is the most relevant to the emphasis of this study - support for self help - and to considering the place of mutual aid in social policy. It is to this that the final part of the review of published works is devoted in some depth. The whole of this study concentrates on unfolding a story and perceiving strands in it. The literature review to a large extent mirrored this exercise. For I did not know exactly what I was looking for when I began, there were few signposts along the road and the relevance, or limits of some of the literature only became apparent as the search continued. The structure outlined above is presented in an attempt to give some framework to a subject, which - as my review attempts to show - is only patchily researched and is addressed in a wide variety of settings.

The development of state welfare

We begin by tracing briefly the overall development of state welfare, the historical growth of which has been well documented. Broadly, four phases of development in the last 200 years led to the system we now have in the nineteen eighties. The second chapter of the Wolfenden report on the future of voluntary organisations presents a useful summary (Wolfenden 1978). The Committee identified the first phase as the period up to 1834, when family and neighbourly care was the first resort for most people in need,
supplemented by the parish or charity. Second, from 1834 to 1905, new legislation drew a firm line between the deserving and undeserving poor. The stress on individual self help became apparent and the development of friendly societies and co-operatives indicated the potential for mutual aid among a significant proportion of the population. Self help groups in the twentieth century are closely related to other forms of non statutory care, but there are also similarities with self help developments in the eighteenth and nineteenth centuries. Gosden explores the particular forms of organisation of friendly societies and the urgent need felt by working men to provide themselves with a form of security at times of trouble. The only alternative offered by the state at that time was resorting to the overseer of the poor. This was a period too, however, when important philanthropists pioneered work, resulting in the foundation of major philanthropic voluntary bodies like Dr Barnardo's, and the establishment of the first settlements. Settlements are particularly interesting as bases, then and now, for community work. Behind these new approaches were the beginnings of an appreciation of the adverse effects of industrialisation and the need for collective action. The third phase of the four, between 1905 and the post-war welfare state, saw the voluntary sector continuing to provide a large proportion of both health and welfare services. The state, though, was increasingly taking on responsibility, particularly through the programme of legislation put forward by the progressive Liberal Government of 1906 onwards. The fourth and final stage came with the establishment of the NHS, the passing of the 1944 Education Act and a system of social security based on the Beveridge report. The obligation of the State to be the provider of the basic social services to everyone was recognised and largely established.

The Wolfenden report itself can be seen as part of a series of investigations focussing attention on activities outside the state (Seebohm 1968, Aves 1969, Wolfenden 1978, Barclay 1982). For a fifth phase is perhaps that where the limits of state welfare are increasingly being recognised and alternatives to them explored. The Seebohm report, though its subject was professional social work, is particularly important for its emphasis on the voluntary sector and informal care. We shall return to its ideas later.
The limits of state welfare

While historical development is important, ideological standpoints behind social policy must be considered too, for analysis of the progress of social policy cannot be made without some appreciation of the different political and moral views which lie behind change. Is there, one could ask for example, wholehearted enthusiasm for the welfare state? The forty years since its establishment has seen a general acceptance of it among both consumers and policymakers and compared to some other industrialised countries, Britain has a well developed system of state welfare. But there are critics of it, who approach their analysis from several different viewpoints. Three broad strands of literature merit examination. First there are studies which emerge from an awareness of the expenditure limits of the welfare state. In a second category come authors who challenge the concept of the state being at the heart of a welfare system, highlighting the fact that there is not an ideological consensus about the state's role. Finally attention should be given to writing which comes from authors who perceive failures in the welfare state, or who are critical of its operation rather than its objectives.

Expenditure limits

One can identify, first, literature whose common thread is that there are limits on expenditure on the welfare services. It is rarely as simple as that. Webb & Wistow point out, for example, that preoccupation with cost effectiveness has clouded issues underlying the debate on state or non-state welfare. It is difficult to disentangle principles of policy or politics, from the realisation that money available for social and health services may be limited (Webb & Wistow 1982). The strongest criticism of collectivism of recent years - analysed in depth by Bosanquet (1983) - has come from the economists Hayek & Friedman and the work of The Institute of Economic Affairs. Economic ideals are used to attack the concept of state welfare, including political attacks made by Enoch Powell (George & Wilding 1976). The anti-collectivists' dislike of collectivism is based partly on financial grounds - the 'waste' of resources and economic efficiency - and partly on ideological grounds - state intervention as socially disruptive, as obliterating individual freedom. This brand of thinking has strongly influenced the Conservative Government from 1979 onwards. In their 1983 manifesto, for example, the Tories argued that the way to improve standards in state services was to encourage people to take responsibility for their
own decisions. Leaked discussion documents of the previous Government's Family Policy Group revealed in more detail some of their thinking. Murray, in an article in Community Care described the Conservative government as very different from any other post-war government in their determination to cut back state welfare and public expenditure and to jettison consensual notions of social justice or redistribution (Murray 1983).

While right wingers are perhaps the most vocal in advocating financial boundaries to welfare services, some thinkers on the left can also see that, realistically, state run services have limits. One example is Crossman who said, "A comprehensive welfare state exclusively staffed by paid professionals is a financial impossibility", and went on to outline tasks which could be undertaken by voluntary helpers (Crossman 1976).

**Lack of ideological consensus**
In the post-war period, Titmuss strongly influenced thinking on the need for the state to redistribute resources in favour of equality. While his studies continue to influence the operation of state services, there has been criticism of his central concept of the need for powerful state intervention. The question of whether men and women are by nature communally orientated and altruistically motivated was raised by Pinker. He queries whether there was consensus about the need for collective enterprise. Like Marshall (1970) and others, Pinker is not an opponent of the welfare state, but he maintained that, though socialism is inevitably associated with collectivist welfare policies, the converse does not follow. Collectivism may involve no more than commitment to a significant degree of state intervention in the maintenance and enhancement of welfare (Pinker 1979).

**Perceived failures of operation**
The third set of critics of the welfare state also begin their critiques from a position of support for it. They are not so much opposed to its objectives as to its mechanism and its results. One may note authors who have looked at the question of poverty and the way in which the state has failed to overcome this problem. The publications of the Child Poverty Action Group have contributed to knowledge, as have authors of more substantial books, Townsend (1968 and 1979); Coates and Silburn (1981); Holman (1978). Even when the Labour Party, which could be expected to spearhead a campaign for greater equality, has been in power there has not
been the political will and action to achieve significantly greater financial equality. The impact of this section of literature does not appear to have been strong enough to influence policies. Poverty undoubtedly has not been eradicated as had been hoped by the architects of the Welfare State.

Tim Robinson is one of the authors who write from an anti-professional view. Both from the view of an academic and as the parent of a handicapped child, Robinson bitterly criticises the treatment he received. He claims that the basic right - as he sees it - of clients and patients to information is often disregarded. Taking into account his declared personal standpoint, his views are compelling and his criticism seems valid but rarely heard (T Robinson 1977, 1978). There is relatively little literature in this field written from the viewpoint of an informed consumer. The power of the health and social service professionals, combined with the need for the client or patient to go on receiving care, militates, I would suggest, against people writing as consumers. The Collins' do, however, develop these themes (Collins & Collins 1976). Other writers have contributed a more theoretical perspective. Illich has written forcefully and critically about professional power, particularly in health care (Illich 1977). George & Wilding advocate more active participation by the general public in the operation of the social services, which would in turn, they say, lead to the trimming of the power of professionals. They see the present day operation of the welfare state operating within capitalism, and quite heavily constrained by this limitation, requiring radical removal of privilege from powerful sections of the community before its real functions can be fulfilled (George & Wilding 1976). Wilding develops the theme of professional dominance further inProfessional power and social welfare, criticising the narrowness of vision of many professionals, their focus on disease rather than health and their power over resource allocation. This power derives, he believes, from the alliance of professions with the state, leading to a 'nanny state' (Wilding 1982). A number of shorter pieces have been similarly devoted to criticism of the overbearing attitudes of professionals. Two examples are Beresford who outlines the dehumanizing effects of welfare services (Beresford 1983), and Haug, who highlights examples of doctors tending to define any questioning of their expertise as neurotic (Haug 1975).
Hadley and Hatch have contributed substantially to the debate on the limits of state welfare. They too advocate more involvement by the recipients of services, but their emphasis is on the development of local methods of participation, seeing the centralised control of so many services as the cause for failure in delivery (Hadley & Hatch 1981). Hadley develops the theme of community involvement in the social services, highlighting the need for the professional to become a facilitator of the contribution of others - a radical change of role - and outlining the advantage of patch systems (Hadley & McGrath 1980). The stress of these authors is on the value of neighbourhood resources, a relevant and important issue. They perhaps, however, do not give sufficient weight to the affiliation people feel to networks other than the locality in which they live. The motivation to action of some people may well come more strongly through bonds created by sharing the same social or medical problems than through identification with the area they happen to live in.

Webb, in exploring alternative futures for social policy and state welfare, raises the issue of 'value for money' (Webb 1985). There is need for concern for cost-effectiveness to be deeply rooted, for short term policies aimed to save money may well in the long run bring their own problems. Looking to voluntary organisations - one option raised - is not necessarily the answer. Several other questions present themselves about voluntary organisations. Do we in fact know the extent of recent growth in the voluntary sector? How far does the non-statutory sector offer a real alternative to state welfare, a different style, a different philosophy, a different service? Or is it offering more of the same? Where does mutual aid fit in with non-statutory welfare provision? We turn now to a look at literature which contributes to our knowledge on alternatives to state run services.

Non-state alternatives to the welfare state

Those involved in planning the welfare state expected it to produce equality of access to services from all social classes and in different geographical areas. The following review of non-state alternatives to welfare is not an assessment of whether this has in fact been achieved or not. Rather, it considers the failure of the welfare state arising both from the disabling effect of highly professionalised services and from the
result of large, centrally administered sources of help.

Advantages and reality of non-state alternatives

Let us begin by considering Titmuss' book, *The Gift Relationship*. His study is an immensely detailed one of blood donors, but his views have been seen to be a model for the general development of voluntary action. Important though his work is, it would be unwise to conclude that his research warrants generalisation to all forms of voluntary endeavour. It does however show clearly the advantage of a voluntary scheme in one sphere of caring. Titmuss does not only advance his thesis on the grounds of a better system of blood donation. He believes that gift exchange of a non quantifiable nature has more important functions in complex, large scale societies, than authors such as Levi-Strauss would suggest. Furthermore he sees the application of scientific and technological development as increasing the scientific as well as the social need for gift relationships. Finally, modern societies now require more, rather than less freedom of choice for the expression of altruism. Social policy can be seen as an instrument by which people have the opportunity to express altruism (Titmuss 1970).

Crossman, another advocate of the advantages of non-state alternatives, makes suggestions of four areas of work which could be developed by using voluntary rather than professional help. He advocates greater use of unpaid volunteers to combat the impersonality of large scale councils and to ensure that consumers' views are heard when planning new developments. He too wishes social policy to allow the suppressed altruism 'of millions' to find expression in community service (Crossman 1976).

Hadley and McGrath (1980) do not reject the work of social workers, but see the contribution of informal care and voluntary action as very important. The role of social workers, they maintain, should be to support and strengthen these networks. The patch system of organisation is needed in order to make this possible, together with new attitudes and changes in training. Hadley and Hatch together put forward a general plea for greater recognition of the voluntary contribution. They see its role as involving a substantial minority of the population, as a source of new developments, criticism and pressure and as a vehicle for action where statutory agencies are cautious (Hadley and Hatch 1981). One question posed at the end of the last section concerned the amount of growth there has in fact been in the
voluntary sector. The Wolfenden Committee's greatest contribution, in Webb's view, was the body of research it initiated. Wolfenden showed that the combined manpower effect of volunteers substantially exceeded that of paid personnel in the statutory personal social services. It could have gone much further, however - as Webb says - in presenting a challenge to easy prejudices and in exploring the criteria against which to evaluate voluntary social service (Webb 1979).

Most care of course comes not from the state, but from family, friends, neighbourhood and informal mutual aid. Levin points out that 65-85% of health care in the USA is provided by individuals, families and small groups (Levin 1982). While the system of health and social care obviously differs from that in the UK, his findings are confirmed (Williamson & Danaher 1978). As Levin says, 'self-care' is a reality as well as a resource of great promise (Levin, Katz & Holst 1977). In short, we should not merely retreat into theories about the advantages of non-state alternatives, we should recognise that for most people most of the time this is how they cope.

Disadvantages of non-state welfare

The other side of the coin reveals the disadvantages, and perhaps a more useful concept, the limitations of non-state alternatives. Volunteers have yet to fully lose the 'do-gooding', 'lady bountiful' tag inherited from the nineteenth century. Webb and Wistow (1982) point out the tendency to treat the entire range of non-statutory social action as part of an apparently homogeneous 'voluntary sector'. The paternalistic label persisting with voluntary work undoubtedly results in a blinkered view of its usefulness. The cautiousness, even hostility, of the traditionalists in the Labour party towards endorsing voluntary work is due largely, one feels, to this label, though as Brenton points out, policy statements in the second half of the 70's reveal a change in attitudes (Brenton 1985).

Webb reminds us, too, that there needs to be further examination of the uneven distribution of resources resulting from voluntary provision. A further criticism he makes of the Wolfenden committee relates to the lack of research on the question of coverage and minimum standards of service which cover both statutory and voluntary provision in each local area (Webb 1979). One undoubted basis for criticism of voluntary services is their unevenness - little appears to have been written about this. Hatch's study
of two towns does give some information about numbers and types of voluntary organisations. His view is that future research should not be of the voluntary sector as a whole, but should look in depth at particular types of organisation: a view well worth consideration, particularly when one comes to look at the lack of research on mutual aid (Hatch 1980).

As has already been made clear, Hatch with Hadley in Social Welfare and the Failure of the State, while seeing the advantages of the voluntary sector, are also realistic about its limitations. The contribution of voluntary agencies is in most localities essentially marginal, and the amount of money they receive is relatively small (2% of social services departments' budgets) (Hadley and Hatch 1981). Westland (1981) points out the tendency to view voluntary organisations as a cohesive, united group who can contribute substantially to social policy and act as reliable partners and Brenton's substantial study confirms how false an image this is (Brenton 1985). Westland notes the limitations that arise from the lack of unity and cohesiveness of non-state alternatives, and the distortion that can result from an over-idealised and inaccurate view of the voluntary sector. "It does... no good to attribute to voluntary organisations characteristics which they do not and cannot possess" (Westland 1981). Nor does it illuminate, I would suggest, their contribution to welfare.

Key relationships between state and non-state

One may usefully focus on three aspects of relationships: giftgiving; the need for structures and relationships which promote voluntary action; and the consumer as a resource.

Giftgiving

Titmuss' seminal study of blood donors provides a natural introduction to this theme (Titmuss 1970), but Leat's study raises further interesting comments on the gift relationship. She points out first that it is ironic that Titmuss - and Crossman too - should put forward an argument that could be used to demolish the whole of our tax funded system of welfare rights. Indeed, devotees of Thatcherism have not been slow to use this as an excuse for their onslaught on the welfare state. Gift giving, Leat continues, can be seen along a continuum, ranging from reciprocity to beneficence. Hence it is possible to identify volunteering with gift giving. Leat prefers to equate volunteering more with friendship and looks to the creation of
structures which promote this (Leat 1977).

**Structures**

For structures are needed which promote voluntary action, and attempts are increasingly being made to develop these (Wolfenden 1978). Griffiths draws out the lessons learnt from an examination of local schemes at the 1981 Swanwick conference, making a useful analysis of the ways in which voluntary action can be recognised and supported. Central government, however, needs to recognise that voluntary action does not mean action that is free of cost (Griffiths 1981; Webb 1985).

Dingwall gives an example of how one branch of state welfare has developed in his study of the development of health visiting. His analysis contributes to the study of collectivism in British social policy, illustrating tensions between such collectivism and individualism. His subsidiary theme is worthy of attention too: the influence of the national centre and the national periphery on the development of social policy. Structures imposed from the top down are unlikely to be ones which sustain and promote local action (Dingwall 1977).

Do in fact collaborative structures between voluntary and statutory sectors promote voluntary action? Hatch & Mocroft looked at two local authorities and their relationship with voluntary bodies. There are ways, in their view, in which they can work together (Hatch & Mocroft 1983). Webb and Wistow's study on the personal social services since Seebohm adds to our knowledge on how formal co-ordinating bodies can help relationships between state and non-state (Webb & Wistow 1987). It is still a field in which good practice is being explored, rather than definitive statements being forthcoming.

**Consumer as a resource**

Studies of management in industry illustrate the value of involving consumers as a resource. Likert, for example, shows how employees have generally responded positively to opportunities given when the organisation and management of work have been restructured to facilitate their involvement (Likert 1961). A number of authors quoted earlier pursue this theme. Tim Robinson, for example, sees the need to view the client "as something like a co-partner, with special rights in the setting of goals and the specification of acceptable means, rather than as the person who
hands his problem over trustingly to the professional for him to solve" (T
Robinson 1978). I have contributed a similar view, that there exists among
clients and patients an immense wealth of creative potential, knowledge,
expertise and motivation (Wilson 1983b). Robinson believes this potential
can be realised at relatively little financial cost, as long as
professionals are prepared to treat clients as partners. For professional
workers can enable the development of new schemes (Wilson 1983a). My views
on self help group members as consumers are developed further elsewhere
alongside other views of consumerism (Wilson in Clode, Etherington and
Parker 1987).

Though space does not permit a detailed review, reference must be made to
the substantial body of literature on community work. Community work
literature demonstrates further the idea of the consumer as a person both
with rights and with potential for action, and discusses the techniques
which are needed to develop this resource (e.g. Twelvetrees 1982; Henderson
et al 1980). Useful parallels can be drawn with the development of self
help groups by using material in an account of family groups in the
community (Knight et al 1979). Like the early health visitors in Manchester
(Dingwall 1977), these groups use the expertise of untrained local people
working in the area in which they live and are accepted.

To draw some strands together - there is a basic wish to be helpful to
others in many people, although this can very easily be exaggerated and can
be inappropriately seized on as a reason for dismantling state welfare;
structures are needed which promote voluntary action, but comparatively
little research has been done on this; new developments can often emerge
from local experimentation which grow into national movements;
collaborative structures can contribute to more and better voluntary
action; and, finally, while consumers can be contributors to services, this
requires change among professionals too.

**Different types of non-state alternatives**

It may be useful to categorise non state alternatives as follows:

- The private market;
- formal voluntary organisations;
- volunteers;

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informal care;
- mutual aid.

While the last category demands a section of its own, three of the others are reviewed briefly here. I have chosen not to review literature about the private market because of its limited relevance to my main topic. Formal voluntary organisations have been documented quite extensively and various studies have contributed to the development of ideas on welfare pluralism (e.g. Gladstone 1979). A recent contribution illuminates the complex voluntary sector further, particularly its role alongside state welfare and brings a welcome realism to the study of voluntary organisations (Brenton 1985).

Volunteers are a topic to which a growing body of literature is devoted. Mary Morris' account documented voluntary work in the 1960's and earlier (Morris 1969). The Aves report may be chiefly remembered for its recommendation that a national resource centre on voluntary work be established. Aves is important too, however, for its research and the attempt to quantify the amount of voluntary work done and to illustrate who actually does it. This should have demolished the image of the volunteer as a middle class, middle aged housewife (Aves 1969). A more analytical look at volunteers, and their relationships with social workers was provided by the works of Holme and Maizells, a study which looked at the extent to which social workers use volunteers, how they perceive voluntary helpers and some of the factors which were significantly associated with the use of volunteers. It is revealing to see how apprehensive professional social workers are, in reality, about the suitability of volunteers for various tasks, except in somewhat restricted terms (Holme & Maizells 1978). This would indicate the substantial gap that exists between reality, and the theory put forward earlier that professionals should be enablers. Relevant issues - effectiveness, limits to volunteers, and organisation of organisations using them - are considered in an important study of volunteers working with old people (Hadley, Webb & Farrell 1975).

Informal care is the fourth category of our alternatives to state welfare. The pattern of reciprocity between neighbours is highlighted by Ball and Ball in "What the neighbours say" (1982). Services and loans, they found, are usually carefully balanced to ensure reciprocity, and the most successful exchanges are often between people of different age groups whose needs complement one another. The book also sheds useful light on the role
of the client as giver of help, and on the professional as enabler. Abrams' work is of course the most substantial in this field. One question raised earlier in this chapter queried whether non-state provision of welfare offered a real alternative. Abrams concluded from his study of 1,000 Good Neighbour Schemes that it would be wrong to see this particular type of care, though important, as an alternative, and went on to argue that "if such schemes are to provide social care, where it is most needed, they can do so only in active co-operation with the welfare state" (Abrams 1982). This may require an active role by local authorities in promoting, supporting and funding schemes. Abrams goes even further in saying that organised social welfare holds the keys to the survival of good neighbour schemes. This is not to say that local authorities should run them: what is needed is first dialogue without control, and second support. Abrams' clear thinking on neighbourhood care dispels much of the cloud around informal voluntary organisations (Abrams 1979, 1980, 1981 and 1985 and Bulmer 1986).

This brief analysis of practice, contribution and support concerning a particular sort of informal care shows the value of knowledge on how informal care fits in to social welfare. Its value is even more striking when we come on to the literature on mutual aid where there has been little attempt to undertake this type of exercise. There is some common ground, however. Bayley, for example, in looking at families as carers, highlighted the reluctance of such carers to accept help from strangers (Bayley 1973). Many self help groups have grown out of such reluctance: it is often easier to accept help from someone who has gone through the same problem than from a well intentioned volunteer or gift giver. A more recent study presented mutual aid groups - and only half the families with a handicapped child belonged to one - as valued more for emotional support than for practical, reciprocal services (Cooke & Lawton 1984). There should not be an assumption that they provide all that people need.

The categories of non-statutory provision related above should not be seen as mutually exclusive, more as ways of approaching the literature. Voluntary help, voluntary organisations, informal and neighbourhood care and mutual aid cannot easily be compartmentalised: perhaps more useful is to see these four as overlapping circles of care.
Mutual aid

An historical review
Kropotkin and Smiles' contribution to mutual aid literature has already been noted, (Kropotkin 1972, Smiles 1859), but it is possible to trace this idea much further back. Samuel Smiles' 'Self Help' shed useful light on the nature of mutual aid and how it can flourish in his study of friendly societies. The importance of social events is one example. The convivial habits of members apparently attracted criticism but Smiles could see the importance of meeting and drinking together. He draws attention too to the important feature of complete independence of local societies, and to the holding of office by rotation (Smiles 1859). Friendly societies should be remembered as an example of a particularly successful form of mutual aid when the state was not providing services people needed (Gosden 1973).

Mutual aid among other informal institutions
Two more recently published books contribute to our knowledge of present day mutual aid. Henry edited a collection of essays on "informal institutions and unorthodox ways of doing things" (Henry 1981). At first sight, these essays, the subjects of which range from the black economy to mutual aid groups - may seem strange bedfellows. Self help and informal caring institutions generally differ from much of the informal economy in being perfectly legal and seen as laudable rather than culpable. However, Henry argues convincingly for the need for governments to know more about all kinds of informal institutions and how they work. While there are tensions in relationships with state institutions, the idea of partnership is feasible, and needs to be taken more seriously by government. Self help is nothing new but, Henry maintains, we are seeing a growth in self conscious awareness to which attention should be paid.

Mutual aid in the inner city
To turn to another type of self help development, Knight and Hayes (1982) looked at a small sample of self help projects which created wealth. They identify four factors which were necessary conditions of survival: enterprise, finance, premises and labour, all necessary conditions too, I would suggest, for the survival of self help groups relating to personal problems. The same authors have also written a wider account of self help in the inner city. Their focus is on a wide variety of community initiatives, not merely on health centred self help groups, and fills a gap
in knowledge about this type of group. Their work contributes to a definition of self help groups, listing seven key characteristics of 'pure' groups and clarifying the potential confusion over the terminology 'mutual aid' and 'self help'. As with their other book, Knight and Hayes add to our knowledge of factors which help or hinder community initiatives. The book's concentration on the inner city shows starkly the odds stacked against people who are trying to do things themselves. Knight and Hayes' work highlights the gap in other literature about self help, showing how little research has been done on factors which militate against it or enable it to flourish. Lomas, in his conclusion, puts forward the hypothesis that it has been little researched, first because it does not fit neatly into existing structures and secondly because there is unwillingness to invest in local people the responsibility for taking decisions (Knight & Hayes 1981).

A study of playgroups in an economically deprived area also throws light on the limits of self help and "the deceit practised by those who put it forward as a panacea". Finch maintains that where playgroups do work in deprived areas, they seem to be drawn away from the self help model, which is, in playgroups at least, deeply embedded in middleclass cultural practices (Finch 1983). Few authors writing on self help have set it in a political context, but failure to do so restricts the total picture.

Bibliographies

The most frequently found phrase in the literature on self help groups is a comment on their increase in numbers. Some authors also, however, imply that groups are effective (Wilding 1982). A review of bibliographies demonstrates the reality, that someone has yet to do an accurate head count, and that there has been little research on effectiveness of groups - or their need for support - in this country.

My search identified five bibliographies. An early review of the literature was published as an article in 1979 by Gillian and John Stewart. They set both the American and British literature, up to 1977, in the context of increasing interest in self help, concluding that despite the lack of systematic evidence, "self help is being presented as a favoured policy direction". While providing a useful summary, the restrictions of this review come from its emphasis on social services policy and there is little reference to the place of self help in health care (Stewart & Stewart
The overlapping of mutual aid with self care is demonstrated in two collections, one compiled for me by the King's Fund and the other published by the DHSS (DHSS 1982). The Volunteer Centre has produced the most comprehensive bibliography, ranging from black self help groups to directories of groups and articles on their place in social policy (Volunteer Centre 1986). 'Voluntary Forum Abstracts', finally, is a source which updates bibliographies, and which confirms the paucity of research (NCVO/Volunteer Centre).

Mutual aid literature in other countries

Bibliographies provide useful pointers to mutual aid literature published outside Britain. Some attention should be given to literature published elsewhere for several reasons. First, it is substantial; second, even if the pattern of state welfare varies, mutual aid is not completely different in other countries; and third, issues such as relationships with professional workers can be seen more clearly by comparative studies. Four countries have been identified as having significant amounts of literature: America, Canada, Australia and Germany.

Three cross-national collections of work on mutual aid help us learn more about self help in Germany - where a major research programme based in Hamburg took place between 1978 and 1983 (Pancoast, Parker and Froland 1983; Hatch & Kickbusch 1983). Little, apart from these accounts, has yet been translated from German. Visits between self help workers and researchers in the UK and West Germany have been more productive in stimulating discussion and sharing experiences. The results of a series of workshops held in 1986 should provide a useful comparative study (Humble and Unell eds, forthcoming).

Systematic collection of Canadian literature has been difficult, but a study of self help groups on a national scale helpfully summarises the substantial development of mutual aid in Canada (Romeder 1982). Thought has also been given to the need to develop professional training concerning self help groups (Gottlieb & Farquharson 1985).

Australian self help literature would appear to fall into two types: top down evaluation, influenced by American concepts (e.g. Parkinson 1979) and studies written by self helpers themselves (Wilson 1987 a, b). Self helpers
in Australia are somewhat distrustful of academic researchers, and there is little evidence of co-operative studies between the two. Nor, on the whole, have Australian researchers taken much interest in what is a comparatively large development.

The American literature is so extensive it is not easy to summarise succinctly but Katz' 1981 review covers much of it (Katz 1981). There would appear to be three particular features of American writing. It stems first from a huge amount of mutual aid activity, one estimate suggesting that 15 million people in half a million groups are involved (Riessman 1982). Second, a substantial amount of literature, both about individual groups (eg. Ablon 1981; Friedman 1982; Scanlon-Schilpp and Levesque 1981) and broader studies are based on research, rather than description. Two special issues of leading journals should be noted, especially Social Policy Sept/Oct 1976 and The Journal of Applied Behavioural Science Vol 12, No 3 1976. Third, studies appear in a wide range of literature: medical and nursing, sociology, psychology and social policy.

Three major works merit particular attention. Katz and Bender, as the preceding chapter has shown, have substantially influenced discussions on definitions of self help. They are enthusiasts for mutual aid. While their study is undoubtedly of great influence, the concentration on small groups, at times over-idealising them, does prevent attention being given to the limits of self help and the undoubted problems that arise in groups (Katz & Bender 1976). Killilea, in a jointly edited study, provides some interpretations of the literature and attempts to categorise groups (Caplan & Killilea 1976). While it is difficult to translate concepts in these studies in full to the British situation, both books must be seen as important for UK readers. The 'helper-therapy' principle is one idea to be noted, a concept developed by Riessman when he writes of the need to recognise that it may be the member of the group who joins as a helper who in fact gets the most benefit (Riessman 1965 and 1982). His study with Gartner is the third important publication in the States (Gartner & Riessman 1977).

In summary, mutual aid crosses national frontiers. Providing one sees it in the context of different systems of state welfare, studies from other countries usefully complement British literature and, again, enable us to see how little systematic research has been undertaken in this country. As
a joint American/Canadian bibliography shows, material has been published in a very wide variety of journals, covering many different disciplines. (Todres undated). It is a topic of interest to many rather than owned and pursued by one.

British literature

Literature in this country too appears in a number of disciplines. A search revealed material on self help appearing in publications of the voluntary sector, community nursing, social policy journals and occasionally in the medical/health education press. What can one conclude from this search?

First, as was emphasised above, there has been little in-depth research into self help groups and until recently none into support systems for them. Second, some of this research is anecdotal rather than systematic. Third, only a small amount has been published by members of self help groups themselves - what has been written enables the consumer voice to be heard and the theme of professional/client relationships to be examined from their standpoint. Fourth and last, the British contributions to cross-national collections usefully enable there to be some wider perspectives.

Let us first consider the longer, research based studies. The most substantial was published in 1983, a DHSS funded piece of research into four national organisations based on a social welfare issue, and into their local branches (Richardson & Goodman 1983). Richardson and Goodman present us with a large amount of well researched material about groups - and though the issues are more social than medical, their conclusions can be transferred, I would suggest, to more health orientated groups. The study highlights the variety in groups, the problems they face and relationships between local branches, their national organisations and local professionals. Particularly illuminating are their conclusions on some issues which can help groups operate effectively - for example, 'serial reciprocity' - and their perception of the need for support. Previous to this study, David Robinson was the main source of information. His original study on Alcoholics Anonymous helpfully documented AA groups (Robinson 1977). Later publications, though widening his accounts to some six other conditions, are generally too anecdotal to be seen as major contributions to research. His books, it must be said, are aimed at the general public
and as such do give some idea of what it is like to be a self help group member. But with so many aspects of groups unexamined - limits, structures, leadership, group beginnings and so forth - their contribution is limited (Robinson & Henry 1977; Robinson D and Robinson Y 1979). Articles in more academic journals by Robinson tend to over-generalise, be repetitious and there appears to be no updating done in that most recently published (Robinson 1978, 1981 and 1985). Like Katz in America and Moeller in Germany, Robinson is part of the first wave of researchers, enthusiastic rather than critical. A third study already reviewed contributes more to our general understanding of the strengths and limits of self help groups, and the constraints under which they operate (Knight and Hayes 1981). A small survey of mutual support groups in Britain was undertaken in 1979. The American authorship is apparent in its Katz-influenced definition of self help. While not purporting to be an in depth study, Levy traces the growth of national self help organisations since the war, and demonstrates the variety among them (Levy 1982). A final author, Webb, would appear to have triggered off interest in self help groups out of all proportion to the rigour of her research. The conclusions drawn from her survey - of what were claimed to be self help groups, but in practice included a very much wider range of organisations - cannot be taken totally seriously. Her study of back pain groups, though carried out more systematically, suffers too from a blinkered approach (Webb P, 1982a, b and c 1983).

Let us turn more profitably to articles and collections of papers. The international collections' contribution has already been noted (Hatch & Kickbusch 1983; Pancoast et al 1983; Volonteurope 1982). A slighter but important set of conference papers usefully gathered together material from an early UK conference on mutual aid and also analysed the professional's role for the first time in the UK context (Hatch 1980b). Lack of money to fund substantial research projects means that such small collections and individual articles are important. A more recent and similarly useful publication combines professional and group members' views, along with researchers' (Landau-North & Duddy 1985).

