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FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF SOCIAL WORK STUDIES

VOLUNTARY SERVICES FOR ELDERLY PEOPLE IN A SMALL MARKET TOWN

by Sally Edge

A case study submitted for the degree of Master of Philosophy.

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ABSTRACT

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This thesis is a case study examining voluntary services as a source of community care for the elderly who live in and around the market town of Ringwood in Hampshire. It has been related to the development of the government's policy for care in the community and other studies on voluntary work and the needs of the elderly.

Fifteen local voluntary organisations providing welfare services for the elderly have been examined in detail together with a variety of other relevant community organisations and services including churches, the community association and the Job Centre.

Interviews were conducted with the leaders of the voluntary organisations and differences were identified between them and the rank-and-file volunteers.

This case study includes a small sample survey of the volunteers to provide information on their activities, their views on voluntary work and social services departments and information to compare with other studies.

A small sample survey was undertaken on the elderly recipients of the local voluntary services to parallel the information obtained from the volunteers and to compare with other research and data.

The workload and views of the staff in the social services area team serving most of the Ringwood population has also been examined.

During the course of this research the Ringwood Day Care Project was created and established for the care of the elderly. Information on its development has been included because it differs from the traditional pattern of the other local voluntary services.

The conclusions and recommendations arising from this case study draw attention to some of the issues that need to be taken into account if voluntary organisations are to be seen as part of a strategy for community care for the elderly.

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ABBREVIATIONS USED IN THE TEXT

APAO	Assistant Principal Area Officer.
CABx	Citizens Advice Bureaux.
CSO	Central Statistical Office.
CQSW	Certificate of Qualification in Social Work.
CSS	Certificate in Social Studies. (In-services training for social services staff).
DHSS	Department of Health and Social Security.
EMI	Elderly Mental Infirm.
EOC	Equal Opportunities Commission.
HACB	Hampshire Association for the Care of the Blind.
HMSO	Her Majesty's Stationery Office.
MOW	Meals-on-wheels.
MSC	Manpower Services Commission.
NACABx	National Association of Citizen's Advice Bureaux.
NALGO	National Association of Local Government Officers.
NFDC	New Forest District Council.
NFTH	New Forest Tapes for the Handicapped.
OIC	Officer in Charge.
OPCS	Office of Populations Censuses and Surveys.
OPWC	Old Peoples' Welfare Committee.
PAO	Principal Area Officer.
RNIB	Royal National Institute for the Blind.
RSPCA	Royal Society for the Prevention of Cruelty to Animals.
SRN	State Registered Nurse.
SSD	Social Services Department.
WRVS	Womens' Royal Voluntary Service.

SUMMARY

Since taking office in 1979 the Conservative Government has pursued a policy of reducing public spending and discouraging dependency on statutory sources of personal care. The Government has been trying to encourage the provision of personal social services and community care wherever possible by private and voluntary services, or partnership between these sectors of the economy and the statutory services.

In the light of these policies this research is a case study looking at voluntary services as a source of community care for a particular client group in a particular community, the elderly living in the Ringwood area in Hampshire.

The case study identifies the range of services and organisations providing different aspects of such care for the elderly in Ringwood and examines fifteen relevant local voluntary organisations in more detail. These voluntary organisations reflect a microcosm of the voluntary services available nationally to the elderly as they include the international organisation the Red Cross, national organisations such as the WRVS and specifically local ones such as the New Forest Tapes for the Handicapped. Not all of the voluntary organisations providing services for the elderly are either direct service providers or confine themselves to this client group.

The local voluntary organisations tended to be traditional, offering services provided by the volunteers for the elderly. Self-help groups are marginal and most of the activities focus on social opportunities for housebound mentally alert elderly people who live alone.

The voluntary organisations did not offer any services for the elderly mentally infirm, or to relieve the burden on their carers. Neither were they particularly involved in the debates about the implications of government policies for the delivery of their services.

Historically Ringwood has always been a somewhat isolated rural town with very few public services such as the DHSS or hospitals based in the town itself. It is forty miles from the county administrative centre at Winchester and sixteen miles from the nearest Social Services Department Area Office at Lymington. This relative isolation may account for the attitudes of independence and resistance to change expressed by some of the participants in the case study.

The leaders of the relevant voluntary organisations differed from their rank-and-file volunteers. Several had made a career of their voluntary work and they functioned much like

middle-management employees. A substantial proportion were, or had been, involved in local politics. They had status as local public figures and strong formal and informal links between themselves by virtue of sitting on each others' committees. They exploited their own personal networks to recruit volunteers.

The leaders suggested the names of the 39 volunteers who agreed to take part in a sample survey of their experiences and views. Thus their selection was neither neutral nor random, but this did not appear to restrict the range of opinions that they expressed.

The sample of volunteers tended to be middle-aged, middle class and female with a bias towards the newly retired. Recruitment from the ranks of people registered as unemployed was not a policy practiced by the local voluntary organisations, but the employment history of the existing volunteers did indicate a direct or indirect transfer of employment experience into their voluntary work.

The majority of volunteers had neither been offered nor received any training for their voluntary work. Very few recognised a need for it. They had spent less time in voluntary work with the elderly than their leaders, but most of them had done voluntary work with other groups of clients in the past. None of the volunteers had been involved with local politics. They tended to offer limited but regular blocks of time for their services and initially they emphasised practical and organisational tasks rather than befriending skills. Although some general conclusions can be drawn about the volunteers the range of the views that they offered showed that they were not a homogeneous group.

The leaders suggested the names of 55 elderly people to take part in a sample survey of their experiences and views. Forty agreed to take part in 38 interviews, (two interviews were with married couples). The elderly sample were predominantly female, over the age of 75, widowed, living alone on a fixed income and had one or more health problems. More than half reported some restriction in their walking but only three owned cars. The rest were dependent for transport on their relatives, friends, neighbours and most significantly the local voluntary organisations, if they wished to travel more than half a mile from their homes. Public transport in the Ringwood area is very poor.

Contact was recorded between 109 adult relatives and the elderly sample, but the frequency depended on the distance between the homes of the elderly and their families. The sample had more sons than daughters, possibly indicating that elderly people with daughters are less likely to use the services of voluntary organisations. Most of them reported a low level of assistance with their daily living skills from their relatives but contact

with them was more frequent than with friends and neighbours. The sample of elderly reported a limited friendship network and most people identified as friends and neighbours were over the age of retirement.

Half the sample belonged to two or more voluntary organisations and most had learned about them through their own informal networks, but referrals by GPs and direct invitations from the voluntary leaders were also important. In fact the local general practices played a significant role in making referrals to both the voluntary organisations and the social services department.

The elderly who took part in the case study valued the opportunity that the voluntary organisations gave them to relieve their isolation. They expected the volunteers to be good organisers, to recognise their slower social and physical skills but to treat them as equals. Like the volunteers most of them did not see any need for training for voluntary work.

Neither the sample of volunteers nor the sample of elderly people were able to offer many ideas for changing or developing the voluntary services for the elderly in the Ringwood area; some because they felt that they are already adequate, others because they did not know enough about voluntary services or the work of the local social services department to comment.

The staff at the local social services area team at Lymington were also asked to complete a questionnaire to complement those put to the elderly and the volunteers. Due to issues being negotiated by NALGO on their behalf at that time they did not feel that it was appropriate to do so, but they were willing to provide statistical data and verbal information about their work in relation to voluntary services for elderly people in the Ringwood area.

The Lymington Area Team serves a total population of 75000 people and twenty-nine per cent are over retirement age. It covers a large area geographically but the majority of the population is concentrated in and around Lymington. At the time of conducting this research it was the policy of Hampshire Social Services Department to have lower staffing ratios in rural areas than in the urban areas. In addition to this policy five social work posts had either been terminated, frozen or unfilled since 1980. There was no specialist post for voluntary work and staff were left to decide their own levels of contact with the voluntary organisations.

The workload was managed on a crisis model rather than developmental, and statutory duties had to take precedence. Work with the elderly in Ringwood was further restricted by the distances staff had to travel to reach them. The pattern of

contact between the social services department and clients in Ringwood was either indirect via an intermediary service provider such as the delivery of meals-on-wheels, or it was confidential casework and so "invisible".

The elderly and the volunteers were therefore not aware of most of the work undertaken by the social services department and this may have contributed to the negative views that they expressed. Several confused the social services department with the DHSS. Only a few people in either group felt able to offer suggestions for changing or developing the work of the social services department and even fewer were able to make comments about transferring statutory services to the voluntary sector.

Where contact did exist between the local voluntary organisations and the social services department it was either for the purposes of finance and administration and directly linked to the county headquarters at Winchester, or it was it was focused on individual clients and was time-limited and case-specific.

The most intensive direct contact with the social services department that was reported by the elderly was with their home helps, but even in this instance they did not always realise that they were employed by the department. Contact with other members of staff was minimal.

The staff of the Lymington Area Team were aware of how limited their contact was with the voluntary organisations in the Ringwood area and new patterns of making and maintaining contact were initiated during the course of this research.

Parallel with the development of this research (and possibly reflecting its findings), has been the establishment of the Ringwood Day Care Project, a day centre and home care scheme for physically and mentally frail elderly people and their carers. It was opened in 1985 and run from a converted flat on the premises of the local social services home for the elderly. It is financed by Joint Funding from the Health and Social Services Departments and Age Concern Hampshire acts as the employer for the co-ordinator. Originally this was a full-time post but now it is two part-time posts. It has a management committee with representatives from the local voluntary organisations, the local general practices, Age Concern, the Lymington Area Team and other sections of Hampshire Social Services Department.

CHAPTER ONE

RINGWOOD SURVEY ON VOLUNTARY WORK WITH THE ELDERLY

(I) INTRODUCTION

The idea for this research was first developed in 1980. It was stimulated by the trend in Government policies to reduce public spending, a trend which had been growing since the mid 1970s. Reductions in public spending were presented simultaneously with policies of encouraging people to look for and develop "care in the community", rather than rely upon or expect the State to meet their care needs when they arose.

Care in the community is seen as a shift away from the institutionalised and state-funded care provided by hospitals, local authority homes and some day-care services. It is a shift towards dependency upon care being provided by the private sector of the economy, the voluntary sector and informal care-givers.

This research is concerned with the care provided by voluntary organisations for elderly people and the issues affecting the extent to which they could comply with the Government's expectations of their contribution to community care. The method used has been a case study examining local voluntary services in a semi-rural community and it includes an examination of their relationship with the local social services department. The area chosen for the case study was Ringwood, a market town in southwest Hampshire.

Fieldwork for this research was finished in 1984 and the major part of the evaluation of the data by the end of 1986 but the final completion of the writing up was delayed. The analysis therefore particularly reflects the issues involved in providing voluntary care for elderly people between 1980 and 1986, both at the specifically local level in Ringwood and within the political and economic climate that existed at that time. Some of the developments in this field since 1986 are discussed in the final chapter.

II REASONS FOR CHOOSING TO STUDY THE ELDERLY

(1) Population Trends.

The OPCS Monitor published in 1983 (21), predicts a slow growth in the population of England and Wales over the next few decades, but,

"The age structure of the population is projected to change. In the medium to long term future the main increase in the size of the population is projected to occur in the number of people over age 45

The population of those aged 75 and over is projected to show the particularly rapid rate of increase of 21 per cent over the coming decade, from 2.9 million people in 1981 to 3.5 million in 1991."

(See Table 1:1 reproduced from OPCS Monitor 1983, in Appendix 5).

(2) The Social Situation of the Elderly

Numbers alone do not indicate needs. The characteristics of the post-retirement population need to be examined as this is the population group that is designated as elderly. Holgate and Keidan, Hall's Social Services of England and Wales, p.236 (15), summarise the social changes experienced by those over retirement age as follows ;

"Geographical mobility, increasing affluence leading to young couples setting up separate households, working women and changes in the size and shape of familieshave meant that some elderly people cannot be cared for by their families at all and others not without outside help. A new factor in this situation has been developments in medicine which can keep alive, and possibly heavily dependent, old people who would previously have died after a short illness, and this can put a great strain on the family."

Wicks (35), offers a more detailed analysis of the situation of the elderly citing several recent studies and areas of significance :

(i) Population structure. - Not only has the proportion of elderly people increased relative to the overall structure of the population of England and Wales, but the majority of the elderly are women. This can partly be explained by their relatively higher life expectancy, but also by the fact that the male population in this group has been reduced by deaths in the two World Wars.

(ii) Numbers living alone. - Data from the OPCS and the CSO indicates that the proportion of elderly people living alone has risen from 7 per cent in 1961 to 15 per cent of all households in 1979. It is expected that this trend will continue, particularly amongst the widowed, divorced and separated. In the Age Concern series "Profiles of the Elderly", Vol 1, p 16(2) the evidence of the household composition of the elderly is summarised as follows :

"...the great majority of people age 65 or more live either alone or else in the household of another retired person of pensionable age. It is very rare for them to be members of a household where the head is comparatively young and economically active and where there are young children."

Anderson, writing in *New Society*, (4) suggests that living alone for some elderly people could reflect a positive choice rather than a passive submission to economic and social trends :

"Perhaps more of today's old people live alone because they want to and because the welfare state has allowed them to, rather than because no relative is willing or available to take them into their own homes."

(iii) Level of disability. - The studies examined by Wicks show that mental and physical disabilities are all too common amongst the elderly, particularly those over the age of 75. Volume 2 of Profiles of the Elderly looks at "Their Health and the Health Services", (2), based on the tables produced in the DHSS Annual Report, 1975. They are reproduced in Appendix 5 and show the high rate of use of the health services (made by the elderly) in comparison to other age groups in the population. The onset of disabilities can herald the loss of independence and the risk of increasing social isolation for many old people.

(iv) Housing. - The figures on ownership examined by Wicks suggest that a high proportion of elderly people are owner-occupiers, but for many of them this far from an indicator of affluence and comfort. Rather it is a burden because their homes are too large to manage, they often lack modern amenities and are costly to repair and maintain.

In Vol.1 of Profiles of the Elderly, p.34(2) the authors found that 40 per cent of privately rented properties are occupied by elderly people over the age of 60. Much of this category of property is in a poor state of repair and includes a high proportion of older, unmodernised housing.