How may the contribution of these articles and collections be categorised? The predominance of case studies - a fruitful approach in a new field - written in a range of styles from anecdotal to perceptive analysis, is clear, (eg Moorsom 1982, Wiltsher 1982, Joustra 1981, Pratten 1981, Hiskins 1981). Articles appear relatively frequently in the journals of community
nurses, demonstrating their interests in groups (e.g. Sauer 1979, Bunday 1980, Daniels 1978). But very few articles put forward more general views of groups apart from the author and Mary Brimelow (Brimelow & Wilson 1982a and b, Wilson 1982).

However, the above authors are mainly professional workers: their stance is one of critical appraisal of groups from their viewpoint. What of the consumer? Three studies allow this viewpoint to be heard. Essex, himself a university lecturer, gives an instructive account of his experience of Parkinson's Disease and his perception of membership of the local society (Essex 1983). Two sets of parents of handicapped children also contribute significantly to this approach (Collins 1976 & T Robinson 1977, 1978). Lindenfeld and Adams's book (1984) is limited in its success as a handbook, but does give the opportunity for group members to put forward ideas.

Lastly, let us turn to more practically orientated literature - that focussing on how groups can best run, how professionals might relate to them and how they can be supported. There had been nothing published in the last category when this piece of research began in 1982. Partly as a result of the Nottingham initiative, there is now a small amount available. Accounts of the Self Help Workers' Network meetings document three days' discussions (Unell & Vincent 1985, Ephraim 1985, NSHSC 1986). Unell's study on the work of the Nottingham Self Help Team in 1984-5 substantially adds to our knowledge of how best groups can be supported from a local generalist base. Unell (1987), and Vincent in her study of Loughborough groups (Vincent 1986), identify further issues in groups themselves. Richardson's brief guide highlights ways in which professionals might best give support (Richardson 1984). The author's guide to starting a self help group is written for group members themselves (Wilson 1986b). As with Landau-North & Duddy's collection (1985), all these publications arise from an outsider's stance. There is generally an appreciation of the value of groups, but an awareness, too, of their fragility and hence the need for support. A final booklet comes from authors who veer more to the professionally led mutual support group. While their publication adds a useful dimension, it assumes leadership is available from outside, not from within the group, so changing the emphasis substantially (Lindenfeld & Adams 1984).

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Conclusion

Two major themes emerge from this review. One is the development of state welfare and of the Fabian socialist tradition associated with state action. In response to need, and in pursuit of equality, universalism and efficiency, the British welfare state grew substantially during this century. But in achieving this growth non-state activity was bypassed and to a considerable extent delegitimised. Professional influence spread and the potential of lay contributions remained largely unrecognised. There was, too, an emphasis on centralisation.

Mutual aid, in contrast, represents innovation, lay initiative, incomplete coverage and unpredictability and non-bureaucracy. Where does it, if at all, fit into the tradition outlined above? To what extent do the philosophical bases and dynamics of state welfare and mutual aid complement or contradict each other? From Chapter 5 onwards we shall explore a variety of issues around mutual aid groups, focussing particularly on the intervention of NSHGP. A major question around which one can analyse the research material can be expressed thus: did the indirect promotion of self help groups promote the traditional social policy traditions of equality, universalism and efficiency? A second set of questions to be borne in mind concern the relationship between self help and other non statutory care: is it a substitute for family care? What relationship does it have, if any, to neighbourhood care? What is the relationship between local groups and national organisations, and between groups and professional workers?

Material in an action research project cannot necessarily be gathered systematically to provide answers to all such questions, but they provide a useful framework - a bridge between the review undertaken in this chapter and the reality of what happened.

Such questions are particularly valuable too because of the lack of relevant literature on mutual aid groups. It is clear from the second half of this chapter that the literature does not provide a hypothesis for this research. Instead it provides important background to a largely unexplored field. The evaluation of an innovative development - the Nottingham Self Help Groups Project - is therefore of some significance. Evaluation, though important in itself, is also a tool for identifying and opening up other issues - some to be covered and discussed in due course, others to be aired and put forward for future research and debate.
CHAPTER 3
IS THERE A SELF HELP MOVEMENT?

We have seen in these first chapters that it is possible to define self help groups in broad terms. As the last chapter has shown, it is helpful, too, to see their development against a background of general developments in social policy, rather than as an isolated trend. Before turning to the question of support for self help groups, let us consider another general issue: is there a self help movement?

As mentioned earlier, there has been only one attempt to quantify self help group development in the UK. Levy's limited study concludes, one could say rashly, that "the self help movement appears to be flourishing in the United Kingdom as indeed it is in the USA and throughout the world" (Levy 1982). This bold statement, based on an assumption that there is a self help movement, whether flourishing or not, merits further examination. No world wide studies have been made to provide evidence that there is indeed a vibrant world wide movement. The examination of the literature did of course show that in some countries there has been a great increase in the number of self help groups, and in some parts of the world - Australia and the USA are two possible examples - one could perhaps attribute the status of a movement to such developments. In the United Kingdom, however, it cannot be assumed that there is a formal movement.

What of the local situation? Can one say that there is a self help movement in Nottingham? Was there one when the project began and is there one now? Soon after NSHGP began, Lord Michael Young initiated the idea of the College of Health, to be modelled on the Consumers Association: a self conscious, almost evangelical attempt to establish the consumer as a powerful new force in health care politics (Hicks 1985). This laudable, but very different initiative, helps us to see clearly by comparison that there was not the purpose of stimulating a movement lurking behind the establishment of NSHGP. Even if social movements are contrivable, as Toch maintains (Toch 1966), it was not our purpose to contrive one. As later evidence will show, there was certainly insufficient growth or self consciousness to justify the use of the term at the beginning of 1982. One may ask if two years later, at the end of the research period, whether there then could be said to be a local movement.
Social Movements

Let us consider the whole idea of social movements and whether there is consensus among social scientists on the use of the term. For John Wilson, a social movement is "a conscious, collective attempt to bring about or resist large-scale change in the social order by non institutionalised means" (Wilson 1973). An earlier study puts forward the concept of a social movement as "a group venture extending beyond a local community or a single event, and involving a systematic effort to inaugurate changes in thought, behaviour and social relationships" (King 1968). King points out the need to distinguish between historical trends and movements; for historians may sometimes be criticised for adopting the term 'movement' to resolve the problems of explanation and interpretation, when in fact what is being discussed is more of a historical tendency or drift (Wilkinson 1971). There seems to be general agreement between these and other authors, that a movement is about change; that there is a measure of organisation; and that it depends on commitment and participation by its members.

This is the formal meaning of the concept, but a second interpretation, that one cannot ignore, is the rather looser way in which 'movement' is used, which can confuse the theoretical issues behind it. It is undoubtedly an easy word to use: in some cases it is a handy collective noun; it is convenient shorthand; and it is also an 'hurrah! word' (Weldon 1955). It ascribes to a development the ring of dignity, status and self confidence (Wilkinson 1971) and hence is tempting to adopt.

It may be helpful to draw distinctions between co-ordinated and unco-ordinated movements. This is particularly important when considering a 'bottom-up' development like mutual aid groups. The closest comparison is probably with the women's movement. The amount of its organisation is minimal and indeed too formal a structure would be incompatible with its aims. Its whole approach questions traditional organisation (Rowbotham et al 1979). One must be careful not to assume that traditional ways of organising are a pre-requisite of a movement, while still retaining the concept of a degree of organisation in order to justify the use of the term.
Analysing the use of the term in the literature on self help enables us to see that there are broadly two ways in which it is adopted. The first - the loose, hurrah! concept - can be seen in a range of writing, including academics such as Levy (1982) and Robinson (1978). It is also, as might be predicted, often in use by journalists, even those who write from a professional background, for example Smith (Smith 1984). In general, it would appear to be used by enthusiasts for the self help idea.

Other researchers, even if seeing self help groups as helpful bodies, are more cautious in their use of the term, and their views carry more weight. Richardson & Goodman's detailed study concludes that 'the concept of a self help movement is a misleading one' (Richardson & Goodman 1983). Hatch sees them more as a significant feature of contemporary life. It is interesting that in his important collection of essays on self help groups in Europe, the word 'movement' is not employed in the final conclusion (Hatch & Kickbusch 1983).

To summarise then, the term 'the self help movement' is to be found in popular, but not usually in academic, use. There is no objection to this, as long as it is recognised as a convenient shorthand. Serious observers of the self help scene, however, do not adopt the phrase as a correct description of self help group development in the UK today. An examination of seven aspects of movements enables us to look at this issue in more depth and it is to such an analysis that we now turn.

Aspects of Movements

Size

The question of numbers confuses the picture. There has, first, to be a certain size and a geographical spread to be able to describe a development as a movement: the peace movement today, to make a comparison, is one example where growth in numbers of committed participants has contributed to the widespread use of this term. Although there has not been a comprehensive study, evidence all points to a rise in the number of self help groups in the UK - but size alone does not imply a movement. This scale of operation cannot be ignored and would be one reason for the probably accurate use of the word movement in the States (Riessman 1982).
It is questionable though whether development in the UK is on the same scale.

**Organisation**

The States also provides evidence of a degree of organisation among self help groups, a second aspect of movements. A national self help clearing house and a large number of local clearing houses with strong group involvement, provide a significant amount of structure, and national and local self help conferences and events are now common.

The Stewarts' review of literature (Stewart & Stewart 1979) referred to the establishment of three national organisations in the UK concerned with self help. Seven years later these have failed to have any major impact, and only the College of Health, a rather different body spawned by the Mutual Aid Centre, is in evidence. The promising development steered by NCVO and the Volunteer Centre (the National Self Help Support Centre), has emerged from the interest of researchers and support workers, rather than from groups. There is no evidence of either national or local federations of self help organisations and groups, no co-ordinated movement is emerging from self help groups themselves. There is a growing pattern of support for self help, but not one which emphasises co-ordination and conscious joint action. Organisation can be taken to mean the presence of formal, bureaucratic structure, with agreed processes and some resources. A movement can, however, also have organisation in the sense of common values and sufficient structure to enable joint action to occur.

**Conscious joint action**

The women's movement again gives an example of the above: one does not take out a subscription to it, but one could interpret the mushrooming of women's groups and action on women's issues as part of a self conscious development, inspired, in part at least, by common values.

'The Self Help Movement', a publication by the Australian Council of Social Service, provides some evidence of a common value base and conscious joint action. ACOSS puts forward the view that there is a relatively sophisticated, self conscious self help movement, with some organisation and resources (Parkinson 1979). Literature from the Collective of Self Help Groups in Melbourne, where there is considerable activity, would substantiate this view.
Discussions with people wanting to start new groups in Nottingham revealed that, for some of them at least, inspiration or confidence came from learning about other mutual aid groups. There may be no bureaucratic organisation, in the UK or in Nottingham, but increased knowledge about each other, i.e. some degree of organisation, can lead to expansion, and the confidence to adopt a similar pattern of development. In this limited sense, there is some conscious joint action arising from shared joint values.

Change

The diversity of self help groups in the UK has been discussed by Richardson (Hatch & Kickbusch 1983). It is important to recognise the enormous variety of actions and attitudes among such groups. Change, a third aspect of movements, can probably be said to be present as a deep rooted feature of mutual aid groups, but compared to the sophisticated Australian approach and development in the States (Katz & Bender 1976, Smith & Pillemer 1983), it is not a strongly voiced concept in health and social problem related self help groups in the UK. While self change is an underlying concept in them all, relatively few are consciously demanding change in society or among professionals.

Commitment

Commitment is without doubt a feature of recognised movements: the anti-slavery movement and the Ku-Klux-Klan are two disparate examples. But are people in self help groups committed to a movement? Evidence to date is that commitment is to the individual's own group, and even then only a minority of members may take this very seriously (Richardson & Goodman 1983; Vincent 1986). A review of people wanting to start new groups in Nottingham (Chapter 5) revealed that individuals were seeking something to meet their personal needs at the time rather than having an ideological commitment to an idea. It may be wise to be aware of the inward looking nature of many mutual aid groups, and recognise it as a potential strength. Alcoholics Anonymous, for example, does not allow any affiliation to an outside body "lest they be distracted from their main purpose". An expectation of wide involvement, let alone commitment to an abstract idea, could, one could claim, actually harm embryo mutual aid developments. Loyalty and identity are nearly all concentrated, in the Nottingham
experience, on a member's own local group. A few may extend this commitment
to a national specialist organisation, but not to a national movement.

**Resources**
Resources of both people and money and access to them, a fifth aspect of
movements, are of course closely related to organisation. Newsletters of
national self help organisations, MATCH (Mothers apart from their children)
being one example, illustrate the limits to resources on a national
specialised basis. If it is so difficult for national bodies to survive, they are unlikely to direct any scarce funds to a national organisation of
self help groups. Nor would it be an attractive proposition for outside
funders who are wary of funding what could appear to be an ill defined
administrative initiative (Laurance 1986). It proved difficult enough to
secure grants for the NSHSC, described above, whose focus is on support
rather than co-ordination.

**Values**
Before summarising these issues, let us finally consider the more
theoretical concept of values. Do self help groups have a common value
base? Even if there were both commitment and practical means, do groups
have enough in common to join together in a movement? One can certainly
pick out common strands. An overt one is the sense of confidence in lay
people being able to help each other. Another strand, though one less often
articulated by group members, is a challenge to the total control of care
by professionals. By their sheer existence, self help groups can be said to
be questioning the pattern and size of health and welfare services. They
are all, as we have seen, concerned with some sort of change. Interest in
change is, rather, on a continuum with great variety in their attitudes to
it. A common value base can only be identified in very general terms. It is
doubtful whether such a limited value base would be sufficient to sustain a
movement even if other elements were present.

Table 3.1 summarises the argument so far.

**Local experience**
One can usefully complement this account by reviewing the local picture. As
Chapter 7 will show, in 1982-3 there was a reasonable level of interest in
joint activities organised by NSHGP. Sufficient groups attended meetings
and courses to make one feel they were worthwhile, and there was enough in
<table>
<thead>
<tr>
<th>Possible characteristics of a self help movement</th>
<th>Degree to which present in the UK</th>
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</thead>
<tbody>
<tr>
<td>Large numbers and geographical spread</td>
<td>No recent national evidence.</td>
</tr>
<tr>
<td></td>
<td>Local evidence indicates substantial growth, probably mirrored nationally</td>
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<tr>
<td>A measure of organisation</td>
<td>No national organisation.</td>
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<td></td>
<td>No national self help meetings.</td>
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<tr>
<td></td>
<td>Beginning of a national support body.</td>
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<tr>
<td>Conscious joint action</td>
<td>No large scale development.</td>
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<td></td>
<td>Estimated modest influence on development.</td>
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<tr>
<td>Emphasis on change</td>
<td>Self-change basic concept in groups.</td>
</tr>
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<td></td>
<td>Professional change demanded by some.</td>
</tr>
<tr>
<td></td>
<td>No commonly held demand for social change or widespread, sophisticated concept.</td>
</tr>
<tr>
<td>Commitment by members</td>
<td>Commitment is largely to individual groups.</td>
</tr>
<tr>
<td>Resources</td>
<td>Very few, and then directed at support.</td>
</tr>
<tr>
<td>Common values and objectives</td>
<td>Only in general terms, in individual groups and rarely then spelt out explicitly.</td>
</tr>
</tbody>
</table>
common between groups for meetings to work. Nevertheless, one must question whether the meetings would have happened without the initiative and organisation provided by the project. An account of joint activities in Toronto, Canada concludes that it is very difficult for key people already active in their own organisations to find time to make a contribution to a co-ordinating organisation (Romeder 1982). The solution suggested is for a member of staff, based in an information centre, to provide basic organisation.

The concept behind joint activities in Nottingham was not of course to co-ordinate groups. It was clearly part of the pattern of support which groups could choose or not choose to use. As part of the feedback on joint meetings, people attending were asked to fill in a form which included a question on being part of a self help movement. In summary, 60% of people attending meetings in 1982 and 73% of people in 1983 agreed with the statement that they had a feeling of being part of a self help movement. One critical comment on a form does however highlight the question of what was meant by the phrase; one respondent wrote: "Do we belong to a self help movement? - to be defined!" As a detached evaluation of the 1984 meetings showed, it could certainly be argued that this concept needs to be made clearer. One may question too the value of a quick questionnaire filled in at the actual meeting, while people were full of excitement and warmth (Unell 1987). Evidence would indicate a general and rather vague feeling rather than a firm opinion by members of groups.

More illuminating, perhaps, are some of the comments that came out of discussion groups or in conversation. The recommendations included:

"All self help groups should commit themselves to the idea of selling self help".

"There should be a fundraising campaign by all the groups, to get self-help in general known and to distribute money evenly".

Additional comments included:

"One of the great advantages of these meetings is the opportunity we have to talk to members of other groups".
"It makes you feel you are not alone".

Participants were also asked for their ideas for future events. They included:

"Sharing information, experience and giving new members of our group the opportunity to feel a part of an even larger group with all the advantages that it can bring".

"I suggest we follow up the idea of groups promoting self help to GP's etc, through joint talks to GP's, health visitors, nurses and maybe personal distribution of the directory".

"GP's should be in attendance to say why they are reluctant to support self help groups".

"A block advert in the paper for all self help groups".

"The self help groups themselves should organise the next seminar".

"More self help, less professionals".

The impression given by these comments is that a reasonable number of people were beginning to look beyond their own self help group. They appeared to be taking for granted a basic common value base, and to be able to perceive ways that common action would help them achieve their ends. They also gave, to a limited extent, the impression of anger and self confidence. But just because a few members from some groups in Nottingham met together does not mean there was a local movement. There was undoubtedly enjoyment in each other's company, some common values and, on the part of some people, the ability to see the value of common action. The evidence presented here, however, does not allow us to conclude that there was a local self help movement. A comparison with Germany may be helpful. Self help groups at a conference I attended in Hamburg in 1983 and participants at the Gesundheitstage (Health Days), held in Germany, were undoubtedly angry and self confident. Huber is certain of the continuity and vigour of the health movement generally. He sees self help groups in Germany as an important facet of a wider trend (Huber in Hatch & Kickbusch 1983).
A lay health care movement

Is there a wider lay, health care movement in the UK? This is a concept agreed by most concerned observers and researchers from a variety of countries attending a series of conferences and workshops convened by the International Information Centre on Self Help and Health (IIS) and funded by WHO. Participants were generally agreed that self help group development can helpfully be seen as part of consumer/user involvement in health.

Let us see what might be involved in such a concept. The possible strands could be:
- consumers/users of services taking some responsibility for their own care;
- development starting from a condition of powerlessness;
- a challenge, direct or indirect, to professional care;
- desire for change.

These concepts appear, in total or in part, in other similar initiatives: the women's movement, the consumer movement and the ecological movement. None of these, one may note, are formal and organised in the strict interpretation of the concept as discussed earlier. One could postulate that there is now the need to review the concept of movement to take account of new ways of organising.

In very general terms the development of self help groups could be seen as relating to, first, a widely held consciousness of people that they can use such methods and that they are appropriate; second, as part of a growth in the number of people who wish to participate and challenge. One cannot claim this lay movement fulfils the formal conditions of social movements outlined earlier. Schiller and Levin, in reviewing the whole issue of whether there is a self-care movement, conclude that there are pre-conditions for it, but not one in the formal sense of the word (Schiller & Levin 1983). If, however, one takes into account the likely need to review such definitions, one could propose that there is such a general movement in the UK. This broader concept is helpful when one is trying to define the place of self help groups in social policy, and plan programmes to support them.
It is unhelpful - as has been said already - to ascribe to a trend the status of a movement before it is justified. Schiller and Levin point out that usage of the term 'self-care movement' could indicate self-serving gambits on the part of those with a stake in its existence as a social movement, whether advocates or adversaries. The same could be applied to the term 'self-help movement'. Its use can also build up a false image of the reality. If one constantly reads about the self help movement, a picture is built up of a coherent, organised and sophisticated body of people who know what they want and how to get there. As later chapters will show, this has not been the experience in Nottingham. If, however, one sees self help group development as a fragmented, vulnerable set of initiatives, then the need for support is, I would suggest, clear. The term movement implies too some conformity to a model. Self help groups vary greatly. It would seem important to give space to people in this sort of group to determine their own goals and methods of operation, rather than to promote the idea of common ground which may or may not be present. A more helpful approach may well be to see self help group development in the health field as part of a set of new attitudes, which can very loosely be described as a lay health care movement. Health too should be used in a very general sense. Once one takes this stance it is easier to consider the development of groups with a critical eye. The emotive use of the term 'movement' inhibits such constructive criticism.

Wilkinson, in his general discussion of social movements, feels that "society has a great need for movement practitioners, leaders and active participants, devoted to the service of great ideals reflecting abiding and fundamental human needs". Social movements that "bridge the gaps between elites and non elites...capable of informed intelligent, concerted action on an international scale are a desperate need for a world in which failure to resolve dilemmas of social conflict may result in the total destruction of society" (Wilkinson 1971). These are high flying words, but if one takes a retrospective look at the enormous influence that socially conscious and successful movements have had - for example the co-operative movement, friendly societies, the suffragette movement - they can be justified. Self help groups could be perceived to have such potential significance as part of a move towards participative democracy.
What would seem important to help forward the next stage of development is for 'friends of self help groups' to feel confident of their role as supporters. As this study will I hope demonstrate, there is a place for non-directive outsiders to provide resources, give credibility, increase visibility and viability, provide introductions and act as intermediaries. As Hatch & Kickbusch (1983) say, we need to create a supportive environment. If this effectively allows a large number of strong, effective self help groups to operate, they will then have the choice of whether to forge a movement or not. If it emerges at all it must come from within rather than be imposed.

In conclusion, in some parts of the world there would appear to be a self help movement. In others there are significant developments in self help groups which can more accurately be seen as part of a growing lay health care movement. This second interpretation is true in a very general sense in the UK, though there is no cohesive pattern of development. A new, questioning set of attitudes and a growing sense of self confidence is a truer description of the essential state of self help groups in this country today.
CHAPTER 4

RESEARCH METHODS

Evaluation was built into Nottingham Self Help Groups Project at the very beginning, with the support of the funders, and with modest resources included in the budget to meet essential costs. There was some awareness of its possible seminal value but this was not the only reason for including evaluation in the design of the project. A second and major reason for evaluation was to ensure there was a mechanism for monitoring changes in the way the work was carried out; changes in resources; and the adaptation of objectives - and priorities within them. Evaluation was planned to be continuous, rather than to result only in a final report. It was hoped that there would be a process of enrichment, enabling the project worker to be more perceptive about change and the need for change. This was seen as particularly important for a small, potentially isolated and experimental project. A third reason for evaluating the project was to give the worker the opportunity for study and personal development, and the chance to acquire a higher degree. Fourth and last, as in many publicly funded voluntary projects, there was a need to assess whether money was being correctly spent; whether expenditure appeared to be effective; and whether the work was being carried out efficiently.

Evaluation imposed from above, and introduced when a scheme is already in operation, can bring major problems, as in the case of the research on the European Poverty Programme (Room 1983). The Nottingham research exercise avoided these difficulties: it was designed to dovetail into and, indeed, benefit the work from the start; and it was carried out with the goodwill of sponsors, funders and, of course myself as the project worker. There were naturally some problems. Like many experimental community projects, the Community Development Projects of the 70's being one example, (Lees & Smith 1985), NSHGP was not easy to evaluate. Community health projects present particular challenges to the researcher, as Pollitt has pointed out in his evaluation of such schemes in the Newcastle area (Pollitt 1984, unpublished). Self help support has similarities.

In this instance there were five particular difficulties:
traditional research tools were not all suitable;
- the development process of a project was likely to be distorted or interfered with by outside agencies or action;
- specific outcomes would be difficult to measure;
- it would be questionable as to how far measured results could be attributed to the project;
- a control group was not available.

The conventional way of doing action research is to attach a researcher to a project, to be involved more or less closely in the development of action. The work with family groups in London is a good example of this approach (Knight & Hayes 1979). The size of the Nottingham project did not justify such an approach. The sole project worker was only employed for 20 hours a week and while the Health Authority, as funders, were agreeable to low cost additions to the budget for evaluation, suggesting the employment of a researcher could have jeopardised the whole scheme. The solution to these various problems that came to be adopted was to devise a particular type of action research. It was specifically intended that I should adopt two roles: 'researcher' and 'fieldworker'. I, as researcher, would reflect on my role as fieldworker, distil the experience and make changes accordingly. Three elements of that role can be distinguished. The first is that of participant observation. This was indeed a piece of evaluation conducted from 'below and within' and gave privileged access with all the advantages that such an approach brings (Room 1983). But, second, it was not just a piece of observation. From its inception the evaluation was designed to include at least some attempt, however rudimentary, to specify and 'measure' changes in the method of working within the project and its impact on groups. Third, as an action researcher I was aiming to change and strengthen the work as the project continued.

Research should be planned to fit in with the value systems and structures of the organisation (Clark 1972). One can pick out two particular aspects of evaluation research: quantitative measurement, where there is an attempt to quantify performance against clearly defined objectives; and qualitative monitoring of the intervention of a project and any changes which take place. There were clear advantages to the particular approach adopted. It fitted in well with the scale and values of the project to undertake both quantitative and qualitative evaluation but on a limited and unobtrusive scale. In addition, I as 'researcher' informed the 'worker' quickly and fruitfully.
I would suggest that an involved person can also be an action researcher. My two roles were of course closely associated, and there is no pretence that I was able to separate them out completely. I would contend, however, that a substantial degree of detachment was achieved through two methods. First, the supervision of the project work and of the research were carried out by two different people: Ric Holland, Director of Nottingham Council for Voluntary Service supervised the work; Professor Adrian Webb, Loughborough University, oversaw the research and ensured there was an overview, a process of putting the work into context. The two types of supervision were very different in content and emphasis. Second, detachment was also achieved by separating the context in which they were carried out. The work with NSHGP was paid work, carried out from an office base. The research was unpaid, fitted in at evenings and weekends, averaging some five hours a week, done at home and in Nottingham University library. There were no obvious models for this approach and little opportunity to build directly on other people’s experience. While an unusual research approach, setting myself up as an 'action research participant observer' was designed as a pragmatic, low-cost initiative, planned to fit the situation.

The particular strengths and limits of this type of action research can be summarised as follows. Some strengths are:
- easy access to data.
- no intrusion by a third party in meetings and fragile relationships.
- low cost.
- immediate enrichment of the work.
- quick feedback to funders and advisory group.
- no pressures from funders to influence results.
- development of self monitoring techniques useful to the project after the research period had ended.

Limits can be seen to have arisen from:
- the lack of an uncluttered eye.
- limited time and resources.
- the lack of comparative studies.
- the need to learn research techniques as the study went on.
- dependence on the worker staying in post.
- the painfulness of self evaluation for a lone worker.
- the lack of long term assessment of impact of the work.

Becoming aware of the limits to the research and its methods was an essential first step. The decision to focus only on work in Nottingham was a second. There was no attempt to compare the situation with other towns - time and resources simply did not allow this. An initiative did however emerge, in the summer of 1982, which gave the prospect of further evaluation of NSHGP from a different stance. A national charitable trust approached the project, suggesting it should fund a research project to enable lessons learnt to be disseminated elsewhere. The prospect of this extra, and different, resource enabled there to be even more confidence in the appropriateness of the methods used in evaluating the first two years. The resulting publication of the independent evaluation now complements this study as had been hoped (Unell 1987).

**Audience**

As will be clear, this research was carried out with differing audiences in mind. The first was the project worker herself. Evaluation was planned to enable me to reflect on and change my work. There was a built-in dialogue between worker and researcher, overcoming to some extent the absence of a colleague. The growth of the project in 1984 showed the value of debate on work in a team. The design of the research so that it informed the worker was planned to overcome to a certain extent the lack of co-workers as the project began.

The second audience consisted of the funders - the health authority - and people representing it in the advisory group. Rather than wait for the production of a lengthy, and probably delayed report at the end of two years, the needs of this audience were met by the production of work reports quarterly and annually. The latter were more than an annual report, rather a blend of the usual contents of annual reports with reflection on change, adaptation and the acquisition of resources. The reports aimed to inform as well as to reassure the funders that their money was being spent correctly, effectively and efficiently.

When the project was planned in 1981, little had been published about self help groups in the UK, but there was growing awareness by researchers of their increase in numbers and the importance of their place in social
policy. This research was planned to inform a third audience, the academic audience.

The fourth target audience was rather less specific. A tentative prediction that this self help support project would prove to be of more general interest was behind a decision to write for, and produce material for, people outside Nottingham, particularly those who might wish to replicate the project. Invitation to participate in national and international committees and workshops early in 1982 quickly confirmed the appropriateness of this decision. Within 18 months, too, there was interest not only from a theoretical point of view, but in very practical terms, as potential imitators began to approach the project for information.

These four audiences have all already benefited from the study. Were there other people who also benefited, even if they were not audiences to which the research was directed? Self help groups in Nottingham could be seen in this category. It was not in fact until 1985 that a decision was taken to send full work reports to groups. Earlier reports based on the research period were not seen by them, though a short summary was sent out in 1984. Groups undoubtedly benefited from being able to feed in views to the project, and from receiving a more efficient and relevant service than might have been the case. It was a clear decision not to write for groups themselves. The skills acquired in analysis and writing through working for this degree were, however, put to use in writing a starter pack and later a book on starting a self help group, aimed at people in groups themselves (Wilson 1986b).

Research methods

Nine different research methods were used. None of them are especially novel alone, and some of them could well have been adopted by any new project seeking to monitor and evaluate its work without the term 'research' being used at all. As a conference about community health initiatives heard, there is a need for such projects to carry out evaluation as part of the day-to-day work complementing and strengthening it (Somerville 1984). Some methods listed here were chosen for this reason. Others certainly needed extra time and a greater commitment than an everyday evaluation would require, but they too aimed to inform the work.
1. Record keeping in the office
This consisted of files by group and by topic or event; a day book listing phone calls and visitors; and a second copy book, with carbon copies of letters kept in date order.

2. Research notes/diary
A notebook was used throughout the two years to record the key contents, outcomes and dynamics of meetings and discussions, either as they happened or immediately afterwards. In 1982 detailed notes were made on visits and discussions, sometimes dictated and typed up, covering a visit in some depth. At other times they were brief notes, handwritten. Accounts were not recorded totally systematically, and at times when the work load was very heavy, recording was not totally consistent. In the second year, 1983, awareness of the limits of this approach led to the adoption of a more systematic approach: a research diary. This involved recording by hand a page of notes for each working day, filled in each weekend using the appointment diary and notebooks as a guide. This has some similarities with the method used by Ilys Booker in Notting Hill (Mitton & Morrison 1972).

3. Questionnaires to groups
An attempt to get the views of self help groups themselves was made early in 1983, asking them to comment through a postal questionnaire on the work of NSHGP in its first year. A poor response rate (38%) led to a decision not to use statistical evidence from these questionnaires, though individual comments have been used to illustrate ideas in the text of this thesis. Questionnaires were anonymous in an attempt to get groups to be honest with their opinions. This meant, however, that identification of non-respondents was not possible, as a pre-coding system had not been devised. A general reminder in a further mailing to all groups brought little further response. Despite its limited value, this exercise did prove its worth as a pilot study. In early 1984, a similar questionnaire, (Appendix B), was devised, this time asking for groups to give their name. Duplicate copies of the questionnaire were mailed to non-respondents, leading to further returns and a response rate of 55% was achieved. While this was still not high, it was felt to be acceptable – a point to be discussed later. This second questionnaire was analysed by computer at Nottingham University, with the help of
Jonathan Silvey of the Social Science Department. The results were used to complement self evaluation, using both statistical data and quotations to illustrate conclusions.

4. Quarterly advisory group reports and annual reports
Reports on the work of the project were submitted to quarterly meetings of the advisory group for discussion and advice on priorities. As well as giving the opportunity for quarterly self assessment of progress, there was dialogue with a group of people who were sympathetic to, but detached from the project. Annual reports led to less discussion, but enabled the project worker to assess achievements under headings relating to objectives over a 12 month period.

5. Interviews with new groups
It was hoped to undertake a series of interviews, planned so they could contribute to case studies designed to illuminate work with new groups. It was felt that reflection back on the problems facing people as they began, how their group developed and what they thought of the project's help would contribute substantially to the compiling of detailed case studies. In practice, lack of time meant that only three interviews were carried out with members of two groups which began in 1982: with two sets of members of BUSH (Burns Unit Self Help), one interview also being attended by the nursing sister from the Unit; and with the initiator of the Partially Sighted Society. Notes were written or dictated after the interviews and used as a basis for two case studies. These were used to illuminate thought on work with new groups and with professional workers. A summary of BUSH is included in Chapter 6. Lack of time, and pressure of other evening commitments meant that this approach was not continued in 1983.

6. Case studies
In 1983, two further case studies were written by the worker using her records and discussed at the project's advisory group with a dual purpose: to enable members to have more insight into the complex process of establishing a new group, and to analyse the interaction of national organisations and the project. In addition, eleven short case studies of groups where professional workers were involved were written for this research, and are also included in Chapter 6.
7. **Questionnaires to professionals**

Two questionnaires were administered at meetings of professional workers (Appendix B). The first, to 33 General Practitioners was filled in on the spot at a lunchtime meeting of GP's held at the City Hospital in October 1982, as part of a talk on self help groups. An analysis of this was made and used in Chapter 6. It was also used in planning a new piece of work which began a year later, when seminars to medical students were initiated.

The second questionnaire was again filled on the spot, by eleven professional workers who attended a meeting called by NSHGP in March 1984. This meeting was for professionals who had been involved in enabling the growth of new groups, designed to allow them to meet and discuss, and to give me some feedback on the role of NSHGP in their work.

8. **Discussion with CVS colleagues and students**

This method was not planned systematically. There was little opportunity for discussion with the few self help researchers who had been identified, and even when there was, (a meeting with Ann Richardson for example, in December 1982), the focus was more on groups themselves, rather than on support for them. Nor was there a network of other innovators in the UK, though participation in a WHO workshop in Germany in June 1982 led to some cross-national liaison (Hatch and Kickbusch 1983). Discussions with CVS colleagues, notably the social work training officer, and with students placed through him, filled this gap to a limited extent.

9. **Historical description**

This study concentrated on the work of Nottingham Self Help Groups Project in its first two years, 1982-3. An additional perspective was gained on its establishment and its work by giving an historical account of work by the Council for Voluntary Service and other local agencies. This material was collected from reports, files and from the worker's own recollection of work done when development officer of the CVS from 1976 to 1981.
These individual methods can be usefully grouped under three headings to help assess their value as ways of collecting information: productive methods, satisfactory methods and useful but less valuable methods.

**Productive methods**

Over half the methods used proved, I would suggest, to be productive and effective, and were manageable in terms of the limited time available. **Office record keeping**, needed for good work organisation in any case, was, first, a profitable exercise. The **research diary**, adopted after compiling notes became impractical, was outstandingly useful. It combined flexibility with a certain discipline, and enabled there to be a clear distinction between 'researcher' and 'worker'. Through weekly recording, themes of change and need emerged. Confidentiality was however essential, and its contents were not shared with anyone else. It proved to be the best way that I as researcher could reflect on my worker role.

Two sets of **reports**, (quarterly to the advisory group and annually to the funders), were useful tools. Their production, and the need to keep to a timetable meant themes were noted, changes monitored and needs for new resources were perceived. Reports also triggered off discussion and reflection. The two **case studies** submitted to the advisory group had similar results, also helping to identify common issues and problems. Lastly, **historical description** set the project in context, widening the scope of the study beyond the two years of the research project, and enabling, again, themes to be detected.

**Satisfactory methods**

**Research notes** - reflections on work dictated or noted after visits - were useful in the early part of the study. As work grew and time became more limited, they proved to be a less practical method and there was no way of imposing of discipline on the researcher to produce them. In hindsight, they were a luxury. The research diary proved to be a much better method.

It seemed essential to build in feedback from groups on what they thought of the project, but it was here that the combination of worker and researcher roles probably brought most difficulties.

Bearing that limitation in mind, however, both the second **questionnaire**, sent out by post in early 1984, and **individual interviews** were both reasonably fruitful methods. A study of the project based totally on self evaluation would have been too narrow. A low response rate to the 1983 questionnaire to groups led to improvements, as discussed, in 1984, and so
to what was felt to be a reasonably satisfactory response rate of 55% (Babbie 1975). One must take into account the stance of the project towards groups. They had choice as to whether they used its services or not. Pressing them any more to respond to questions on what they thought of the project would have been contrary to this concept. The role of participant observer had drawbacks - one could not press the groups one was working with to give information if this would harm the work. And I did question the consistent praise given to the project in their replies - would they have given different answers to an outside researcher? One cannot tell. Interviews had the advantage of leisurely reflection on the development of groups - members proved to be very happy to talk about them and to be very open about the contribution of the project. If there had been more time, this could have been a method used more systematically, and would have complemented the inevitably briefer comments on the questionnaires. One must question however if the informal, warm relationship between new groups and the project worker, inhibited frank criticism of her work. Unell's study does however also reveal consistent praise of support work by groups (Unell 1987).

Useful but less valuable methods

Two final methods provided material but were not quite as valuable as those described above. The two questionnaires administered to professionals were of necessity brief, and little time was allowed for reflection by those filling them in. They did however provide some feedback, identified issues to be tackled in later work and contributed to my learning of research skills.

Attendance at seminars at Loughborough University brought some opportunity to learn from other researchers' experience, and as has been outlined above, informal discussions with CVS colleagues had some limited value. What was missing was a network of researchers and self help supporters covering the same field as myself. "Innovation cannot in general proceed in isolation; the innovator needs to be stimulated by parallel work elsewhere" (Room 1983). It was a lonely enterprise. European links proved stimulating but distant, British ones fleeting. It is only now, as opportunities are regularly occurring to share ideas with researchers in the same field, that the importance of such links is seen, not least because of the opportunity they present to crystallize ideas (Wilson 1986a).
Confirmation of findings

In a study designed in this way, it would seem particularly important that a variety of methods and sources were used, and that there was a cross-checking of data acquired by different approaches (Goldberg 1983). If the data assembled had all been easily measurable, triangulation would have been relatively straight forward. This account of the methods used will have shown that this was not so. It is important, however, to recognise the importance of 'chit-chat', to see this exercise as being to some extent a form of organisational anthropology. Comments picked up from groups, in meetings and conversations, were often as instructive as their answers in questionnaires or structured interviews. From information acquired from a variety of methods, including 'chit-chat', the story seemed to make sense - a form of generalised triangulation in effect.

One can, however, see too how specific pieces of evidence were confirmed by information from more than one source, particularly how the use of more traditional methods brought the same information as more informal methods. These are some examples:

- interviews confirmed the researcher's diary record of the daunting and difficult task of starting a self help group;
- questionnaires to professional workers identified their lack of knowledge of self help groups so tallying with the findings of small case studies of groups supported by professionals;
- questionnaires to groups revealed that they were aware of the lack of resources of the project, particularly worker time, the same issue arising in reports to the advisory group;
- case studies of new groups identified the problems caused by a formal, inflexible approach by some national self help organisations, confirming conversations and letters from groups;
- office records noting that nearly two thirds of all groups had contact with the project in 1982 were confirmed by the questionnaires returned by the groups.

It is illuminating to see how using a variety of methods triggered off thoughts and aided the process of self assessment for this was undoubtedly the case. They key to this process was the research diary, which emerged as the central instrument of research, where the findings from different
methods of assessment were linked to reflection on an actual week's work. The intermingling of methods contributed substantially to the monitoring of change, and hence perceiving the need for changes in the project.

Conclusion

"Intervention into self help is an unexplored field: measurement of successful (and failed) interventions has scarcely begun" (Lomas in Knight & Hayes 1981). The importance of this research lies perhaps not so much in how it was done, but in the fact that it was done at all, and that its findings have already been disseminated and shared widely.

This being a new field of research, there was, as has already been said, no appropriate research model on which it could be based. But even if there had been, one must conclude that it was indeed essential for the style and strategy of the research to be appropriate to the scale, philosophy and methods of the project being studied (Pollitt 1984; Clark 1972). The research, as outlined, was planned to fit in with this concept, and to use the limited resources available for undertaking it. The methods chosen should be judged bearing both these in mind. If one does, one may conclude, I would suggest, that they were appropriate tools for the job.

One pertinent question could, however, be posed: did the fact that the same person was both worker and researcher bring bias to the study and so distort the findings? Becker and Gouldner debate this point, Becker seeing some bias inevitable even where there is an independent researcher. They concur that the use of reliable, valid methods is more important than debate on possible distortion (Douglas 1970). The issue here is the same: the question is whether the tools used are tried and trusted, whether they are efficient, whether there is some 'checkability', and whether there is some plan worked out in advance (Kingsley & Taylor 1983). The dual role, one might claim, was in fact an advantage to the work. Cherns, in discussing action research, saw the disadvantages of the independent evaluator and the importance of this type of research being a matter of joint exploration (Cherns 1975). The key issue here was the research base. Cherns discussed too the role of a university or other research institute as a 'boundary institution', providing inputs to the organisation hosting the research which that body does not or cannot provide. This was the case with Loughborough University. The attachment of this piece of action
research to the University meant that systematic research methods were used where possible and appropriate. It meant too that, through supervision, the 'researcher' had the necessary degree of detachment from the 'field worker'. It also brought access to other researchers, opportunity to learn research skills through seminars and informal discussions and use of a library, all of which broadened the whole approach of the study. In the concluding chapters we shall return to the question of research methods and their possible replicability.
Part II

UNFOLDING THE STORY THROUGH ACTION RESEARCH
INTRODUCTION TO PART II

In Part II, two tasks will be undertaken: an analysis of three different aspects of NSHGP's work and an examination of the context in which it was operating. The last chapter of Part II - Chapter 8 - also gives a baseline for what was available for self help groups in Nottingham before the project began. While it could have been useful to set the scene in this way and discuss the project's starting point here, it seemed more appropriate to set it in a broader look at relationships with other organisations. Also, as I suggest later, it was part of the process of the research to look back as the work continued and pursue themes which only became relevant as issues emerged.

Some brief summary of the position at the beginning of 1982 is, however, appropriate. Limited help had been given through the CVS to self help groups and some resources were available through other agencies, but in general little help was being offered. I approached the job with relatively little theoretical knowledge of self help. I was more a practical and pragmatic worker, motivated by the experience of working with groups in the preceding years and personally committed to a community work approach. Though experienced in development work in voluntary organisations, I had relatively little practice in assessing my workload and setting priorities. Management of NCVS at the time was weak. The type of supervision which is relatively common now in voluntary organisations with paid staff, was not available.

In practical terms, I set up office in two first floor rooms in a building occupied by the Community Health Council, about a mile from the CVS. I had a budget of £11,000 p.a. and worked 20 hours a week with 15 hours - rising to 20 - of secretarial support. The advisory group, convened the previous autumn, had had one meeting and its chairperson, Lionel Joyce, was then working as deputy administrator at the General Hospital nearby. The problems at NCVS were less serious and Ric Holland, the experienced new Director took up his position in February 1982. Though supportive, he knew little about the field of self help and core CVS needs required most of his attention. A proper supervision system did evolve, but not one which enabled there to be the rigorous examination of the work that this research offered and our geographical separation meant contact was weekly rather than daily. On a day to day basis, however, I had substantial help from the
CHC secretary and her staff who brought personal support and detailed knowledge of the health service to what might otherwise have been a somewhat isolated project.

On the work front I started with an agreed set of objectives which provided framework, priorities and a broad approach to the project. During the previous half year a number of requests for help or ideas for action had come to me at the CVS. Most of them could not be dealt with then, but the offer of help when NSHGP began was made. There were, so to speak, people waiting in the wings for the performance to begin, but the script was not written and I had only a hazy idea of the plot.

So much, in fact, happened in the two years that in depth analysis of all aspects of the work would have been impossible - and brief description seemed inappropriate. I chose instead to focus on three particular aspects of the project's work, first looking at the topic of new groups.
CHAPTER 5

THE GROWTH OF NEW GROUPS

Introduction

An important part of the project when it began was to offer back-up support to people wanting to start new groups. It could have been planned as a scheme to promote, rather than support self help groups, as the Berlin clearing house seeks to do. A major objective spelt out in Nottingham in early 1982, however, was "to encourage and support the growth of new groups in the Nottingham area", allowing a degree of indirect encouragement but not envisaging that the project would actually start groups. NSHGP aimed to respond to people's ideas, not initiate groups itself. This objective was formulated based on the experience of the pilot work undertaken by NCVS between 1975 and 1981. There was some evidence then of an upward trend in the number of new self help groups and a demand for help in setting them up, both from national organisations and local people. It was also an aspect of the proposed work welcomed by Nottingham Health Authority in initial discussions, who, though they created no pressures to increase the numbers of groups, clearly welcomed the commitment to help groups as they began. Its inclusion undoubtedly contributed to the success of the application for funding.

What actually happened? And, even more important, what was the role of NSHGP with new groups? The evidence is set out in some detail. The argument put forward is that the setting up and existence of NSHGP affected the growth of new groups in 1982/3. I would suggest that the scheme led not only to an increase in the number of groups which started but also to groups having a more stable initial structure which probably increased the likelihood of them continuing. In addition, more resources were immediately available and accessible for groups when they began. The project's work also led, I would further suggest, to some people deciding against starting a new group, and, it may be argued, this too was a useful contribution. Monitoring and evaluating the work in this area, finally, led to changes in the way help was given.
One can pose a number of questions. Did the existence of the project, first, lead to an "artificial" stimulation of new groups? Would the ones that started have got going anyway? Can and should an outsider intervene in the development of mutual aid organisations, whose membership, by definition, is limited to people facing the same particular problem? These questions provide a framework for the examination of NSHGP's work with new groups.

Looking at a parallel field, one of the difficulties facing people engaged in social work research is the analysis of the intervention of social workers. The first problem is to get them to be precise about the actual nature of their work. As Goldberg says, "A serious handicap in evaluating social work is the vagueness of the descriptions of what social workers actually do" (Goldberg et al 1970). Clinical trials, such as those carried out by medical researchers, do not present such problems. The criteria for precise experiments impose, however, considerable demands when applied to social work and have certainly not been relevant or possible in this study (Timms & Timms 1977). It was not possible, either, in this study to undertake research which could have distorted or harmed the work being carried out with new groups. Descriptive accounts proved to be the best way of providing material. This was documented throughout the two year research period, as described in Chapter 4, and it is on this that the following account of work with new groups is largely based. It is not, however, mere bare facts. It is rather an unfolding of the story, attempting to give the reader a similar insight and overview to that of the worker/researcher. Particularly stressed are the ways that other developments - for example, new opportunities for publicity - affected the growth of new groups and brought changes to the work.

An analysis of the project's work with new groups

Results
Factual evidence was assembled in the project's two work reports, on which this account draws. The first and obvious question relates to numbers. Table 5.1 shows the pattern of demand. The average number of requests for help in the first year was 1.4 per month, rising to 2.4 per month in 1983. The breakdown by year was:
Table 5.1: Approaches made to NSHGP during 1982-3 for help with starting a new group

<table>
<thead>
<tr>
<th>Approaches which led to a group starting, and still being in existence at the end of 1983.</th>
<th>1982</th>
<th>1983</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approaches which led to a group starting and then finishing.</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Approaches which led to a group being partly operative by the end of 1983.</td>
<td>3</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Approaches which did not lead to the formation of a group.</td>
<td>6</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Total number of approaches</td>
<td>17</td>
<td>29</td>
<td>46</td>
</tr>
</tbody>
</table>

Table 5.2: Agencies/publicity outlets which acted as a link between NSHGP and people wanting help with new groups

<table>
<thead>
<tr>
<th>Link</th>
<th>1982</th>
<th>1983</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional workers</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Local voluntary organisations</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>NCVS</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>NCVS media project</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Central TV</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Nottingham Evening Post</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Other self help groups</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Victoria Centre exhibition</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Contacts from past job of worker</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>General knowledge of the project</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>29</td>
<td>46</td>
</tr>
</tbody>
</table>
1982: 17 approaches for help
  8 groups started
  3 groups partly operative by the end of the year
  6 groups didn't get going

1983: 29 approaches for help
  12 groups started
  10 groups partly operative
  7 groups didn't get going

About a third of the original enquirers did not in the end start a group—not at least during the research period. The run-up time to a group actually getting into operation can be lengthy and makes it difficult to give an accurate picture of new group development over a short period of time. It is clear, however, that these results show an increase in demand for help with new groups. It would be valuable to know whether there was a relationship between a greater public awareness of the existence of the project and more people deciding they wanted to start a group, but the picture is complex.

**Publicity**

No major campaign was mounted to publicise the project's existence. Indeed, by the second year it was felt that a low profile was preferable, largely because the demands on the small staff were greater than could be met by the resources available. By March 1982, a small leaflet (Appendix A) had been produced, this being the main means of publicity. It was circulated to voluntary agencies, handed out at talks given to professional workers and was available in the display rack at NCVS. But it is important too to describe other developments which could well have influenced the growth of new groups.

A further outlet for publicity became available in October 1982 when a regular monthly self help column began in the Nottingham Evening Post. This was planned in order to give publicity to meetings held by established groups, and to highlight the work of one particular group. In retrospect, it had another unplanned, but very useful function. Informal conversations with people starting new groups revealed that this column had often contributed to their determination to start a new group:

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"I thought, well if they can do it, so can we". This was typical of a number of comments which suggest that the column helped people to "think self help", and to draw encouragement from other people's success. By being a regular feature, in a paper read by 100,000 people in the Nottingham area, it also made self help more visible as a way of working and gave it credibility. In the spring of 1983 the start of NCVS' media project, TXRX, a joint project with Radio Nottingham began, followed by Radio Trent Careline. As these too were projects sponsored by NCVS, a close working relationship between the two schemes - and hence the local radio stations - came about very naturally. In the autumn of 1983, Central TV showed a 20 minute programme featuring the project, in the Citizen 83 series, and an exhibition of the work of groups was held in the Victoria Centre - a large indoor shopping centre. There was, I would suggest, a substantial increase in the amount of publicity about self help groups - and the project - over the 24 month period.

Links with the project
The account of publicity above demonstrates how possible ways in which potential innovators might discover the project increased in numbers. How did people actually get access to it? Table 5.2 gives a general picture. The material from which it was drawn, however, presents a much more complex picture. One of the professionals listed in 1982, for example, knew me through past NCVS work; one listed in 1983 was the head teacher at the school attended by my son. There would appear to have been an interweaving of past work and personal contacts with a general increase in publicity outlets and links with professional workers.

Work with professionals rapidly became another facet of the project and is discussed in detail in the next chapter. Professionals can undoubtedly be of great use in linking someone wanting to start a group with a resource centre that can help them. The number of talks given to professional staff in a variety of agencies rose from 9 in 1982 to 16 in 1983, as a result of which most health visitors and district nurses, and some doctors and social workers became aware of the project. As Table 5.2 shows, they were one of the very important links between potential innovators and the project.
Reflection on the material presented so far brings us to some interim conclusions. One may identify in particular the value of continuity of staff, the usefulness of the media, close links with other agencies and the importance of personal links.

**Continuity**

My past jobs as development officer and then as acting general secretary at NCVS over a period of five years, had made me well known. At times the previous job had focussed particularly on self help groups and my network of contacts in the community generally was substantial. This, it can be concluded, was significant in bringing people into contact with the project, especially in the first year, and was one reason why work with new groups started so quickly, in fact in the first month of the project's operation. The six referrals on from local voluntary organisations in 1982 can be attributed largely to past work. If a worker had been appointed from outside, rather than by internal transfer, it would probably have taken much longer for the initial requests for help to have come. The importance in a project like NSHGP of knowing and being known in the local community of voluntary organisations and professional services should not be underestimated. A worker in a new project without the background of Nottingham's would need to build in a programme of making themselves known, as well as getting to know individuals in agencies face to face - as, indeed, any community social worker would do.

**The media**

Three different links with the media were listed in Table 5.2, two of these links only becoming available in the second year. Media publicity was a very important link between people wanting to start groups and the project and it contributed both directly and indirectly to the number of new groups started. Particularly important were the Evening Post column, and NCVS' media project. Central TV's contribution was probably more to give general credibility and encouragement - the three people who contacted the project as a direct result of the programme either did not follow up their original enquiry, or tried to start a group in an unrealistic fashion. This is similar to the results of ITV's programme, 'Reports Action'. However, one initiator of a group passed on to the project by a voluntary agency described how she felt challenged and inspired by the TV programme, which encouraged her to put into action the ideas she had been thinking about for a long time.
Building up links with the local media is a time consuming business for a small voluntary agency. The links with NCVS' media projects made the use of local radio a very much simpler process, and its existence undoubtedly contributed to the importance of the media as a link in 1983.

Close links with other agencies
Would an isolated project have attracted so many requests for help? One must conclude that it is unlikely. The number of requests coming directly or indirectly from NCVS demonstrate the value of this particular link. The Community Health Council did not act as the first contact point for any initiators for new groups, but in several cases it was instrumental in passing on additional people at an early stage of a group. Its high status in Nottingham at the time was also a help. I would suggest that some links developed quickly because of the CHC's known support for the project. Its well known base and easy to find office, too, made actual contact easier. Finally, the source of funding from the health authority was deliberately well publicised by the project. This was important not only as a crucial provider of money, but as a demonstration of the vote of confidence in the scheme by the DHA. Professional workers would, one would suspect, have been more cautious in passing people on to a project less obviously approved of by the Health Authority.

The structure of the project - especially its links with the CVS and the CHC - and the funding by the DHA all helped people wanting to start new groups to find the worker. If the project had been set up in isolation from other agencies it is likely that this aspect of its work would have been less successful.

Personal contacts
People starting new self help groups are often suffering from a lack of personal confidence and have relatively little experience in starting and running an organisation. A small number of the 46 people who made contact with the project did so through an impersonal link. For example, one of the NCVS' referrals was through a listing about the project in the NCVS' Help Directory; another request for help came through a note in the enquiry box at the Victoria Centre exhibition. These people were unusual. More usual were people who were encouraged by others who already knew the worker:
"I was talking to my cousin who belongs to a self help group, and she said I must go and see Judy Wilson".

"I'd been thinking about starting a group for years, and I'm only here because the Homestart organiser made me come".

The importance of the project being known among other agencies has already been stressed. One can add, however, that for people like the two women quoted above referral is more likely to be successful if the worker is known as a sympathetic, supportive person. In determining a job description and the personal qualities sought for workers in projects such as this, the skills of a community worker are valuable (Twelvetrees 1982). It would appear that the experience and background of the NSHGP worker contributed to the high number of approaches made to the project and, without doubt, community work skills were particularly appropriate for the job.

Initiators
Let us return now to unfolding the story of the work with new groups. Who were the people who took the initiative to start groups? First, the great majority of them were women. Only four of the 46 who contacted the project for help were men, and one of these was a social worker seeking support for a group of parents of visually handicapped children he was trying to bring together. The three male sufferers who made contact were:

- a man who had been on tranquillisers for many years and had successfully got himself off them.
- a sufferer of Myositis Ossificans Progressiva, a rare disabling condition, who happened to live in Nottingham and wanted help with the formation of a national network of MOP sufferers.
- a young man, already a member of Headline, a group for people recovering from head injuries, who wanted to start a social group for young Headline members.

In addition, one group—brought together by the CVS media project after a radio programme on back pain—consisted mostly of men. This was unusual, as most group members were women, a point substantiated from research in the USA (Levy 1976). One might ask, if the worker had been a man, would the proportion have been reversed? One can only guess at the answer. My own view is that my gender did not stop men asking for help, and it increased the chances of some women actually taking that step. My own personal commitment to enabling women to develop and grow in confidence made me particularly responsive to their needs, but did not, I hope, make me less
helpful to the men involved. Table 5.3 demonstrates, too, that the issues on which groups were based were those often more likely to affect women, either as sufferers themselves or as carers - this is a more likely partial explanation, at least, of the bias than the gender of the worker.

Second, very few of the 46 people were in full time employment. Only five were known to be in full time jobs, and three of these decided in the end not to go ahead with starting groups. Six people were known to have part time jobs, and more may have had part time work. The majority of people however were not at work at all. Instead they were in one or more of these following situations:

- caring for dependent relatives;
- suffering from a chronic mental or physical illness, either currently or in the past;
- having a major disability;
- married to a high salary earner;
- retired.

The first three situations were the most common.

Third, let us look at the age range of people. People did not of course have to enrol or fill in a form, but an estimate of ages shows that the age range ran from early 20's to 60. Most people were between 25 and 50. The relatively high proportion of people in their late 20's and early 30-40's can be seen in the context of the fairly large number of groups that began based on young family problems.

**Issues on which the groups were based**

The conditions on which the 46 potential groups were based are listed in Table 5.3. Attempts by authors to categorise conditions have not, in the writer's view, been very meaningful (Levy 1982, Katz & Bender 1976, Caplan & Killilea 1976). It was felt that a detailed analysis would not contribute greatly to the understanding of the support of new groups. However, some breakdown of the conditions of the 46 potential groups is given in Table 5.4. This shows that 36 out of 46 (78%) were based on health problems. The 10 social or personal problems should also, however, be seen in the wider context of health and the potential demands on professional health care that people experiencing them might make. The emphasis of the project when it was set up was on health problem self help groups: "The project is
Table 5.3: Problems on which groups or potential groups, which contacted the project for help, were based

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Groups contacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's disease</td>
<td>14</td>
</tr>
<tr>
<td>Asthma</td>
<td>30</td>
</tr>
<tr>
<td>Back pain</td>
<td>9</td>
</tr>
<tr>
<td>Blind children</td>
<td>2</td>
</tr>
<tr>
<td>Burns</td>
<td>1</td>
</tr>
<tr>
<td>Caesarean birth</td>
<td>12</td>
</tr>
<tr>
<td>Cancer</td>
<td>26</td>
</tr>
<tr>
<td>Depression (2)</td>
<td>10</td>
</tr>
<tr>
<td>Eating problems</td>
<td>22</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>46</td>
</tr>
<tr>
<td>Food allergies</td>
<td>100</td>
</tr>
<tr>
<td>Glue sniffing</td>
<td>14</td>
</tr>
<tr>
<td>Handicapped children (5)</td>
<td>30</td>
</tr>
<tr>
<td>Head injuries - (young members)</td>
<td>9</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>2</td>
</tr>
<tr>
<td>Heart pace makers</td>
<td>12</td>
</tr>
<tr>
<td>Infertility</td>
<td>26</td>
</tr>
<tr>
<td>Krohn's disease</td>
<td>100</td>
</tr>
<tr>
<td>Marie Charcot Tooth disease</td>
<td>14</td>
</tr>
<tr>
<td>Migraine</td>
<td>30</td>
</tr>
<tr>
<td>Myositis Ossificans Progressiva</td>
<td>9</td>
</tr>
<tr>
<td>Partial sight</td>
<td>2</td>
</tr>
<tr>
<td>Phobias (3)</td>
<td>12</td>
</tr>
<tr>
<td>Psychiatric problems</td>
<td>26</td>
</tr>
<tr>
<td>Physical handicap</td>
<td>10</td>
</tr>
<tr>
<td>Post natal support</td>
<td>22</td>
</tr>
<tr>
<td>Pre-menstrual stress</td>
<td>46</td>
</tr>
<tr>
<td>Relatives of the elderly</td>
<td>100</td>
</tr>
<tr>
<td>Scoliosis</td>
<td>14</td>
</tr>
<tr>
<td>Single parents (2)</td>
<td>30</td>
</tr>
<tr>
<td>Step parents</td>
<td>9</td>
</tr>
<tr>
<td>Stopping smoking</td>
<td>2</td>
</tr>
<tr>
<td>Tranquilliser dependency</td>
<td>12</td>
</tr>
<tr>
<td>Twins</td>
<td>26</td>
</tr>
<tr>
<td>Triplets, quads and quins</td>
<td>10</td>
</tr>
<tr>
<td>Widowhood</td>
<td>22</td>
</tr>
</tbody>
</table>

Table 5.4: Analysis of conditions listed in Table 5.3

<table>
<thead>
<tr>
<th>Conditions</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical disabilities</td>
<td>14</td>
</tr>
<tr>
<td>Chronic illness</td>
<td>9</td>
</tr>
<tr>
<td>Trauma</td>
<td>1</td>
</tr>
<tr>
<td>Mental health/addiction</td>
<td>12</td>
</tr>
<tr>
<td>Social/personal problems</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>
concerned with self help groups based on health problems, or problems relating to health" (Appendix A). This was a decision taken partly because of the project's source of funding, and partly to emphasise its focus, which was not so much on neighbourhood self help but rather on encouragement of issue based self help. Perhaps if its brief had been wider the proportion of social and personal problems would have been higher but the distinction between the two, as has been shown, is not always clear.

Returning to Table 5.4 there are two further conclusions relevant to the support of self help that can be drawn. Most issues, first, that gave rise to groups were very serious and had a long term impact on people's lives. Second, the condition on which the group was based had a direct effect on the organisation of the group and the back up services needed to make it effective. Many of these groups did of course begin with, or lead to, links with national organisations. Work with these will be discussed in Chapter 8, but a short summary here contributes to the picture of support to new self help groups.

**National organisations**

Less than a quarter of the new groups had links with a national parent body when they began. The local support given to the 36 people who did not have such backup hence emerges as extremely important. In the case of local groups receiving both local and national help, a variety of roles were played by NSHGP, ranging from constructive, complementary assistance to protecting a small group from being overwhelmed. National organisations were clearly limited in the degree of help they could give and, in some cases, brought as many problems as bonuses to the local group.

**Who supported the groups**

Although there was only one paid worker in the project with a brief to support new groups over the two years, help was actually given by a range of people (Table 5.5). There was some degree of involvement in all 46 initiatives by the worker, but in 1983 in particular, other people took on the task of involvement with individual groups. Social work students and professional workers are self explanatory. The 'supporters' referred to in Table 5.5, to be described in detail shortly, were volunteers recruited from self help groups to help new groups.
Table 5.5: Groups supported by people in addition to the worker

<table>
<thead>
<tr>
<th></th>
<th>1982</th>
<th>1983</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work student</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Professional worker</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Supporter</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5</td>
<td>13</td>
<td>18</td>
</tr>
</tbody>
</table>

How did this come about? In some cases, the initiative for a link between a new group and the project came from a professional worker. It evolved naturally that he or she would continue to back up the group, while getting support themselves from the project - indirect support in effect. In other cases the monitoring and evaluation of the scheme led to an appreciation of the need for change. As Table 5.1 showed, the number of enquiries was substantial even in the first year. The second year saw a 71% increase, making the amount of work even more difficult to cope with. An extract from the 1983 work reports summarises the situation:

"The volume of work by the end of 1982 was such that new ways of helping people to start groups had to be found, and resources already available, like the attachment of social work students, were linked in wherever possible. Two particular new schemes were launched in 1983: first a starter pack was written and published ..... and (secondly) a "Supporters' Club .... which links people in existing self help groups with people starting new ones, to help them for about 3 months".

While indirect support to groups helped by a professional occurred naturally, there was a deliberate policy of introducing other forms of help during the second year. Help still came from the project, but not from the project worker. The close link with the NCVS Student Training Unit made the increase in the number of social work students possible. Joint supervision between the student training officer and the NSHGP project worker allowed analysis of the structure and length of student placements, and the type of student who could best benefit from attachment to self help groups. All placements worked reasonably well and some were outstandingly successful."
The work of the Supporters' Club, only just beginning in 1983, has been assessed in more detail by Judith Unell (Unell 1987). Its innovation evolved from a growing appreciation of the talents of experienced members of self help groups as much as from the pressure of work and hence the need for more resources. It proved to be an initiative that contributed a great deal to the team in later years. In 1983, however, it was just a tentative experiment. Two supporters worked with four groups from September 1983, following a two month orientation period. Their role was very similar in practice to that of the worker, who in effect they replaced, but their starting point was that of another self help group member though experiencing a different problem. The feasibility of cross fertilisation between groups in this way was particularly interesting. Four more people offered their help in this way at the end of 1983. Even by the end of that year, the Club had made a significant input into development work with new groups.

Let us pause to consider what could have happened if there had not been a conscious shift towards using the skills and time of people other than the worker. The hours of work remained the same, but the volume of work overall in the project increased. It is likely that help might well have been given in such little amounts as to be almost worthless, and an increased number of 'failed' groups could well have resulted – to the detriment of the image of the project at an experimental stage. The importance of this change should not be underestimated. It was, too, an important shift of power. It demonstrated that the project did not seek to centralise resources, and that there was a willingness to take risks in trying out new methods of working.