(v) Income. - Retirement brings loss of income for the majority of the population. Profiles of the Elderly, Vol.1, p.28 (2) summarises the data available on the incomes of the elderly. Several important points are made including the facts that "average income per head is approximately 15 to 20 per cent below that in households where the head has not retired", "For both elderly men and elderly women income decreases with increasing age ...", and "The poorest elderly households are those that consist of one woman living alone."

(vi) Social contacts and isolation. - Living alone is not synonymous with loneliness, but Wicks points out that evidence presented in the 1976 study "Elderly at Home" (16) ".....contact with relatives varied greatly according to marital status, age and geographical location." (p.103). The personality of an elderly person and his or her attitude towards having frequent or intimate contact with other people are also factors that need to be taken into account.

Anderson's article (4) cautions us against sentimentalising the status and care offered to elderly people in the past. We have approximately the same proportion of elderly people in residential care as there were at the turn of the century. Rowlings introduces the reader to the range of myths identified about old age in "Social Work with the Elderly", (p.21).(25). Culturally we seem to place a negative value on the elderly and view them as an homogeneous group. In reality the post-retirement age group spans two generations. This perhaps is one of the most important issues arising from the studies on the elderly. Even when allowances are made for the individual differences between elderly people there is a consistent trend of an increase in need and demand for support from the health and social services from elderly people over the age of 75.

(3) Political and Economic Issues

The changes in the size and structure of the elderly population have coincided with restrictions in the development and provisions of resources to meet their needs. From the mid-1970's onwards economic recession coupled with inflation dominated the public, private and voluntary sectors of the economy and restricted their provision of services. The control of inflation has become a focal theme in the policy of the Conservative Government since it took office in 1979, especially in the fields of public spending. In 1981 the Government published its White Paper "Growing Older" (9), a policy statement on the care of the elderly. It makes it abundantly clear from the third paragraph of the Forward that its emphasis is on controlling costs rather than developing services,

"The Government's overall priority is to reduce and control inflation....As the economy improves, elderly people will share in that improvement. In the meantime, we have to hold back public spending and concentrate on the revival of the economy."

Right from the start this policy was viewed with alarm. Walker, writing in Social Work Today in November 1979(30) argued that social expenditure was already below that of most of our European neighbours and, "the proportion of public expenditure taken by health and personal social services has increased by only two per cent in 30 years" In Walker's view the most vulnerable and needy sections of the population would be the ones to suffer the most, including the elderly. Local authority social services departments had already started to submit their proposals to reduce their levels of spending. Walker included those proposed by Hampshire, the social services department responsible for services for people living in Ringwood, as an example,

"Hampshire social services department have cancelled the appointment of 13 additional day and night care staff for homes for the elderly, despite the fact that only one officer is on duty at night in these homes. Five day and training centres for the elderly and mentally handicapped have also been cancelled. Eleven of the 948 home helps will be cut at a time when the number of very elderly people is increasing."

The picture of the financial situation of local authorities since 1979 is confusing. The Government has imposed increasing restrictions on public spending, but data on the response of the local authorities is very varied. Some have achieved cuts, others have "overspent". Calculations seem to vary and distinguish between "real" increases in spending and "actual" increases. Most local authorities report that salaries and wages are their largest financial commitment as they have risen in an attempt to keep pace with inflation. Redundancies and non-replacement of staff are measures that are frequently used to keep control of this area of spending. Capital projects have been reduced or abandoned and similar policies have been introduced into local authority support for voluntary organisations.

A local example of this is the Kershaw Day Centre in Fareham, (Webber, 1983 (31)). Webber reports that the original scheme was approved by the Social Services Committee in 1978 for implementation in 1980. The aim was to provide a day centre for 24 elderly people and 6 younger physically handicapped people. With the assistance of joint finance it was to have been staffed by an officer-in-charge, a deputy OIC, two care assistants, a remedial therapist, a driver and a part-time domestic. The scheme was drastically revised before the implementation date and reduced to the provision of day care for the elderly only. The staffing level was reduced to only the appointment of a supervisor and a driver/handyman with all other help being provided by volunteers.

The latest strategy proposed by the Government to control local authority spending is Rate Capping, the power of central government to limit the level of local rates that a local authority can impose to cover its expenditure. Controversy developed over this issue for several reasons. Firstly it is criticised as interference in the established democratic process and financial management of local government. Secondly, interpretation of the Rates Bill, e.g. by Stewart in a recent articles in Community Care (26) seem to show that the Government is allowing itself wide powers of discretion in selecting the local authorities to be capped. A third major criticism is that it is yet another financial policy which takes no account of the needs of those who are dependent upon the personal social services, an issue discussed by Townsend in the same publication (28).

Running parallel with the financial pressures on local authorities are a series of counter-measures of government-sponsored financial support for the voluntary sector.

Weightman, writing in New Society in 1979 (32) drew attention to the existing vulnerability of the voluntary sector because,

"Much of the expansion of the voluntary sector in recent years has actually been spawned by the statutory authorities.

Its not an alternative to the public sector, and is liable to crumble along with it as public expenditure cuts take effect."

He quotes several examples of the Government's ambivalent policies and attitudes towards the voluntary sector, e.g. withdrawing funds under the YOP and STEP schemes and reductions or withdrawal of annual grants. Weightman emphasises how this practice contradicts the alleged value that the Government places on the voluntary sector.

In May 1980 Community Care reported that the Government was granting £300,000 p.a. to the Home Office Voluntary Services Unit "to encourage local voluntary sector development". This included creating new forms of volunteering and new organisations, a small grants scheme to enable local projects to become viable and two projects to enable local charities to rationalise and combine their funds. Bruce, the Director of the Volunteer Centre welcomed it, but said it was "a modest sum". The scheme had a mixed reception as indicated in Community Care, 29.1.81 (7). It was challenged as an device to divert resources from local authorities in an attempt to get the voluntary organisations to provide welfare services on the cheap. In the meantime the major voluntary organisations had been pressing the Government to relieve them of the duty to pay VAT but the Government would not accept this proposal (8).

In 1982 the Government launched its scheme "Opportunities for Volunteering" aimed at the unemployed. £3.3m was to be made available to service-providing voluntary organisations, but initially only for one year. Whitehouse analysed the response of the public and voluntary sectors to this scheme (34). It had a very dubious reception from both sectors and was criticised on the grounds of ethical problems, administrative problems and the short-term nature of the scheme. It was described as "ad-hoc" and a "dog's breakfast" and undermining the continuity of care in the public and voluntary sectors. It was seen as a means of masking unemployment figures and a threat to the livelihood of those in employment in the public sector.

The criticisms identified by Whitehouse are echoed by Westland nearly two years later in an article published in Community Care in November 1983 (33). Despite pressure from the Government local

authorities have not been able to reduce their spending on the personal social services to the level required and most found that they had to increase rather than decrease their spending. Government grants to the voluntary sector continued to be made available, but the pattern of short-term funding still persists on the assumption that the local authorities will take over responsibility for the continuity of the projects or other measures will be available to secure their future. The sums of money made available to the voluntary sector are tiny compared with sums spent by the local authorities. Westland says that in 1979 the total DHSS expenditure under Section 64 of the 1968 Health and Public Services Act was £6.036m. In 1982 it was £5.92m (both figures at 1979 prices). The funds available under the Opportunities for Volunteering were expected to stay at £5m p.a. until 1985/6.

When the social profile of the elderly population is related to the effect of current political and economic policies for the public and voluntary sectors, then making provision for their long term needs looks very difficult indeed. The needs of the elderly increase rather than decrease with advancing age.

"Unlike childhood, old age does not begin and end within a specified period, so that families and public services cannot clearly foresee where their duties will begin and end." (Holgate and Keidan, (15)p.238)

(4) The Elderly and the Health Services

The tables reproduced from Profiles of the Elderly, Volume 2, 4, "Their Health and the Health Services" (2) (See Appendix 5), show the high rate of use made by the elderly of a wide range of health services. What is also very striking is the low proportion of medical staff working in geriatric specialities (table 2.11). Politics and economics are not the only issues affecting the provision of services for elderly people. Care of the elderly is viewed by both health and social services staff as one of the least attractive career options. Tuckett (29) paints a gloomy picture of the level of interest that the elderly arouse in the medical profession as a whole,

"They are unlikely to gain position, wealth, or status by being successful in improving the experience of patients on a back ward in a geriatric hospital, although the situation is improving."

(See Appendix 5 , Tables 2.11).

(5) The Elderly and Social Services Departments

Despite the fact that the elderly account for over half the spending on residential care and probably the same proportion of total referrals for other services in most local authority social services departments, they occupy a low status in the choice of priorities and the delivery of services in comparison to other client groups. Hampshire County Council County Rate statement reports 1,000 children in residential care, 1,100 with foster parents and 3,000 residential places for elderly people in 1984.(13). Goldberg and Waburton (12) in their study of an area team in the same local authority report ;

"...while people aged 65 and over comprised 30% of the referrals, they constituted 51% of the long term cases."

Two factors seem to have a particular influence on the status of the elderly in social services departments; legislation and the views of the social workers themselves.

The legal duties and responsibilities imposed upon social services departments for the care and protection of children represent the most complex and demanding aspect of their work. Failure to fulfil these duties, and particularly the deaths of vulnerable children, has caused adverse publicity for the local authorities, the social work profession and the individual staff involved. Referrals of vulnerable children take priority over all other cases and they are the greatest source of anxiety in the management of workloads.

Care and protection of the mentally ill is regarded as the second most important priority and the legal duties and training requirements of social workers have been extended under the 1983 Mental Health Act.

Acts of Parliament to protect the interests of the elderly and the handicapped are the responsibility of other departments, besides the Social Services Department, e.g. the DHSS. The two most relevant to the social services departments are the 1948 National Assistance Act - particularly section 37 which requires that voluntary and private homes for the elderly are registered and inspected by the local authority, and section 47 which gives the local authority the power to remove a person deemed to be needing care and attention from their own home to "suitable premises" (18). In 1970 the Chronically Sick and Disabled Persons Act came into effect. The impact of this act seems to have fallen far short of the hopes of those concerned with the care of the chronically sick and disabled because the resources required to fully implement the requirements of the Act have never been made completely available. The clients supposedly served under this Act have become an easy target for budget cuts such as the imposition of quotas for the installation of telephones, which are not necessarily related to the level of demand. The Disabled

Persons (Services, Consultation and Representation) Act, 1986 is aimed at improving the co-ordination of services for disabled people.

As a client group the elderly have not achieved a very high status in the period following the re-organisation of the local authority welfare services. Prior to the implementation of the 1970 Social Services Act, in most of the local authorities the children's services, the mental health services and the welfare services for the elderly, disabled and the homeless were administered by separate departments. Professional social work training for child care officers had been well established for several years. Separate training courses for medical social workers (known as almoners) and psychiatric social workers were also in existence, although work in a local authority mental health department was a popular career choice for psychiatric nurses who had not necessarily received any social work training. Staff with any formal social work training were in a minority in welfare departments, but many of them possessed other specialist qualifications. The tables reproduced from the Seeborn Report illustrate this pattern (24). (See Appendix 5 Table 1:8).

Thus, when the new social services departments were established there were marked divisions in the status of the training and qualifications of the staff which were very closely related to the client groups that they had formerly served exclusively. The subsequent legislation reinforced the divisions despite the hope expressed in the Seeborn report that a generic model would "ensure a more co-ordinated and comprehensive approach". (P.12 para 9).

The pecking order still persists,

"first child care, second mental health, third the elderly".

In 1978 the DHSS published "Social Service Teams: The Practitioner's View" (22). The authors found that the elderly were largely the responsibility of unqualified staff (chapter 6) and work with the elderly was the least popular choice of client group amongst the students that they surveyed (Appendix II).

(6) The Voluntary Sector and the Elderly

This is the most problematic area to reflect upon within the context of the introduction to this research. From the personal and individual level through to the highest political levels the terms "voluntary sector", "voluntary organisation", "voluntary work" and "volunteer" are subject to a wide variety of definitions. These terms will be discussed in more detail in the chapter dealing with voluntary work.

"Growing Older" (9) makes repeated reference to voluntary organisations and volunteers and the contribution that they can make to the care of the elderly in the community,

"Money may be limited but there is no lack of human resources. Nor is there any lack of goodwill. An immense contribution is already being made by families, friends and neighbours, and by a wide range of private, voluntary and religious organisations. We want to encourage these activities so as to develop the broadest possible base of service."

The Government in fact sees a role for the voluntary organisations in a multitude of services for the elderly -

preparation for retirement
recruitment of the newly retired as volunteers
leisure activities for the elderly
voluntary transport, especially in rural areas
housing associations and sheltered housing schemes
provision of a variety of support and care services
support for the bereaved
integrating with, developing and supplementing existing
public services.

The need for partnership with the public sector is a theme repeated throughout the document. Several other themes are also apparent:

(i) The Government makes clear its determination to restrict public spending.

(ii) Where services have already been established by statute, eg pensions, health care and housing, and where there is statistical data available from other government departments, the contents are factual and specific.

(iii) When the White Paper discusses support from the non-government sectors its style becomes vague, "should", "could", "may" and "might" are words frequently used.

(iv) A particular style emerges in relation to the voluntary organisations,

"....we want to encourage..."

"....every encouragement needs to be given..."

"Local initiatives, however, especially in the field of voluntary work, are to be welcomed."

(v) The section on the social services is extremely brief and discussion of the local authority social services is interwoven with references to the work of voluntary organisations.

(vi) "Growing Older" could be viewed as an attempt to woo service users and service providers away from expectations of, and dependency on, public services for the care of the

elderly, and to get them to transfer their expectations particularly to the voluntary sector, but also the private sector.

To these observations can be added those of Townsend made at the Age Concern Conference following the publication of "Growing Older" (28). He said that the White Paper failed to give any clear definition of what is meant by community care and that there was "a pervading model of the elderly as passive recipients of services."

The Voluntary Sector From the Social Services Viewpoint.

Historical accounts of the development of the State welfare services show that voluntary initiative laid the foundations of many of our state services, eg the account given by Johnson, Voluntary Social Services, Chapter Three.(17)

The State became established as the major source of welfare services in the 1940s, but even then leading social reformers such as Lord Beveridge still foresaw a role for the voluntary sector (6). Beveridge defined voluntary action as,

"private action, that is to say action not under any authority wielding the power of the State."