**Length and type of help given**

The time for which support was given varied from 1 - 12 months. The average length of support was five months, though flexibility was essential. Too brisk an encounter, it was found, did not allow the personal relationship and confidence of group members to grow. Too long a relationship risked inhibiting the development of skills and responsibility and to dependence on the project rather than the autonomy which was the goal from the start.
Table 5.6: Practical help given to new groups

<table>
<thead>
<tr>
<th>Type of help</th>
<th>Number of groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial grant of about £30.00</td>
<td>23</td>
</tr>
<tr>
<td>Advice on meeting places</td>
<td>3</td>
</tr>
<tr>
<td>Typing and printing</td>
<td>10</td>
</tr>
<tr>
<td>Publicity</td>
<td>11</td>
</tr>
<tr>
<td>Badges</td>
<td>1</td>
</tr>
<tr>
<td>Use of office as post box</td>
<td>3</td>
</tr>
<tr>
<td>Free Starter Pack</td>
<td>9</td>
</tr>
<tr>
<td>Room for initial meeting</td>
<td>4</td>
</tr>
<tr>
<td>Providing speaker</td>
<td>3</td>
</tr>
<tr>
<td>Providing transport</td>
<td>1</td>
</tr>
<tr>
<td>Devising petition</td>
<td>1</td>
</tr>
<tr>
<td>Analysis of questionnaire</td>
<td>1</td>
</tr>
<tr>
<td>Information about other similar groups</td>
<td>4</td>
</tr>
<tr>
<td>Miscellaneous information</td>
<td>2</td>
</tr>
</tbody>
</table>

A detailed breakdown of the practical help given was presented in the two work reports and is summarised in Table 5.6. The link between the project and the initiators, through which this practical help was agreed, was a very personal one. Small informal meetings, often at the project's office but sometimes at the home of one of the initiators were the usual pattern. This method was used for all 21 groups that had got going by the end of 1983. In seven cases the worker did not in fact ever attend a full group meeting. In the other 14 cases, she either went to a committee meeting and/or took an active role at the inaugural meeting. This last task involved chairing the meeting in three cases, and speaking five times.

There was always correspondence with the group between meetings, and in nine cases, telephone conversations were very important. Use of the telephone was restricted by the fact that not everyone was on the 'phone and the office was only open for three hours a day. Until the worker and the initiators knew each other well through face to face contact, the telephone proved to be an inappropriate way, anyway, of providing all the support and advice that was felt to be needed. Six particular aspects of the package of support, detailed in Table 5.6, merit some discussion.
Starter grants

A high number of groups received a small 'pump-priming' grant. Sometimes this was given as a result of a request from a new group, but more often the worker offered it as a readily available source of money. It was a demonstration of her commitment to the idea of a group, a way of building a bridge between her and the embryo group. Sometimes it was used to encourage them to undertake a particular course of action. Two examples of this are booking a public building for an inaugural meeting rather than using a member's home and having posters printed rather than doing them by hand. The money was controlled by the worker and was usually given very early on in the group's life. This involved taking a risk. The group might never actually start and hence, it could be said, that the money might be wasted. Results showed, however, that the risks were justified, and the provision of pump priming grants by the project was a very valuable and much appreciated form of help.

Typing and printing

Typing, duplicating and arranging for printing to be done was another frequently offered and used service. The value of this being done by the project, rather than by other possible providers of this type of service lay, first, in speed and accessibility. Groups did not need to petition for help elsewhere, or wait in a queue. The project worker could make sure that letters, handouts and copying were done as the groups needed them, which was often at short notice. Printing was done by paying friendly small commercial printers. While local community arts and resource centres existed in Nottingham, it did not usually prove practical for either the project worker or the first initiators of groups to use them, though several new groups did so at a later stage in their development.

Publicity

Publicity was provided in a variety of ways: by featuring the group in the Evening Post monthly column; linking them with helpful reporters or the CVS media project; and including them in the directory as soon as the group seemed viable. In a number of cases, the groups took on their own publicity and did not require help. The need for flexibility and sensitivity in offering services was apparent. It was important not to do so much for people that the end result was 'deskilling'.
Starter pack

The value of the Starter Pack written late in the project's life was immense. Like the Supporters' Club, its production grew from growing awareness of the need for additional resources and new ways of working. The action research led me to perceive the need for advice in a written form. Growing national interest in the project, too, helped this development. National MIND offered the money which made the production of the pack possible and was willing to sponsor it as a resource for Nottingham groups as long as it also contained national advice. The pack was appreciated by recipients, as the following quotations show:

"It's got all you could possibly want to know in it".
"I shall have to go back and read it again".
"Thank you for the pack. It's being passed round all the committee".

Just as important - like the Supporters' Club - it allowed effective support to be given to a large number of new groups by a project with a small staff.

Practical support

A room for an initial meeting, either in the NSHGP office, or arranged by the project worker, proved to be a most useful service for four groups. A further three groups needed advice on where to meet, the CVS 'Premises Information Point', opened in May 1983, making this type of help much easier to give. Advice involved both the suggestion of possible venues and a chance to think through the way in which the choice of room could affect the group. Only three groups needed to use the office address, and in one case, phone number. For all three groups, however, this service was crucial in bridging the gap before officers emerged who were willing for their addresses to be used as contact points. As long as this service was limited to a few weeks or months, it proved a straightforward one for the project to give.

Table 5.6 illustrates the other types of practical support that were given, showing that a wide range of services were drawn on over the two years. It does not show the equally large number of services provided by other organisations, to which the project worker directed new groups. This will be discussed in detail in Chapter 8.
Groups which did not start

What of the groups that did not start after initial enquiries? One of the changes in the project was a growing awareness of the appropriateness, on occasion, of helping someone to a decision not to start a group. Let us ask, first, what appears to have contributed to people deciding not to start a group. The following factors seem to have influenced their decision:

- a discussion with the worker, which led to a realisation of the scale of commitment needed;
- reading the Starter Pack, and coming to similar conclusions;
- making a link with a group already in existence and finding it met their needs;
- an uncertain state of health;
- bigger personal commitments than had been realised;
- taking on paid work.

The relaxed attitude in the project to 'results' - the absence of a target of a set number of groups - meant that the project worker became quite happy to help an initiator to decide not to start a group if this seemed to be the right decision. In some cases, I was in fact fairly directive in helping them reach this conclusion. It was apparent in some situations that there were just too many constraints present and, in my view, the likelihood of a group emerging was remote. I felt a responsibility for preventing the start of a group that could damage potential members and bring unhappiness - in short, make people worse rather than better. There was a further underlying motivation too, relating to funding: the close contact between failed groups and NSHGP would not have been healthy. Early, and sometimes lengthy, discussions with initiators sometimes avoided the project being linked with a succession of unsuccessful groups, and contributed to an expectation of a reasonable level of operation and competence by self help groups. It also prevented unhappiness and a feeling...
of failure by the people concerned. If someone was determined to go ahead regardless, then there was, of course, little to be done to stop them, although a subtle holding back on offers of help could effectively sabotage attempts. It is of interest, perhaps, that I developed confidence in the appropriateness of helping people not to start groups, while becoming very clear that it was not my job to start them.

Changes within the project

The action research built in to the project aimed to ensure that any need for change was perceived as the work continued. As this descriptive account has shown, changes took place both outside the project and - importantly - were deliberately brought about within it. One may summarise these as follows:

- there was an increase in the volume of requests for help with new groups;
- knowledge and skills in the project grew in the second year;
- the project worker developed confidence in her role;
- the project became better known;
- resources were developed at NCVS which complemented those of NSHGP;
- increased publicity about groups generally, and a stronger network of contact between groups led to more people 'thinking self help';
- there was some evidence of increased public confidence in NSHGP and the work of the groups.

Considerable thought was given to the question of work methods, and how they changed. One can pick out a number of trends:

- work initially undertaken by the project worker alone came to be done by a greater variety of people;
- written material came to complement verbal discussion;

- initial work on harnessing the potential among self help group members themselves laid the basis for a shift away from total reliance on professional assistance;

- the need for additional resources for groups was perceived and some were found, both in and outside the project;

- the amount of help given to individual groups became less intensive.

It was tempting to consider doubling the staff of the project who would work with new groups when it became clear the health authority would consider an increase in grant. An acceptance of the limit to help that could appropriately be given was part of the decision not to follow this line of development - instead money was allocated to extend information work. While the project remained committed to work with new groups as a major part of its work, there was a significant shift away from being the only provider of services to discovering, developing and working with other sources of help.

'Success' and 'failure'

One of the areas of development in the project was a growing body of knowledge of what seemed to make groups successful. While this thesis does not aim to look in depth at this topic, some examination of it contributes to the story of work with new groups. Success in a self help group is not totally measurable. It cannot be seen only in terms of good attendance, regular meetings and good links with professional workers. It must be seen, too, in terms of other achievements - the personal development of individual members, the public airing of a problem, the challenge to professionals it may present. Even the measurable aspects of a self help group's work are not easy to quantify, and to draw firm conclusions would need the resources of experienced researchers, such as the team working over a five year period in Hamburg, or the two researchers at the Policy Studies Institute (Trojan 1986; Richardson & Goodman 1983). The following two tables are not intended to be read as well - researched evidence. Nor is the order in which the factors are presented intended to imply a descending order of importance.
A serious problem as a basis for the group.
Motivation by 'veterans' to help people currently experiencing the problem.
Sensitive professional support to the group.
Back up by other agencies and links with them.
Links with other self help groups.
Sensitive back up by national organisations.
A key charismatic personality as originator, but one who does not dominate the group.
Constructive use of the media.
Good choice of meeting room.
Regularity of meetings.
Availability of practical resources relevant to the group and the first members.
Contribution by people already experienced in organising.
Commitment by people who might be inexperienced in organising but have the capacity to grow in skills and in willingness to take on responsibility.
Key initiators with settled homes and families.
Good outside speakers at early meetings.
Opportunities for members to be helpers straightaway.
A framework of organisation, built on the concept of sharing out jobs.
Newsletter or members letter.
Leaflet or card produced by the group.
Table 5.8: **Factors which are likely to bring problems to new groups or contribute to their failure**

- Key initiators being too close to their problem.
- Major physical disabilities or mental condition which make organising a group very difficult.
- Very small number of sufferers.
- Over ambitious plan.
- Unsympathetic/dreary personality of initiator.
- Lack of realisation of the need for some structure and organisation.
- Lack of realisation of need to share out jobs and involve people immediately.
- A working class neighbourhood as a base.
- Over control by professionals.
- Insensitive, overbearing help from a national organisation.
- Erratic life of initiators.
- Unpredictable personal or health problems.
- Lack of a nucleus of key committed people.
- Unsuitable meeting place.
- Continuous change of meeting arrangements.
- No printed material.
- Very small number of members.
- A dominating controlling key initiator.
- A programme that doesn't appeal to members.
- Lack of commitment after initial enthusiasm.

**Conclusion**

One may venture to conclude that NSHGP contributed substantially to the development of new groups set up in 1982-3. In some cases, the initiators themselves are sure that they would not have got going without the project's help. No one set pattern for support emerged, instead one can see the need for choice and variety of services offered. Particularly important was the need for change as the pattern of demand altered. Without flexibility and a system for collection and analysis of information through self evaluation, the project could well have by its own success become weak. Its resources relative to the scale of operation could have resulted in it being only a nominal source of help. It is clear, however, that the project did make more resources available for groups as they began, both
under its own control and - as we shall see later - by its influence on and liaison with other agencies. Both these practical resources, and the supportive advice given by NSHGP, probably led to groups having a more stable structure as they began, and hence increased the likelihood of them continuing. The limits to this study do not allow us to come to any more forceful conclusions. We can conclude, however, that its role with people who decided not to start a group was also a useful one.

The question was posed, of whether the project stimulated the growth of new groups, artificially or not. The origin of some of the initiatives which did not in the end come to fruition stemmed from wide publicity given to the project and to the groups. The television programme, in particular, had the effect of promoting the self help idea. The proportion of the 46 people approaching the project for help who came into this category was very small however. Rather than artificially stimulating the growth of groups, I would suggest, the project's existence allowed the development of untapped resources and the putting into practice of ideas which had been lying dormant, sometimes for years. The project's role was indirect, rather than a direct promotion of the self help group idea. But its role was important - even crucial - in contributing to the creation of a climate in which self help groups were seen as acceptable and where people felt confident that they could do it themselves. Enabling people to grow in skills and confidence, once they had taken the first step, was another and very important role.

Lastly, the question was posed: can and should an outsider intervene in the start of new mutual aid groups. The answer is a qualified yes. An outsider can intervene with successful results as long as the intervention is sensitive; supportive rather than dominating; is time limited; allows choice in accepting services; is flexible; and concentrates on equipping people with skills and confidence so that they can do the jobs themselves. An outsider should only intervene, however, if it is clear that this is welcome by the group or the first initiator, and usually, if the relationship begins with a request for help. Provided these conditions are met, the intervention of an agency like NSHGP can be significant and is sometimes crucial to the start and successful development of new local self help groups.
Starting a new self help group is not easy. This is true even if the initiator is relatively used to running organisations. In the previous chapter, a comment was made about people starting self help groups: "(They) were often suffering from a lack of personal confidence and had relatively little experience in starting and running an organisation". It could be that this lack of confidence and experience is also true of professional workers. NSHGP worked with eight professional workers, backing them up in their enabling role, over the two years of the research period. It was only towards the end of the period, however, that the complexity of this task became apparent, highlighted by the comments of a particularly perceptive student on placement with NSHGP. Her views, and an in-depth analysis of the groups promoted by professionals, led to the evolving of a question of whether they too have problems. Professionals may too suffer from a lack of confidence when supporting people who are setting up a group, and though they may have experience of running organisations, may rarely have the background which equips them to be 'enablers' of new groups.

This view is confirmed by the authors of the Barclay report (Barclay 1982). They wish to encourage social workers and other professionals to be instrumental in setting up groups, but point out that community work and group work skills might well be needed to undertake a task. It is disappointing that this issue was not pursued further, for as the authors of a note of dissent to the report point out in Appendix A, there needs to be a more radical move in order to achieve a community approach (Brown, Hadley & White). Hadley pursues this theme further in his research on patch systems, stressing the need for training of social workers to give more weight to the development of the skills required in managing and facilitating the work of others and in operating in a community setting (Hadley & McGrath 1980). While Hadley and McGrath's research focussed on a slightly different area, the conclusions drawn are valid, I would suggest, for professionals seeking to take on a similar role with health problem based mutual aid groups.
Professionals starting "self help" groups

One view put forward by Richardson in her guide to working with self help groups is that professional intervention might be said to be harmful to groups (Richardson 1984). Indeed, should a professional attempt to help or initiate a self help group at all? Richardson's conclusions are that there are many ways in which help can be given, but it needs to be given with sensitivity and discretion. A number of authors have documented their work in bringing together people with the same problem (Halstead 1981; Knowles 1983; Scanlon-Schilpp & Levesque 1981; Shosenburg 1980). Their studies demonstrate the useful role of a professional in performing introductions and providing resources. A study of back pain groups in the UK, however, revealed the weakness of a system where professionals were appointed as leaders of groups (Webb 1982). My own article entitled 'Help for the helpers' concluded that while professionals cannot start self help groups, they can enable them to get off the ground, some of these ideas being further developed in a forthcoming Community Care article (Wilson 1983a; 1987d). Some of the accounts above are of schemes undertaken as part of a professional workload. Despite the encouragement of the Barclay report, it is more likely, as Finlayson concludes, that there is no formal mention of the development of self help groups in a worker's job description. Junior personnel, she claims, sometimes resort to doing this surreptitiously or in their spare time (in Pancoast, Parker & Froland 1983). Working in this way, it is unlikely that a relevant set of skills will be developed, or adequate time set aside for workers to learn new techniques.

This brief review of the literature flags up some of the issues involved. In this chapter, we shall look at the Nottingham groups which started from a professional initiative, backed up by NSHGP, and draw some illustrations from groups elsewhere where there was some professional involvement. We shall consider in particular the questions of sensitivity and of time; how far professional training equips people to operate as facilitators; and finally how useful the intervention of NSHGP was. The argument put forward relates to professional workers from a variety of disciplines. Many are concerned to see self help groups begin which will benefit their clients or patients, for they recognise through the one to one contact they already have with clients, additional needs for mutual support, information and friendship that could be met in this way. Their training, however, does not
equip them with the skills that this work requires. I would contend that they approach it with uncertainty about what is involved, a certain lack of confidence in themselves and sometimes a lack of trust in their clients' ability to run something alone. They are often knowledgeable and perceptive about how groups in general run and have access to useful resources, but they need and welcome guidance on how both these assets can be used sensitively. Professionals who worked closely with NSHGP were able, it would seem, to approach their new task more confidently and avoided some pitfalls, but still only a minority of groups came to be run by members themselves. Students on placement with NSHGP, carrying out a clearly defined task over a short time scale, made useful contributions and learnt a great deal.

Groups involved

Eleven groups were selected for study. In six groups a professional worker had taken the first steps to initiate a group. In the other five, a student social worker undertook a placement. In one of the eleven, both were involved. In two other cases, professionals made contact with the project but in the end decided not to take their ideas any further. The ways in which these professionals became linked with the project would appear to be similar to those noted for groups in general, described in Chapter 5. Personal links from a previous job were the means of people approaching the project in the first year; general knowledge about its work led others to it in the second year. The exception was TOC M, where the worker concerned rang the CVS for general advice about starting groups and was diverted straight to the project.

Professionals involved

Table 6.1 shows that social workers, as might be expected, were the professionals most likely to initiate groups. This pattern of interest in groups is repeated in Germany (Deneke in Pancoast, Parker & Froland 1983). The range of professionals is, however, of interest: the situation facing professionals who act as catalysts for groups may be similar, despite their different forms of training and work. A meeting held in March 1984 to allow people to discuss their experiences certainly did not appear to reveal barriers between professions, or that they had substantially different problems. The social workers involved had both the advantage and
<table>
<thead>
<tr>
<th>Professional Involved</th>
<th>Group</th>
<th>Social Work Student Placement</th>
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<tbody>
<tr>
<td>Nurse</td>
<td>Bush (Burns Unit Self Help)</td>
<td></td>
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<tr>
<td>Pre school counsellor for handicapped children</td>
<td>Beeston Thursday Club (for parents of handicapped children)</td>
<td>Student</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>TOC M Two o'clock Monday (for elderly physically handicapped people)</td>
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<tr>
<td>Hospital Social workers</td>
<td>Infertile couples group (under discussion)</td>
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<td>Hospital social worker</td>
<td>Stroke Support Group</td>
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<tr>
<td>Specialist social worker</td>
<td>Parents Support Group (for parents of visually handicapped children)</td>
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<td>Migraine Group</td>
<td>Student</td>
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<td></td>
<td>LIMBO (for working adults with a hearing loss)</td>
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<td>Alzheimer's Disease Society</td>
<td>Student</td>
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<td></td>
<td>West Bridgford Friday Club (as Beeston and initiated by student attached there)</td>
<td>Student</td>
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<tr>
<td>1) Note: This was not a new group but is referred to when evaluating student placements</td>
<td>National Deaf Children's Society</td>
<td>Student</td>
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disadvantage of group work experience: they often knew about group dynamics, but were only used to being leaders, rather than supporting groups run by members themselves.

The age range of people was too wide for any particular conclusions to be drawn (mid 20's to mid 50's) but a majority came in the range mid 20's to mid 40's. All but one were professionally qualified. A look at their past experience of self help groups does however reveal relevant information. A questionnaire administered to people attending the 1984 meeting showed that most people had only worked with one or two groups in the past two years. For most of them, the group with which they were then involved was the first or second self help group they had worked with at all. They began work with very little background experience of working with such groups.

How much knowledge, as opposed to experience, do professionals have of self help groups? A questionnaire to GP's in 1982 revealed a surprising range of groups which doctors knew existed (30), though AA figured prominently (14 out of 33). Very few GP's were able to list a large number of groups and six in fact listed none. The exercise also revealed the confusion in people's minds between self help groups and traditional voluntary organisations. Ten of the latter were listed, though they were asked to write down self help groups and included Samaritans, Red Cross, Age Concern and the Church.

Studies in Germany revealed a higher level of knowledge and contact. A study of social workers showed that 64% of respondents knew (as opposed to knowing the mere existence of) at least one group, and on average named three groups. Alcohol groups were those mentioned most frequently. Even though they knew something about the groups, quite a few felt they did not know enough and lack of information about groups was noted as one of the reasons for no co-operation. This did not appear to be an excuse, because the interest in further information was great (Denke in Pancoast, Parker & Froland 1983).

The professionals listed in Table 6.1, one may conclude, approached the task of enabling new groups with a background of little experience and knowledge of this field.
The following case-studies aim to provide a glimpse of the often protracted work carried out by professionals with groups and their links with NSHGP.

**BUSH (Burns Unit Self Help)**

The original idea of a patients group came from a Dutch doctor, who then left the unit. The ward sister, to whom he passed the idea, thought about it for eighteen months but did nothing because she "didn't know what to do". Her link with the project came when her determination crystallized, through seeing positive results after getting one particular ex-patient to talk to current ones. The link with NSHGP led to a series of pre-meetings on the unit, first only with professionals, then with some potential members. The project worker undertook some practical tasks, provided a grant, spoke at the inaugural meeting and attended some subsequent ones. The ward staff (who then changed) continued to back up the group through its successful first year - and less successful second year - and invited the NSHGP worker to return to a meeting in an attempt to revive it. Lack of time and a determination not to run the group themselves (a response in part to my intervention) limited their involvement.

Both nurses were committed to the idea of lay involvement and appreciated enormously the help of ex patients. They were baffled however by their role of enabling, frustrated by the lack of organisation in the group and probably unlucky that more key people did not emerge. They concluded that the group would not have started at all without NSHGP's help. By the end of 1983, the group still met but had not retained the vigour of the first year.

**Beeston Thursday Club** (for parents of handicapped children in a western suburb of Nottingham)

A pre-school counsellor employed by the Education Department had made an earlier half hearted attempt to get mothers to meet in each others' homes. This had not worked. Through a series of planning meetings, the basis of this group was decided, the counsellor's role clarified to a certain extent and neutral premises found. The project worker found a 'veteran mother' to back up the group, attended a number of meetings and placed a student with
the group as part of a fairly intensive six months period of work with this initiative. The counsellor found the enabling role an extremely difficult one and constraints on her time were considerable too. She conceded, however, that delegation, a very difficult issue for her, got easier. She and the student together introduced some excellent speakers, co-ordinated transport and brought members to a joint meeting of groups.

Her withdrawal from the group, precipitated by both a personal crisis and a change of structure and priorities in the Education Department, coincided with a desire among group members to split into two sections. A second student was attached to the group, with no pre-planning, to aid this exercise. By the end of 1983, both groups still survived but had gone through periods of jealousy between groups, personal conflicts and practical difficulties. Links remained with NSHGP with both groups.

**Infertile couples group**

This group, still under discussion at the end of the research period, was perceived by social workers as a way to broaden the choice and availability of help for couples with this problem. It was coupled with an attempt by three social workers to establish one to one counselling by themselves in addition to the counselling the doctors maintained they already gave. Their use of the project, during the research period, was largely as a sounding board. They approached the idea of a self help group unrealistically, in the worker's view, first underestimating the commitment people can make to a group and secondly imagining that they could start a group and then it would quickly evolve into a self help group.

The worker's role was to inject a sense of realism, challenge them on their lack of trust in clients and discuss practical issues. At the second meeting it emerged that this challenging approach left them "thoroughly confused", but in the end able to plan a sounding out period alongside the establishment of their own service - if the doctors would allow this. It was clear that one set of professionals were exploring the idea of a self help group at the same time as fighting their own professional battles.

**Parents Support Group**

The link with this group, aimed at parents of visually handicapped children, came at the very end of the research period. The social worker concerned approached the worker, in a very formal letter, asking her to
come as speaker to a meeting. It did not prove possible because of holidays to meet beforehand and attempts to think through issues on the phone together were not easy. This particular professional had a generally formal approach, both to individuals and in the organisation of the meeting. His concept of the group was to benefit parents of visually handicapped children in his own team's area - an oddly drawn geographical patch encircling Nottingham, but not including much of it. Like the workers in the previous initiative, he had his own perception of the outcome of a group, tied to his own work.

The worker's role was to act as a sounding board and to try to indicate the need for an enabling approach, both being frustrated by lack of time and the particular personality of the social worker.

Stroke Support Group
The links with this group had begun long before the establishment of NSHGP when three social workers sought the worker's help, then as NCVS development officer. They returned to the project when an attempt was made to encourage the group to become more self running. One of the original three social workers remained involved and others joined. A series of informal discussions with the key social worker, often on the phone, attendance by the project worker at part of committee meetings and group meetings, and attendance by the key social worker at joint meetings of self help groups were the main methods of support. NSHGP provided a grant and made practical suggestions, for example about the formation of a committee group, notepaper, badges and told the group about other resources.

Much of the advice was acted on and contributed substantially to the successful development of this group in becoming self running and to a big increase in membership. NSHGP's intervention resulted in encouragement to a very anxious social worker and enabled her to see that she had underestimated the ability of clients to contribute to the group. Despite requests, her department did not allow her to take time off in lieu for the frequent evening meetings of this group, a situation like that described by Finlayson (in Pancoat, Parker & Froiland 1983). Her commitment became as much personal as professional. She surprised herself, she confessed, by discovering how much she came to regard committee members as friends.
TOC M (Two O'Clock Monday)
The occupational therapist involved with this group for elderly handicapped people was undertaking a part time Certificate in Social Work (CSS) course and had been encouraged to get some experience in group work. She had already identified a need among some of her elderly physically handicapped clients for support, activity and friendship but felt that day care, for which they would qualify, was not appropriate.

The role of the project worker, through a comparatively small number of meetings, was to help her define objectives, make practical suggestions - for example recommending adopting a name - and giving personal support and reassurance. In this case, the professional's undoubted enabling skills appeared to be instinctive, requiring only confirmation of their appropriateness. The time required came from a definite allocation because of her course and through personal commitment. Like the social worker described in the previous group, she came to see group members as friends as much as clients, and involved her family too in some of the outings. This occupational therapist was very clear about her enabling role from the start and held back much of the support she might have given to help the group to become self-running from its inception. Her crucial role was to organise transport, to which she had easy access.

Migraine Group
The student social worker linked with this group, like all who were attached to NSHGP, was experienced and mature, training for a Certificate of Qualification in Social Work (CQSW). She took on specific tasks of backing up the group and, in addition, undertook a survey of individual group members to clarify their needs and ways in which the groups could meet them. As with other students on placement, time was clearly allocated for these tasks, and regular supervision led to frequent assessment of her role and the success of the group. Her attachment led to her substantially increasing her community work skills, which, she volunteered, she intended to use when returning to her job. Her intervention in the group was not seen as threatening - because of her personality, because of the time limit of her placement and because her tasks were clearly defined and agreed with the embryo group. Her involvement meant welcome extra resources for the worker of NSHGP, who by then - the summer of 1983 - was very stretched.
Alzheimer's Disease Society (ADS)
The pattern of work for a CSS student attached to the ADS was much the same, apart from a smaller emphasis on support work. This was partly because the project worker had more time available herself early in the life of the project, and partly because of the need to design a less demanding placement for a student working for a CSS rather than a CQSW, on only a 12 week placement. It led to similar successful results for both her and the group. Noticeable in this placement was the contrast between the student's somewhat hesitant, though effective assistance and the dominance of a social worker. The social worker had offered help with starting the group as a volunteer and ended up as chairman for a time. The first role was welcome and appropriate, the second became decidedly unacceptable to the group, the problem being resolved by the social worker leaving Nottingham. The NSHGP worker attempted - unsuccessfully - to intervene and to get her to play more of a background role.

Limbo (for working adults with hearing loss)
The student attached to the Beeston Thursday Club spent the other half of her placement with Limbo. She undertook an interviewing task and gave general support. While her involvement was useful to her and the group, this placement was less well designed and in the end, proved too ambitious. This particular student had substantial work experience and marked sensibility to the enabling role but too much was expected of her, and not enough support was given by the NSHGP worker. Her ability to perceive such constraints was, however, a bonus for the project. In particular, she was able to point out both how demanding a task it is for an average social worker with a normal case-load to facilitate a group, and, perhaps just as important, how isolated people working in this way can feel. They may well be the only person in their team who has a desire to bring out lay potential. They may get little back up from their seniors in doing so, a point borne out by other people's experiences, and be allowed no extra time for supporting a group.

West Bridgford Friday Club (for parents of handicapped children in a southern suburb of Nottingham)
This group grew out of the placement, already described, of the first student attached to the Beeston Thursday Club. His enthusiasm for this type of activity and a meeting with a West Bridgford health visitor, led him to
convene a meeting to discuss setting up a similar group there just before the end of his placement. He took along members of the Thursday Club and it resulted in a successful beginning for the group, backed up by the health visitor. NSHGP's role was initially to try to hold him back, feeling he was being too ambitious in a short time. His energy and commitment, however, coupled with the likely continuation of support by both the health visitor and a supporter attached by NSHGP, made this development possible in a short time. But it was lucky that the meeting, held in a middle class neighbourhood, attracted people of calibre and experience.

**NDCS - National Deaf Children's Society**

As a coda, let us look briefly at a student placement with an established group. The initiative for this attachment came from a social worker for the deaf who had close involvement with the NDCS, a long established group but experiencing low levels of involvement by members. The student's brief, agreed with the committee, was to look at the needs of parents of deaf children that could be met by the society and put forward proposals for ways in which this could be done more effectively. NSHGP's involvement in this was minimal, the liaison being carried out by the social worker and the CVS student unit supervisor. The resulting report was outstanding, but NDCS did not create time to discuss its challenging recommendations before the student left and there were also difficult questions raised over the ownership of the report. When a meeting was at last arranged between the group, the student's supervisor and the NSHGP worker, the group clearly did not wish to listen to the recommendations, much less implement them.

Intervention in an established group is anyway, in the worker's experience, often much more difficult than in an emerging group. The difficulties here may well have been compounded by an attempt to manipulate the group by the social worker for the deaf. Professionals do have undoubtedly varying views on the role of a self help group, and as has already been demonstrated, can have their own underlying aims in working with one. This was highlighted by a heartfelt comment by a teacher of the deaf at an NDCS meeting: "Self help groups are wonderful - we just have to tell them about a piece of equipment we need and they raise money to buy it". There is little indication here of perceiving the need to share power in the way described by Beresford (Beresford 1983).
What themes emerge from these case studies? Once initial anxiety was overcome and the first hurdles scaled, one can see that these professional workers got great satisfaction, and indeed enjoyment, from being involved with their clients in this way. It was rarely a simple role however, and most workers approached it with a lack of confidence or relevant skills — or both. There is a recurring theme of the NSHGP worker's role being to attempt to redress this lack of skills and confidence. An additional, and less manageable issue, was the wish among some workers to see a group emerge which fitted in with their own work.

For students, working with new groups would appear to give the opportunity to try out enabling skills in a secure environment and with support. It is clear, however, that such placements are at risk unless they are carefully planned and the student's role clearly understood and accepted by the group.

NSHGP and professionals

Professional attitudes to self help groups
One may ask if it is possible to generalise about professionals' views of lay people in general and of self help groups in particular. The evidence from the small survey above has revealed a range of views, even in those who had made the effort to be involved. It is important to assess such attitudes, for if they differ radically from those of the staff of a support project such as NSHGP, it is unlikely that there will be a constructive partnership.

Unell's more recent study of the Self Help Team revealed that of the professionals she questioned in Nottingham, few expressed hostile or entirely negative attitudes. Generally workers were sympathetic, with some carefully argued reservations about the effectiveness of self help occasionally tinged with anxiety about threats to professional authority (Unell 1987). An extensive study of four self help organisations demonstrated a general attitude of goodwill towards groups by professionals (Richardson & Goodman 1983). Mellett, writing earlier, had encountered rather more ignorance and prejudice (Hatch 1980). Goodwin illustrates the way in which nurses in particular tend to use possessive pronouns, which betrays the way they assume a responsibility for the health of clients.
which is not theirs to take (Goodwin 1981). The German evidence confirms the existence of a generally positive attitude to self help groups (Denke in Pancoast, Parker & Froland 1983).

There is, it appears, evidence of generally positive attitudes to groups by professionals. This is perhaps surprising in that it could be said that "implicit in the self help thrust is a profound critique of professionalism" (Gartner & Riessman 1977). Professionals who seriously want to work with self help groups and support them will have to accept rather more sharing of power, though in my experience, few field worker professionals see their support of self help as perceptively as that. Lomas in *Self help in the inner city* sees two barriers to the development of self help. One is that existing power holders prefer techniques that fit neatly into organisational and institutional structures; and secondly, there is a general unwillingness to invest in local people the responsibility of taking decisions (Knight & Hayes 1981). The whole question of self help groups and their implicit questioning of professional power is one which merits further study.

A further approach to self help could be one that is rarely admitted to openly: supporting it as a way of justifying cuts in professional services, a point made by Gartner and Riessman (1977). An unusually thoughtful social worker made the same point at a social workers' lunch club in Nottingham, and the question arose too from a visit to Berlin (Wilson 1985). Gartner & Riessman also point out the danger of professionals trying to dominate and socialize self help groups to professional norms, co-opting them and making them appendages of traditional agencies, which should be avoided. Landau-North, however, sees the advantages of a joint planned care system (Landau-North & Duddy 1985).

To summarise, just as it is difficult to generalise about self help groups themselves, so it is difficult to generalise about professional attitudes towards them. The literature reveals that these attitudes include support and positive feelings; ignorance; prejudice; possessiveness over health care leading to an unwillingness to share it with lay people; a cost effectiveness view that leads to a justification of cuts in state welfare; and an attitude of colonization and control.
NSHGP attitudes to groups

Let us now consider the attitudes of the NSHGP project to self help groups. In The first year's work it is set out that its work begins 'from the belief that people can and want to contribute to their own community and to solving their own individual problems and those of people around them'. In The second year's work this belief is repeated, leading to the statement that groups 'are not a way to save money, cannot replace professional care and have limits to the work they can carry out'.

Groups may not replace professional care, but they can challenge it and the way it is delivered. NSHGP evolved a principle of encouraging people to act as informed consumers through groups if this was a role they wished to undertake. Working from a neutral base, the project had no professional barricades round it. Nor did it seek to control the groups it supported. The essence of the project was to act as a resource for groups to use as and when they wanted, backing them up and equipping their members with skills. While there was of course intervention in their work, little of this was control. Groups determined their own pattern and priorities.

Lastly, the worker's experience had led her to a belief that many people have latent talents and knowledge which can surface and blossom through membership of a self help group. While there were risks involved, and groups may not always have functioned efficiently, the ethos of the project was that people have something to give. Indeed, in so doing they may solve their own problems: the helper therapy principle (Riessman 1965).

Coincidence of attitudes

If attitudes of professionals and NSHGP were different, did this affect the ability of NSHGP to fulfil its function of help and support? Few people came to work with self help groups equipped with relevant skills through their training, so attitudes were particularly important. It may be helpful to put forward the concepts of the 'instinctive enabler', the 'enabler in principle' and 'the traditionalist'. This was not an idea introduced at the beginning of the work. It was, rather, a post hoc classification which emerged as work and research progressed. I did not, therefore, anticipate this grouping nor test the idea rigorously. It would, indeed, bear further analysis. In this context it is used as a tool, as part of the attempt to clarify professional involvement in self help groups, but its use does not
imply that instinctive enablers were more successful. The professionals with which NSHGP worked can, I would suggest, be roughly divided into categories as follows:

- instinctive enablers 30%
- enablers in principle 50%
- traditionalists 20%

**Instinctive enablers**
The instinctive enablers had in common a personal warmth and capacity for informal friendship; perceptiveness of their role; and an intuitive use of community work skills of the sort described earlier in this study. The project worker identified easily with them all and though she spent relatively little time with them, found it easy to contribute to their work.

**Enablers in principle**
The enablers in principle had the same positive attitudes to self help groups, had also identified needs among their clients that could be met by mutual aid groups and were willing to give some time to helping a group get going. The difference between them and the 'instinctive enablers' appeared to derive from their professional training. In their case, it acted as a straitjacket. It made them assume there would be specific outcomes and made their relationship with group members formal and hierarchical rather than friendly. And yet they too had warm and friendly personalities. The barrier to developing an easy enabling role would appear to come from a lack of perceptiveness about their role, and their initial inability to move from a traditional client/professional relationship to a community worker/group role.

The professional helping style, as Medvene outlines, is relatively controlling. Professional relationships are primarily task-orientated, time limited and intended to accomplish specific treatment goals (Medvene 1984). It is not surprising that professionals approaching work with self help groups became 'confused'. A study of patch systems reveals similar apprehension of moving into new areas of work (Hadley & McGrath 1980). This style undoubtedly made certain tasks difficult for them. The list below summarises what was often involved when a professional took on a developmental role with a group:
- making a realistic allocation of time;
- taking risks;
- appreciating latent talent;
- accepting consumer feedback;
- delegating tasks;
- allowing a group to develop in a way that was different to the original concept;
- encouraging a move of meeting place away from official premises.

One of the tasks of the NSHGP worker was to help 'enablers in principle' to be clearer about their task and to see the need to take on a role differing from the usual professional/client one.

The project worker welcomed the interest of 'enablers in principle' but found it harder to work in partnership with this second category of professional. Where the links were either intensive or over a long period, her ability to work comfortably and constructively with them increased, and the intervention of NSHGP could be seen as useful. These professional workers were all able to contribute more to the development of groups than they would have done without the NSHGP backup, though not all groups ended up functioning effectively or independently.

**Traditionalists**
The last category, the 'traditionalists' proved to be the most difficult to work with. This small number of professionals found it even more difficult to cross over the client/professional boundary. They began from where they, and their department were, rather from where the potential group members were - and remained there. They also faced the same problems as the previous category of workers. An impression gained was that this group tended to have rather off putting, formal personalities. In another research situation it would have been useful to have administered personality tests to see if this subjective assessment could be confirmed. But the researcher was also an activist - it was not possible to risk success in work by suddenly taking on a different role, let alone one as personal as this. This demonstrates one of the limitations of this type of action research where the same person is undertaking two tasks.

The effectiveness of NSHGP in working with people in this category was probably very limited. The worker found it difficult to work in partnership, had problems of communication and felt her limited time could
have been used more profitably elsewhere. Over a long period, some of these problems could probably be got over, but the general assessment of the usefulness of NSHGP with 'traditionalists' is that it was relatively low.

Enabling factors and constraints

It is difficult to measure 'success' in self help groups as we have seen. It would therefore seem rash to try and do more than a rough assessment in these cases. One can say that all groups studied in this chapter achieved some useful results and were still in existence at the end of the research period. Of those initially convened by a professional, only one could be said to have a large stable membership. It is probably significant that this was the Stroke Support Group which had been in existence for much longer than the others and where professional support had been consistent. Professionals had provided referrals of members, practical resources, and in its early stages, a secretary for the group. It was more of a hybrid of a professionally run group and a self help group.

Enabling factors

We shall shortly draw these threads together. First, however, a look at some of the literature shows that a number of social workers have written about groups and their roles within them. Halstead prepared her work bringing together mastectomy patients by a period of research and reading; had a planning committee; used the media extensively; and had the first meeting in pleasant, non-hospital premises. Halstead feels that social workers may underestimate their role in recognising need and providing the opportunity for a self help group to develop. It is imperative, though, to know when to end involvement and allow the group to be independent. She concludes by a comment on how the experience gave her the "confidence to think of other areas where self help may be an appropriate way of helping the client" (Halstead 1981). MacEwan began from a different base. Two women, prompted by a television programme, approached the local area social services office for help in starting a group for them and other agoraphobia sufferers. The professional input over two years was considerable, coming from a community services officer and two social workers. The group was successful, leading to 'gigantic strides' for some members. In the end, social workers decided to spend their time on one to one work, but by that time group members were confident enough to organise their own meetings (MacEwan 1982).
An American experience also reveals factors which are helpful. The need for "a favourable climate in which to grow", without professionals taking direct leadership roles is thought to be essential. The account of a Trauma Recovery group shows the substantial length of time that this support needed. The authors speak most positively not only of the role of the group in helping people recover from traumas like road accidents, but also as consumer groups and potential co-operators on research projects (Scanlon-Schilpp & Levesque 1981). In Canada, an unusually carefully evaluated scheme was undertaken using a control group, to see if membership of groups could help parents of premature infants. Its conclusions were favourable and the experiments led to the successful establishment of the Toronto Perinatal Association. Of particular note in this scheme is the allocation of substantial amounts of time by a multi-disciplinary research team (Shosenburg 1980).

From this evidence, and the experience in the Nottingham groups, one can attempt to draw out some enabling factors which make it likely that a professional may successfully facilitate the development of a new self help group. It will become apparent that these (Table 6.2), though suggested as a basis for an approach to self help groups, are akin to that needed for neighbourhood based community groups (Twelvetrees 1981, 1982).

There are too, one may conclude, factors which act as barriers to development, some of which are simply the converse of this first list. Professional workers, and their departments can prevent the development of groups even if, in theory, they want to work with them. This second list (Table 6.3) sets out some of the inhibiting factors, again not designed to be read in a particular order.

**The need for training**

It is clear from the individual case studies, as has been said, that workers approached their task with little, if any, experience or specifically appropriate training. Questionnaire (ii) (Appendix B) revealed that in eight cases this was true, though in three cases – all social workers – there had been some input on group work which had some relevance. Groups discussion with workers at the March 1984 meeting were illuminating. A comment from one worker, for example, revealed that her personal
Table 6.2: Factors which indicate that a professional may successfully facilitate a self help group

An allocation of a substantial amount of time:
(i) in pre planning
(ii) of several hours per week, often at unusual times and
(iii) over a period of some years, if needed.
A warm, outgoing personality.
The ability to be informal and 'unprofessional'.
Back up by senior officers.
The use of an experienced supervisor or outside consultant for advice and as a sounding board.
The availability and use of practical resources within the worker's department, (as long as these are offered and used sensitively to back up, not to dominate the group).
A willingness to let the group develop differently than had been thought at the outset.
Co-operation with professionals in other disciplines.
A recognition of potential in lay people.
A willingness to take risks.
A conscious continuous evaluation of the development of the group and the professional's role within it.
A desire from the beginning to be the person who introduces people and then acts as an outside supporter, rather than leader.
An appreciation of the likely need for permanent links with the group and ongoing back up to it.
Perceiving the value of an outsider in helping the group to identify and decide on their aims.

Note These factors are not listed in any specific order
Table 6.3: Factors which are likely to inhibit the enabling task of a professional with a self help group.

- Domination of the group.
- Automatic use of official premises.
- Insistence on a professional attending every meeting.
- No in-service training.
- Insufficient support by senior management.
- Insufficient flexibility over the use of resources such as rooms.
- No financial support.
- Unrealistic allocation of time.
- Doing too much for the group.
- In-fighting between different professional groups over the group.
- Apparent disinterest in the whole concept of self help.
- Bleak meeting place.
- Unwillingness by senior staff to let field workers use work time in supporting groups.
- A short time scale for results.
- Absence of a supportive network for professionals operating in this way.
- Seeing development of a group as a way of achieving another professional objective eg. competition with colleagues.
experience of caring for a dependent relative had helped her to identify with the group rather than anything she had gained through training. Students felt that placements with self help groups were more useful than theory. A social worker trained in the United States particularly commented on the value of studying political issues as part of his training: he found this theoretical knowledge useful and relevant to his work with self help groups. One can conclude from analysis of the questionnaire and the discussions held that professional training had not, in general, equipped these particular workers to be enablers of self help groups.

Could this task have been taken on by NSHGP? Four of the eleven respondents above suggested that the project should provide training. An attempt was indeed made to provide a modest input in July 1983 when a half day workshop was held at the City Hospital for a cross-section of professionals. While it was well attended, many people there had no experience of working with self help groups. It was difficult to use the time as more than an introduction. The Training Officer of the CVS commented that "while such a meeting is useful in sowing seeds, it is limited in the amount of information it can provide and in the opportunity it can create to challenge professionals' entrenched views". He felt that visits to and from groups by individual professionals were more likely to bear fruit. But there was also a clear demand for training and for a course held over a period of time which would allow the problems to be aired and dealt with in depth, not in the superficial manner that was attempted. NSHGP was not however a training agency, and as was concluded in the second year's work report, it "should not attempt to be one. Joining in other people's training efforts though was successful and enjoyable".

A comparison with North America, through discussions with a Canadian visitor to the project, revealed the extent to which this is provided through colleges in Canada and the States. Development projects like NSHGP should not feel obliged to provide training themselves but could do much to encourage local training establishments to provide it. An input, both during initial training and in-service courses, could remove some of the barriers to development listed as long as training was seen as a way of equipping workers with some community work skills. Courses which saw control of groups as a target would simply be counter-productive. The complexity of teaching such skills at the same time as students are
learning conventional professional practice should not, however, be underestimated (Gottlieb & Farquharson 1985).

The role of professionals with new self help groups

This chapter has concentrated on professional workers and their role in enabling the growth of new groups. In the wider context of support to self help groups, there are of course other roles which they can play: providing information about groups to prospective members is one. We shall turn again to the importance of this in the concluding chapters.

To return now, however, to the issue of enabling and facilitating new groups, we will look back at part of the argument put forward at the beginning of this chapter. From both the evidence collected in Nottingham and from the literature, it appears that some professional workers have a very positive attitude to self help groups. This sometimes leads to them perceiving a need for a group which would benefit their particular client group. Rather than waiting to see if a group will evolve naturally, they decide to initiate discussions about starting a group themselves. However one must conclude cautiously - as the evidence is limited - that such workers are probably a very small minority of professionals.

Their lack of experience in self help groups and knowledge about them, and the fact that their training has not equipped them with relevant skills, means that they approach a very difficult task ill prepared and often unrealistically. While they are far from wishing to undermine their own service, they are often naive about the political implications of their intervention and surprised at the change in relationship between their clients and themselves when they begin to work together in a group. For most people, however, this is a growth experience once they have got over their initial lack of confidence in themselves in a new role - and in their clients' ability to run things themselves.

The scope of this research did not permit there to be proper analysis of any relationship between style of working and level of success in groups. From my observation, however, I would suggest that 'instinctive enablers' got over their problems much more easily than either the 'enablers in principle' or 'the traditionalists'. The workers who allocated proper time to a group, or who were given it through a student placement, were also
more likely to develop a good relationship. The case studies confirm, I would contend, that professionals do have a role to play in the initial starting up of a group, as long as they follow the lines indicated in the list of factors which enable development. Where they do not, it is unlikely that a group will emerge on any permanent basis. An alternative outcome could be, as happened in one Nottingham group, that members seize control of the group themselves and reject the professional worker who brought them together. While this may have its positive side, it may be too painful an exercise to promote as a way of operating.

Finally we turn to the intervention of NSHGP with the workers. Would they have started the groups anyway? Are the groups that started better run? Can NSHGP contribute to the perceived need for more training and placement opportunities? Professionals who worked closely with NSHGP were able to approach their job more confidently and to avoid obvious pitfalls. In some cases the professional workers volunteered that the group would not have started without the project worker's support. In others, groups might well have started anyway but would probably have been professionally led, rather than self running. Not all the groups could be said, however, to be totally successful. While there are a variety of factors, not only the professional's role, that affected this, it is clear that professionals need to take a relaxed attitude to the possible success of a group. The other important issue is that of time. There is a need to set a long time scale and for willingness to continue with background support, possibly on a permanent basis. NSHGP's worker should probably have drawn this out more clearly at the very beginning of discussion with workers. The intervention of the project was more successful in reinforcing the 'instinctive enablers' than in trying to convert the 'traditionalists'. The work with those in between - the 'enablers in principle' - proved useful and significant as long as work with them continued in some depth and over a long period of time. There was general success in student placements. Students linked with new groups made useful contributions and learnt a great deal. One significant difference was, however, that in these situations people had already perceived the need themselves for a group and were prepared to start it themselves. The students' role was then nearer to that of the NSHGP worker than to the other professionals described. The contrast between the two situations is marked.
Future work with professionals

One of the constraints operating on the NSHGP worker, particularly in the second year of the project, was her lack of time. In view of this, what should be the basis for the work of the Self Help Team's (the new name of NSHGP) work with professional workers in their role as enablers with new groups? Five specific tasks have been identified:

- The continuation of an informal consultancy role. This should continue to be flexible, informal and open to anyone, but in order to make some attempt to ration the help, and avoid dependency, some time limit should be set on the consultancy.

- The team should ensure that its resources are open both directly and indirectly to the members of groups that are emerging with professional help. This will ensure that they grow in skills and have the opportunity to learn themselves from other, non-professional, self-help groups. The professional worker should not be the gatekeeper to expertise.

- The team should seek to create a network among professionals who act as enablers, to build up their skills, avoid isolation and help them to learn from each other.

- The team should encourage the establishment of training in ways in which professionals can work with self-help groups, but particularly in helping them to get going. The training, however, should not be run by the team, but should be built into professional training and in-service courses. The team should continue to create opportunities for student placements within its own work.

- A dossier of relevant information, case histories and reading lists should be prepared, and be easily available to professionals as well as, or instead of, a consultancy service.
Conclusion

It is worth noting that this aspect of work with new groups was not specified in the original objectives of the project, although it was seen as part of two objectives: it came into encouraging and supporting new groups and in promoting and understanding about self help among professional workers. It was a form of work that evolved, and the strengths and weaknesses of the project in working in this way have only been revealed through experience and through its evaluation through this action research.

We should conclude that while it was a valid and useful activity for the project to undertake, there were limitations on its effectiveness. Some of these were due to the small size of the project but more to the immense shift that will have to take place before professionals contribute significantly to the development of new self help groups. As Unell says, it is unrealistic to expect that a small voluntary agency can bring about a large-scale change in professional attitudes. More fundamental changes in the attitudes and priorities of management and in the content of professional training are probably needed (Unell 1987). But with this in mind, the Self Help Team should continue to undertake work of the kind described and analysed in this chapter, for professionals may well prove to play very important roles in the development of self help. Two examples are the way that they can prove a stimulus, as Williamson suggests, to the development of new groups (Hatch 1980), and the way they may well contribute to widening the possible membership of groups. The role of NSHGP in enabling professionals to play a greater part in the development of self help would, hence, appear to be very important. While its overall impact was small, this analysis has demonstrated the value of a local support centre in helping professionals to undertake a development role constructively.
CHAPTER 7

JOINT ACTIVITIES BETWEEN GROUPS

The specific objectives of Nottingham Self Help Groups Project were set out in detail in the introduction to this study. To summarise, the scheme aimed to support new groups; provide services; provide information about groups; promote knowledge to professionals; spread ideas between groups; and monitor work and disseminate findings. Organising joint activities was not set out as a goal of the project. It became, rather, a method of tackling a number of objectives. In particular it was felt that bringing groups together could help new groups, increase the amount of information about groups and spread ideas between them. It was not an area of work which was as carefully thought out as some other aspects of NSHGP. There was no well developed train of thought about similar activities as there was in Canada (Romeder 1982). It emerged rather more from an instinctive feeling by the project worker that this was one important way of working - and that unless activity originated from the project, nothing would be done. It was not, however, pursued unthinkingly, and like other aspects of work, it was based on several years' work carried out earlier on at the CVS.

Joint activities between groups prior to 1982

The resources and the constraints that existed at this time at NCVS will be described in Chapter 8. The organisation of joint activities initially depended on one key individual (the first development officer of the Family Welfare Committee) and three types of activity were largely due to her perception and commitment. The initiatives for which she was particularly responsible were a major day conference, the first directory of groups, and innovating the 'Self Help Centre'. Although some joint meetings continued when the focus of her work changed, no other worker could give concerted attention and time to joint self help group activities. Although reasonably successful, meetings suffered from a lack of continuity, appraisal and poor follow up to ideas that emerged. One positive attempt at improvement was made in 1980 when a social work student undertook a consultation exercise with groups, but overall not enough time was available. Working in pairs, though theoretically helpful, proved to make administration clumsy and time consuming. One piece of work which did prove useful and continue was the 'Self Help Centre', at 83 Derby Road, part of a city centre building leased
and administered by MIND, and used by four 'anonymous groups', from 1977 until MIND acquired its own premises in 1984 (Mellett in Hatch 1980). The third aspect of Mellett's pioneering work, the compiling of directories, also continued, but their impact was small due to their unattractive appearance and very limited circulation. To summarise, valuable pilot work was undertaken in the years 1977-81, but developments were limited in their impact and depended on a key worker rather than commitment on the part of the agency.

**Joint activities in 1982 and 1983**

Resources from 1982 through NSHGP were both greater in total, and enabled joint activities to be planned as an integral part of self help group support. Table 7.1 and 7.2 summarise joint activity which stemmed from the project. A comparison with earlier years makes it clear that there was, first, an increase in the actual quantity of work. Second (a personal assessment) the quality of the work improved and the worker developed skills in organising joint activities through doing them more often. Third - a point to which we shall return - joint activities in 1982 and 1983 were organised in a way which encouraged ideas for future joint action to be aired and discussed in the knowledge that a resource existed which could make them a reality.

**Joint discussion meetings**

Joint discussion meetings were chosen for particularly close analysis. This account draws heavily on data assembled through monitoring attendance and on comment forms filled in by participants. When the project began in January 1982, part of its work was planned on the assumption that groups would be interested in each other's activities, that they wished to learn from each other and that they enjoyed each other's company. It was important though not to lose sight of the fact that the loyalty and motivation of most members is to their own group. Any initiative had to recognise this as a reality, and indeed as a strength. Joint activities, it was felt, should back up groups' work, not replace it. Furthermore, there was awareness of the limited time and energy members have. It was important for most of it to go into sustaining and developing their own local work.
Table 7.1: Joint activities between self help groups in Nottingham between 1977-1983

1977-1980

One day conference (April 1977). 3 evening meetings, held at rate of one a year (1978-80)
2 issues of a small directory of groups.
A joint presentation at a national conference.
A joint presentation at a day workshop for social work students.
Renting of premises at 83 Derby Road (The Self Help Centre) to be shared by 4 groups.

1982

March 700 copies of a duplicated directory published.

June/July A series of 3 evening meetings held.
Joint diary column in the Nottingham Evening Post suggested.

October 1500 copies of a printed directory published.
22 groups took part in exhibition at CVS AGM.
First issue of "Self Help for Health" diary and feature in The Post.

November 3 evening meetings held.

December First joint talk to professionals organised by NSHGP.

1983

Throughout year 9 joint talks to professional.

January 2 x 3 week courses run by Nottingham Counselling Centre.
Suggestion made that groups have a joint building.
Victoria Centre booked for an exhibition in October.

February Suggestion made of a joint newsletter. "Good ideas sheet" sent out to groups.

March Suggestion made of a joint radio programme. Planning session for summer meetings held.
Speakers' meeting held.

April/May 6 week course run by Adult Education Centre on group work.

June 3 evening meetings held.

July Half Day training workshop on public speaking.

September Planning meeting for Victoria Centre exhibition.
Planning meeting for future joint activities.

October 3 day exhibition in Victoria Centre and County Hall reception.
Daytime course on groupwork cancelled - not enough registered.
Table 7.2: Quantitative analysis of joint activity

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Shared premises</td>
<td>1 building</td>
<td>Use continued</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 groups</td>
<td>administered by MIND</td>
<td></td>
</tr>
<tr>
<td>2. Joint discussion</td>
<td>4</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>meetings held</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Directories produced</td>
<td>2 editions</td>
<td>2 editions</td>
<td>1 edition</td>
</tr>
<tr>
<td></td>
<td>(total of 500 copies (est))</td>
<td>(total of 2200 copies)</td>
<td>(1500 copies)</td>
</tr>
<tr>
<td>4. Joint talks given</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>5. Joint diary in</td>
<td>0</td>
<td>Monthly from</td>
<td>Monthly</td>
</tr>
<tr>
<td>Nottingham Evening</td>
<td></td>
<td>October</td>
<td></td>
</tr>
<tr>
<td>Post</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Joint courses run</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>7. Joint exhibitions</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Normally, groups simply do not have the opportunity to meet as a specialised gathering of local mutual aid groups. Some national bodies have regional or national structures which enable their own local groups to meet, but this is rarely frequent or easy. For example, at the time, Anorexic Aid organised only one such meeting a year. Travel costs and geographical factors prevent some people attending such meetings. Groups operating in a metropolis, an urban area, or a rural setting face different problems. While the individuals may all suffer from the same illness, their organisational problems are likely to be very different. Such national meetings do probably help people to feel part of a particular national body and to increase links with it. They are unlikely however to offer sufficient opportunity for groups to learn from each other and give close mutual support. Evidence from a study of national organisations reveals another constraint. Richardson and Goodman (1983) describe how members of the same organisation feel inhibited in voicing their organisational problems:

"Each tends to feel that he (or she) must present his own group in the best light; it is not easy to admit that things are going less than well, particularly where responsibility for any failures are felt to lie in oneself".

Local meetings to which all self help groups in the city were invited had three aims:
- to help diminish a sense of isolation, or lack of appreciation by professionals, facing many groups;
- to give the opportunity to learn practical skills, from each other and from outsiders;
- and to enable new groups to learn from those that have been established some time.

It was not the intention to form a federation. Although this often occurs in neighbourhood community work, there was no underlying objective that this might be the outcome for self help groups in Nottingham. Meetings would not have happened, however, without the initiative being taken by the project. Here there is a marked difference with some other aspects of NSHGP's work. There was no initial consultation exercise with groups about topics or arrangements. A deliberate decision was taken - and one which could have been challenged - to organise the first series of meetings based
Analysis of replies

The questionnaires revealed the following findings:

- There was general enthusiasm for the meetings and most people attending wanted the project to run more in the future.
- Practical information was gained by most people.
- A high proportion said they benefited from contact with other groups.

A detached observer was commissioned to sit in and report her observations on the 1983 meetings. She felt people enjoyed and valued the meetings, confirming my personal impression. There were some limits however, especially in 1982:

- Only 35% said they had got ideas on how to run their group in the future.
- 25% found only part of each meeting useful.

One could deduce from this, first, that there is unlikely to be instant impact on many groups. It would seem logical that people would be unlikely to commit themselves to change when filling in a questionnaire on the spot. From results described later in this chapter, it would seem likely, however, that there was some long term impact. Second, one should be aware of the limits to common identity between groups. Third, people would not have come if they had no interest in the topic, but the relevance of the way it was put over must have varied considerably between groups and between individuals in them.

The whole question of a movement has been debated in some depth in an earlier chapter. One may rightly question, in retrospect, the validity of this question but some comments after the meetings are interesting:

"One of the great advantages of these meetings is the opportunity we have to talk to members of other groups".

"It makes you feel you are not alone".

The participants

Table 7.5 gives details of who came to the 1982 meetings. From this we learn about the pattern of attendance in one year.
<table>
<thead>
<tr>
<th>No. at meeting</th>
<th>No. who filled in questionnaire</th>
<th>No. who said meeting useful?</th>
<th>No. who gained practical information</th>
<th>No. who gained from contact with other groups</th>
<th>No. who said they got a feeling of belonging to the future</th>
<th>No. wanting project to run more events in the future</th>
<th>% Of Total Filling in Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting 1</td>
<td>50</td>
<td>36</td>
<td>26</td>
<td>0</td>
<td>10</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>Meeting 2</td>
<td>60</td>
<td>28</td>
<td>22</td>
<td>0</td>
<td>6</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>Meeting 3</td>
<td>58</td>
<td>14</td>
<td>13</td>
<td>0</td>
<td>1</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Meeting 4</td>
<td>36</td>
<td>28</td>
<td>19</td>
<td>4</td>
<td>5</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Meeting 5</td>
<td>27</td>
<td>18</td>
<td>10</td>
<td>1</td>
<td>7</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Meeting 6</td>
<td>30</td>
<td>18</td>
<td>16</td>
<td>0</td>
<td>7</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>261</strong></td>
<td><strong>142</strong></td>
<td><strong>106</strong></td>
<td><strong>5</strong></td>
<td><strong>36</strong></td>
<td><strong>107</strong></td>
<td><strong>113</strong></td>
</tr>
<tr>
<td>% Of Total</td>
<td><strong>54</strong></td>
<td><strong>75</strong></td>
<td><strong>4</strong></td>
<td><strong>25</strong></td>
<td><strong>75</strong></td>
<td><strong>80</strong></td>
<td><strong>35</strong></td>
</tr>
</tbody>
</table>
Table 7.4: View of members of self help groups about joint meetings held in 1983

<table>
<thead>
<tr>
<th>Meeting</th>
<th>No at meeting</th>
<th>No who filled in questionnaire</th>
<th>No who found meeting useful</th>
<th>No who gained practical information</th>
<th>No who gained from contact with others</th>
<th>No who got ideas on how to run groups in future</th>
<th>No who said they had a feeling of belonging to a self help movement</th>
<th>No wanting to run more events in the future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting 7</td>
<td>27</td>
<td>24</td>
<td>0</td>
<td>3</td>
<td>25</td>
<td>22</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Meeting 9</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>21</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Meeting 11</td>
<td>38</td>
<td>32</td>
<td>1</td>
<td>5</td>
<td>26</td>
<td>35</td>
<td>25</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>79</td>
<td>1</td>
<td>8</td>
<td>76</td>
<td>78</td>
<td>53</td>
<td>66</td>
</tr>
<tr>
<td>% Of Total Filling in Questionnaire</td>
<td>88</td>
<td>1</td>
<td>9</td>
<td>84</td>
<td>87</td>
<td>59</td>
<td>71</td>
<td>90</td>
</tr>
</tbody>
</table>

Note: Some comment is needed on the low percentage of returned questionnaires compared to people attending at some meetings in 1982. Some of this is due to poor organisation, and shortage of organisers, so that forms were not collected as people left. In addition, the first set of meetings had a large proportion of interested outsiders attending who felt that the questionnaires were not directed at them. Data was not collected on the number of people attending the 1983 meetings.
<table>
<thead>
<tr>
<th>Name of Group</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia Fellowship</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>National Childbirth Trust</td>
<td>X</td>
<td>I</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Motor Neurone Disease Assoc</td>
<td>X</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Crack</td>
<td>X</td>
<td>I</td>
<td>I</td>
<td>X</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Chatterbox Club</td>
<td>X</td>
<td>X</td>
<td>I</td>
<td>X</td>
<td></td>
<td></td>
<td>5</td>
</tr>
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<td>Stillbirth Association</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Parents Anonymous</td>
<td>X</td>
<td>I</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>DIN - the Tinnitus Group</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Muscular Dystrophy Group</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>Coping with Cancer</td>
<td>X</td>
<td>X</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Compassionate Dystrophy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Eczema Society</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>6</td>
</tr>
<tr>
<td>CLAPA</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>AA</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Anorexic Aid</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Alzheimer's Disease Society</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>5</td>
</tr>
<tr>
<td>Partially Sighted Society</td>
<td>X</td>
<td>I</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Combat Huntington's Chorea</td>
<td>X</td>
<td>X</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Kidney Patients Assoc</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Tuberculosis Society</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>6</td>
</tr>
<tr>
<td>Asthma Society</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>6</td>
</tr>
<tr>
<td>British Diabetic Assoc</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Over-eaters Anonymous</td>
<td>X</td>
<td>I</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>National Associal Widows</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>Mentally Handicapped Society</td>
<td>X</td>
<td>I</td>
<td>I</td>
<td>X</td>
<td>X</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Depressives Anonymous</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Gay Switchboard</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>Dyslexia Advisory Service</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>Beeston Thursday Club</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>(parents of handicapped children)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>Pre Menstrual Tension Group</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>4</td>
</tr>
<tr>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>La Leche League</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>Council of Carers</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>Stroke Support Group</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>Post Natal Illness Assoc</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>4</td>
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<tr>
<td>Total: 35</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35</td>
</tr>
</tbody>
</table>
35 groups (i.e. 47% of the 74 known groups in the city), sent one or more representatives.
- 10 groups came to five or six meetings.
- 17 groups came only once or twice.
- 39 groups did not come at all.

This too would seem to confirm the limits to common identity which groups felt they had, but also raises the question of whether the project organised meetings of interest to them. Apologies received from non-attenders reveal, however, a variety of reasons for not coming:
- illness;
- last minute let down by babysitters;
- lack of transport;
- location of meeting place;
- too many meetings close together.

It is likely too that dark winter nights prevented some people from coming to the autumn meetings.

Results
This part of the research, like other sections, was planned largely as participant observation, with the added dimension of feedback forms. There was no planned follow up study. One can, however, identify four types of results from these meetings. The first was action by individual groups, identified by them as stemming directly from what they had learnt e.g.:

- The Partially Sighted Society made front page news on the Nottingham Evening Post for three nights, and were mentioned on inside pages for a further fourteen.
- Four groups asked the Nottingham Counselling Centre for in depth courses on reflective listening, and three week courses were held in early 1983.
- The Eczema Society applied to the Social Services Committee for a grant and (after intervention by the project worker) successfully obtained one.