Another strand of Beveridge's views identified by the Wolfenden Committee, p.20(36) was "the importance of the moral contribution of the voluntary sector." Beveridge saw voluntary action as being outside the State in some circumstances and an important part of it in others,

"Encouragement of voluntary action for the improvement of society and use of voluntary agencies by public authorities for public purposes is no less desirable for the future than it has been in the past. The reasons for it have not diminished and will not be destroyed by the growing activities of the State." (p.306)

The change in the role and range of responsibilities accepted by the government did, however, challenge the established role of the voluntary organisations. Wolfenden (p.19) says,

"The history of the voluntary sector over the last three decades has been dominated by problems of adaptation to the new role of government."

For the first 15 years Wolfenden suggests that the voluntary sector was marking time. This period of marking time coincided with the period when ideas about the nature and role of social work and state welfare services were rapidly being developed culminating in the Seebohm Report (24). Distinctions developed between the

"professionals", social workers in the pay of the local authorities with access to formal training, and volunteers, the untrained, unpaid "amateurs".

The Seeborn Report echoes Beveridge's view of the role of the voluntary sector. It acknowledges the tensions that can, and do, exist between statutory and voluntary welfare services but it presents a model of voluntary service where the local authority social services departments should have a considerable amount of control and influence over the voluntary organisations,

"With the continuing growth of the personal social services it will be more and more necessary for local authorities to enlist the services of large numbers of volunteers to complement the teams of professional workers, and the social service department must become a focal point to which those who wish to give voluntary help can offer their services". (para. 498 p.153)

"Responsibility for using voluntary help wisely must rest with the principal officer of the social services department". (para.500 p.154)

The secondary status of the voluntary sector in relation to the work of the social services departments still persists. There are valid reasons for this. Social services departments have been set up to provide a wider range of services than any of those undertaken by voluntary organisations. They have to fulfil legal obligations that are not normally required of most of the voluntary organisations (exceptions to this include the NSPCC and Housing Associations). Social services departments are accountable to the public for their financial management and the control and conduct of their staff in a way that is not required of the voluntary sector, except when it is being supported by public sector funds or when an organisation sees it as its moral duty. The philosophy of freedom of action for and by voluntary organisations is dominant in the public's view of them and their view of themselves.

The advent of the social services departments presented new and exciting challenges to the staff, but at the same time it was a stressful period both in terms of internal staff relationships and in creating a new identity acceptable to the existing local authority and health services. Therefore much energy and effort was directed inwardly to establish and consolidate the status and functions of the new services.

The voluntary sector has not been forgotten in the intervening years, but policies and attitudes towards the involvement of the voluntary sector vary considerably, a point made both by the authors of "Social Services Teams; The Practitioner's View." (p.275.11.37), (22), and by Hatch (14) where he found

that the proportion of expenditure by social services departments on voluntary organisations in 1977/78 "ranged from nil to 12.3 per cent."

Holme and Maizels found in their study "Social Workers and Volunteers" (29) that,

"..it seems, that at any one time, fewer than three in five local authority social workers with caseloads are probably using the services of volunteers for their clients.... Only a minority of social workers who use volunteers, however, work closely with them...." (p.170)

Goldberg and Warburton (12), found in their study of "Seatown" that there was very little contact between the social workers and volunteers. Only three per cent of the elderly and the physically disabled referred to the team during the study period were referred to a voluntary visitor although voluntary organisations came third to schools and health visitors in the range of contacts made with outside agencies.

What is the Voluntary Sector ?

Confusion about the role and status of the voluntary sector is not just attributable to the variety of policies and attitudes practiced by the Government, local authorities and social work staff. The voluntary sector itself is a confusing area to study. The range of contributions from the voluntary sector suggested by the Government in "Growing Older" (9) reflects only a small part of activities which are generally recognised as voluntary.

The boundaries of voluntary action and the voluntary sector are unclear. The Wolfenden Committee was concerned with voluntary organisations (36). The introductory chapter, "Our background and approach" outlines the difficulties the committee encountered and their decision to exclude organisations such as "churches, universities, trade unions, political parties ..."

"We decided ...we would take as the centre of focus of our review voluntary organisations dealing with the personal social services and what is generally known as the "environment".

"By "personal social services" we meanservices containing a social work element and designed by our society to meet the needs of individuals who are at a particular disadvantage in that society by reason of, for instance, old age or physical handicap." (p.11 to 12)

Holgate and Kiedan (15)(p.255) encountered similar problems,

"The variety of voluntary agencies, some well supported by public money, makes anything more than a broad description

difficult. They include national organisations with very specific functions, local organisations with general welfare aims, self-help groups, community activities and many more variations on similar themes. Their workers may be paid professionally qualified staff, or untrained volunteers."

Johnson (17) found,

"....the definition of a voluntary organisation turns on four factors.

1. Method of formation: the organisation does not owe its existence to statutory authority but consists of a group of people who have come together voluntarily.
2. Method of government: the organisation is self-governing and decides its own constitution and its own policy.....
3. Method of finance: at least some of the organisation's money should come from voluntary sources.....
4. Motive: the organisation should be non-profit making...."

In relation to the last two points it cannot be assumed that all registered charities are voluntary organisations set up for the relief of distress or the promotion of the interests of a disadvantaged group. A striking example of this was identified by Erlichman, writing in the Guardian (11) when he reported that the Royal Opera House is registered as a charity and receives £1 million a year in donations.

A further factor making it difficult to define voluntary organisations once and for all is that their activities are constantly changing.

Holgate and Keidan (15) (p.255 to 256) describe how some voluntary organisations have become professionalised, naming the Marriage Guidance Council(now known as 'Relate'), Family Services Units and Dr Barnardo's as examples. Wolfenden (36) outlines the developments in voluntary action since the late 1950s.

(a) The re-orientation of some service organisations to differentiate their contribution from that of statutory agencies (eg the provision of specialist services not available in the statutory sector by Barnardo's and the Church of England Society).

b) The rapid growth of pressure-group organisations seeking to change Government policy (eg Shelter, Disablement Income Group, Child Poverty Action Group).

(c) The flowering of mutual-help groups in fields from preschool play to the drug addict and the single parent family.

(d) The growth of co-ordinating bodies at local and national level.

e) The increasing encouragement of voluntary organisations by local and central government, including most recently the Voluntary Services Unit, through grant-aid. (p.20)

Differences in the structure and functions of the voluntary organisations have implications for the identification of the role of volunteers. These will be discussed in more detail in another section, but the variations in the voluntary organisations immediately present several models of volunteers. Some have to be employed full-time, eg the care and administrative staff of Barnardo's. Some agencies pay an honorarium to key voluntary workers, eg the organiser of a local Citizens' Advice Bureau. Some volunteers only receive expenses and many receive no financial payments at all. This last group is probably the largest and the model that most commonly springs to mind for the general public.

(7) The Informal Sector

Another factor which blurs specific definitions of the voluntary sector is the differences between what is done by volunteers and what is done by the "informal sector". It is widely recognised but difficult to analyse and even more difficult to integrate with the development of services in the voluntary and public services sectors. All three sectors are generally referred to as "community care." The informal system is defined by the Wolfenden Committee (36) as,

"The informal System of Social Helping.

The help and support that family, friends and neighbours give to each other" (p.22)

The informal system is currently being cast in the role of universal panacea by the Government. In "Growing Older" (9), it says,

"1.9 Whatever level of public expenditure proves practicable, and however it is distributed, the primary sources of support and care for elderly people are informal and voluntary. These spring from personal ties of kinship, friendship and neighbourhood. They are irreplaceable. It is the role of public authorities to sustain and, where necessary, develop - but never to displace - such support and care. Care in the community must increasingly mean care by the community."

The Equal Opportunities Commission (10) voices the criticisms of this policy made by many people when it says,

"...the Government's "community care" policy is a euphemism for an under-resourced system which places heavy burdens on individual members of the community, most of them women. It represents care "on the cheap"."

Where elderly individuals have surviving relatives they are often the primary source of care and support, but they cannot be taken for granted. Abrams (1) found in the surveys that he undertook that,

"For well over one-third of all elderly people it is certainly not a 'fact that family members are available who can fill the role of unpaid nurses and home helper.' When they need, or feel they need, care they are dependent primarily on the informal support of neighbours and friends. As we have seen (in the First Report), this is often not forthcoming." (p.60)

Evidence collected by the EOC shows how poorly families are supported by the social services departments and the voluntary sector.

"Given scarce resources, social services departments tend to put priority on providing for the old and severely handicapped living alone. This may well mean that regardless of their ability to cope, the family - or the nearest female relative - are left with no alternative but to provide for their dependent relatives on their own." (p.3)

Later they quote from Nissel's study (20) where,

"Help from voluntary organisations or neighbours was reported to be even more rare, and where given, it was on a fairly casual basis. Ironically it appeared that the greater the degree of dependency, the smaller the amount of external help offered." (p.17 to 18).

The whole of the EOC report (10) emphasises the extent to which services and state benefits have been developed on the assumption that a woman's role, particularly a married woman, is primarily that of family caretaker, and, that this does, and should, take priority over her interest in being economically and socially active.

The informal system of community care is being promoted in pragmatic terms in the social services sector as a means of bridging the gap between the demands and need for services and the

restrictions in the allocation of resources from central Government. This approach is clearly demonstrated in chapter 13 of the Barclay Report, "Towards Community Social Work" (5).

The assumptions contained in the Barclay Report and those being promoted by Government policy about the extent of the contribution of the informal sector to community care are criticised by Allan in "Informal Networks of Care; Issues Raised by Barclay." (3) He particularly draws attention to the norms governing relationships between friends and between neighbours. Of friends he says,

"While part of friendship is caring about each other to a greater or lesser degree, caring for one another is not an element inherent in the routine organisation of friendship. (p.426)

....friendships are fragile. Unlike primary kin ties they normally do not endure when circumstances alter." (p.427)

Of neighbours he says,

"...the dominant form of neighbouring relationship in contemporary society is not one which includes an element of caring. Indeed it can better be characterised by friendly distance." (p.428)

Another factor to take into account is whether informal care givers can be regarded as volunteers or volunteers as informal care givers. Not only does this have implications for their roles but labelling the deliverer of care has important consequences for the allocation of resources. The EOC (10) evidence implies that those labelled "volunteers" and "clients" are more likely to receive resources than those labelled "informal care givers." Such distinctions are not related to needs. Wolfenden (p23) (36) emphasises the limits that should be expected in the level of care from the informal sector,

"...it is not equipped to provide services which involve professional expertise and expensive plant and equipment."

They also draw attention to the heavy financial costs of care of the frail and the elderly.

It can be seen, therefore, that the concepts of the "voluntary sector", the "informal sector" and "community care" contain many contradictions and conflicting elements. They raise many problems in considering how to meet the needs of the dependent elderly.

(III) REASONS FOR CHOOSING RINGWOOD

(1) Ringwood Past and Present

Ringwood is an ancient and semi-rural community, a well-established market town. Because of this some families have lived there for several generations, but like other towns in the south of England it is attracting many newcomers, particularly people who have chosen to move to the area following retirement. The climate is seen as beneficial, the location is seen as attractive, and, for those who are fit and have their own transport, the limitations in the services and amenities of the town are not a problem.

Ringwood is situated in the south-west corner of Hampshire and since 1974 when the local authority boundaries were reorganised, the western boundary of the town has also become the border between the counties of Hampshire and Dorset. Judson and other authors who have contributed to "All About Ringwood" (23) say that there could have been a permanent settlement in Ringwood as far back as the Iron or Stone Ages. It was certainly established as a market town by the end of the eleventh century. The history that they give of the town indicates that it developed as a prosperous agricultural and trading centre but it remained relatively isolated until it became a staging post for the mail coaches travelling between Poole and London in the eighteenth century and the railway was built in the early nineteenth century.

Ringwood has changed a great deal since the nineteenth century. Agricultural activities in the surrounding areas are still important, but it now has four industrial estates mostly concerned with light industry and services. There are a variety of small retail businesses in the town and a few large retailers such as Boots, Woolworths and two national supermarkets. There are many people who live in the town and the surrounding areas who in fact work elsewhere eg Bournemouth, Christchurch, Salisbury and even further afield.

The railway has gone. The nearest stations are at Christchurch, Bournemouth or Salisbury. The old coach route has now been replaced by the dual carriageway of the A.31 which has effectively split the town into two parts, a large residential area to the north east, Poulner, and the rest of the town's residential and business areas to the southwest. The road systems between Ringwood and other local towns vary from adequate to good, but public transport is poor. There are often gaps of up to two hours on routes to some of the main urban centres such as Southampton or no direct services to some of the lesser ones such as Lymington. The old coach route is still flourishing in its modern form with daily express coach services to London and other areas.

Although Ringwood may appear to enjoy several benefits from being an historic market town it also suffers several disadvantages. It has a relatively small population, 11,900 people. (Source, New Forest District Year Book 1983/1984) (19). Reorganisation of the local authority boundaries in 1974 separated the town administratively from the communities on its western boundaries, separated it from its neighbouring towns of Bournemouth and Christchurch which went to Dorset, and deprived the elderly residents of the right of admission to nearby St Leonards Hospital which was transferred to East Dorset Health Authority.

As Ringwood is only a small town only a few public services are actually provided within its boundaries. This has important implications for the way people get access to those services, the use they make of them and their attitude towards them. For the purposes of this research particular attention has been paid to access to the services of the Hampshire Social Services Department and the local Area Team based sixteen miles away from Ringwood in Lymington. Problems over access to statutory services have important implications for the voluntary sector.

The stability of the community in Ringwood, however, has enabled it to develop a network of voluntary organisations to meet the needs of the local population, including the elderly. Many of these organisations publish information on their activities and one of the most useful ones for this research has been the booklet produced by the Community Association, "All about Ringwood". The third edition was produced during the course of this research.(23).

Although the provision of health and welfare services and public transport appear to be confusing or inadequate, other services are well established and accessible within the town. There are seven pre-school play-groups listed in "All About Ringwood". There are two first and middle schools and one comprehensive school, but children wishing to continue their education beyond the age of sixteen have to travel to the sixth-form college at Brockenhurst, several miles away. There are several local private schools, including special schools for handicapped children. Adult education is available through day and evening classes at the Further Education Centre at the comprehensive school or Greyfriars Community Association.