The second form of result affected the project itself, and had not been anticipated as clearly. The meetings gave the project worker the opportunity for personal contact with a far larger number of groups than had been possible by individual visits earlier in the year. After the June meetings, there was a significant increase in contact between the project and groups. Several groups arranged to visit the office for advice on
specific matters; a number wrote with queries and suggestions for action; some sent invitations to their meetings. The idea of the importance of a warm and friendly relationship between development worker and group seems to be validated (Richardson & Goodman 1983). The Nottingham experience shows that people could well be more likely to take up other services of the project once they had made face to face contact with the worker. These series of joint meetings proved to be a practical and economical way of using the worker's time to make this personal link. One difference from the annual events in previous years was that the groups could see there was a resource available to them, which they were encouraged to draw on after the meetings.

A third result of the meetings was more personal. The meetings added a great deal to the worker's knowledge of how groups operated. Grass roots knowledge is an important tool of a worker in this situation – advice is often much more acceptable when given as culled from other groups, rather than presented as professional expertise. The information gained from contributions of the groups was used by the worker long after the meetings, especially with new groups.

Fourth, a number of suggestions for joint action were made, some coming out of the small discussion groups:

"All self help groups should commit themselves to the idea of selling self help".

"There should be a fundraising campaign by all the groups, to get self help in general known, and to distribute money evenly".

Some of the comments made on the evaluation forms were also valuable for the future work of the project:

"I suggest we follow up the idea of groups promoting self help groups to GP's e.g. joint talks to GP's, health visitors, nurses and maybe personal distribution of the booklet".

"GP's should be in attendance to say why they are reluctant to support self help groups".

"A block advert in the paper for all self help groups".

"The self help groups themselves should organise the next seminar".

Changes that did take place owed much of their origin to the meetings and feedback from them e.g.:
- The convening of a planning meeting in March 1983.
- The involvement of members as speakers and leaders in later meetings.
- The establishment of the monthly 'Self Help Diary'.
- A pattern of talks given jointly by the project and groups to professionals.
- Plans to increase outlets for publicity material.
- Wider distribution of directories.
- A greater appreciation of the latent talents of group members which led to the idea of the Supporters' Club.

Other joint activities

Joint discussion evenings were chosen for a detailed analysis. Two other schemes provide examples of joint action, one involving some face to face contact, and the other none at all, both undertaken by the project as a direct result of the evening meetings. In the summer of 1982, discussions began with the Nottingham Evening Post about a monthly diary, which started in October of that year. Information about meetings was collated by the same volunteer who already helped with compiling the directory. The worker wrote a short article about an individual group, in co-operation with members and the Evening Post published it all free of charge. The impact of this type of publicity is not easy to quantify. Its importance, however, lay not only in actually getting more members to meetings, but also in enabling groups to be more visible and accessible. An additional, unplanned benefit, that of inspiring potential initiators of groups, was noted earlier.

A second, one-off, project was also inspired by the evaluation of the evening meetings, though this time it was the worker's idea not the groups'. In October 1983 a three day exhibition of the work of 23 self help groups was held in the Victoria shopping centre, and the chairman of the county council, who opened it, gave a reception at County Hall to mark the occasion. It required a much larger amount of time from the worker (and even more from her secretary) than the Evening Post diary. My research diary usefully reveals what I then thought about NSHGP's intervention. I identified seven important aspects of the exhibition.

- It provided access to an exhibition space for gay groups which had previously been denied by the shopping centre's management.
- NSHGP relieved groups of all administrative work.
- It provided practical resources eg. display boards.
- It co-ordinated displays to some extent, in providing headings with the agreed theme: 'Self Help Works!'.
- Some training was offered through one of the June meetings and the Boots Company.
- Some groups were able to display large photos with the help of a volunteer photographer found by the project.
- The exhibition gave an opportunity for groups to work together to promote the whole idea of self help, though in practice each display was separate.

The diary goes on to record the undoubted success of the exhibition. The practical results, and the limits to what was achieved were summarised in a report based on group questionnaires. It showed comparatively little recruitment of members but welcome general publicity and increased status. My own assessment at the time records additional benefits.

- Cross-fertilisation of knowledge between groups:
- Sharing of skills.
- Confidence building.
- Feeling of belonging to a self help family.
- A positive image of self help.
- Acquisition of material for use at later displays.
- Links with local authorities.

The diary concludes that while the infrastructure undoubtedly needed to be provided by the project, with better forward planning, its staff need not have done as much as was actually undertaken. Groups members proved to have expertise, enthusiasm and time to give a one-off project like this.

The role of NSHGP

The two other types of work already described, helping new groups and working with professionals, were largely reactive, or, if not, they had value through sowing seeds rather than immediately changing practice. The role of NSHGP in joint activities between groups depended much more on the initiative being taken by the project. No-one else was likely to organise any of the three schemes described. Changes were made over the two years. Evaluation enabled me to see how groups themselves could usefully become involved in both planning and running meetings. It became clear, however, that there were limits both to the time that the project could devote and...
to the commitment and interest groups gave to doing things together. A relaxed attitude to numbers actually attending meetings developed. Quality rather than quantity became the aim.

One point can usefully be highlighted. It needed opportunities for groups to come together before common problems and issues which the project could pursue could be identified. The need for more publicity is an obvious example. While the joint meetings had their limits, they established that the project had a role in innovating and organising joint activity. As the Canadian experience confirms, without a resource which can actually make things happen, self help groups, however committed to working together, are unlikely to do so alone (Romeder 1982). The project began by taking the initiative, but the assessment of results and feedback enabled the approach to be more responsive than directive in the second, and subsequent, years.

Conclusion

The volume of work in this area increased substantially through the contribution of Nottingham Self Help Groups Project. Attendance and involvement by groups showed that the worker's guess that groups would take part in joint activities and gain from them was a correct assessment. The project's involvement also enabled there to be interweaving with other aspects of the work in a way that had not been possible when there had only been the occasional meeting. Enthusiasm for the idea, and numbers attending did, however, lead the worker to extend her work somewhat too rapidly in the first year, as the much lower attendance at the autumn series of meetings shows. While groups did join in, the limits to their involvement were clear.

Unplanned results of these activities can also be noted: the better use of the worker's limited time; the increased close personal contacts and subsequent opportunities for support to groups; and the influence of joint meetings on aspects of the project's work in publicity. While some caution is necessary in this area of work, immense possibilities would have been lost if the project had taken less of an initiative. Monitoring and evaluation enabled there to be changes in the way the original idea was pursued and a number of successful and popular schemes to start which could
well not have been taken on, or even thought of. Waiting for some other organisation, local or national, to take the initiative would, one suspects, have meant no action at all. NSHGP's role was apt and fruitful.
CHAPTER 8

NATIONAL AND LOCAL: AN EXAMINATION OF THE CONTEXT
IN WHICH NSHGP WAS WORKING

We come now to the final chapter of this section. In the first three chapters (5, 6 and 7) specific aspects of the work of the project have been discussed in some depth. Some of this analysis has touched on the work of agencies other than NSHGP with self help groups - statutory agencies provide one example. It would seem important, however, to step back and examine the broad context in which NSHGP was working and look at its relationships with other organisations. This chapter is devoted to the following:

- the establishment of a baseline, through a retrospective analysis of local help for self help groups before 1982;

- a review of what local help, other than NSHGP, was given to groups during 1982-3;

- a discussion of the role of the project in its relationship to other local organisations;

- an examination of the degree of interest in self help groups by national umbrella organisations; and

- discussion and conclusions on the availability - and appropriateness - of help from national self help organisations to their local branches.

To help steer the discussion, some guiding questions may be posed. Were self help groups served sufficiently through drawing on the resources generally available at NCVS and elsewhere in the years preceding 1982? After NSHGP began, did it become their sole source of help, or did other local organisations also provide support? And, if so, what was the relationship and policy of the project towards other local bodies? Turning to the national scene, the growth of specialist national self help organisations and the increase in number of local branches has already been noted. Was this, first, accompanied by a parallel 'self help dimension' in
national umbrella organisations? Second, did this growth remove the need for Nottingham Self Help Groups Project?

Support before 1982

If this study had aimed to be largely a comparative examination, contrasting help before the project began and during its first two years, then this subject would, appropriately, have been given more prominence. This research, however, is much more an unfolding of the story of the two years' work. It was only as work progressed that the strengths and limits of the previous pattern of help emerged. Hence there was a deliberate decision to place discussion of a base line here in the middle of the thesis, rather than at the beginning. It also reflects the importance of continuing relationships rather than establishing brand new links that was a feature of the project's contacts with other bodies.

Support from NCVS

The years before NSHGP was established were not easy ones for the Nottingham Council for Voluntary Service. It suffered in particular from a lack of strong leadership. Despite this, dedicated and talented individual staff members undertook significant pieces of work. Three separate section of the CVS were involved: the Family Welfare Committee, the Social Work Training Unit and core CVS through its development officer.

The Family Welfare Committee (which changed its name to the Nottingham Counselling Centre (NCC) in 1978), appointed its first development officer in 1975. Her work has been referred to already. In brief, she supported new groups in the mental health field, established a centre for meeting rooms, produced a directory and organised a large day conference for professional workers and groups in April 1977 (Hatch 1980; NCVS 1978). Her work began to attract national interest (Hatch 1980). She had some help from the Social Work Training Officer, who also placed a small number of students with groups and undertook some research on professionals' views (Brimelow & Wilson 1982b). With the Family Welfare Committee's move, in 1978, to focus on counselling, their development officer's role changed to direct counselling. While technically retaining a brief to support groups in the mental health field and to work with the CVS development officer on joint events, her time and energies were largely used elsewhere.
The brief of the CVS development officer, a new post which I held from 1976, included work with self help groups, initially some of this being joint work with NCC. While the original development officer for the NCC was still in post, this worked reasonably well. On her departure, the link weakened, and neither of her successors had either her charisma and talent, nor a personal interest in the development of self help groups. Co-operation with NCC was reduced to an occasional session for keeping in touch. The Social Work Training Officer too was replaced in 1978, and her successor, while interested in individual student placements did not undertake any development work in the self help field.

The work of the CVS development officer had some limited impact on self help groups. The partnership with colleagues described above undoubtedly acted as a trigger for action and provided an introduction to the skills needed. The development officer job was, however, for only 20 hours a week, and included a wide range of other responsibilities summarised in Table 8.1. It is difficult to estimate how many hours a week were spent on self help group work, but a look at other responsibilities carried, particularly in 1981, reveals that only a relatively modest proportion of the part time job was used in this way. A number of CVS at this time were appointing development officers to their staff. A normal part of their brief was to offer support to voluntary groups outside the CVS umbrella, not only to projects developing within it. What seems to have been an unusual feature of the post in Nottingham is that it came to include health orientated self help groups as an important part of the work. It was this that led to national recognition of this type of CVS development work through an invitation to participate in the Home Office sponsored conference on the development of local voluntary action (Griffiths 1981).

An analysis of the work before 1982 reveals several productive ways of working:

- support to new groups;
- joint meetings;
- a directory of groups;
- links with the media;
- links with professional workers;
- training for professional workers.
Table 8.1: An analysis of work with self help groups by the NCVS Development Officer in 1980 and 1981 and an indication of other responsibilities

<table>
<thead>
<tr>
<th>Self Help Group work by month</th>
<th>1980</th>
<th>1981</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Link meeting with Counselling Centre</td>
<td>Talk at Bulwell Community Forum. Visit to new Hucknall asthma group.</td>
</tr>
<tr>
<td>February</td>
<td>Planning meetings for June events. Visit by interested probation student.</td>
<td>Consultation exercise re NSHGP. Planning for May Workshop.</td>
</tr>
<tr>
<td>March</td>
<td>Coping with Cancer group initiated.</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>Work with Coping with Cancer</td>
<td>Workshop for professionals. DHA meeting re NSHGP.</td>
</tr>
<tr>
<td>May</td>
<td>Work with Coping with Cancer</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>On panel of Radio Nottingham 'Who Cares' programme. Joint evening meetings of groups.</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>Talk at meeting of SSD Area Directors</td>
<td>Discussion with HV specialising in handicap</td>
</tr>
<tr>
<td>August</td>
<td></td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>Talk at SSD Area Team. Meeting with Christiane Deneke (International clearing house)</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>2 talks: HVs and Hospital soc. workers. Social work students from Poly planning seminar. First informal discussions re NSHGP.</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>Talk at lunch club. Discussions with HV over new asthma group.</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>Seminar with Poly students. Seminar at Mapperley Hospital.</td>
<td></td>
</tr>
<tr>
<td>Other responsibilities during the year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1980
- Bulwell Toy Library.
- Community Facilities Liaison Committee.
- Neighbourhood group directory and other info. work.
- Visits to lunch clubs.
- Planning International Year of Disabled People (IYDP).

1981
- TYDP chairman.
- Victims Support Scheme.
- CFLC.
- Neighbourhood work.
- County wide day workshop on fund raising.
- National CVS conference.
- Acting General Secretary of CVS (6 months).
Seeing the value of these forms of intervention was one of the factors which led to the idea of a specialised project for self help groups. Pilot work at the CVS certainly proved an important influence on its formation.

The limits to NCVS work

There were undoubtedly, however, limits on its effectiveness. One came from the sheer lack of resources. Not only were the hours of the part time post of development officer inadequate, but internal problems at CVS which diverted energy away from actual work, culminated in the dismissal of the General Secretary in the summer of 1981. From then till the end of the year, the development officer post had to be combined with that of acting general secretary. The momentum that been building up could then have been lost. Support from three sources outside NCVS helped prevent this from happening. They all confirmed the need for a specialist resource for self help groups. Christiane Deneke, from the International Clearing House on Self Help in Hamburg, encouraged development of the work through a visit. The Swanwick conference gave opportunities for discussion with national contacts. Locally, the administrator of the health authority and the secretary of the South Nottingham Community Health Council backed up the idea with the offer of resources and encouragement. Without these links, the pioneering work from 1975 onwards could well have withered away. For it then depended on individual pioneers and their personal commitment. The CVS as an agency generally made room for it to happen, but the concept of specialised support for self help groups was not institutionalised till the project was well established. There was, too, one further limit: that of lack of continuity and interweaving between different aspects of the work. This became an important facet of NSHGP's work, but was not possible in these pilot years.

Support from other local agencies

There were agencies in the city other than the CVS which were sympathetic to self help groups, but none provided support to the same extent. Table 8.2 summarises the position. The information presented is based on my personal assessment of information obtained through my jobs as both development officer and acting general secretary.
Table 8.2: To show local agencies sympathetic to self help groups before 1982

<table>
<thead>
<tr>
<th>Agency</th>
<th>Estimated level of resources available to self help groups</th>
<th>Est. appropriateness of services to self help groups</th>
<th>Est. level of publicity of service/existence of agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>N Nottm Community Health Council</td>
<td>Low</td>
<td>Low</td>
<td>Med</td>
</tr>
<tr>
<td>South Nottm C H C</td>
<td>Med</td>
<td>Low</td>
<td>Med</td>
</tr>
<tr>
<td>118 Resource Centre</td>
<td>Med</td>
<td>Med</td>
<td>Med</td>
</tr>
<tr>
<td>MIND</td>
<td>Med</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Marriage Guidance Council</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Nottingham Community Project (NCP)</td>
<td>Med</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Radio Stations</td>
<td>Low</td>
<td>Med</td>
<td>High</td>
</tr>
<tr>
<td>Local Papers</td>
<td>Low</td>
<td>Med</td>
<td>Med</td>
</tr>
<tr>
<td>Clergy</td>
<td>Med</td>
<td>Med</td>
<td>Low</td>
</tr>
<tr>
<td>Professional Workers</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
</tbody>
</table>
The limits of other agencies

Goodwill towards groups is essential if an agency is going to be useful to them. By itself it is not enough. An agency also needs to have sufficient resources available to make its work with groups effective; its services must be organised in such a way that they are relevant to the needs of this particular type of group, and it must publicise its availability so that groups know that they can approach the agency for help. Table 8.2 indicates a limited pattern of support. Some agencies with a wider brief like the CHC's and NCP chose, I would suggest, to use their resources in other areas of work. Some, like MIND, had no paid staff at the time, which substantially reduced their effectiveness. Others needed an intermediary to enable their potential role to develop e.g. local radio stations. The consultation exercise undertaken by NCVS at the request of the health authority before an application for grant aid was formulated provided further evidence. It too confirmed that a gap in services existed.

Summary

In conclusion, before 1982 there was no agency other than the CVS in Nottingham providing a reasonable level of support to self help groups, or setting out to provide support as an obvious part of their service. There was goodwill but support was either low in quantity, inappropriate to the needs of the groups, or simply not publicised. The pilot work and the consultation exercise did, however, reveal the existence of services in local agencies which were available to groups and alerted the worker to the potential there could be in developing relationships with them. The CVS piloted a new way of working but did not provide a systematic service of support to self help groups. Evidence suggests that it is easy for such work to become engulfed by other demands (Unell & Vincent 1985). An agency like a CVS, in a large town or city cannot, one may argue, hope to provide an effective service of support to new groups without both commitment from the organisation and some specialised resources.

Support from local agencies in 1982 and 1983

Support to new groups

Chapter 5 showed that groups that got going benefited from sources of help in addition to that given by the project itself. The organisations or people that were known to have given help to one or more new groups are
listed in Table 8.3. While it was not possible to quantify the amount of help and there was great variety between the groups, one may conclude that new groups received a substantial amount of help from sources other than NSHGP.

Table 8.3  Local organisations or individuals who gave help to new self help groups in 1982 and 1983.

<table>
<thead>
<tr>
<th>Health education unit</th>
<th>Community Centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital social workers</td>
<td>Women's Centre</td>
</tr>
<tr>
<td>Specialist social workers</td>
<td>TXRX</td>
</tr>
<tr>
<td>Hospital medical &amp; nursing staff</td>
<td>Radio Trent Careline</td>
</tr>
<tr>
<td>Health visitors</td>
<td>Disaprint newsletter</td>
</tr>
<tr>
<td>Dietician</td>
<td>Nottingham Trader</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>Nottingham Evening Post</td>
</tr>
<tr>
<td>Pre-School Counsellor</td>
<td>DIAL</td>
</tr>
<tr>
<td>SSD (grant giving section)</td>
<td>FPA</td>
</tr>
<tr>
<td>Medical Rehabilitation Unit</td>
<td>Marriage Guidance Council</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>118 Workshop</td>
</tr>
<tr>
<td>GP</td>
<td>Arts &amp; Crafts Centre</td>
</tr>
<tr>
<td>Health Centres</td>
<td>Churches</td>
</tr>
<tr>
<td>Libraries</td>
<td>Homestart</td>
</tr>
<tr>
<td>CHC</td>
<td>Counselling Centre</td>
</tr>
<tr>
<td>College of FE</td>
<td>NCVS</td>
</tr>
<tr>
<td>Comprehensive School</td>
<td>British Legion</td>
</tr>
<tr>
<td>Nottm. Vol. Transport</td>
<td>Local playgroup</td>
</tr>
<tr>
<td></td>
<td>Other self help groups</td>
</tr>
</tbody>
</table>

Support to unsuccessful new initiatives
A deliberate decision was taken not to spend time on analysing groups which did not get going. My personal assessment would be, however, that they had relatively little outside help. Could this be one reason for their lack of success? The personalities and other commitments of initiators themselves may have been equally important but it is clear that it takes time for an embryo group to build up a network of support. In a substantial number of these unproductive attempts to start groups, the initiative petered out long before this network could be in operation.
Changes in work methods

NSHGP was set up to provide, among other services, direct support to new groups, but the project never aimed to give all the support itself. From the very beginning, as CVS development officer, I came equipped with knowledge about other local services. I quickly discovered the need to facilitate the link between them and a new group and as the project continued, the importance of this method of work emerged as even more important. Evaluation of this aspect of work identified two successful ways of working: 'signposting' and 'introducing'. 'Signposting' implied the provision of names, addresses and telephone numbers and an indication of the sort of help that could be found. It was then up to the group whether they took up the service, or when they did. Sometimes, however, it was felt appropriate to take on a different role, that of actually making the link between an agency and the new groups i.e. 'introducing'. This role was sometimes felt necessary in order to bridge the confidence gap - initiators were often loath to make the very first contact. At other times the introduction met the need to give credibility to a new initiative before it could gain easy access to resources.

Further changes took place in the second year, as pressure on the project worker grew. There was more signposting and fewer introductions. The publication of the Starterpack and the content of some of the joint meetings both stemmed from an identified need to equip people with information about sources of help, and how they could make best use of them. In-depth work with new groups was not nearly so practicable in the second half of 1983. This may have led to situations where introductions would have been the best method but signposting was all that was offered.

New groups rarely worked in isolation from other agencies. Links with such resources were either forged through an initial introduction by NSHGP, or developed by the group itself. As time went on, the vital importance of a range of help became even more apparent and greater emphasis was put on the role of linking groups with other resources. In part, this freed the worker to concentrate on new demands from other groups but it also appeared to be welcomed by the groups themselves. This quotation from the 1984 survey of groups is typical:
"The link it (the project) gives between you and other bodies, professionals etc is invaluable".

**Support to established groups**

Signposting, as we have seen, was not always appropriate for a new group lacking credibility or whose members suffered from a lack of confidence. Established groups, however, were often happy just to be given information, and to pursue sources of help themselves - introductions proved to be less necessary. The range of enquiries made by established groups to NSHGP was very wide. While some of the answers and help were given by the project worker, the same principle of working by linking groups with other sources of help was adopted as with new groups.

One of the problems for small voluntary groups is where to start when looking for help. The generalist nature of support available from NSHGP seemed useful. Groups appeared to know that the project did not provide everything, but by the end of the second year, many saw it as a first port of call for an enquiry. The question "Why is it important that the project exists?" in the 1983 questionnaire confirmed that many groups saw this function as very important. Two quotations demonstrate this:

"Sometimes before (the project began), we did not know where to make certain contacts".

"It gives access to support and advice".

And a 'phone call from a group began with, "When in doubt, ask Judy Wilson". Signposting, as long as it was efficient, appeared to meet many of the needs of established groups. Introductions were less frequently done, and then often quietly in the background to facilitate the group's own approach.

Work with established groups, it would appear, also benefited from this evolving policy of informing and linking people with other sources of help and was appreciated by the groups themselves. My own guide to running a self help group (Wilson 1986b) has as an underlying theme that effectiveness can be increased by the building of a local network of support and contacts. It was also a non-invasive role for the project. The uneasiness felt by other members of the Self Help Team about work with
established groups is a valid concern about a sensitive area of work (Unell 1987). Equipping them with information but letting them make decisions about taking action avoids this very real problem of potential intrusion and colonisation.

**Changes in relationship with other organisations**

NSHGP began as an experiment. While it was welcomed locally from the start, the project could not immediately claim the status of honest broker and aim to influence other organisations. But surprisingly soon — indeed within the first three months — the role of broker became increasingly possible, and important. This was encouraged by the groups: "You make us credible" said one in March 1982. It became apparent that NSHGP was in a strong position to undertake two roles, one pro-active and the other responsive. The task overall was to make services of other agencies more appropriate to the needs of self-help groups and to increase the total amount of support available to groups. The active role involved seeking out agencies who were already sympathetic and getting them to change the way they delivered their service. The more passive, responsive role involved responding to people who had themselves identified their limitations. They were either unsure of how they could best overcome constraints, or they wanted support in influencing their superiors.

The active role is illustrated by two developments: the initiation of the monthly Self Help Diary in the Nottingham Evening Post and a change in rules by the Family Practitioner Committee. The FPC had earlier withdrawn an arrangement to mail out literature from voluntary groups to GP's. A new agreement was reached that they would mail out the directory and so benefit a wide range of groups. The responsive role is demonstrated by reacting positively to a request to initiate seminars at the Medical School in October 1983, and assisting the warden of the International Community Centre in his campaign to upgrade the standard of meeting rooms. Evaluation of the project enabled me to see the benefits of this type of action and increased my self confidence that I had the status and credibility to undertake this brokerage role.

The importance of local resources led to a major change in the project's aims. At the start of 1984 a seventh aim was added to the original six: "To open up resources available to self help groups". Without the analysis of
the work through this research exercise this change might well not have been made.

A flexible approach was particularly important as one further issue became apparent. The project was set up as a city wide resource, planned initially largely to meet the needs of issue based groups drawing their membership from the whole city. As it continued, it became evident that people in a small, but growing, proportion of groups wanted to form their group around both a neighbourhood and an issue. It became then less important to build up the project as a practical resource centre, and more crucial to identify and work with locally based agencies. Some work began in improving contact with small volunteer bureaux and CVS in the areas surrounding Nottingham during the research period, but it was only in later years that this was adopted as policy. During 1982 and 1983 there was growing realisation of a trend; appreciation of a central based project's limits; and identification of local organisations who could be helpful.

Summary

The policy basic to the project from its inception - that of never aiming to be the sole source of help for groups - would appear to have been the correct one to adopt. As the scheme progressed, the importance of links between groups and other potential sources of help, through 'signposting' and 'introducing', became increasingly recognised and higher priority was given to developing these. A further change was in the degree of confidence felt by the project worker in her honest broker role. The vote of confidence which people felt the project gave them was an intangible form of support which appeared to be very important. By enlarging and reinforcing the range of help from other agencies, the project succeeded in increasing this vote of confidence. The combination of welcome and practical help from agencies other than the project contributed to an enhanced atmosphere in the city in which self help groups could flourish. As a result of the project's work a multiplier effect was achieved. If all the resources had been centred on its base, or less emphasis put on developing links, the total pattern of support and encouragement would have been very much less.
The national picture

There has been one modest attempt to document the national scene in the UK - Levy's 1979 survey of national 'mutual support groups'. It clearly demonstrated growth in their number in the 60's and 70's (Levy 1982). A more recent estimate puts the number of national self help organisations in the UK at over one thousand (Vincent & Webb). The first question to be posed is whether this growth was accompanied by a parallel increase in national umbrella organisations' interest in self help. The Volunteer Centre (VC) had opened up the subject for discussion by publication of an article by a member of its staff in 'Involve' (Johnston 1981). The Centre convened a day consultation on self help in Nottingham in March 1983, but the introduction of community education to the day clouded the issue, and the large number of researchers present failed to put forward ideas on a national policy. It looked likely that the Centre would take work further when self help was suggested as an area for priority in the 1984-86 plan. There was interest by some board members, including myself, but others argued for no new pieces of work to be undertaken and it was not included in the priority list in the final version of the plan. It was only when the availability of DHSS money was announced in July 1984, ie. after the end of the research period, that the VC moved to allocate senior staff time to self help group work. Demonstrated here is perhaps the limitations of lay members of a board of governors in effectively changing policy priorities in a somewhat sluggish national body as much as lack of interest in self help.

The National Council of Voluntary Organisations (NCVO) had, as one would expect, a large number of self help organisations in membership. It published as part of its 'Briefing' series an article on the work of NSHGP (Wilson 1983c) but NCVO only became aware of its own potential when approached by Ann Richardson and myself in November 1983. NCVO's attitude was positive, and its response relatively swift. The National Self Help Support Centre, a small national resource and linking body began work in early 1986. NCVO's interest was also stimulated further by the availability of government money in 1984 and it played an important role, with the VC, in setting up the 'Self Help Alliance' to process it.
A quite different development appeared in April 1983 when the College of Health was floated at a meeting at the House of Lords. Initially called the 'College of Patients', it was launched quickly with the publication of its journal 'Self-Health' in September of the same year. Aimed more at individuals rather than organisations, its brief included the promotion of self care and self help groups. Its limitations were partly those of a national body operating from a national base outwards, perhaps artificially attempting to stimulate a movement, and partly those inherent in a middle class organisation. Michael Young, one of its founders, pointed out, however, that the Consumers' Association combined middle class membership with altruism and, like CA, the College of Health might reasonably hope to change attitudes toward patients and their lot in some small way. By 1987, its future was still not totally clear. Membership had grown to 10,000 but financial difficulties had led to amalgamation with the Consumers' Association.

Summary

In summary, the number of self help organisations and their local branches was large but there was no network between them and limited interest by national umbrella bodies. Attempts to trigger off national development through the VC failed. It was not until NCVO responded to a personal initiative and the government offered money for a scheme promoting local development that national bodies took the lead.

National involvement at local level

The final question posed at the beginning of this chapter, it will be recalled, raised the issue of whether a local project like NSHGP was needed if national self help organisations had become so numerous. Could it not be said that their growth removed the need for a local support project? Pilot work at the CVS had revealed, however, that first, a relevant national body did not always exist, and, second, they themselves needed help from a local organisation. The potential need for a resource to fill the gap and complement a national input was one reason for establishing NSHGP. However, an analysis of the relationship between the project and national bodies with local branches reveals that the issues did not relate solely to resources - attitudes and policy emerged as important too.
But first, let us consider the pattern of development. An examination of the 46 new groups, or potential groups, discussed in some depth in Chapter 5 revealed that only ten, i.e. less than a quarter, had national links. Moreover, two of these ten initiatives were locally based national developments. In the other 36 cases, there were either no national links at all, or it came much later on when the group was established. If one looks at the total picture of support available to new groups, NSHGP and other local bodies emerge as the main providers.

Table 8.4 summarises the pattern of relationships and the role that the national body played. NSHGP did make a contribution toward the groups' development in these eight cases. While the small number involved makes it difficult to draw firm conclusions, some pattern does emerge - first was the complementary role of a local agency to that of a national specialist body. "One of my main problems is the lack of local back up services", said one national development officer. In all cases, this role of NSHGP was appreciated and welcomed. The extent of the partnership ranged from a complete handing over of support, to the retaining of most of the control of development in national headquarters. The period of partnership was usually only for a few months while the group was being planned and established. Thereafter the link was between the local branch and the parent body.

Second, NSHGP sometimes facilitated the making of this link in the first place. For example, addresses were found and a 'phone provided to make a long distance call, or an initial subscription to an information service was paid for.

Third, groups clearly welcomed services which could not be provided by the national body: meeting rooms and student placements, for example. Other services, such as typing, and links with local radio were sometimes provided by the national organisation and sometimes by NSHGP.

Moving on from practical matters, a fourth role emerged in the second year: that of protector of a small embryo. It first became necessary through work with the Migraine Group. People starting groups are often lacking in experience, need to move at their own pace and develop skills and confidence. I see this as part of the 'self help process'. In three of the
Table 8.4: To show interweaving of links between new local group, national organisation and NSHGP

<table>
<thead>
<tr>
<th>Link with national organisation</th>
<th>Between NSHGP &amp; nat org</th>
<th>Between group &amp; nat org</th>
<th>Summary of contact between national organisation, local group and NSHGP</th>
<th>Estimated level of satisfaction by group with national support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's Disease Society</td>
<td>X</td>
<td>X</td>
<td>Area secretary (vol. committee member) first initiator-close supportive relationship: link with nat. body developed by group</td>
<td>Medium</td>
</tr>
<tr>
<td>Partially Sighted Society</td>
<td>X</td>
<td>X</td>
<td>Paid national sec. initiated contact; he spoke at inaugural meeting; gave some back up; tried to control one development.</td>
<td>Low</td>
</tr>
<tr>
<td>Trans release</td>
<td>X</td>
<td></td>
<td>Small national organisation - supported and encouraged initiator informally.</td>
<td>Not known</td>
</tr>
<tr>
<td>Migraine</td>
<td>X</td>
<td>X</td>
<td>Paid organiser attempted take over - NSHGP protected embryo group; gave address list; finally resulted in helpful support.</td>
<td>Low leading to medium</td>
</tr>
<tr>
<td>* Supertwins</td>
<td>X</td>
<td>X</td>
<td>National sec. lived locally; NSHGP supported first national meeting.</td>
<td>Medium</td>
</tr>
<tr>
<td>Backpain</td>
<td>X</td>
<td>X</td>
<td>Unpaid national sec. supported, visited, spoke at inaugural meeting; NSHGP protected embryo group; limited links later.</td>
<td>Low</td>
</tr>
<tr>
<td>* MOPA (Myositis Osificans Progressiva Association)</td>
<td>X</td>
<td></td>
<td>Initiator lived locally; NSHGP supported his attempts to create national network</td>
<td>No national body</td>
</tr>
<tr>
<td>Action for Epilepsy</td>
<td>X</td>
<td>X</td>
<td>Nat. org. and Derby branch main initiators, NSHGP v small role Partnership welcomed in theory but uneasy in practice. Nat. org. spoke and controlled first meetings.</td>
<td>Medium</td>
</tr>
<tr>
<td>Stop smoking</td>
<td>X</td>
<td></td>
<td>ASH sowed original idea of group 3 years previously; information back up.</td>
<td>Medium</td>
</tr>
<tr>
<td>Infertility</td>
<td>X</td>
<td></td>
<td>Information and encouragement. This group only at very early stage at end of research period.</td>
<td>Medium</td>
</tr>
</tbody>
</table>

* Indicates national development with a local initiator
eight developments, the national organisers involved seemed not to recognise this: they dominated meetings, demanded fund raising as a priority, tried to impose formal structures, pushed national priorities and failed to see how they were acting counter-productively. In the case of both the Migraine Group and the Back Pain Association, the project worker intervened to protect the nucleus of new members from this heavy handed approach, and with success. In the third case, that of Action for Epilepsy, the intervention was less aggressive and failed, largely because a personal relationship had not been built up between the project and a nucleus of local people.

The fifth role, which complemented the fourth, was that of neutral listener when there was a clash between the national body and the local group. Sympathetic but detached help in talking through relationships often proved useful.

A final, sixth role of NSHGP was to fill a less obvious gap. Some national bodies offered links with other local branches on a national or regional basis, but rarely were these frequent or accessible enough to meet the needs of new local groups. People needed to meet other people face to face, in the same situation. The sixth contribution by NSHGP was to link them with other Nottingham self help groups, not based on the same issue, through joint meetings, exhibitions and courses.

The limits to support by a national organisation

"He's a dead letter office. I feel we belong more to you than to them". This comment from the Partially Sighted Society secretary shows the exasperation felt by some local groups about their parent body, illustrated too by Richardson and Goodman (1983). The frequency of complaints by Nottingham groups made one question the priority that was generally given to supporting local branches. To take this further, an examination of the annual reports of ten national self help organisations was undertaken. These were selected from the library at NCVO. The sample is too small for firm conclusions to be drawn, but the following points emerged:

- organisations usually had a small staff;
- they operated largely from a London or South of England base;
they were overworked, and often had to do many other jobs as well as support local groups;
- they looked to local groups to fund raise for the national body, rather than vice versa;
- and they were more concerned with national campaigns and research than with mutual support.

This would seem to indicate severe limitations to the provision of local support from a national base.

Richardson and Goodman's research (1983) would appear to endorse this view. "Staff were often seen to be too distant to appreciate the problems at local level and there was undoubtedly some resentment that they were paid". Poor relations, in their view, were often exacerbated by questions of money. The whole issue of relationships between national bodies and local groups is beyond the scope of this thesis, but the tension between them is referred to not only in Richardson's work, but also in Johnston's article (1981) and in an account of Gingerbread by Kaufmann (ed Hatch 1980). The pattern of relationships is of course by no means always the same. Some national bodies see themselves as the contact point for a loose federation, with groups using services as and when they wish. Others have a very formal, controlling structure, especially when they are registered charities and local branches are taking advantage of charitable status. Such a status can be counter-productive, especially - as we have seen - when groups are just beginning. The whole question of group organisation and structure - one worthy of further attention - has been discussed by Vincent (1986). It would seem that assumptions are often made that self help groups need the same pattern as other voluntary organisations, but this is not necessarily so. From my limited experience I would suggest that greater flexibility and opportunities for local autonomy would be better for self help group development.

If national bodies are realistic about the limitations of their support to local initiatives from a national base, then it is easier to see the very useful ways in which national bodies can back up local developments. A detailed look at this too is outside the scope of this account, but the following ways of giving support would seem to be very useful to local groups, both as they begin and in their later life:
address lists of local interested people and members;
- well produced literature, publicity material and journals;
- charitable status;
- speakers at formal meetings;
- links with groups in the same region.

If resources permit, more concentrated development work can also be most useful, such as that undertaken by the National Council for Carers and their Elderly Dependents (Richardson & Goodman 1983). Richardson and Goodman also remind us however, of the essentially local nature of self help groups and their limited horizons. National organisations need to offer help with this in mind.

Factors which contribute to a fruitful partnership

The developments reviewed in this chapter have concentrated on relationships between three bodies: a nucleus of local people who want to start a new group; a local generalist resource agency; and a national specialist body. One may suggest certain factors contribute to a fruitful partnership. Five are of particular note. First, a common approach by national and local supporters to the embryo group is helpful. If workers see their roles as enabling local people to start and run their own group in their own way, partnership is much more possible and tension minimized. Agencies should not be vying for control of the groups or ownership of its members.

There needs, second, to be knowledge and appreciation of each other's resources and skills. The national officer quoted earlier who expressed his need for local support did not, in fact, know how to use it once it was available. Local resource agencies need to brief themselves about national bodies and their varying size and resources. National organisations in their turn, would benefit from more understanding of agencies such as NSHGP, or indeed CVS generally.

The third factor is one in short supply: time. Partnership becomes much more productive if time can be taken getting to know each other, planning together and allowing a long time scale for development.
A fourth point relates to local initiators of self help groups, who vary in their ability to understand and use sources of help. Where a local key person is sufficiently aware and experienced enough to appreciate the differing types of help, and use them constructively, then partnership between the three can work well.

Fifth, one would reiterate the need for a community work approach, for flexibility and non-directiveness, as suggested by Hatch and Kickbusch (1983). Their recommendations were for application to local resource centres, but could usefully be applied also to the development of healthy partnership between local and national support agencies.

**Summary**

For a majority of new groups monitored in this research, there was no choice. No national body existed to meet their needs, or they only got to hear about it as they became established. Local support was essential for them - NSHGP was not superfluous. Where national bodies did exist, the project played a role alongside the national organisation. Groups which were backed nationally and by NSHGP received a greater total amount of support than they would have done otherwise.

**Conclusion**

NSHGP was only one small resource in a large city. While its specialist role was needed, the project could not hope to provide all that groups required. It proved to have a potentially much more important role as catalyst and in linking people with sources of help. One may conclude that self help support projects must see themselves as part of a local pattern of support. Time spent on getting to know other agencies and individuals within them is time well used. Projects can act as more than a link, they may also innovate, influence and change the way services are delivered and the quantity that is available. They can be confident in their role as advocates of self help groups.

The national scene is more difficult to assess. Relationships with national bodies were less important than with local ones. Where they did exist, attitudes and philosophy were revealed as important. NSHGP's intervention was based on the values of community development. Its role was an enabling
one, seeing groups as needing to develop at their own pace and in their own
direction. In two particular cases when the worker came into conflict with
the national parent body, whose values were very different, she was able to
protect the embryo group from an inappropriate national intervention. This
action stemmed from the distilling of the experience of the first year's
work and a strong belief in helping people achieve what they wanted, rather
than promoting an empire.

It was these two value bases - simplified as community development and
'flags on maps' - that emerged as important factors in the tripartite
relationship. Where a national body sensitively aided a local development
without attempting to exert too much control, the partnership with NSHGP
was easy and constructive. Where a national body was preoccupied first with
empire building and second imposed a very formal structure on local groups,
then relationships between national and local supporters became strained.
It was simplest of all where the amount of support from a national body was
minimal, though this is not advanced as an ideal. A model could be based on
five factors, listed earlier, which could lead to a healthy partnership.

The lack of understanding of the role of local support centres by national
self help organisations was one of these factors. If a national clearing
house of information on self help and its support had existed, there would
have been a means of local and national bodies learning about each other,
and evolving complementary methods of helping local initiatives. There is a
clear gap here, which a national body could undoubtedly fill, and which
NSHSC has begun to do so. Self help support is still a new field. It is
only as such issues are being identified that structures are evolving to
help solve problems such as these.
Part III

DRAWING CONCLUSIONS
In this chapter we begin the overall evaluation of the work of NSHGP by reviewing results - objective by objective - and drawing some conclusions on outcomes and constraints. How changes were made has been a recurring theme throughout this study. In this chapter there is also an attempt to identify and assess changes which are common to more than one aspect of the work of the project. First though, let us recall the objectives set when Nottingham Self Help Groups Project began in 1982. They were as follows:

(i) To encourage and support the growth of new groups in the Nottingham area.

(ii) To provide a range of services for groups to draw on, available to both new and established groups, eg. typing, duplicating, meeting room, contact address, information on publicity etc.

(iii) To provide an information service on the work of groups, both locally and nationally, to be available to workers in the health and social services, both voluntary and statutory.

(iv) To promote knowledge and understanding about self help among workers in the health and social services.

(v) To spread information and ideas about self help and how to make it effective, between self help groups in the Nottingham area.

(vi) To monitor and write up the work of the project in a way that is suitable for national and international circulation.

Work with new self help groups

Work started from an assumption that there was untapped potential in the local community which could be mobilised if it were known that support and resources were available. Chapter 5 clearly showed that many new self help groups in the city were started in 1982 and 1983. It was concluded that while the project was not wholly responsible, it contributed substantially to the development of a majority of them. To summarise the role of the project in relation to new groups, it provided:
- a complementary source of help to national organisations starting a local branch of their own association;
- support and insight to local professionals assisting individual groups;
- direct and often intensive help to groups not receiving support in either of these ways; and
- an introduction to other community resources.

NSHGP's strength lay in being flexible and in its knowledge of other resources, while retaining the ability to provide direct help when needed.

**Limits**

There were however limits to the project's effectiveness. The first stemmed from the low level of staffing. The limitations of a one worker project, available part time, led to two results: new groups in the second year received, on average, less individual help from the worker; and there were changes in the way that help was given. I identified the need both for more people to be involved, and for different ways of giving help. Perceiving the limits of a one worker project resulted in the release of more resources. These took several forms: the establishment of the 'supporters club'; more student placements; and the submission of a budget for 1984 onwards which doubled the staffing. This was planned, however, not so more paid staff could be appointed to work with new groups, but to strengthen the office as an information base. The main thrust of increased help for new groups was through lay 'self helpers' - the role of the project worker being to support them and increase their skills - complemented by the 'Starter-pack'.

Second, the source of funding was to some degree a constraint on the project. Latent anxiety about funding undoubtedly made the worker cautious about supporting pressure groups. In one instance a request for help from a group of women lobbying for more availability of home births was turned down, with the support of the advisory group, because "this could give the project the wrong image with the health authority". On reflection, this showed undue sensitivity to imagined funding constraints, and a lack of appreciation of the dual campaigning and support role of many groups. In 1984, support was actually given to this group.
A third limit on the project's usefulness was that of competing demands on its resources. While work with new groups emerged as a major part of its service, by the second year other requests for help were competing for the available time.

A fourth and final constraint on help to new groups stemmed from the worker's belief in the need to restrict help offered and given, so that people could truly run the group themselves, growing in confidence and skills. Too much help can have an adverse effect on the long term development of a self help group (Richardson & Goodman 1983). The large volume of work for NSHGP could in fact be seen as an advantage, preventing the project from being too helpful, but even if more resources had been available, the amount of help would still have been restricted.

**Appraisal**

In summary, the project was successful in much of what it did to help new groups, and fulfilled the first objective to a considerable extent. There were some constraints on its effectiveness, but through changing the pattern of help its service was strengthened and improved. The considerable demands made on the project confirmed the supposition that there were people willing and wanting to start new groups; if only they had support and felt welcomed. If the project had not existed, it is unlikely that the blossoming of new self help groups in Nottingham in 1982 and 1983 would have occurred. One must stress, however, that one reason for the project's success was that it never attempted to be the sole source of help with new groups. Acting as a signpost and providing backup to other supporters, thus being part of a network of support rather than the sole source, were extremely important and its low level of intervention too was productive. In short, the project did not start groups, but groups started.

**The provision of services to groups**

The second objective of the project was to provide a range of services for both new and established groups.
New groups

Chapter 5's analysis of the project's work with new groups included an assessment of the practical services they got from the project itself. Services were, evidently, an extremely useful tool in the whole package of support to new groups. Not only did they bring practical benefit, they were also a tangible expression of the relationship between the project and the group, a vote of confidence in their ideas and their potential ability to succeed. While the importance of the project as a signpost to other, and often more extensive resources is a continuing theme, new groups often needed help quickly. Immediate response was possible with the project leader's control of some services, in a way which was not always so when a group was asking for help from elsewhere.

Established groups

Tables 9.1 and 9.2 show what use established groups made of the project's service over the two years. One can see, first, that:

- there was a greater uptake in services in the second year - 30% of groups listed in the directory in 1982 used services in that year, rising to 42% in 1983;
- changes were made in services provided e.g. publicity was an added service;
- four well used services can be identified: advice on meeting rooms and speakers; on group structures; fundraising; and publicity outlets.

Second, turning to some of the less frequently used services, the availability of students - one form of help little used - was not generally made widely known, their attachment usually stemming from the worker's initiative. There were few requests for help in appointing a paid worker, reflecting the fact that nearly all the groups in Nottingham were run by unpaid members.

This analysis has been made from the viewpoint of the person offering the services. We need to know also, however, what consumers thought of them. A survey of groups carried out at the beginning of 1984 listed the range of services offered and asked groups to indicate their views (Table 9.3). Two particular points may be noted: all services offered - except that relating to appointing a paid worker (already discussed) had a reasonable takeup. There would appear to be no forms of help which were unused. The other
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<th>(1) Typing, duplicating &amp; posters</th>
<th>(2) Advice on meeting rooms</th>
<th>(3) Advice on structure of group</th>
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<td>0%</td>
<td>12%</td>
<td>18%</td>
<td>47%</td>
</tr>
<tr>
<td>Monthly self-help column in &quot;Evening Post&quot;</td>
<td>63%</td>
<td>3%</td>
<td>5%</td>
<td>7%</td>
<td>22%</td>
</tr>
<tr>
<td>Links with local radio stations</td>
<td>49%</td>
<td>0%</td>
<td>7%</td>
<td>17%</td>
<td>27%</td>
</tr>
<tr>
<td>Directory of self help groups</td>
<td>85%</td>
<td>0%</td>
<td>0%</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Links with professionals</td>
<td>25%</td>
<td>0%</td>
<td>15%</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Information on sources of money etc</td>
<td>21%</td>
<td>0%</td>
<td>20%</td>
<td>13%</td>
<td>46%</td>
</tr>
<tr>
<td>Advice on appointing paid worker</td>
<td>3%</td>
<td>3%</td>
<td>16%</td>
<td>4%</td>
<td>74%</td>
</tr>
<tr>
<td>Grants of money to new groups</td>
<td>16%</td>
<td>0%</td>
<td>13%</td>
<td>8%</td>
<td>63%</td>
</tr>
</tbody>
</table>
finding of interest is the importance of services relating to publicity, so confirming the worker's own assessment.

**Limits**

There were constraints on effectiveness in this area of work too. These can be summarised as a low level of staffing; lack of information about services offered; and the erratic nature of some services which depended on volunteers' goodwill and availability. There were also some other boundaries which set limits to services. Briefly, these included a plan to provide some help jointly through discussion evenings and other events; the availability — for some groups — of services from their national organisation; and a growing move to a policy of linking groups with sources of help outside the project.

**Appraisal**

While recognising these limits, one may suggest that many services provided by NSHGP were both useful and manageable. Of particular use were:

- a service of publicity and information about groups;
- a service of information on where to find practical help;
- advice on appointing a paid worker;
- pump priming grants;
- free starter pack;
- typing, duplicating and photo-copying;
- use of office as post box;
- room for initial meetings;
- loan of display boards;
- information about other self help groups.

Most of the services NSHGP provided were generally welcomed but taken up by only 42% of the groups in existence in the city. Informing new groups about services proved to be less of a problem than with established groups, because of the close working relationship with their initiators. A package of largely practical help proved invaluable as part of a system of support to groups as they began but being able to continue to use the project when established was important too. Services relating to publicity and information were heavily used and much appreciated — these were the most useful provided. It proved useful, however, to offer a variety of resources and the ability to link through the CVS network with more extensive forms of help extended what was on offer. Supporting groups which appointed a
paid worker, though a small part of the work, was disproportionately important.

Two particular needs can be highlighted: first, the need for help with publicity and information; and second, at a time of change. Examples of change were groups moving from being professionally supported to being run by members themselves; when a group split into two; when membership increased; when the officers changed; and, as has been discussed, when a paid worker was appointed.

There would appear to be no doubts about supporting new groups - the first objective - but it is not so clear that this second objective was appropriate as it stood. In retrospect, it might well have been better to have been more cautious in appearing to offer a comprehensive service of support from the project itself. While this seemed right at the beginning and in practice was certainly not a failure, there could have been more emphasis on the project's role as a signpost to useful services for established groups, rather than as a direct provider. This could have brought advantages of releasing more of the worker's time for general information and publicity work and to meet the growing demand for help with new groups. There could well have been more of an emphasis on providing direct services for new groups, suggesting that the project was able to direct established groups to other sources of help. A more explicit weaning process would then have been possible, easing new groups away from the project. A deliberate dual pattern of support from other sources plus integration into the network of local self help groups could have, in time, replaced NSHGP's intensive support. The relationship with well run, established groups might well have been more straightforward too. Setting up a resource for self help groups might seem to imply that all groups needed help. Offers of help can imply lack of trust in a group to run its own affairs. In conclusion, it was appropriate to include this objective, but the targeting of services should have been much more, even exclusively, on new groups.

The provision of information

The third objective related to the provision of information about groups to outside enquirers. This service - aimed at both potential members and at professional workers - is one undertaken by many self help clearing houses
in other countries, often on a huge scale. The clearing houses in New Jersey, USA and Hamburg, West Germany deal with hundreds of requests for information each month; they are certainly on a different scale to the average 15 calls a month received by NSHGP over the first two years. Answering individual enquiries was complemented by other forms of information:

- production and circulation of directories (Table 9.4);
- a monthly column in the Nottingham Evening Post;
- an exhibition in an indoor shopping centre;
- a pilot project of information racks in two health centres and two community centres;
- an attempt to compile a series of tapes and articles.

Attention has already been drawn to the high rating given by groups to information services. There was frequent feedback recorded in the research diary, also, on their usefulness. There were few problems, too, over acquiring information or getting people to join in events. Why were they so popular? First, some groups volunteered that the project's work led to recruitment of more members. A second reason for its success, I would suggest, is that it was a non-invasive service. Joining in publicity and information services enhanced rather than detracted from the group's own work. Information work demonstrated confidence in the group by the project, but with no suggestion of patronage.

**Limits**

It was clear from the start that the level of staffing in 82/83 and the short opening hours would not allow a fully comprehensive information service to be launched. Hence, a big publicity drive was never attempted. Limits on both staff and opening hours inevitably set boundaries on how useful the service could be to largely full time professionals. A second constraint came with the use of volunteers. While their contribution to specific pieces of work was outstandingly useful, attempts to delegate less precise developments - for example production of tapes and articles - were not successful. Third, a problem common to many small voluntary organisations, was marketing the directories. Producing a publication is relatively straightforward but its distribution is not. Using other people's outlets overcame this to some extent but not entirely. Lastly, the project worker was aware from the start that her knowledge of information work was limited, though her experience in previous CVS jobs proved useful.
<table>
<thead>
<tr>
<th>Number of entries</th>
<th>Manpower</th>
<th>Production</th>
<th>Price (free to NHS)</th>
<th>Quantity Produced</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st ed March 82</td>
<td>68</td>
<td>Project staff</td>
<td>Duplicating</td>
<td>15p</td>
</tr>
<tr>
<td>2nd ed Oct 82</td>
<td>72</td>
<td>Volunteers</td>
<td>Printing</td>
<td>30p</td>
</tr>
<tr>
<td>3rd ed July 83</td>
<td>78</td>
<td>Volunteers</td>
<td>Printing</td>
<td>30p</td>
</tr>
<tr>
<td>Total Produced</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
- a final constraint on information work was the lack of specialist skills and equipment. The value of specialist information skills was demonstrated in subsequent years when the information work of the project increased enormously following the appointment of an experienced librarian to the expanded Self Help Team.

**Appraisal**

The importance of information work was under-estimated when the project began. By the end of two years it had become sufficiently high in priorities for the third year's budget to include the costs of the information worker. While responding to direct requests from potential members was useful, perhaps even more vital was the way the project was able to equip professional workers with information about groups. Very important too was the role of the project in providing other local information agencies, particularly libraries and radio stations with directories and information. The heavy use made by NCVS media project of the directory, when it started in 1983, is one illustration of this.

In an article in The Guardian, Penny Webb attacked self help groups for their lack of standards, poor services and for not letting people know where they could be found (Webb 1982). While one must generally question the validity of the whole piece of research on which this article was based, one specific criticism of her study is that the problems of self help groups in making themselves visible were largely ignored (Webb 1983). There are very real difficulties in getting publicity for self help groups, arising from members' own handicap, illness or caring responsibilities, their lack of resources and experience in running groups and the undramatic nature of their work, so limiting the interest of the local media. The experience of NSHGP over its first two years shows that a centralised information and publicity point can help get over some of these problems. Its provision did not, however, prevent groups from undertaking their own publicity; it was non-invasive - and its provision proved to be a valuable tool in the whole task of making self help groups more visible, which emerged as very important. While there were undoubtedly limits to the success of this aspect of the project, some of these were overcome and in general this objective was successfully achieved.
Work with professionals

In Chapter 6, the limits of a small project in being able to bring about change in large statutory agencies were discussed. A second important aspect of work with professionals has just been emphasised in the discussion of information. These two areas of work met in part the fourth objective of the project, that of "promoting knowledge and understanding about self help among workers in the health and social services".

Three specific additional needs for professionals evolved. First, some workers, at least, wanted to understand the whole nature of self help groups; second, there was a need to work through ways in which links and 'referral' arrangements could best be established; and, third, some people wished to talk over disturbing aspects of groups with an intermediary who came to be regarded as a fellow professional. Turning to the groups themselves, members wanted the project to improve professionals' understanding of their work, through its role as an honest broker. They largely appreciated the practical and supportive help that sympathetic and sensitive professionals could give and wanted that extended. Last, groups sometimes needed confirmation that a decision not to work with certain professionals - often where individual statutory workers were attempting to direct the group - was acceptable.

The work that evolved to meet these demands, is summarised as follows:
- educating and informing professionals through a total of 22 talks;
- giving access to groups to speak to professionals, and extending their skills in speaking to such audiences;
- passing on substantial quantities of hard information on where groups could be found;
- working with a small number of workers to help them to enable new groups to start;
- running a half day seminar on working with self help groups;
- beginning a regular seminar with medical student;
- creating opportunities for student placements with groups;
- working with some senior officers resulting in field workers feeling freer to undertake work with groups;
- encouraging links between professionals and groups, so extending resources available to groups and the range of potential members.
**Limits**

This objective was not inappropriate but it was too ambitious. I only gradually came to realise the weight of tradition and power that held development back. One specific constraint, first, arose from health service structure. In 1982 Nottinghamshire Area Health Authority became three district health authorities. The resultant re-organisation delayed evolving links with health service professionals, particularly in the first year.

Second, entrenched attitudes, inappropriate training and the sheer burden of crisis work contributed to the problem. The potential threat to professionalism posed by successful self help groups may well also have held back development. The untidy nature of the self help movement, touched on by Knight and Hayes (1981) made co-operation even more difficult.

Third, a practical constraint arose from some seniors who were critical of field workers who used work time to help self help groups and insisted on evening meetings, for example, being counted as voluntary work rather than integral to their role. An attempt to change the Social Services ruling on this in one case was not successful.

Fourth, it became clear that NSHGP was not, and should not be, a training agency for professionals itself. While successfully making modest inroads into other people's training, the one half day seminar run by NSHGP had only limited success and proved too time consuming for a small staff to run satisfactorily.

The source of funding brought a fifth constraint - the need to convince funders of the direct value of the project to statutory workers. If funds had come from a totally independent source, there might not have been so much stress on the value of co-operation. Reliance on statutory sources for money may have led to a blinkered approach to this problem and to giving it relatively high standing when objectives were set.

**Appraisal**

The objective of promoting knowledge and understanding was an ambitious one, bearing in mind the large numbers of local professional workers. As the project went on, lack of knowledge and the entrenched attitudes became more apparent, so allowing the worker to perceive what a large task had
been taken on. When one relates the size of the project to the scale of the operation there were, however, undoubted achievements. It is impossible to quantify results accurately - for example, 3,700 directories were issued, but the extent they were used was not known. Nevertheless, four particular conclusions can be reached. The first is that some individual professionals very much appreciated the project's work. Two comments from professionals illustrate their feeling:

"Quality is great, how about more quantity?"

"(We need) one dozen Judy Wilsons, to be available any time".

A further quote - from the NCVS Training Officer - is more realistic:

"Short of dismantling all professional training courses and starting again, NSHGP's impact must be limited to a range of direct training opportunities for professionals".

Second, NSHGP's contribution may have been of high quality but it was small. Third, professional workers who know of, and understand self help groups can undoubtedly be of use in linking their clients and patients with them (Richardson 1984). NSHGP piloted work which indicated the potential importance of its clearing house role. Last, let us not forget the overall ripple effect of the intervention of the project. It could be said that the project achieved a considerable amount through indirect influence, and through the raising of the status of self help groups. In conclusion, this was a relevant objective for the project to set itself, but one phrased too ambitiously.

Spreading information between groups

The fifth objective was "to spread information and ideas about self help and how to make it effective, between self help groups in the Nottingham area". My personal commitment to the concept of self help and its value has always been tempered by realism about the problems that arise over making it actually work and the undoubted low effectiveness of some groups. Some groups were undoubtedly perceptive about their own lack of achievement, and approached the project for help in order to identify and surmount the problems that were causing this. Other groups, however, were somewhat blinkered; were unrealistic about their success; and reluctant to criticise themselves let alone accept criticism from outside. It was certainly impossible for the worker to lecture them, to impose standards or to require them to attend training courses. Pilot work had identified the potential of joint events in helping to improve groups' operation. The
objective set out above was chosen as one way of tackling this problem and a variety of techniques were used to tackle it.

The chief method was through joint events, particularly through joint discussion evenings. The conclusion reached in Chapter 7 was that — with some reservations — these were a useful and productive piece of work. One group who attended a course on leadership organised as a follow up to the evenings, went so far as to say that "the course has made a lot of difference to our group — we've made three major changes as a result of it". It would seem unlikely that all groups who attended events made improvements or attracted resources that can be attributed so directly to the gatherings, but there was general agreement of their value.

The second main method used was through publications. Two of these — duplicated booklets on using the telephone and giving talks to professionals — grew out of meetings, and were written based on material that had been presented by the groups themselves. Another publication, a printed starter pack aimed at helping people as they started, building on the experience of established groups.

One may summarise the main results as follows:
- written material was produced and used;
- new groups learnt from established groups;
- groups came to make major contributions to planning and running joint events;
- training grew out of informal discussion;
- outside agencies' skills and resources were tapped.

Limits
This too was an ambitious task with a number of constraints on its effectiveness. First, only about half the groups in the city came to joint events. The other half were not touched by the approach. A second, and more important constraint, is the limits of time and commitment people have. Their loyalty and time rightly goes first to their own group. One can use networking as a tool to promote higher standards to some extent, but too frequent events can in fact be counter-productive. Practical matters form a third constraint, for example the time of year — weather and darkness in winter, holidays in summer — illness, unpredictability of handicap or health, dependent relatives; availability of suitable premises and cost.
Fourth, especially during the second year, came again the constraint of the worker's time, and the demand from other activities of the project. Last, a project like this probably only relates to a small number of people within an individual self help group. NSHGP depended very much on the personality of key officers, in particular the secretary, and the communication system within the group to reach group members.

Appraisal
Members of the Self Help Team in post in 1984/85 when Unell conducted her research - it coincided with my year's absence - were uncertain about the appropriateness and results of this angle of its work. In retrospect, I do not share their ambivalence. Compared to pre-1982, the interweaving with other aspects of work that became possible strengthened the impact of joint events and publications. They in turn assisted the achievement of other objectives. Use of other people's resources and skills emerged again as crucial to success.

"I love these kind of things - we get to know each other better".
"It seemed to spur us on".

These comments from the groups give the flavour of enjoyment, stimulation and encouragement that were typical of joint events. The reasonable level of attendance at most events would imply that groups found them useful and there was evidence of change within some groups. A more subjective conclusion - but one supported by an observer's report and the analysis of questionnaires - was that there was a feeling of enjoyment from contact with other groups.

NSHGP's role was perhaps to create a place where groups could feel safe with each other while examining their performance and resources. The project, through bringing in outside expertise, gave groups that wanted to change some opportunities to do so. Its approach was based on the recognition that groups must be autonomous and realistic limits were set on what was attempted in the way of increasing their effectiveness. Some improvements undoubtedly resulted. Perhaps just as important as increased skills and effectiveness was the decrease in isolation and the sense of enjoyment that came through joint activities. We may conclude, that overall this was an appropriate objective to set and there was considerable progress made in achieving it. A longer period than two years was needed, however, to achieve any substantial results.
Monitoring and disseminating results

We now come to the last aim of the project. The involvement of Professor Adrian Webb in the planning stage, as we have seen, led to the inclusion of this final objective: "To monitor and write up the work of the project in a way that is suitable for national and international circulation".

The main result is, of course, this thesis. But other publications and some opportunities to share findings were important too:

- production of two in depth annual reports;
- four articles in national journals (Wilson 1982b, 1983a, 1983b, 1983c) and others subsequently;
- a substantial contribution to an ARVAC conference (Wilson 1986a), and talks at three other national conferences;
- participation in WHO sponsored workshops and publications. (Hatch & Kickbusch 1983, Branckaerts and Wilson 1987);
- a 20 minute Central TV programme (September 1983, in 'Citizen 83' series) and two contributions to Radio 4 (Medicine Now, 6.3.84, Does he take sugar 4.4.85).

The influence of the project as a model for development in other parts of the country became apparent at the end of 1983 when the DHSS began to show interest in putting resources into local support centres. The project's pioneering role was noted, acknowledged and built on. I was attached as a consultant, funded by the DHSS, to the 'Self Help Alliance' for six months in 1984/5 to help take further their plans to spend £1.25m on support for self help. Without the relatively large amount of material published about the project, it is unlikely that this would have come about.

Limits

A continuing theme throughout this chapter has been the conflicting demands on the worker and the need to respond to a large number of requests for help - or to take up opportunities for development. This last objective is no exception - as many requests to speak, for example, were turned down as were accepted. The problem was met to some extent through the adoption of a pattern of visiting days, and the production of an information pack about the project and through the worker taking on some commitments on a freelance basis. What was revealed was a tip of an iceberg of people
interested in and wanting information on support to self help groups. A local project could not hope to – and was right not to – take on a commitment to meet their needs. A second constraint was the form of evaluation itself: that of self monitoring and evaluation, explored in the chapter on research methods. Lastly, I always perceived myself as a worker first and a researcher second. My skills had been acquired through work rather than study and research, and a gap of nearly 20 years since my first degree meant that research and reading skills were only painfully re-acquired. This study was very much a learning process, rather than observation by a skilled researcher.

Changes

This chapter ends, first, with a brief examination of the changes which took place through the two years and second, an overall assessment of the appropriateness of the six objectives. Table 9.5 summarises the pattern of change that took place. At the time, decisions to make changes were taken in a pragmatic way. It is only when a more detached view is taken that one can perceive the common strands between the different pieces of work. The trends demonstrated in Table 9.5 may be summarised:

- a substantial growth in links with other agencies;
- the increased use of the media;
- use and increased emphasis on written material;
- more people involved directly in work.

The increased involvement of self help group members themselves is of particular note, showing a substantial shift from a project worker guessing what should be done, and largely doing it herself, to a situation where consultation and contributions from self helpers became the norm. During the research period, resources did not substantially increase in number, but emerged in the next stage of its development from 1984 onwards.

Conclusion

It would seem that the six objectives were in general the right ones to be set at the time. However, the terms in which they were phrased were not always realistic or appropriate, and the goals set within them were not always achievable, given the limited resources of the project. Two
Table 9.5: To show changes that took place in the work of the project 1982-3

<table>
<thead>
<tr>
<th>New groups</th>
<th>Services</th>
<th>Information</th>
<th>Professionals</th>
<th>Joint activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased use of media</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Development of links with other agencies</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Changes in working method</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- written material</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>- more people involved</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>- self helpers involved</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Increase in project's resources</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of outside volunteers</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
particular aims would be modified if starting again now: a rather more low key approach to the provision of services to established groups; and a method of working with professionals that recognised that only a proportion of them would be interested in working with groups. Two other aims - work with new groups and the provision of information - would be included as they stand, but the way in which they were implemented would be strengthened.

New groups, information and the creation of a network between groups were the three most important aspects of this project, and where the greatest results were achieved. It is difficult to select priorities further, for there is overlap between the three. The reactive approach to much of the work both strengthened and weakened it. A crisper analysis of priorities to be adopted would have been helpful throughout, but once a structure of services had been set out and publicised, it was difficult to amend them. Indeed, until a substantial review such as this had been undertaken, the need for change in the wording of objectives was not always perceived.