There is an enormous range of social activities for both children and adults. Greyfriars and the churches run youthclubs. There are several groups of Brownies, Cubs, Scouts and Guides. A few years ago a new sports centre was opened offering facilities for both children and adults. In addition to this there are several private sports clubs.

As the Third Edition of "All About Ringwood" states, "Most of the religious denominations flourish in Ringwood".

In fact it lists twenty churches or religious groups based in or around Ringwood, nine of which are members of the Ringwood Council of Churches.

Both the Second and Third Editions of "All About Ringwood" provide a long list of other activities that are available to people in the town and surrounding areas reflecting special interest groups, environmental concerns, political associations, social and religious groups run by the churches and privately run clubs.

Two sections of information in "All About Ringwood" which are of particular interest for this research are headed "Welfare and Social Services" and "Housing for the Elderly."

The section on Welfare and Social Services includes information already discussed on the local authority, health and DHSS services. Two Social Services Area Team Offices are listed, Lymington and the nearest Dorset Social Services Department office at Ferndown, reflecting the issue of community identification which will be discussed later. The address of Hampshire Council of Community Service is also given but in fact there is only limited contact between it and the local community association.

There is one sub-section labelled "Childrens Services" which lists health care and education services but does not mention the services of the social services departments in either Hampshire or Dorset. There is a second sub-heading "Old People's Services" which lists some of the voluntary activities and services available for elderly people, but again it makes no reference to the local social services departments or their links with some of the voluntary services, eg Meals on Wheels. The third sub-heading is "Special Services" which covers a wide range of special health services run from the Health Centre, eg Speech Therapy and the Slimming Club and other voluntary organisations, but again links with the Social Services Department are not shown, eg the local branch of the Hampshire Association for the Care of the Blind.

"Housing for the Elderly" is treated as a separate topic from "Old People's Services" and covers the housing services of the New Forest District Council, Ringwood and District Old People's Housing Association Ltd, Ringwood United Charities, the housing administered by the Vicar of Ellingham, Harbridge and Ibsley and Four Trustees, and a brief mention of Old People's Homes in the private sector, but they are not listed. The two residential homes run by Hampshire County Council Social Services Department, one in Ringwood and one at Burley a few miles away, are clearly identified.

Heavy reliance has been placed in this section on the information provided under the auspices of the Ringwood and District Community Association, based at the Greyfriars Community Centre. It plays a very important part in the life of the town. It acts as an information centre for every aspect of the services and activities

in the area, most of the organisations are affiliated to it, including the voluntary organisations and many of them report on their activities in its quarterly magazine. The local Citizen's Advice Bureau is based there and the Greyfriars Youth Club and the local library are built in its grounds. The local reporter for the Bournemouth Echo works from its premises. The role and history of the Community Association will be discussed in more detail in a later section.

(2) Local Authority Services

- a) The Town Council. Ringwood has a small town council which is responsible for providing maintenance for certain open spaces and recreation grounds, and liaising with the district and county councils on behalf of residents.
- (b) The New Forest District Council. The NFDC is responsible for policies and resources within its designated area, amenities, development, environmental services, housing and works. The offices are based at Appletree Court, Lyndhurst which is several miles from Ringwood served only by an infrequent bus service. There is a branch office in Ringwood administering some of the services locally, but not all of them. They are housing, building control, health, the technical department of the architects department, the treasurers department and a general enquiry office.
- (c) Hampshire County Council. The headquarters of the county council are located at Winchester, about forty miles from Ringwood. The services administered at the County level are education; planning and transport; public protection such as fire and waste disposal services; recreation and libraries; country parks; museums ; social services; central services and magistrates' courts. The nearest social services area office to Ringwood is based at Lymington and is responsible for the population living in the western part of the area covered by the New Forest District Council. There is no direct public transport between Ringwood and Lymington.

Local people who live west of the Hampshire/Dorset border come under the authority of Wimborne District Council, ten miles away, and Dorset County Council which is administered from Dorchester, about 30 miles from Ringwood.

3. Health Services

There are two general practices with five doctors each in the town. They are both supported by teams of health visitors and community nurses. The practice based in the health centre also offers dental care, chiropody and a stroke speech therapy clinic. There are three other dental practices, two opticians and a registered osteopath in the town.

There are no hospital services in Ringwood. General and maternity patients are sent to either Christchurch Hospital, Odstock Hospital at Salisbury, Poole General Hospital, The Royal Victoria Hospital at Boscombe in Bournemouth, Salisbury General Infirmary or Southampton General Hospital. Psychiatric cases are sent to either Herrison Hospital near Dorchester, the Old Manor Hospital in Salisbury or St Annes Hospital in Bournemouth. The aged and chronic sick are sent either to the Fordingbridge Cottage Hospital, the Fordingbridge Infirmary or the Newbridge Hospitals in Salisbury. At one time elderly and chronically sick patients who lived in the town were admitted to St Leonard's Hospital four miles to the west of Ringwood. When the local authority boundaries were changed in 1974 St Leonards become part of Dorset and Ringwood patients were no longer eligible to go there. Ringwood now comes under the responsibility of Wiltshire Area Health Authority which is administered from Salisbury.

4. The Services of the Department of Health and Social Security

There is a part-time office in Ringwood open on Tuesdays and Thursdays from 9.30am to 12.30 pm and 1.30 pm to 3.30 pm. Enquiries which need to be made outside these times have to be made to the DHSS office in Totton. The local office deals with unemployment benefit on Monday and Wednesday mornings and there is a full-time Job Centre. Dorset based local residents are referred to Bournemouth for DHSS enquiries.

Clearly the residents of Ringwood and the surrounding areas have limited access to many public services, particularly those residents without private transport. Judson when describing Ringwood in the eighteenth century in "All About Ringwood" says,

"...the people appear to have been a closely knit, almost self-sufficing little community, possibly because of its isolated position in relation to other towns."

Feelings of isolation, of being bypassed in the provision of services, a proud or defiant attitude in being self-sufficient, particularly when it comes to the care of the elderly, have all been expressed by people who have taken part in the case study.

Provision and analysis of both voluntary and statutory services are often based upon the needs and interest of large urban populations. The social values and needs of rural and semi-rural populations are rarely given specific attention when such policies and services are being developed. The relative deprivation of major community resources that is common in rural and semi-rural populations sharpens the focus on the role of the voluntary organisations as potential alternative sources of care, either independently, or in partnership with the statutory authorities.

(5) Perceptions of the "Population" of Ringwood

Initially this research was based upon the assumption that the population of Ringwood could be treated as numerically identifiable and geographically discrete, the same sort of population or community model that Barclay uses (chapter 13 (5)) and is criticised by Allan (3) for its limitations. With hindsight it is possible to understand why this model appears to be appropriate. National Government Services, National Health Services and Local Authority Services are all organised for budget management and service delivery on the basis of mutually exclusive geographical boundaries with very little exchange of finances or services across these boundaries. It is easy, therefore, to see how the assumption is generated that all other sections of the population will understand, accept and operate on similar models, even though in fact they do not.

The geographical models used in the public sector are not only inflexible, they are inefficient because their boundaries are not co-terminous, eg the health district serving the Ringwood population is not co-terminous with the boundaries of Hampshire County Council. It covers only part of the western half of the county, but also provides services for people who live in Wiltshire. Public services are subject to different patterns of allocation of public funds and have varying degrees of autonomy and discretion in the deployment of these funds. The lack of co-terminosity, and therefore common populations, in the public sector is echoed by lack of co-terminosity and common populations in the voluntary sector, as will be demonstrated by this case study.

Defining the "population" of Ringwood in relation to services, needs or activities requires several overlapping mental and geographical maps which may not always reflect the official boundaries of the wards, the parishes, the town or even the county. The SAPC table, the patient list of one of the local general practices and the population figures for the areas approximately 5 kms around Ringwood, but within the Hampshire (provided by Hampshire Social Services Department), illustrate this point, and are different from the population figure given by the New Forest District Council. (See Appendix 5 for both tables.) The figures from one of the local general practices demonstrate the persistence of the ties with the population on the western side of the town who now live officially in Dorset. (See Appendix 5).

(6) The "Communities" in Ringwood

The concept of "population" cannot be treated as synonymous with the concept of "community" or "communities", however evasive the definitions of these words are. Examining these concepts in relation to the care of the elderly in Ringwood is one of the most interesting, and perhaps most important aspects of this case study.

The detailed examination of "All About Ringwood" (23) reveals a number of aspects in relation to the concept of "community". Allan states that,

"The concept of "community" is one of the most contested in the sociological literature. Contained in it are elements of locality, attachment, social involvement, cohesion, shared interest, etc., but there is little agreement as to the significance of one of these elements as a criterion of "community in comparison to the others".(3).

Although this may be a valid point about the different elements of the concept of "community" they can be variously identified in the contents of "All About Ringwood".

The element of locality is explicit in the sub-titles of both the second and third editions, but they are slightly different. The second edition includes Burley, which lies to the immediate east of Ringwood in Hampshire, and St Ives and St Leonards to the west which are now in Dorset. The third edition has added Ashley Heath in Dorset to the sub-title when it was published in 1983. Ashley Heath is a relatively new housing area largely consisting of privately-owned bungalows. The element of locality is also demonstrated by the title of the community association, "Ringwood and District Community Association". The titles of the different organisations described in "All About Ringwood" link other localities with Ringwood (like satellites around the town centre) eg Ibsley Village Hall, Ashley Heath and District Residents' Association, etc.

The element of "attachment" can perhaps be illustrated by the fact that people who are appointed as trustees of Ringwood United Charities have to live within the Parish of Ringwood.

"Social involvement" can be illustrated by the contents of almost any section of the booklet not dealing specifically with statutory or commercial services, depending on the meaning that is being attributed to the phrase. Perhaps the section titled "For the Public Interest" reflects this element of community most clearly with its lists of parents' associations, residents' associations and special interest groups such as the Ringwood Society which was,

"founded in 1962 to safeguard and improve all aspects of the local environment by stimulating interest and positive action."

"Cohesion", or at least an attempt at it, could be illustrated by the carnival that is held in the town on the third Saturday in September every year to raise funds for a local charity or project. The elderly people in this area have particularly benefited from the proceeds of the carnival in the past on several

occasions. In 1983 the proceeds of the carnival went towards the purchase of a new minibus for the Luncheon Club. Carnival proceeds had assisted in the purchase of the first one ten years previously.

Evidence of communities and sub-communities of "shared interests" is available throughout the publication.

The definitions of populations and the different concepts of community are particularly important when considering the voluntary services for the elderly in Ringwood. Locality, attachment, social involvement, cohesion and shared interests are all significant aspects in varying degrees for all of them. They have important implications for the feasibility of "encouraging" the voluntary sector to play a substantial part in the "community care" of the elderly. For the purpose of this research therefore, reference to elderly people in Ringwood will not just mean those who live within the town boundaries, but rather those who are in contact with the voluntary, statutory or other services based in the town, even though they live outside its immediate boundary.

(7) Voluntary Services for the Elderly in the Ringwood Area

Elderly people in Ringwood are well served by a variety of voluntary organisations, but there are limits to the range of services that they are offering. Hampshire Social Services Department is involved financially or administratively with some of them such as the Meals on Wheels Services run by the WRVS, the Ringwood Branch of the Hampshire Association for the Care of the Blind, the Employment Fellowship and the Luncheon Club. The local Red Cross acts as an agent for the social services department to distribute some of the aids for the handicapped such as bath seats and Zimmer frames.

The services provide by the local voluntary organisations, together with some of the local churches include clubs, home visiting, voluntary transport, social activities, fund raising charitable gifts and specialised services such as the Ringwood and District Old Peoples' Housing Association Ltd and the New Forest Tapes for the Handicapped. The main features that most of these activities have in common are,

- (1) few of them are available on a daily basis to any elderly person
- (2) they are used mainly by mentally alert elderly people, although some of them may be on the threshold of becoming mentally infirm
- (3) a high proportion of the users or beneficiaries of these services live alone
- (4) a high proportion of the users have impaired mobility

When this research was being undertaken voluntary services in Ringwood did not seem to be directed towards supporting the very frail elderly people in any extensive way, apart from the home-nursing services of the Red Cross, or providing any well defined services for the relief of those who may be caring for them in their own homes.

Some of the voluntary organisations had been established in Ringwood for several decades, eg the Red Cross and the Blind Club, others had been set up more recently, eg the Arthritis Care Association and the Employment Fellowship. As a result some of the volunteers and leaders of the voluntary organisations had been doing their voluntary work in the area for many years making a strong and interesting pattern of relationships and expectations between themselves, and between themselves and the more recent recruits. These issues will be discussed further in relation to the interviews held with the leaders of the voluntary organisations and the results of the questionnaire put to the volunteers.

OPCS data (21), and other research indicates that although the elderly population over the age of 75 years are the highest consumers of health and social services, many of the services that they use have not been organised on an age-specific structure, eg geriatricians and psycho-geriatricians are only two of the medical specialities called upon to provide medical care for the elderly, and in the local authority sector sheltered housing is provided for disabled people under the age of retirement as well as the elderly, and Meals on Wheels and Home Helps are available to every adult even though they are predominantly used by the elderly.

Voluntary organisations serving the interests of the elderly show a similar mixture of age-specific and service-specific models. The age-specific voluntary services in Ringwood include the Ringwood and District Old Peoples' Housing Association, the Silver Threads Club run by the Salvation Army and the Ringwood and District Old Peoples' Welfare Committee. Examples of service-specific voluntary organisations in the area would include the Red Cross, Arthritis Care and the Blind Club. Some voluntary activities or services have been set up on the basis of other criteria eg current or former church membership or as only part of a wider range of interest such as the activities of Rotary or Lions Clubs.

(IV) INTRODUCTION TO THE METHODS OF THE RESEARCH

The research is a case study examining the work of voluntary organisations in providing care for the elderly population of a small market town. The area chosen was Ringwood in Hampshire. The case study examines the relationship between the local social services department in Hampshire and these organisations, their volunteers and their elderly clients. The results have also been related to nationally available information and studies on the

elderly. They have been related to government policies on the provision of care for the elderly. The results of the case study have also explored the response of the voluntary and statutory services to the policies of the Government, with particular reference to the Ringwood area.

Issues and difficulties arising from the methods used in the research will be discussed in more detail as they arise in the relevant chapters and sections. Obtaining information for this case study took place in seven main stages.

(1) Data Search

The data search included nationally and locally published statistics, Acts of Parliament and other government publications. Various authors in the field of social work and voluntary work have been consulted, including the relevant journals. Particular attention has been paid to the leaflets and publications of the voluntary organisations and articles from the local and national press have been used. The local press play an important part in the promotion of the activities of voluntary organisations.

(2) Contact with the Local Community Association

The second edition of "All About Ringwood" (23) served to focus speculation on the impact of the economic and political policies of the Government upon the voluntary and statutory services provided for the elderly population of a small market town. Ringwood and the surrounding smaller communities already face disadvantages in the way public services are rationed - the population is not considered large enough to warrant the range of services taken for granted in larger urban communities. It was appropriate, therefore, and necessary to explore the possibility of the research with the Chairman and Secretary of the Ringwood and District Community Association. The research proposals were acceptable to them and through the chairman and secretary contact was established with the Old Peoples' Welfare Committee and various other voluntary organisations and groups, eg the local churches.

(3) Contact with the Old Peoples' Welfare Committee

Regular attendance at the quarterly meetings of the OPWC proved an invaluable source of information and contacts as it is attended by representatives of all the local voluntary organisations involved with care of the elderly and the local churches. It is chaired by a doctor from the Health Centre and the chairmanship was passed from one of the doctors to a colleague on his retirement during the course of this research. The functions and other aspects of the work of this Committee will be discussed in detail in a later section.

(4) Interviews with the Leaders of the Local Voluntary Organisations

Contact was made with the leaders of fourteen voluntary organisations, five churches, the Officer in Charge at the Bickerly Green Home for the Elderly run by Hampshire Social Services Department, two wardens, a local county councillor, the manager of the local Job Centre and a teacher at the local comprehensive school who had run a community service project for the elderly with pupils from the school in the past. Extensive interviews were undertaken with all these people and in most cases information was recorded on the history, structure, function and elderly membership of the organisation. A biography of the voluntary "career" of the interviewee was recorded where relevant and their contact, if any, with the Social Services Department. A copy of the first draft of the interview was submitted to these particular interviewees for any corrections or additions.

(5) The Volunteers

Information about the activities and the views of the volunteers was obtained by using a questionnaire containing specific and open ended questions on their backgrounds, their voluntary activities and how they saw them, their views on the Social Services Department and the amount and kind of contact that they had with it, and the extent to which they thought that the work of the Social Services Department could be covered by local voluntary services.

The names of 39 volunteers were provided by the leaders and they were interviewed by appointment, usually in their own homes, but sometimes at the place where they did their voluntary work. There were no refusals to participate. The volunteers at the local CAB agreed to take part in the pilot questionnaire. They were chosen for this purpose as the level of their training made it likely that they could offer some constructive criticism. A copy of the questionnaire is included in Appendix 4.

6) The Elderly

Information about the elderly was also obtained by using a questionnaire. Their names and addresses were obtained in two ways. I was invited to some club meetings to make personal contact with the elderly members and to invite them to take part in the survey. The other names and addresses were obtained from the leaders of the voluntary organisations who acted as intermediaries to obtain permission from the elderly people before giving me their names and addresses. Altogether 55 elderly people were contacted and 40 eventually agreed to be interviewed. These included two joint interviews with two married couples. Those who were contacted by post were offered a choice of two day-time

appointments and given a reply-paid envelope. Of the 17 who did not participate most of them, or their relatives, wrote or telephoned to explain why they could not take part. A copy of the appointment letter and the questionnaire for the elderly sample is included in Appendix (1) and (2).

The questionnaires contained specific and open ended questions similar to those put to the volunteers, but also included sections on the frequency and nature of their contact with relatives, friends and neighbours; health problems and their contact with local health services; general information about the level of their incomes; information about their accommodation; and a section on the things that caused them most concern at the present time, and what things gave them the most pleasure.

A pilot questionnaire was tried out on a substantially disabled old lady and an elderly couple. The questionnaire was modified slightly as a result, as the pilot interviews lasted over three hours each. The interviews stimulated reminiscences from most of the elderly people who took part.

(7) Contact with the Social Services Department

Permission to include the Social Services Department in the case study was sought from, and given by, the Director of Hampshire Social Services Department. Contact was made with the Research Department and the local Area Team at Lymington. Originally it was intended that a questionnaire would be completed with the staff of the Area Team to parallel the questionnaire given to the volunteers, but circumstances prevented this. Their grounds for refusal are pertinent to the theme of this case study. A short time before I made contact with them the Department had prepared its own questionnaire for staff to complete on the size and nature of their workloads. It caused great anxiety and was viewed as a potential instrument to engineer redundancies. NALGO was consulted and supported their refusal to complete it. Non-completion of questionnaires concerning patterns of work was established as a policy by area teams throughout the county.

The staff at the Lymington Office, however, were not hostile to the case study itself and several of them have participated in discussions from the Principal Officer downwards and they have provided computerised information on the population they serve and the pattern of their work. The information, however, was of necessity more limited than that obtained from the sample of volunteers and the sample of elderly people by using questionnaires.

Information on the structure, policies and finance of Hampshire Social Services Department as a whole and the Lymington Area Team in particular will be discussed in the relevant chapters.

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CHAPTER TWO

THE VOLUNTARY ORGANISATIONS PROVIDING SERVICES FOR ELDERLY PEOPLE IN THE RINGWOOD AREA

I INTRODUCTION

This research has been developed in the form of a case study to examine the Government's policy of encouraging care in and by the community and thus reducing people's dependency upon state support. The case study has examined one source of community care, local voluntary organisations, and what they are doing with one particular client group, the elderly, in the town of Ringwood.

The role of voluntary organisations in community care is variously seen as a "partnership" eg NCVO -" Working Together "(15), and/or a pluralistic approach eg Barclay, Chapter 13(3). It seems clear that before partnership, planning pluralism or the transfer of tasks can be contemplated, a good understanding is necessary of the current situation and activities of voluntary organisations. The studies of the voluntary organisations discussed in the first chapter of this research show how difficult it is to define precisely what a voluntary organisation is; most of the authors seem to accept a multiplicity of models which have some features in common but not all.

When material was being gathered for this case study it quickly became apparent that making distinctions between the voluntary organisations on the one hand and the social services on the other was too limited a picture of the pattern and provision of resources in the Ringwood area. Other organisations also have an influence upon or play a part in the provision of services for the elderly in the Ringwood community and so these have also been included for discussion in this chapter.

Two local voluntary organisations are dealt with separately because their significance in relation to local services is much broader than the others. They are Ringwood and District Community Association and Ringwood and District Old Peoples' Welfare Committee.

It seems important to try to develop some kind of over-view of the work of the voluntary organisations and so the last section of this chapter will attempt to analyse the voluntary organisations included in this case study in relation to other studies.

During the course of the development and analysis of this research the Ringwood Day Care Project was created and established for the care of elderly people in the area. Its funding and management are rather different from the patterns of the other relevant services and so a brief summary of its history and activities has been included as a postscript to this chapter.

(II) METHODOLOGY IN RELATION TO THE DATA ON THE VOLUNTARY AND OTHER RELEVANT ORGANISATIONS IN THE RINGWOOD AREA.

Collecting data for this section of the dissertation was achieved in several ways. "All About Ringwood" (16) was the primary source of written information on the majority of voluntary and other significant organisations, eg the churches. The research proposal was discussed with the Warden and President of the Ringwood and District Community Association, which is the organisation that publishes "All About Ringwood". They found the research proposals acceptable and gave advice and assistance in contacting some of the organisations and their leaders.

Contact with the local leaders was made in one of three ways. Some were sent a similar letter to that sent to the President and Warden of the Community Association requesting an appointment. The OPWC gave me their permission to attend their quarterly meetings as an observer and direct contact was established with some of the leaders in this way. A third group of local leaders were contacted informally by telephone initially to establish whether the activities of their organisation came within the focus of the research project. When the activities of the organisation appeared to be relevant to the focus of the case study an appointment was made to interview the key worker or a member of the committee. The interviews were loosely structured around several themes, eg size of the organisation, number of volunteers where appropriate, number of people helped by the organisation where appropriate, range of services, source of funding, management policy and history.

Most of the voluntary leaders and the church leaders were interviewed in their own homes, but the key workers employed in the public services sector and elsewhere were usually interviewed at their places of work. This latter group of interviews tended to be shorter and more structured. They were less likely to develop into any kind of social exchange, eg providing tea or offering more personal information. Many of the volunteer leaders who were interviewed in their own homes made quite pointed and personal criticisms of the activities of their fellows which introduced an important issue of confidentiality into the management and recording of the information and my subsequent relations with the other volunteers.

Most of the local leaders who were interviewed were sent a written draft of the discussion. The exceptions were the interviews where the information was very limited or unrelated to the subject of the research. Those who received a draft were invited to make any comments, criticisms, alterations or additions that they thought necessary. This proved to be a very valuable exercise for several reasons;

- (1) I had not always fully understood the complexities of the organisation being discussed and so corrections were necessary for some of the drafts.

- (2) I tried to record the interview verbatim as far as possible, but when some of the interviewees saw their ideas or attitudes in print they were unwilling to allow them to remain in the form of their original statements. They made suggestions to "tone-down" their comments, alter their direction or remove them altogether.
- (3) Some of the leaders offered useful additional information after they had read the drafts.
- (4) I suspect that a written record of the interview established my credibility and may have contributed to a sense of self-worth for the interviewee.
- (5) Establishing a relationship with the leaders in this way enabled me to contact them again when I reached the stage of needing the names and addresses of volunteers and elderly people to include in the sample surveys exploring their views and experiences in relation to voluntary work.

Most of the leaders who agreed to take part in the interviews were extremely friendly and co-operative, but a few were suspicious or hostile at the start of the interview. I decided that it was more important to continue with the interview and overcome their hostility than alter its purpose to discuss their reservations in great depth. I can only speculate on the grounds for their attitudes, eg anxiety about the nature of the research and the purpose to which it might be put, concern over confidentiality and rivalry with other organisations, including statutory services.

A secondary source of useful written data was the official publications and annual reports of some of the voluntary organisations. In several cases this information revealed differences between the objectives and policies published by the parent bodies of voluntary organisations and the practices of the local branch.

The local press proved to be another source of interesting data showing what sort of voluntary activities "make good copy". In January 1983 great publicity was given to the leader of the local Red Cross Detachment when she was awarded the MBE in the New Year's Honours List. Later that year the fund-raising campaign to purchase a new mini bus for the Luncheon Club bore fruit and a variety of organisations were reported and photographed handing over their contributions. More publicity followed when the Luncheon Club took delivery of its new bus. The activities of local voluntary organisations are popular subjects in the local press but they tend to focus on special events or the results of fund raising activities rather than on long term services such as voluntary visiting.

The voluntary organisations use the press to publicise such activities regularly but the local papers are less successful as a means of recruiting volunteers or attracting donations that are not linked to a specific and identifiable purpose.

Building up relationships with the leaders through the interviewing process described above, contact with the Community Association and attendance at the OPWC meetings laid the foundation of a useful network of contacts and information which has been incorporated both formally and informally into the development of the material for this case study. Chance meetings and shared car journeys enrich the material made available in more formal settings, but the "price" of these relationships has been the expectation that I would become more involved in local voluntary affairs because of the range of knowledge that I had been acquiring, or had been assumed to be acquiring. There was pressure to shift my role from observer to participant. To a limited extent the research enquiries have stimulated a reappraisal by some of the local leaders of some of the voluntary services, particularly day-care services and, as has already been mentioned, the Ringwood Day Care Project was created during the course of this research.

The final aspect of methodology important to this section on the voluntary and other relevant organisations is concerned with relating the findings of the case study to various articles and other publications on the issues emerging from the data on the voluntary services for the elderly in the Ringwood area.

LIST OF THE ORGANISATIONS CONTACTEDVOLUNTARY ORGANISATIONS

Arthritis Care.
Hampshire Association for the Care of the Blind.
The Citizens Advice Bureau.
The Diamond Jubilee Trust.
Greyfriars Minibus.
The Luncheon Club.
New Forest Tapes For The Handicapped.
The Red Cross.
Ringwood and District Old Peoples' Housing Association.
Ringwood Employment Fellowship.
Ringwood United Charities.
The Rotary Club.
The Lions Club.
The Silver Threads Club.
The W.R.V.S.
The Ringwood and District Community Association.
The Ringwood and District Old Peoples' Welfare Committee.

OTHER RELEVANT ORGANISATIONS SERVING THE COMMUNITY

Churches - Church of England, Roman Catholic Church, the United Reform Church, the Methodist Church, the Salvation Army, Poulner Baptist Church.
Bickerley Green Home for the Elderly, (Hampshire Social Services Department).
Clarks Close (warden supervised flats).
Ringwood Comprehensive School.
Ringwood Job Centre.
Ringwood Health Centre.
Cornerways Surgery.

PERIPHERAL VOLUNTARY ORGANISATIONS

St. Johns Ambulance Brigade.
The Over-sixties Club.
the British Legion.

(III) THE RINGWOOD AND DISTRICT COMMUNITY ASSOCIATION

References are frequently made in this research to the "Ringwood and District Community Association" "Greyfriars" and "Greyfriars Community Association". They are synonymous for people in the Ringwood area.

In 1968 the Community Association published the history of its first ten years. The history was compiled by one of the local residents, Mary M Holeman (10). Holeman describes how the need for, and interest in, a community association began to develop soon after the end of the Second World War as local families and newcomers settled down to rebuild their lives. The Carnival was started as an annual fund raising event to support local projects. The neighbouring town of Lymington had already developed its own community centre and activities began to focus on making provision for a similar centre in Ringwood with the help of the Hampshire Council of Social Services. A series of public meetings led to the formation of the Ringwood and District Community Association in February 1958.

The main problem facing the committee in the early days was the lack of suitable premises. A large room at the Manor House was put at the disposal of the Association and "activities began to crackle immediately". In fact they expanded at such a rate that they overflowed into the home of the Association's vice-president. The need to purchase premises was becoming urgent. It was resolved when a local resident, Miss Hilary Christy, offered to sell her home "Greyfriars" to the Community Association "as cheaply as possible". It was bought for less than £5,000 but had to have a further £6,500 spent on it to adapt and equip it as a community centre.