Single worker projects - especially those staffed by part timers - are known to be vulnerable and limited. In this chapter we have seen how changes in resources and practice enabled part of this problem to be met. One needs too to ask if there was a problem of isolation. There was not so much a question of loneliness as of over enthusiasm. The lack of close colleagues with whom to talk over methods and priorities was one reason why too much work was attempted at times. The Director of the CVS, while supportive and positive, had a personal style of work which led him to seek quick and obvious results. Until my confidence increased more, I was perhaps unduly influenced by him and apt to follow his lead in a way I would not do now.

Finally, changes in the objectives in 1984 demonstrate the importance of liaison and partnership with other agencies. A seventh objective was added for 1984: "to open up new resources for use by self help groups". While the objectives of the project were by and large appropriate and reasonably achieved, perhaps of even more importance was the beginning of wider community support and interest in self help groups. Ensuring there is a ripple effect out from a small project may result in more help than the project itself could offer - or indeed should aim to provide. This study points the way in which progress can be made in this field.
CHAPTER 10

NEW APPROACHES: REFLECTIONS ON NSHGP AS A RESEARCH PROJECT AND AS AN INNOVATIVE SOCIAL ACTION SCHEME

This chapter aims to draw some threads together on three issues:

- the scheme as a research project;
- NSHGP as an innovative social action project;
- and the appropriateness of the model to the development of self help.

In the final chapter, we shall turn to the place in social policy of self help groups and their support and touch on some of the issues that this research has raised.

Reflections on the research

A number of questions present themselves when considering NSHGP as a research project. To what extent, first, was the inclusion of evaluation into the scheme unusual? What were the particular characteristics of the NSHGP model? What, too, were its strengths and limits? Lastly, to what extent might it be replicated?

Context

One may begin to answer the first question by considering the general approach to evaluation in voluntary organisations and the context in which it may have to be carried out. Employees of voluntary bodies work under pressure: paid staff are often overworked, cope with very busy jobs and face uncertain funding. Not only are they likely to avoid taking on any more work, they are also unlikely to have time to stand back and see the need for evaluation. Evaluation costs, second, may well not be included in grant applications and without early appreciation of these, they probably will not be catered for in a budget. Third, staff of voluntary bodies are largely field-workers, not researchers and may not be familiar with research methods. They could too well see evaluation as a threat, perceiving outsiders as people who could distort and interfere with their work. Finally - a practical issue - staff turnover and gaps in staffing may well sabotage efforts even if resources and goodwill are present.
It might appear unlikely that voluntary bodies, apart from the production of an annual report, would ever evaluate their work. Why indeed should they? I would suggest six reasons:

- to enable precise reports to be made to funders and sponsors;
- to help methods and objectives to be modified in the light of results;
- to give the opportunity for users of a service to feed back their opinions;
- to illuminate the work of an agency compared to other services, and hence avoid duplication;
- to ensure objectives of correctness, effectiveness and efficiency are met;
- to enable the results of pioneering work to be known and shared.

Despite such convincing arguments, few small scale projects, I would suggest, automatically include evaluation in their work. Not only do problems arise because of the pressures of work of voluntary bodies and lack of resources, but also other people's experience in the past has not always provided a good model. The Community Development Programme projects are one example. In 1980/81, when the Nottingham scheme was being planned, such research projects were often large-scale and lengthy. By the time their results were forthcoming, projects may well have changed or closed down. Without further study, it is difficult to come to clearcut conclusions but one may say that it was not normal practice then for small voluntary projects to include evaluation as a major part of their activities. Its inclusion in NSHGP was unusual.

**Special features**

The second question to be considered related to its particular characteristics - what was special about the NSHGP research model? Chapter 4 discussed its approach and the methods used in some detail, none of which were especially novel. Here one may highlight some particular aspects of the research project, seen in hindsight to be important. First, the dual role I played was an unusual element, indeed, in one observer's view, it was not a tenable position. One should recall however that this was a piece of action research - a second characteristic of the study - designed not so much to give a dispassionate reckoning of results, but to aid and illuminate the process of change as the work continued. A third aspect
relates to resources - small scale, vulnerable and dependent on goodwill. While the expenses of the research - typing, travel and so forth - were met by the project, the researcher's time was only available through personal commitment and continuity of myself as worker. Of the methods used, one emerges of particular interest. The research diary proved to be of special value, cheap, and a method manageable in terms of time available and relevant to the scale and scope of the project. It was not the only important method, however, and overall, the adoption of a variety of research methods would seem to have been fruitful.

**Strengths and limits**
A summary of strengths and limits, moving on to the third question posed, helps us to see further the particular characteristics of the scheme.

<table>
<thead>
<tr>
<th><strong>Strengths</strong></th>
<th><strong>Limits</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Good reports, for funders and others.</td>
<td>Painfulness of self evaluation</td>
</tr>
<tr>
<td>Constant self questioning.</td>
<td>Lack of objectivity.</td>
</tr>
<tr>
<td>Feedback from consumers.</td>
<td>Sketchy, rather than in depth.</td>
</tr>
<tr>
<td>Quick modification to aims and methods.</td>
<td>Lack of research experience.</td>
</tr>
<tr>
<td>Personal development and growth.</td>
<td>Length of time before all results known.</td>
</tr>
<tr>
<td>Help in overcoming isolation because of lack of colleagues and non-availability of training.</td>
<td>Some clumsy tools for self monitoring.</td>
</tr>
<tr>
<td>Low cost research.</td>
<td>Publicity through publications brought outside pressures on the work.</td>
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**Replicability**
To what extent, finally, is this particular approach replicable? If it was successful, and achievements outweighed the limits, as I would suggest, then one may consider if other agencies could adopt it. The framework for this research was a higher degree. Following this model exactly would mean that workers would need a degree in a relevant subject as a basic qualification. An independent supervisor, not the worker's manager would be essential. Tools for self monitoring would need to be planned before the research period began and costs would have to be budgeted. This method required an enormous amount of the worker's time. It would only be directly
replicable on the same scale if a worker was willing to devote time, largely outside work hours and for this, some reward – such as obtaining a higher degree – would have to be devised and agreed. Replicability should, however, not be considered only in the structure of research for a higher degree. The value of this research lies more, perhaps, in the lessons it has for methods and approach. One may usefully list aspects of this research and its design which could be transferred, regardless of the higher degree structure:

- the use of simple self monitoring and evaluation techniques;
- the stress on perceiving change in needs and change in how services can be provided;
- the choice of research tools appropriate to the scale of the project and the resources available;
- recognition of the value of honest self appraisal and criticism being built into such projects;
- appreciation of the importance of appointing workers in sympathy with this approach;
- planning evaluation as an integral part of a project, allowing time and resources for it and getting funders to agree with its inclusion;
- the statement of clear objectives against which achievements can be measured.

Replicability of good practice is a more fruitful approach to recommend rather than lifting the model wholesale.

A new approach

The literature on action research and community health projects reveals a consensus on the need for a new approach to illuminating small scale innovative projects. An approach is required which retains sufficient vigour, yet doesn’t swamp the project; one which illuminates and is in tune with its underlying values (Somerville 1984). One can question conventional research practice of compiling a lengthy final report, available only long after the event. A successful innovative project is likely to generate interest quickly; people will demand information immediately; and action research needs to inform practice as it continues, not later on. It could be said that the approach of this research met all these needs.
One cannot pretend that this type of action research is the ultimate answer to the problem of evaluation. Even with a university base and the use of systematic methods, there is bound to be some bias. It is hoped however that this research did not only enrich the work and inform observers and potential replicators. Its results have also, I would suggest, proved the value of boldly adopting an unusual approach with confidence and its significance may stem from its methods as well as its findings.

An innovative social action project

Moving on from the research angle, similar questions provide the framework for considering NSHGP as an innovative project. How novel, one may first ask, was the approach when the project began? What emerged, second, in its methods and emphasis as being of particular interest? As previous chapters have shown, there was considerable achievement over a relatively short time, but one may too usefully look at the limits to the project's approach - what were its weaknesses? Lastly, to what extent could it be - or rather, is it being - replicated?

Originality

First, let us consider the degree of innovation. Here one may come to more definite conclusions than those reached about the research angle, for the period of consultation that preceded discussions with the Health Authority in 1981 established that there was no similar project in the UK. There was a considerable amount of work being carried out in support of informal care organised on a neighbourhood basis, but no similar schemes to help people wanting to organise groups around health issues and based on principles of mutuality. Voluntary organisations, Councils for Voluntary Service in particular, were beginning in the 1970's to appoint development officers with a general brief to support new initiatives outside the CVS structure. Their emphasis was, however, more on conventionally organised volunteer schemes. NSHGP was different. The only other scheme with similarities was 'Help for Health', an information service run from within the Wessex health authority with a particular interest in health orientated self help groups. This did not, however, aim to be a development project.
Special features

Some elements emerged as particularly important in the project's methods and emphasis. First of note was the stress laid from the beginning on low key intervention. It was set up as a resource which people and groups could use if they so wished, concentrating on enabling the growth of new groups rather than promoting them. It did not try to co-ordinate activities, rather to introduce people and to experiment with non-invasive schemes. Here of course there was a degree of intervention - one cannot claim that the project did not try to influence groups at all. The similarities to community development work have been discussed, and the value and appropriateness of this approach have been highlighted. The appropriateness of community development methods to self help group support, and the importance of this conclusion being passed on to others considering their contribution to self help groups would seem to be substantiated by this research.

Second, one can highlight the role of the project in building on and interweaving with other resources, and linked with this, influencing them so that a ripple effect was achieved. While the project remained small, its multiplier effect was relatively large. Self help support group projects do not necessarily need to be on a large scale, as long as there are other potential sources of help in an area which can be drawn in to a system of support.

Third, the value of the contribution of group members and volunteers was increasingly recognised. The project's welcome to lay helpers and its planning of conscious involvement by group members became particularly important in the second year. This policy had an effect of avoiding dwarfing the activities of groups in an overwhelming, professional way while increasing resources substantially. It also increased feedback on services and the degree of involvement of group members in planning future work.

Fourth, the role of the CVS as sponsor and employer is of note. It could have been planned as an independent project from the beginning. While this could happen in the future, it was clearly important for the Self Help Groups Project to belong to a larger structure. This brought clear line management, financial control, easy access to other CVS resources and credibility. It also meant that the very small staff could concentrate on
field work rather than the infrastructure that an independent organisation would have required.

Fifth, and last, one may usefully reflect on the essentially local nature of the project. If local schemes like NSHGP fill a need, does this leave a role for national self help organisations? It is clear from evidence presented earlier that for a majority of groups the opportunity for national support was not a matter of choice - they had no national network. For some others, the relationship was stressful or brought only a minimum amount of support. Groups, however, did gain from national links - particularly from services which NSHGP could not provide. There is space for both forms of support.

**Limits**

The third question posed relates to the limits of the project's approach - the limits to its success in achieving each of its separate goals were discussed in some depth in the previous chapter. The issue that would seem most worthy of comment is that of the community development approach. One may contrast this to the more directive approach, with leaders of groups appointed from outside, taken in an experiment to set up back pain groups (Webb 1982). It could be argued that the lack of 'professional leaders' was in fact a weakness of NSHGP's approach. The theme running through this study has been vulnerability of self help groups. Should the project in fact have aimed to provide leaders for groups, so possibly making them more likely to succeed and it easier for professional workers to identify with them and the project?

Also relating to the reactive approach is the question of coverage. NSHGP, in theory, could have set out to start self help groups based on all common health conditions, providing cover and a degree of predictability. Instead a patchy set of developments emerged, and even where there was innovation, groups were not always permanent. For health and social service professionals, again, this brought problems of lack of information and complex relationships. One might argue that NSHGP should have aimed to meet their needs for a reliable service to which they could confidently refer their patients and clients.
Lastly, NSHGP worked a theory of attraction. People had to be quite highly motivated to find the project and, in addition, had to feel comfortable with its style and the age, social background and gender of the worker. A larger project, able to recruit a variety of staff, could have more justifiably used this approach without feeling that some people might be put off by the image that the project presented. This, more than the two previous points, could be said to be a weakness in the project's approach. The first two issues raised - relating to the provision of expert leadership and to planned and consistent coverage - are, I would suggest, simply not relevant to the field of self running self help groups. The last issue is one of concern and was not one tackled in the first two years of the project's life. Nor was it sufficiently realised in that time, how the stress on the community development approach could limit the development of partnership with professional workers. Both could be said to be weaknesses in the project's approach.

**Replicability.**

The final question posed in this chapter is about replication. One of the reasons for the stress on evaluation in NSHGP in 1981 was the possible seminal value of its work and the prediction of possible replication. To what extent might it be - and is it being - replicated? For the question of possible replication is now largely academic. By the end of 1984, NSHGP was being put forward as a model by the Principal Social Work Service officer at the DHSS (Gilroy 1984). Over 20 relatively well funded self help schemes are now established, most of them through the central government fund managed by the Self Help Alliance. Other agencies too, for example small CVS, are beginning to include self help group support in workers' job descriptions. There is clearly replication in the voluntary sector using many of the ideas and ethos of the Self Help Groups Project, but adapting projects to meet local needs and resources. As Hatch and Kickbusch point out (1983), flexibility as well as non-directiveness are the two main principles which should guide the development and functioning of support centres.

Simple, uncoordinated replication could have its limits. The other areas of influence of the project has been in the establishment of national and international links. Self help group support is still new and sometimes vulnerable. It is particularly important for workers to feel part of a network and for variety and good practice to be identified and
disseminated. The role of the project in achieving some of this - in part at least - is also important, making it more likely that general replication will be successful. I had welcomed opportunities to learn from other countries through conferences, reading and the development of an informal international network. The project's role was to act as a link with other countries where there were possible models for development on a national scale and a variety of local models. This then led to national developments here, particularly the Self Help National Support Network and the National Self Help Support Centre.

The likelihood of replication in the statutory sector is also a question to raise. The Nottingham Health Authority's view is that the project is undertaking work it cannot do itself. There is some small evidence of DHA Voluntary Service liaison officers and local authority community workers taking some interest in supporting self help groups, but no record of large scale intervention. On the information side, Help for Health in the Wessex region has proved that it is possible to run an effective information service from within a statutory body. One would doubt, however, if a project set up with the scope of NSHGP would be viable under the direct wing of a local or health authority. There are three reasons: the importance of a neutral base; the need for groups to learn about alternative medicine if they so wish; and the value of informality in approach, office base and structure. It may be possible, however, for statutory authorities to make changes in their practice so that they too can act as enablers of self help in a variety of settings. This is a theme to which we shall return in the final chapter.

**Appropriateness of the NSHGP model**

The final question to be posed in this chapter attempts to link the approach of the project and its research to the particular field of work in which it was operating. To what extent was the approach appropriate to the field of self help groups? Let us first summarise some of the characteristics of groups and people in them, and some of the constraints under which they operate. People in groups are often ill, handicapped, caring for dependent relatives or feeling stigmatised. They are likely to be lacking in confidence, and at times very vulnerable. People starting groups are often lacking in relevant experiences and skills. National organisations are not always available and there is a risk of colonisation...
by them - as indeed there is by local professional workers. Our community is structured to support and offer resources to formal voluntary organisations, but not to informal groups. The Nottingham Self Help Groups Project started as an experiment in one way of giving support, based on a hunch that there was a need for support, rather than on well researched evidence. By the time self help support workers from ten countries met in Leuven, Belgium, in January 1986, to discuss local self help clearing houses this hunch had become a definite opinion (Branckaerts and Wilson 1987). But it is not just a matter of support and resources. Self help groups are by definition run by people in them, not by outsiders and largely emerge to meet the needs of those members. To insist on use of support services, to expect coverage and consistency, to begin from the viewpoint of professional workers - all these stem from a top down approach, not the bottom up philosophy that was at the heart of NSHGP. If there had been more of a UK self help movement, or a local federation of self help groups, then some problems could perhaps have been tackled through a combined effort by the groups themselves. This is the pattern that has evolved in Australia. What has been proved to be of use in Britain is a trusted intermediary. I would suggest that one of the reasons why NSHGP achieved this status was that its approach was appropriate to the field of self help.

The research approach mirrored that of the work. The research was not designed only to quantify results, but more to aid greater understanding of a new field and to help resources to be offered in an appropriate way. A large scale, outsider controlled research programme could well have intruded upon the small low key developmental style of NSHGP and that of the groups. Its approach, too, was appropriate.

The first chapter in this final part of the thesis aimed to assess the work of the project by using its six objectives as a framework. This second chapter has provided an opportunity to reflect on some aspects of its work and approach. We come now to the last chapter, taking a broader view with an assessment of the place of self help groups in social policy and identification of issues to be faced in the future.
CHAPTER 11

IMPLICATIONS FOR SOCIAL POLICY

Self help groups have had a good press, they are growing in number and people use them (Vincent & Webb 1985). The intervention of NSHGP would appear to have contributed to a further increase, in Nottingham, in numbers and membership, to have provided additional resources for them and links between them, and to have furthered links between professional workers and groups themselves. If self help groups are "a good thing"(1) and support projects make them even 'better', in theory one could generate more groups, and so more help for people by establishing a national network of self help support projects. The reality is more complex.

Fitting self help in

The idea of self help

As Vincent and Webb (1985) ask, how does self help fit in? There is a danger of too theoretical an argument being advanced here, based on too little research. For this research, it must be remembered, was not set out as a broad study. In the course of the work, however, certain issues have arisen. It would seem appropriate to raise them, though not to attempt to answer questions in full. I would suggest there are five broad headings under which one may look at how self help fits in - or rather - how outsiders attempt to make it fit in, for as we shall see, it rarely slots in neatly. The five headings are:

- political ideologies;
- consumerism;
- personal development, particularly for women;
- the human element in a high tech. world;
- a way of saving money.

First one may consider how it is related to political ideas. Self help is unusual in being endorsed by a variety of views across the political spectrum. The Right, as Sugden points out, endorses self help as a method that helps people help themselves and their families - a commitment to furthering this is included in the 1983 Conservative Party manifesto (Sugden 1984). Radical thinkers on the left are likely also to approve of self help as a way of achieving power by powerless people, particularly redressing the balance of authority held by professionals. However, self

(1) A phrase used by Dr Elizabeth Shore Dep. Chief Medical Officer, DHSS, at a seminar held at the Policy Studies Institute, October 1983.
help is sometimes not approved of by the Left, as an anti-voluntary organisation stance of Liverpool City Council has shown. This range of interest brings a dilemma for self help group supporters in the field. Their philosophy, though not necessarily put in a party political framework, appears largely to come from a stance of enabling people to achieve what they want to do – close in fact to empowerment – and a belief in the importance of the consumer voice (Branckaerts and Wilson 1987).

A further idea associated with self help is that of consumer participation. Haggard reviews ways of achieving consumer feedback in the health service (Haggard 1985) and it could be said that self help groups fit in to a programme of promoting this. I have discussed this further elsewhere, concluding that while some self help groups are concerned to feed back their views and campaign for services, this is not universal nor to be relied upon. Nor do the largely formal avenues of consultation lend themselves to participation by informal self help groups (Wilson in Clode, Parker and Etherington 1987).

A less well developed idea, but one which merits more attention, is the way that effective groups, through what can be called 'the self help process', enable people to develop confidence and skills – of benefit not only to their group, but to them in their personal lives and to the community. This is akin to, but not the same as empowerment, and because of the predominance of women in membership of groups, is particularly significant as a way of giving women opportunities to take steps towards equality.

A further concept behind self help groups, discussed by a variety of authors, particularly American writers, is that they provide the human element now needed because of the development of hi-tech medicine. More research is required before we can confidently put forward reasons why people become involved with groups. My experience in Nottingham does not confirm this as a major influence on people's motivation.

Finally, let us return to the idea behind the Conservative party approach, that self help provides the opportunity to cut services and save money, a view endorsed by the DHSS (DHSS 1976). This is not always put forward openly, but it clearly fits in with monetarist principles and with plans to diminish the role of the welfare state (Bosanquet 1983).
This study would not have been complete without a brief reference, such as this, to ways in which self help may fit in. In practice, I would suggest, few group members bother to think through such ideas. Their preoccupation is much more with their own condition, the business of everyday living and the sheer practicalities of keeping their group going. They are not worried about where they fit in. Nor, I suspect, would they wish to be compartmentalised in the ways that I have outlined.

Policies

Few authors have in fact put forward specific proposals to further the way that self help could fit in. Generalisations about self help abound but little evidence or hard thinking has emerged. One view comes from a psychologist, who prefers to bring groups—some of them at least—into the planned care system, giving them access to resources and, one suspects, professionals some control over them (Landau-North 1984). Perhaps it is more helpful, a point made early on, to see if we can borrow Abrams' ideas on neighbourhood care. Are self help groups like informal neighbourhood care? If you try to impose a system on them, it was asked, is it likely to destroy them? While reading Abrams' work threw light on a number of ideas, and set the development of self help into a broader context of informal care, I hesitate to come to any detailed conclusions in answer to such questions. This study was a limited piece of action research over only two years, and it related to a small number of groups. The relevant findings, when considering Abrams' question, are those relating to the need for choice on use of resources and the value of a community development approach. My personal view, not one backed sufficiently by research, is to suggest that imposition of a system is, first, impractical and second it would diminish their activity, if not actually destroy them.

One can only touch on what could be the way ahead for groups to fit in—or indeed, not to fit in. For a conclusion that can be drawn here is that they do not fit in neatly, nor do they necessarily wish to. More important than predicting how partnership might be achieved is recognising the variety of groups, their unpredictability and the fact that their members decide what they want and how to achieve it. If one starts from this viewpoint, two points emerge: first, policy makers need to welcome self help groups and make space for them; second, they need to evolve opportunities for groups
to join in - as consumers, as providers of small scale services and so forth. While they should make it easy for them to do so they should not assume that all groups will participate. 'Nor, if they do, can it be assumed that they will necessarily be consistent and reliable.

The gap, as I see it, is the lack a trusted intermediary. In Nottingham, the Self Help Groups Project began to take on this role. One needs, however, to avoid standardisation. One cannot assume all groups are the same, nor that all areas of the country have the same needs. A flexible agency can help to some extent, in taking on the trusted intermediary role. It took a long time, however, for NSHGP to make much impact, and even now (in 1987) it is on a modest scale though Woodin (1987) gives some evidence of its current and more powerful role. Let us be realistic that this type of partnership, though it may be theoretically desirable, will not easily be achieved. Nevertheless, as Councils for Voluntary Service have grown to take on this role with more formal voluntary organisations, perhaps in time self help support centres will be able to achieve more for informal mutual aid groups.

Self help in practice
Let us turn to what expectations people have of self help and what it can achieve. Let us pose some further questions, first set out at the end of the literature review. Do self help groups provide services, and can these substitute for state health and welfare? Can self help groups fulfill the traditional social policy traditions of equality, universalism and efficiency?

One may first consider the extent of membership of self help groups. It is all too easy to be carried along with enthusiasm for groups assuming that they provide for all with the same problem - and, indeed, that all people experiencing the same situation wish to join them. In practice, only a small proportion join. In Nottingham for example, out of 12,500 known sufferers of diabetes, 300 people belong to the British Diabetic Association. Broader studies confirm this relatively low incidence of actual membership (Cooke & Lawton 1984; Richardson & Goodman 1983). A first conclusion, is then, that only a small proportion of the population are involved in self help groups - hence, coverage is simply not in operation.
This study has not attempted to review the provision of services of local groups. With the exception of two groups with paid staff, personal observation brings me to a tentative conclusion that most groups do not attempt to provide 'services' and where they do, they are modest and limited. Nor are they always permanent and reliable. The hoped-for choice that they might provide is not a reality (Wilson in Clode, Parker and Etherington 1987). Rather than provide alternatives, groups increasingly, I would maintain, act to increase the take-up of statutory services, press for new ones or fight to save existing provision.

The term 'services' implies some significant input of reliable practical help into people's lives. While self help groups, one can argue, rarely achieve this, they can sometimes provide an alternative to some aspects of professional care, where people find that it is not what they want. Anorexia sufferers, despairing of improvement through psychiatric help, for example, sometimes get it from Anorexic Aid. The self help idea can lead to people finding a substitute for professional care, but more often the role of groups is rather to provide complementary help – and often help of a kind that statutory services could not provide anyway. Expectations of substitution, as an analysis of playgroups has shown, can be false (Finch 1983). The levels of service that people with severe problems need – and increasingly expect – need long term planning and high levels of expenditure. The scale of welfare which is required is not one which can be met by self help, nor can self help fulfill all the social policy traditions of equality, universalism and efficiency. Only government can do that (Graycar 1983).

Without consciously, at first, seeing its role as contributing to achieving any major shift, the project was, in part, a vehicle for change. It sought to open up access to groups, to improve standard and to increase the likelihood of stability. In its work with professionals it aimed to increase the chance of professional workers linking people up with groups. In a small way, it began to have some achievements on this front. While self help does not meet all people's needs, groups may well be somewhat more effective in an area where a stable self help support project exists. Their role probably remains marginal, but less so than it would be without an intermediary.
What a project based on a reactive philosophy fails to do is ensure coverage. Nor does it necessarily remove the barriers of race and social class, identified as one of the reasons why voluntary organisations flourish more in some towns than in others (Hatch & Mocroft 1977). Coverage and a community development approach, in the short term anyway, may well, as we have discussed in the previous chapter, be incompatible. Perhaps here again one should highlight the potential role of professionals. Professionals in the health and social services by knowing all, or at least many, of the people with a particular problem may be able to improve access to groups for people who do not come from a middle class background. Through a supportive relationship with a group, too, they may be able to ensure that the group welcomes anyone who might wish to participate. And finally, resources and support from a relevant statutory body may well increase the chances of stability and reliability of a group.

Perhaps of greater importance was the role of the project in extending opportunities for self help groups to fit in to and influence and use other services. A continuum of care exists, and is needed (Graycar 1983). Before NSHGP began, it is questionable whether self help groups were sufficiently visible to fit into this continuum. While its input was small the project did, one can argue, begin to give groups the opportunity to integrate with other forms of care and resources while ensuring they retained their autonomy. Of particular significance for social policy, is the role of professionals. We know, as yet, relatively little of the relationship between them and self help groups. What this study has identified is the lack of real awareness among professionals of voluntary activity and the need for an intermediary to help them make links with self help groups. There both needs to be a shift in how professionals perceive their role - as is beginning to be recognised - and a means to help them achieve change (Barclay 1982; Cumberledge 1986). Here one can see a role for NSHGP both in practical services and in promoting ideas.

Let us conclude by touching on changes which could be considered by policy makers and professionals - changes which could achieve more support for people in need, better use of resources and greater emphasis on partnership rather than benevolent paternalism. Professional training, both in its theoretical and practical side needs to be examined and changed. Statutory services need to accept the need for groups to have space to emerge and to
get support without being taken over. Professionals need to listen to clients and patients. Patchiness and unpredictability have to be accepted as part of the cost of partnership, and planned for. Planners of statutory services should look hard, too, at their own services and consider whether the principles of self help groups - user involvement, reciprocity and non-hierarchical structures - could be adapted and integrated into the way professional care is delivered. Smith begins to raise some of such questions in his tentative exploration on how social services departments can incorporate some of the vigorous reciprocity of self help groups (Smith in Clode, Parker and Etherington 1987). Few authors are, however, tackling such issues.

Overall, perhaps the most important issue is recognition of the value and potential of people who themselves have a problem and appropriately and sensitively integrating this largely unappreciated resource into a system of care. It is here that a local self help support system can play a vital and important role. We should not, however, underestimate the volume of change there needs to be before real progress can be seen; in Nottingham, the Nottingham Self Help Groups Project made a start and sowed seeds and raised issues for the future.
Appendix A

INTRODUCTORY LEAFLET
How to find us

The Ropewalk
The Playhouse

Regent Street

Temporary office hours
There is always someone in the office from 9.30 a.m. - 12.30 p.m. Monday to Friday, but I am available at other times too. Messages can be left on the telephone answering machine at any time.

Access
The office is on the first floor and there are 7 steps up to the front door from The Ropewalk. There is wheelchair access from the rear of the building however and a ground floor room can be used. It is best to telephone first to arrange to get in to the car park at the back.

Groups in Existence at Present
At present there are groups in the Nottingham district which are based on the following areas of concern:

- Alcoholism
- Anorexia
- Arthritis
- Autistic children
- Back pain
- Bereavement
- Brain injury
- Breast feeding
- Cancer
- Childbirth
- Cleft lip & palate
- Coeliac disease
- Cystic fibrosis
- Deafness
- Depression
- Diabetes
- Dyslexia
- Eczema
- Gambling
- Haemophilia
- Head injuries
- Heart conditions
- Huntington's chorea
- Hydrocephalus
- Ileostomy
- Kidney disease
- Laryngectomy
- Mental handicap
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy
- Problems relating to parenthood
- Parkinson's disease
- Phobias
- Physical handicaps
- Polio
- Psoriasis
- Schizophrenia
- Stillbirths
- Spastics
- Spina bifida
- Strokes
- Tinnitus
- Tuberous sclerosis
- Visual handicaps

A directory giving details of these groups can be bought from the project, price 15p plus 20p postage and packing.

Nottingham Self Help Groups Project

54 The Ropewalk
Nottingham NG1 5DW

Tel: Nottingham (0602) 413279
24 hour answering service

In association with Nottingham Council
Appendix B

QUESTIONNAIRES
Questionnaire A

Administered to 76 groups by post in February 1984

NAME OF GROUP:
Name of person filling in the form:
Position held in the group, if any:
Date form filled in:

1. Did your group have contact with Nottingham Self Help Groups Project in 1983?
   ( ) YES
   ( ) NO
   If YES, about how many times did you have contact? (Through joint meetings, visits, telephone or letters)
   ( ) Once
   ( ) 2 - 5 times
   ( ) 6 - 10 times
   ( ) More than 10 times

2. Did the contact lead to useful help from your group?
   ( ) Yes
   ( ) No
   ( ) Yes, a little
   If no, or a little, can you tell us why you say this?

3. The Self Help Groups Project provided various sorts of help to groups in 1983. Could you tick to show what use, if any, your group made of them.

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Joint meetings with other groups
Joint exhibition in Victoria Centre
Typing, duplicating and copying
Information on meeting rooms
Advice on organising the group
Opportunities to give talks to professionals
Monthly Self Help column in the Evening Post
Links with local radio stations
Directory of Self Help groups
Links with professionals
Information on sources of money etc
Advice on appointing a paid worker
Grants of money to new group
4. Have there been any changes in your group as a result of contact with the project which have helped your work, or alternatively made it less effective?
( ) YES
( ) NO
If yes, what type of change? (You can tick more than one box)
( ) changes in meetings
( ) new members
( ) increased links with professionals
( ) more money
( ) other resources
( ) links with other groups
( ) other - give details

5. This is the last question:
Is it important that the Self Help Groups Project exists?
( ) NO
( ) YES
Please tell us why you say this:
Questionnaire B

Administered to 33 GP's at a lunch time meeting October 1982

1. **DEFINING SELF HELP GROUPS**
   Please write down 3 things which you think of as characteristics of self help groups:

2. **KNOWLEDGE OF SELF HELP GROUPS**
   Write down the names of a few groups that you may know of locally:

3. **REFERRAL TO SELF HELP GROUPS**
   If you have referred patients/clients to self help groups in the last 12 months, please write down the names of the groups and the approximate number of patients referred:

4. **SUCCESS RATE OF REFERRALS**
   If you did refer anyone, is it your feeling that the referral:
   - Helped the patient
   - Didn't make much difference
   - Created problems for the patient

5. **"GOOD" SELF HELP GROUPS**
   Imagine you are advising a new self help group, suggest 3 ways in which they can help GP's to use the group effectively:

6. **"BAD" SELF HELP GROUPS**
   What do you think are characteristics of groups which might be called bad self help groups?
Questionnaire C

Administered to 11 professional workers at an evening meeting March 1984

Working with self help groups

A short questionnaire for professional workers who have worked with, or want to work with local self help groups

1. What self help groups have you worked with in the last two years?
2. Did you work with them as they began, or later on or both?
3. What was your overall experience of working with them? (Give a personal account).
4. What problems did you particularly come across?
5. What help, if any, did NSHGP provide to overcome them?
6. What improvements could there be in the service we might provide to professionals, to help them help self help groups?
7. How far does your employer support you in this work? What improvements could be made?
8. How far did your professional training equip you for working with self help groups?
9. Any other comments.

Signed.............................. Date....................
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