Rowan Brockhurst, another contributor to the history of the first ten years of the Association, says that the house was built in the eighteenth century and that the historian of English Architecture, Nikolaus Pevsner, described it as "the showpiece among Ringwood houses". Miss Christy said that her family had found evidence of a previous building on the same site, possibly a Tudor house. Despite its name she could find no evidence of it having been a monastic house, but it might have been a half-way house kept by the Grey Friars for the use of pilgrims passing between the shrines of Shaftsbury and Winchester. Miss Christy maintained her links with the Community Association until her death in 1983 at the age of 91 years. She was the guest of honour at the celebrations of its twenty-fifth anniversary shortly before her death.

The house came with a substantial amount of land which has gradually been developed for a variety of purposes. In 1967 the local authority rebuilt the library in the grounds. In the early 70's the Association was given a capital grant which it supplemented with its own funds to build a youth club. With the

aid of another capital grant in 1976 the "Little Hall" was renovated and kitchen toilet and storage facilities were improved. In the early 70s the Association bought an adjacent building, Ebenezer Hall, out of its own funds. In 1980, with the aid of a legacy the Hall was renovated and connected to the main building in such a way that this part of the site can be extended into more accommodation if needed.

The history of the first ten years of the Association has three appendices. The first one lists the affiliated clubs, services and organisations, including voluntary organisations. Appendix 3 gives the membership of the key voluntary committees in Ringwood "which led directly to the establishment of a Community Association". These two lists published in 1968 contain the names of some of the same organisations and individuals that have been contacted for this research project, thus illustrating a considerable continuity of voluntary service in the Ringwood area by these people both within specific organisations and to the community as a whole.

In the years that have passed since the history was written the Community Association has continued to extend and develop its activities. At the time of writing up this research it had about 1800 to 1900 members and 115 affiliated organisations. The warden is employed full-time and her salary and approximately three-quarters of the caretaker's salary are funded by the Hampshire Education Authority. The Association receives no other local authority grants. The rest of its income comes from membership fees, room hire charges, profits from the coffee bar, donations, legacies and fund raising events.

The warden is assisted by a team of volunteers who do telephone and reception duties and run the coffee bar. Greyfriars is open from about nine in the morning to about ten at night, Monday to Friday. It is open on Saturday mornings and can be hired for special events.

Most of the volunteers are the newly-retired and the majority of the members can be described as middle-aged or elderly and they tend to be middle class. Some young families are involved with the activities for children and adolescents, eg the playgroup or the judo club, but the Association has found it difficult to attract young adults under the age of 35, possibly because this group tend to be more geographically and socially mobile, or perhaps because their family commitments impose heavy financial and social demands on them if they have small children.

(IV) RINGWOOD AND DISTRICT OLD PEOPLES' WELFARE COMMITTEE

The OPWC has been in existence for over twenty years. It meets at three monthly intervals at the Community Association. Any local organisation that is involved with the welfare of the elderly can

send representatives to the meetings, including the relevant voluntary organisations, the churches, the local general practices, the schools, local councillors and Age Concern Hampshire. In practice it is rare to find representatives of all these organisations attending any one meeting or even the annual general meeting. During the time that this research has been undertaken the meetings were never attended by a member of staff from the Social Services Department of either Hampshire or Dorset, until May 1984 when a member of the Lymington Area Team attended for the first time in the capacity of a member of the Day Centre Working Party. When Hampshire Social Services Department had come up in discussion at the meetings quite often there was a negative or critical response, especially from the councillor who was a member of the Social Services Committee.

(1) Links with Age Concern Hampshire

A few years prior to the start of this research project it was put to the OPWC that it might become a member of Age Concern Hampshire. Although some members of the committee were in favour of this suggestion it was rejected because other feared a loss of identity as a voluntary organisation set up specifically to serve the needs of the elderly living in and around Ringwood. In the past the OPWC has been the beneficiary of various legacies and gifts and those who opposed the proposal to join Age Concern, strengthened their arguments on the grounds that such gifts would automatically be absorbed or appropriated by Age Concern, thus the local elderly people would not benefit from the gift in the way that the donor may have intended. This is apparently not the policy of Age Concern but resistance to affiliation on these grounds remained strong.

At the time of undertaking this research the OPWC had an ambivalent relationship with Age Concern Hampshire. The committee was willing to approach the organisation for the various small grants that it makes available to help elderly people, eg guard chains for front doors. The Age Concern Committee in Petersfield invited elderly people from Ringwood to an Olde Tyme Musical and it was so popular that the elderly and the volunteers want to know when it is going to be repeated. Several of the elderly people interviewed for this project referred to the OPWC as "the Age Concern People at Greyfriars" showing the extent to which elderly people may be identifying generalist voluntary services for the elderly with Age Concern.

Nevertheless an unspoken resistance to joining Age Concern still persists strongly linked with fears of a loss of identity and control. The local secretary of Age Concern Hampshire at the time of this research attended the OPWC meetings regularly, but she did not attempt to get the committee to change its attitudes. She did however, take the opportunity to keep people informed about the activities of Age Concern both within the county and nationally.

(2) The Pattern of the Meetings

The meetings of the OPWC are fairly formally run with members addressing their remarks through the chair. Copies of the minutes or agendas are not provided. Each member is asked in turn to report on the current activities of the organisation they represent. The OPWC has established several activities as annual events now eg outings and collecting Christmas parcels for the elderly. As and when these events fall due some discussion takes place about the arrangements that might be necessary, but most of the organisation takes place outside of committee meetings. The allocation of roles and duties seems to be well established. Sometimes the names of elderly people are requested but not always. When they are, the volunteers often nominate the same people simultaneously and the same names tend to be offered each time.

Although the OPWC was set up specifically for the welfare of the elderly most of the organisations are involved with a much wider spectrum of age groups and activities. Often the members will discuss their other activities at these meetings, sometimes at great length. To an observer this appears to have nothing to do with the welfare of the elderly, but there is no equivalent organisation or forum in Ringwood where information of this nature can be exchanged or discussed. One did exist a few years ago but it was disbanded.

(3) The Dynamics of the OPWC Meetings

The approach of the members of the OPWC to voluntary work is traditional - the provision of services by the volunteers for the elderly. Some of the attitudes displayed are rooted in pre-welfare state concepts of charity. At one meeting when the annual distribution of the fuel and coal grants by the Diamond Jubilee Fund was being discussed the phrase "deserving cases" was used several times. A suggestion was made that the grant could be put towards improving the insulation of the homes of the elderly recipients to help to reduce their heating costs on a long-term basis, but it was rejected by the representative of the Fund because she sees the role of the trustees as giving a "gift" that is much welcomed by the elderly people who receive it. Thus her view of the work of the voluntary agencies seems to be very closely related to the charitable model.

Up until the time of this research there has been very little change in the people who take on the role of office bearers on the committee. Unlike some other voluntary organisations, the OPWC does not seem to impose a limit to the length of time that one person can occupy a particular office. At the first two annual general meetings that I attended all the executive were returned to office without any discussion or suggestions for change. No new people came forward to offer their services. Change has only been

brought about more recently because the chairman, a local GP resigned. He arranged for one of his colleagues to represent the local general practices in his place, and, at the first meeting that he attended, he was nominated as the new chairman in a way that gave him no option but to accept.

The GP who had formerly held that office appeared to have become very dissatisfied with the activities of the OPWC and this attitude was expressed in two ways. His attendance at meetings was irregular and, when he did come he was often very critical of the lack of initiative, as he saw it, among the members. He drew attention at one meeting to the fact that most of the members of the OPWC including himself, are already at or past retirement age. He felt that the committee badly needed some younger members. There was minimal response to this suggestion at first, but eventually the President suggested that each member of the committee might like to bring along a "young person" to the next meeting. There was general agreement with this but the details were not discussed and it did not in fact happen. The chairman did not attend the next annual general meeting but was voted back into office. He sent in his resignation for the following AGM.

Whilst this particular chairman was in office discussions had started both at the OPWC meetings and between the local Health and Social Services about the need for the provision for a day centre for the elderly in Ringwood. Both the former chairman and one of the local councillors who was a member of the Social Services Committee referred to these discussions from time to time but the OPWC was not involved in or made aware of the details of the negotiations. There seemed to be unspoken agreement that it is a complicated matter and ought to be left to the former chairman and the councillor. One of the first acts undertaken by the new chairman was to appoint a Working Party to look into the provision of a day centre or a pop-in-centre in Ringwood.

He appointed the President of the OPWC who is the local Red Cross Organiser and a highly respected member of the local voluntary work community, the WRVS Organiser, the Secretary of Age Concern Hampshire and myself. The Committee agreed to the suggestion that a member of the Lymington Social Services Area Team should be co-opted onto the Working Party. The President represents the more traditional voluntary workers in the Ringwood area to a certain extent, as does the WRVS Organiser. The rest of the Working Party could be seen as "outsiders".

My inclusion on the working party obviously raises some important issues for the role of a research worker, creating a clear shift from the role of observer to that of participant. The activities of the Working Party resulted in the development of the Ringwood Day Care Project which is discussed in the postscript at the end of this chapter.

Outside the OPWC meetings some members expressed dissatisfaction with the traditional policies and attitudes which dominate these occasions, but they did not challenge them during the meetings. There are possibly several reasons for this situation. The members who espoused the traditional views the most strongly had been involved in service to the Ringwood community in some capacity or other for several decades. Some of them served together on the committees of other local voluntary organisations and generally they are prominent local public figures with a high social status in the area. Their status, experience and skill in public debates may have inhibited open disagreement by the other members of the committee who were less confident about speaking at meetings, or who may have seen themselves as having a lower social status. These committee members tended to participate less frequently in the general discussions that take place at the meetings.

Some of the people who did not share the traditionalist approach represented voluntary services that have become more recently established and so they were possibly in the process of "earning" the right to participate as equals. They tended, however, to be irregular attenders. Some organisations had stopped sending a representative altogether because they felt that the OPWC had not been very responsive to them. This seems to be a particular problem when help was offered by the comprehensive school or youth groups. There was uncertainty in the OPWC about what to "do" with them.

Summary

The description of the activities and dynamics of the OPWC presents a rather negative picture of a static organisation. It would be unfair to see it only in these terms. An organisation which can be viewed as static can also be viewed as stable. The length of service and the responsibilities that are undertaken separately and collectively by its members created and sustained a range of voluntary services for the elderly in the Ringwood area which could not be quickly or easily replaced. The service network that had been developed between the volunteers is also a friendship network which permits an informal and flexible response very quickly to specific situations. The most outstanding example of this was their collective response to the needs of the Vietnamese refugees settled temporarily a few miles away at Sopley Camp near Bransgore.

Informality and flexibility, however, also have their negative aspects. The OPWC does not keep any centralised records of the services that are being provided or the elderly people who are receiving them. This information is only available from the individual voluntary organisations which vary considerably as to what they regard as necessary to commit to paper. Lack of centralised records has given rise in the past to the duplication of services in some cases eg the provision of Christmas

parcels, and under-provision in others. One elderly lady who took part in the survey of the recipients of the voluntary services said that she wished that they would "share out the outings a bit more".

The task facing the chairman of the OPWC is to encourage the members to develop their services in other directions without diminishing or destroying the quality of the work that has already been done.

(V) THE VOLUNTARY ORGANISATIONS THAT PROVIDE WELFARE SERVICES FOR ELDERLY PEOPLE IN THE RINGWOOD AREA

(1) Arthritis Care

Arthritis Care is a national organisation which was known until 1980 as the British Rheumatism and Arthritis Association. It was started in 1947 with the specific aim of offering social contact and welfare services to individual sufferers. There are over 200 branches in Britain now and it has an extensive information and welfare service advertised through its newspaper and leaflets (1). It is a separate organisation from the Arthritis and Rheumatism Council which is concerned solely with raising money for research.

The local branch was started in April 1981 through the initiative of one of its members who suffers from rheumatoid arthritis herself. A public meeting was held to which representatives of all the local statutory, voluntary and public services were invited. A committee was formed and meetings were started once a month in the Ebenezer Hall of the Ringwood and District Community Association. When this information was being recorded it had 63 members, only three of whom were men and the majority were over retirement age. All the committee were members of the Association, but not all of them suffered from arthritis or its associated diseases.

Nationally Arthritis Care promotes itself as a self-help organisation, but locally it functions more as a social club rather than offering self-help or acting as a local pressure group. Financially, the local branch is totally self-supporting and it has no formal links with the Social Services Department although most of its members are known to the Area Office or receive home helps or meals on wheels. The main problem facing the club was a lack of voluntary drivers, particularly drivers with cars that are large enough for disabled people to get in and out of easily.

(2) Hampshire Association for the Care of the Blind (8)

The HACB was set up following the 1920 Blind Persons Act. It acted as agents on behalf of the county council to provide services for the blind until they were transferred to the local authority under

the 1970 Social Services Act. It continued as a Voluntary organisation serving all of Hampshire except the cities of Southampton and Portsmouth and has remained in close association with the Social Services Department and the RNIB and other voluntary services for the blind and partially-sighted.

By the beginning of the 1970's Hampshire Social Services Department was no longer providing a county-wide specialist service for the blind and visually handicapped. Home teachers were not replaced when they left and fieldwork staff were not trained or allocated to take over their work in any planned way. The HACB appointed its own development officer who liaises closely with the area teams and visually handicapped people to try to bridge this gap. The Association has acted as pressure group to encourage the Department to employ rehabilitation officers.

The HACB acts as an agent on behalf of the Social Services Department for the provision of a variety of services and aids and in return receives financial support from the Department. In 1982/83 it was £30,240. The rest of the income of the Association is made up from voluntary contributions, (which fell slightly in 1982/83) its own investments, small grants from other voluntary organisations for the blind and profit from sales of equipment. (Information available in the Annual Report and Accounts 1982/83)

There has been a local branch of the Association in Ringwood for many years. In 1968 it amalgamated with Fordingbridge to form the Avon Valley Branch. The current chairman is himself visually handicapped and has been a member for many years. He was a local county councillor until the reorganisation of the local authority boundaries in 1974. The local branch is known as the Blind Club. It holds a weekly handicraft class to which any handicapped person is welcome. At the time of preparing this information the posts of the two handicraft instructresses who ran the class were being considered for inclusion in the next stage of the cuts in spending by the local education authority.

On alternate Thursdays the Blind Club holds an afternoon meeting for visually handicapped members only. The local branch acts more as a social club than a pressure group, unlike the county headquarters. The meetings are held fortnightly so that they do not clash with the meetings of the Red Cross Disabled Club as they share many members in common. It had thirty five registered members, most of whom were over retirement age. There were eight volunteers and the committee was a mixture of the sighted and the visually handicapped.

(3) The Citizens Advice Bureau (4).

Ringwood and Fordingbridge CABx are part of the National Association of Citizens Advice Bureaux. It is managed by a locally appointed committee according to the rules laid down by the

NACABx. All volunteers have to undergo a rigorous selection and training procedure. The CAB has been included in the case study because, although it does not provide a service that is predominantly focused on the needs of the elderly, it is the only local voluntary organisation that offers a confidential advice service by trained volunteers.

The CAB was started in Ringwood in 1968. It has always been linked with the CAB in Fordingbridge and responsible to the same Organiser, but now the two branches are managed as one for financial and administrative purposes. It is funded by grants from the local Parish, Town and District Councils with sums from £5p.a. from a small Parish Council to £2,070 from the New Forest District Council in 1983/84. The CAB is not only supported by the local authorities in Hampshire, but also the neighbouring ones in Dorset. In the Annual Report for the year 1983/84 (18) the Bureau reports that 75% of its cases came from Hampshire and 25% from Dorset. Enquiries increased in 1982/83 by 34%, especially in the categories of legal problems, employment and queries about housing benefits.

The executive committee is well supported in the local community. The other members of the committee are made up from local councillors, local solicitors and representatives of other voluntary organisations, most of which have been included in this case study.

The CAB is open in Ringwood Monday to Friday from 10.30 a.m. to 12.30 p.m. and there is an extra afternoon session on Wednesdays, Market Day. The Fordingbridge CAB opens on Wednesday and Thursday mornings and Friday afternoons. At the time of obtaining this information there were fourteen fully trained workers and three currently in training. All the workers had attended other courses during the previous year.

(4) The Diamond Jubilee Trust Fund

This was established in about 1951 to administer the balance of money remaining after the Ringwood, Somerley and District Branch of the Hampshire County Nursing Association was formally closed and the district nurses became part of the National Health Service.

The Fund is administered by six trustees. Originally it made gifts of coal to "needy cases", usually at Christmas. More recently it has given sums of £10 towards heating bills as fewer people are using coal. It can also make grants for other special needs eg diets. The grants are made from the interest on its investments and donations by local individuals and groups.

(5) Greyfriars Mini Bus

In the late 1950's the Ringwood and District Community Association at Greyfriars was given a mini bus by the Bonhomie Organisation in Southampton to provide transport for the elderly and disabled in the Ringwood area. It has been replaced twice since the service started. The existing one had only a limited life and fund-raising had started to replace it.

The bus does five sessions of shopping trips each week collecting people from a different district around Ringwood each time and bringing them into the town centre. The passengers pay according to the distance that they have come. It is used by the Red Cross, the Blind Club and the Silver Threads Club to transport the elderly people to their meetings. In the summer it is used to take elderly and disabled people on outings on Friday afternoons. It is available for hire to other voluntary organisations on Saturdays eg the Scouts and it is used by some of the churches to take elderly and disabled people to their services and meetings.

(6) Lions Club of Ringwood and Fordingbridge

The Lions Club International was founded in the USA in 1917. The first British Club was inaugurated in 1950 and the Ringwood and Fordingbridge Club was chartered in 1970. It has twenty-three members, all men, by invitation only. There is a Leos Club for younger members of both sexes, but no local Lionesses Club for the wives of the "Lions". The members of the Lions are drawn from a cross-section of local professional and business men.

The objectives of Lions International are concerned with Service to the community in its widest sense they can be divided between service-giving and fund raising. The majority of their activities are to raise funds and they seem particularly successful at this.

(7) The Luncheon Club

The Luncheon Club for the elderly in Ringwood was started in 1970 through the combined initiative of local volunteers, a clergyman, a local doctor and a former mental welfare officer who is now a team leader with Dorset Social Services Department. With the help of Hampshire Social Services Department and the New Forest District Council it was started in the hall of the United Reform Church.

The Luncheon Club is held on Wednesday, Market Day, and provides meals for about fifty people at the same cost as Meals on Wheels. It is run entirely by volunteers, except for a paid cook, but it is supported financially and administratively by Hampshire Social Services Department. The volunteers have been recruited from the local churches, the W R V S and the Red Cross. They work in teams from each organisation on a rota.

The Luncheon Club has its own mini bus to collect elderly people who need transport. The first one was purchased through funds raised by the Ringwood Carnival that is organised annually by the Community Association. It has recently been replaced by a new one with a tail-lift for wheelchairs paid for by a combination of donations from local charities and voluntary organisations, funds raised at the annual carnival and a grant from the Hampshire Social Services Department.

Elderly and disabled people can be referred to the Luncheon Club in a variety of ways both formal and informal. Several of the current members are there because their fellow members felt that they needed the service.

(8) New Forest Tapes for the Handicapped

NFTH is a free cassette tape library for the lonely, housebound and handicapped. It was registered as a charity in 1975/6 and is run from a room in the Community Association building at Greyfriars twice a week by a team of seven volunteers. It now has almost 1000 tapes on every subject except pop music. The NFTH also produce their own tapes from the home of one of the volunteers who has a small recording studio. The organiser is an experienced writer and broadcaster.

The service receives no national or local government grants and raises funds through the efforts of the volunteers and local donations.

Referrals to the service can be made by anybody. The tapes can be sent to the users by post, but the usual method, and one which the organiser encourages, is personal delivery by a volunteer which increases the opportunity for social contact for the recipients of the service.

Delivery of the tapes is organised in a very imaginative way. Some are taken to the pick-up points by the county council courier services, a local estate agent with a branch office in Salisbury regularly drops the tapes into Salisbury Age Concern Office, tapes are collected and returned to the mobile library. GP surgeries and chemist shops are used as collection points as well. The tapes are distributed throughout a large geographical area stretching into Wiltshire, Dorset and northern Hampshire.

(9) The Red Cross

The Red Cross have been active in Ringwood since at least the Second World War when they provided nursing care for convalescent officers at the home of Lord Normanton which was converted temporarily into a nursing home at that time.

Since the end of the War the Red Cross has been involved with many other activities. Training schemes for home nursing and first aid duties at public events are run regularly and a home nursing service has become established. It runs two Youth Units to train school children. The Red Cross has its own Medical Loan Centre in Ringwood and it acts as an agent on behalf of the Hampshire Social Services Department to distribute some aids such as walking frames and bath seats. Up until two years ago it was totally responsible for running the Chiropody Clinic. The Wiltshire Health Authority has now taken over responsibility for the service, but the Red Cross still provides volunteers to help with transport.

One of the most important services run by the Red Cross in this area is the Disabled Club that meets fortnightly at St Leonards Hospital, which is now four miles over the county border in Dorset since the reorganisation of the local authority boundaries in 1974. The Disabled Club has about eighty members. Most of them are local residents but some of them are long-stay patients at the hospital. Approximately twenty-two volunteers assist with the provision of transport to the meeting. Refreshment is provided on a rota by six local Women's Institutes, four women's groups from local churches and four other non-religious women's organisations.

About nine volunteers help run the Medical Loan Centre and nine help with the Chiropody Clinic. Two qualified Red Cross Officers run the Youth Units. In addition the Red cross has a number of other volunteers who are less active but who help with fund raising and outings, including some of the elderly people who took part in the survey of the recipients of voluntary services.

The Red Cross in Ringwood is a local branch of a national and international organisation. It is partly supported by central funds and partly by local donations which are then redistributed through the regional headquarters at Winchester. Although the main emphasis is on services with a health care focus there is an opportunity for virtually anybody to contribute in some way or other. The local Red Cross volunteers played a significant role in providing care and services for the Vietnamese refugees who were temporarily settled at the camp at Sopley four miles south of Ringwood.

(10) Ringwood and District Old Peoples' Housing Association

This was set up in the early sixties with the money from a bequest from a local resident. It has been further developed with additional bequests and donations. The Association offers warden-supervised accommodation to elderly people in flats or bed-sitters in three housing blocks in different parts of Ringwood. All local elderly people are eligible for a tenancy but they must be able to take care of themselves or only require support from such community services as home helps or meals on

wheels as the Association's wardens do not provide a nursing service. The Association's committee does not keep a waiting list but invites applications for tenancies when a flat or bed-sitter falls vacant.

(11) Ringwood Employment Fellowship

This is a local branch of a national organisation set up to encourage the formation and maintenance of workshops for elderly and retired people.(19) Its aims and objectives include the maintenance of work skills, the opportunity for companionship and support, the opportunity for elderly people to supplement their incomes and an attempt to make maximum use of public premises on behalf of the elderly utilising surplus industrial materials.

The Ringwood Employment Fellowship was started about 1980 with the aid of non-recurring grants from the local authority. It has a committee of six people including two of the elderly members and a total membership of fifteen. It had never been able to attract a substantial, or even sufficient amount of paid work in the local area to achieve the employment objectives of a national body. The members play a very passive role in its management, leaving the committee duties largely to the professional people who set it up in the first place. As the Fellowship was not achieving its objectives the committee feared that they would lose the support of the local authorities and they have taken the initiative to raise funds locally from time to time to keep it going.

The members tend to treat it like a social club which contradicts the objectives of the national parent body. Some of them are clients of the social services department and receive meals on wheels and home helps. One of the social workers from the Lymington office has visited the Fellowship to talk about the work of the department.

(12) Ringwood United Charities

Ringwood United Charities was set up shortly after the end of the Second World War to consolidate and co-ordinate a large number of small local charities for the benefit of the people living within the parish of Ringwood. The main group of charities was established by William Clarke who financed the alms houses at Clarks Close. A history of the William Clarke Charities is given by Baker in "All About Ringwood" (16). The Clarke Charities have been integrated with several other smaller bequests.

The trustees who administer the funds have to live within the parish of Ringwood and are either appointed as permanent trustees by the parish church or are nominated for a minimum of three years by the town council. The trustees have the authority to grant tenancies and the duty to maintain the alms houses.

Ringwood United Charities is also involved with other trusts and bequests such as the Ringwood and District Old Peoples' Housing Association. Other charities in the area are administered by the schools and the churches.

(13) The Rotary Club

Rotary is an international service-giving organisation. Membership is restricted to men only, and theoretically only one member of each profession can join a local club. Rotary sponsors international, national and local projects. The promotion of social bonds amongst its members is an important aspect of its activities. Like the Lions Club it also has groups for younger members and for the wives of members, although in Ringwood the latter group has ceased to function.

The Ringwood Club was chartered in 1947. At the time of recording this information it had forty-seven members who ages range from late 30's to about 80. Like the Lions its activities are divided between fund-raising and services. The regular service commitments include helping handicapped people who belong to the Riding for the Disabled Club and transport for elderly people to the annual performance of the Ringwood Dramatic Society.

It makes regular donations to local charities and has representatives on the committees of the various local voluntary organisations. The fund-raising projects that Rotary has been involved with in Ringwood include the Jubilee Gardens, the Ringwood Carnival, the Probus Club and the purchase of emergency equipment for the general practices in the town. In 1974 it organised an appeal to renovate the almshouses. It donates prizes to the comprehensive school, helps with decorating projects for old people and more recently become involved in setting up a swimming club for disabled people in the Ringwood Sports Centre.

Several years ago the Club tried to start a voluntary visiting service for elderly people but it never came to fruition. Like the young volunteers from the comprehensive school they found it difficult to obtain the names of elderly people who might be eligible and many of those who they did contact did not want a visitor.

One of the members of the Ringwood Rotary Club was a social worker with the Lymington Area Team and he became a member of the Day Centre Working Party and subsequently the committee of the Ringwood Day Care Project.

(14) The Silver Threads Club

This is a club run by the Salvation Army for anybody over the age of sixty. This was the first club to be set up for elderly people in the Ringwood area. It has seventy members and about forty

attend each week. It is run by a committee drawn from the members of the club, but they also tend to be full members of the Salvation Army. The club meets every Monday afternoon and the Greyfriars mini bus is used to transport those who cannot get to the meeting on their own. The meeting is held in the Salvation Army Hall and is a mixture of entertainment, refreshments and religious worship using Salvation Army hymns and prayers. The Silver Threads Club also organises outings and holidays for its members.

(15) The WRVS

The WRVS (24) is a national organisation. It was started in 1948 and is funded centrally by the Home Office. Accountability for its services is formal and structured through an organisational hierarchy from the village to national levels. Although it is primarily a women's organisation men can be recruited to help with the services that are provided. Nationally the WRVS states that it is,

"....a service of volunteers who give whatever time they can to helping others in their local community."

The local organiser describes the work of the WRVS as a "motherly service to strangers". The service that the WRVS offers nationally are emergency services, children's holidays, meals on wheels, escorting and transport, clothing and knitting, and help for the disabled, elderly, young families, the families of offenders and hospital patients.

The local organiser has identified twenty-four different services that are offered by the WRVS in the Ringwood area but the most regular and demanding commitment is the organisation and delivery of meals on wheels. Until 1983 the service was divided between the WRVS and the Old Peoples' Welfare Committee, who had their own MOW organiser, but when she resigned all the drivers became responsible to the WRVS Organiser. There are about thirty-two active members in the local branch and about forty people who are affiliated as meals on wheels drivers.

When this research project was first started the Organiser did most of her administrative work from home. She now has a room in the Community Centre which has considerably improved her opportunities to be contacted by the volunteers and the drivers. One of the staff from the Lymington Area Team now calls into her office regularly to discuss a variety of mutual problems.

(VI) OTHER RELEVANT ORGANISATIONS SERVING THE COMMUNITY

(1) The Churches

The Wolfenden Committee (23) chose to exclude the churches from its investigation of the work of voluntary organisations, but they are in fact widely recognised and sought after as a source of voluntary and confidential support for all sorts of personal, social and material problems by many people who may not be either members of a church or even practising Christians. The ethics and practices of Christianity have led to the development of many voluntary organisations and have become incorporated in the development of the non-religious voluntary organisations and even the philosophies of the statutory services.

Not all the local churches or religious groups were contacted for the purposes of this case study, only those that represented the most popular denominations and which are also members of the Ringwood Council of Churches, as these churches are most likely to be interested in, and concerned with, community care. Contact was also made with Poulner Baptist Church as it is one of the most active local churches, but it has broken away from the national Baptist movement and is not a member of the Ringwood Council of Churches. The churches that are members of the Council include:-

The Church of England Parish Church which has daughter churches at Poulner and Bisterne, The Roman Catholic Church, The United Reform Church, The Methodist Church and The Salvation Army.

The introduction of the thesis drew attention to the problem of lack of co-terminosity between the populations served by different national and local government departments. If the churches are to be regarded as a source of community care then the population "maps" are even more complex. Each church has a different concept of the catchment area for its congregation:

- (1) Church of England - The parish boundaries are well defined and have been established for centuries. In many cases they also function as the local political boundaries. Traditionally all the population who live within these boundaries are regarded as members of the local congregation unless they are known to be members of other religious groups or churches.

Ringwood Parish extends from Ashley Heath and Matchams in Dorset in the west, to Bisterne in the south and Picket Post in the north-east.

- (2) The Roman Catholic Church - the parish extends from Ibsley in the north to Bransgore in the south, and the western boundary lies in Dorset to incorporate St Leonards and St Ives.

- (3) The United Reform Church - this church does not operate to any specific geographical boundaries, but the minister takes services in Fordingbridge as well as Ringwood.
- (4) The Methodist Church - The congregation of the Methodist Church in Ringwood is drawn from Ringwood, Crow, Poulner and Kingston in Hampshire and St Leonards and St Ives and Ashley Heath in Dorset.
- (5) The Salvation Army - the congregation of the local church is drawn from Sopley in the south, the borders of Wiltshire in the north, Burley to the east and Tricketts Cross, West Moors, Cranborne and Verwood in Dorset to the west.
- (6) Poulner Baptist Church - This church does not operate to any formal boundaries. Most of the congregation live in the Poulner area, but some also come from the areas to the south of Ringwood and St Leonards and St Ives in Dorset.

Although the geographical spread of the different congregations is very wide when they are looked at as a whole their numbers are quite small. The Parish Church has an average congregation of 200 on a Sunday, the Catholic Church 300, the United Reform 80, the Methodist Church 100, the Salvation Army 60 and Poulner Baptist Church 250. Possibly only about ten per cent of the local population have any regular contact with a church.

Some of the local churches do, however, make a very important contribution to the voluntary welfare services for the elderly. The Church of England provides voluntary visiting, bereavement counselling and transport to church for its members. It is also involved with the Christmas parcel scheme organised by the Lions Club and it provides a team of volunteers for the Luncheon Club once a month. The Catholic church is less formally organised in its provision of support for its elderly members, but it too takes part in the Christmas parcel scheme.

The United Reform Church provides transport to services for its elderly members and an informal visiting scheme. It also helps with the Christmas parcels for the elderly and sends a team of volunteers to the Luncheon Club once a month. One of its major contributions to the local voluntary welfare services is the provision of accommodation in its hall for several voluntary activities eg the Employment Fellowship three mornings per week, the Luncheon Club all day on Wednesdays, training sessions for the Red Cross and a regular playgroup.

The Methodist Church takes part in the rota of volunteers for the Luncheon Club, has a structured system of support for all the members of the congregation known as a class system where they belong to specific sub groups and it provides a voluntary visiting service for the patients at St Leonards Hospital, most of whom are elderly.

The Salvation Army started the first club for the elderly in Ringwood, the Silver Threads Club. Like some of the other churches it provides transport to its services for the housebound and the more able-bodied of the congregation are expected to take part in home visiting and providing transport for relatives to make hospital visits.

Poulner Baptist Church is not formally involved with any of the local voluntary services although some of the members of the congregation may be as individuals. Its philosophy is to see all its members as part of one family and it therefore does not provide any specific services for the elderly as a distinct and separate group in the church.

All of the churches included in the case study provided activities and care for all ages in their congregations. Most of the ministers also mentioned that they have the resources and the power to help people in financial difficulties, but this is not something that any of them choose to make publicly known.

This small sample of local churches shows the kind of contribution that they can and do make to community care. This has not been particularly emphasised in the literature on the relationship between social services departments and other care giving agencies. They are mentioned briefly in the Aves Report (p.30)(2), where it discusses the growing awareness of changes in the welfare services by the churches,

"...and the contribution which professional social workers may expect from the Churches;...."

At an area team level they may play a vital role in the services that are required to help all sorts of clients. Many playgroups and day centres are run from church halls. Churches often initiate local voluntary services and are a major source of voluntary recruits. Many of the leaders of the voluntary organisations in Ringwood and the volunteers are active members of one or other of the churches and several said that they learned about the voluntary services through their church membership.

If the policy of community care continues to be a major target at national and local government levels then a greater acknowledgement of the involvement with the churches needs to be developed. There would be several advantages to this. The churches and their members are usually trusted and respected, even by those who do not have any religious commitments. They often have premises and other resources that can be of use and benefit to the wider community. The Ministers and some of the members of the congregations are already skilled and knowledgeable in providing services and activities with and for other people.

Although the churches could make an important contribution to the future development of community care there are factors in their current situations that set boundaries to the extent to which they should be expected to participate. Firstly a high proportion of their congregations are themselves already elderly eg in Ringwood 70 per cent of the Church of England congregation is over the age of retirement. The same number is reported by the United Reform Church, the Methodist Church and the Salvation Army. The priest at the Catholic Church could not estimate how many of his parishioners are over the age of retirement. Poulner Baptist Church reported the lowest number at about 25 per cent.

The second important point that needs to be understood is that community care as it is envisaged by the Government is not the primary purpose of a church, regardless of its denomination. All of the local church leaders who were contacted for this case study emphasised that their primary task is the promotion and practice of Christianity. They are responsible for the spiritual welfare of their congregations. All of them distinguished between those members of their churches who just attended services and those who had undertaken religious instruction and been received formally as full members of the denomination ranging from confirmation in the Church of England to "carrying the pledge" in the Salvation Army. Tinker (20)(p.134) also found that the churches consider worship as their "primary purpose", but they have an important contribution to make to services for the elderly.

(2) Bickerley Green Home for the Elderly

Bickerley Green is a purpose-built home for the elderly run by Hampshire County Council. It was built about 1970 and lies just behind the High Street. It became designated as a home for the frail-elderly in 1974/76. It accommodates 50 residents, 36 women and 14 men. Since the research project was started the former Officer in Charge and his wife have retired and he has been succeeded by his deputy.

Under the supervision of the former OIC the emphasis on the care offered to the residents was almost exclusively on their physical care. The WRVS provided a trollyshop once a week but contact with other voluntary organisations was much more sporadic. None of the staff had any training and the social activities available to the residents, both inside and outside the home were minimal. Independence amongst the residents was not greatly encouraged. The OIC felt that the home did not get enough support from relatives or other people and groups in the local community.

There has been considerable changes since the former deputy took charge. Fifteen members of staff have had the opportunity for some sort of training. Two of the care officers have completed CSS courses and one was currently undertaking the course. Five care assistants had been on day-release courses, two had taken part in a

domestic management course, three were linking with the staff from another local home for the Open University course on "Caring for the Elderly", and an in-house training programme is available for all grades of new staff.

The emphasis on the care of the elderly residents has shifted from physical care to the encouragement of independence amongst the residents. Staff no longer provide tea and coffee at set times but there are facilities in different parts of the building for the residents to do this for themselves and each other whenever they wish. A staff flat has been converted into separate accommodation for four residents who are gradually resuming responsibility for their own cooking, cleaning and entertaining their own guests. As the staff have now been freed of some of the routine care tasks that they used to undertake more time and attention can be given to the more dependent residents.

The social interests and needs of all the residents can now be built into the structure of the work of the staff. They can also develop a more sensitive involvement with relatives, many of whom feel guilty that they are not providing care for the elderly person in their own homes. Relatives are encouraged to get involved with bathing, hairdressing, care of the elderly residents clothes as well as social activities.

Links between the home and the voluntary organisations are undergoing changes. The WRVS still run the trollyshop and this is likely to be given a permanent position in the home in an area which can also be converted into a bar. Like his predecessor, the present OIC finds sporadic visits from many of the local organisations offering to do things "for" the residents disruptive rather than helpful, with a few exceptions.

The OIC is however, very interested in developing much stronger links with the local community. He plans to make the home available as a pop-in-centre for tea and coffee for any elderly person every day of the week, including the week-ends. More recently he has become involved with the Day Centre Working Party of the OPWC and has made proposals for the day care of the frail elderly in the immediate future with the support of volunteers. He supports the suggestion that a purpose built day centre should be built in the grounds of the home and integrated with the care of the residents and the local voluntary services.

(3) Clarks Close

Clarks Close is a curious historical hybrid in Ringwood. The site was originally established as almshouses financed from a bequest and trust set up by a prominent local businessman who died in 1840, William Clarke. They were built in 1843 to provide accommodation for twelve,

"...decayed Tradesmen or other old persons belonging to the Parish of Ringwood that have been in better circumstances, and are reduced through illness or other unavoidable cause, and not by or through their own extravagances." (T Baker (16)).

They are now administered by Ringwood United Charities and were converted in 1958 into eight self-contained flats. About twenty years ago the New Forest District Council built another sixteen flats for elderly people on the same site and accommodation for a resident warden and a deputy. They also provided a large communal dining room and kitchen. Initially the warden and her deputy were not responsible for the tenants of the Almshouses but now they are included in their regular duties. The flats are still administered separately, however.

There are strong links between Clarks Close and the local voluntary services for the elderly. Ringwood United Charities is a local voluntary organisation. The kitchen which provides the communal midday lunch for the tenants five days a week is also used for the preparation of the meals on wheels that are delivered by the WRVS, Rotary, the Lions and the Red Cross. All of the voluntary organisations relevant to this case study are in touch with the warden and the tenants from time to time, and several of the tenants are members of the clubs run by the local voluntary organisations. The warden is a member of the Old Peoples' Welfare Committee.

(4) The Local Comprehensive School

Schools can often play an important part in the provision of voluntary services for the elderly, but Ringwood Comprehensive has had a rather patchy record in this field over the last few years. It became involved in voluntary community service when the school leaving age was raised to 16 in 1972. Voluntary work was part of the Activities Education Programme set up for the "non-exam" pupils who were required to stay on at school. The pupils could do their voluntary work with the local playgroups, go to the Calshot Activity Centre run by the Education Department for sports activities, or provide shopping, decorating, gardening and visiting services for the elderly.

The scheme was a success for some of the elderly people and pupils who took part. Many of the elderly people wrote to the school to express their appreciation and many of the pupils remained in contact with the people who they had been visiting after they left school.

It was not a total success, however. The extent to which it was really "voluntary" for the pupils could be questioned. Some of them took advantage of the time it gave them away from school.

Some elderly people were unreasonable in their expectations of the jobs that the pupils should do. Some paid them, although they were explicitly instructed not to, which caused a lot of conflict for the staff and the pupils. The staff found it difficult at times to get enough referrals from the voluntary and other relevant organisations, despite the fact that one member went regularly to the Old Peoples' Welfare Committee Meetings. The warden of Clarks Close said that several of the elderly tenants who were offered services by the school reacted in a very suspicious and negative way, refusing to even meet the young people. In other cases the pupils were referred to elderly people who seemed to be receiving so much voluntary support that they could not identify any clear role for themselves.

The scheme came under increasing pressure from within the school as reductions in staffing levels left fewer staff to supervise the pupils when they were doing their community service. The scheme was ended in 1981.

In 1982 a new headmaster was appointed who felt that it is important to include opportunities for general social education and community services in the timetable for all the pupils, not just the "non-examinables". Community service projects were started again in the Christmas term, 1983. They were reported to be doing well, including services for the elderly, but the teacher who initiated much of the voluntary work left at the end of the Easter Term and voluntary services were again suspended.

This brief history of the relationship between the young volunteers from the Comprehensive school, the voluntary organisations and the elderly people raises important questions of who is doing what for whom and why. Although young people can be a very useful source of volunteers, expectations have to be very carefully evaluated by everyone involved as they do not always seem to fit together. Trust can be difficult to develop between the old and young people who are strangers to them and the pattern of the school year or staff changes can disrupt the continuity of service. Co-operation and co-ordination between the school and the voluntary organisations is very important and this did not seem to be occurring to any great extent.

Because of the chequered history of voluntary work at the local comprehensive school it has not been possible to look at the voluntary activities of the pupils in any depth or include them in the sample of volunteers to compare them with other studies such as "Across the Generations", Hadley et al (7). Initially however, the criteria for introducing the pupils to voluntary work have parallels with those described by Hadley et al (7), ie broadening the general social education of the older pupils. Comparisons cannot be carried too far because "Across the Generations" is a much larger study of the voluntary work of young people with the elderly than is being considered in this thesis. It is useful to

note ,however, that the self reporting by the young volunteers in Hadley's study also shows a mixture of success and failure, altruism and self interest, and difficulties in maintaining the continuity of the services (Chapter Four).

(5) Voluntary Work and those Registered as Unemployed in Ringwood

The suggestion that unemployed people can be viewed as source of voluntary help is one of the most contentious aspects of voluntary work in this country in recent times. Since the Conservative Government first took office in 1979 its policy towards voluntary work undertaken by the unemployed has undergone a complete reversal. In August 1979 Social Work Today (17) reported the case of a 19 year old unemployed woman whose benefit was stopped because she was doing voluntary work with the mentally handicapped at Stoke Park Hospital in Bristol and was therefore deemed as having made herself unavailable for work. The next edition of Social Work Today (18) reported that the DHSS had reconsidered her case and withdrawn its action against her, an early example of the changes in the Government's policies that were to develop in response to the increasing number of people who have become unemployed.

Since 1979 the numbers of people registered as unemployed and looking for work increased substantially and their ranks are increased even further by those seeking work but who are not registered officially eg married women, recent school leavers and prematurely retired people. At the time of writing this thesis it was estimated that there were between three and four million people in Great Britain who were unemployed.

The Government identified them as a productive source of volunteers or low paid workers for Community Programmes to such an extent that considerable funds and resources started to be allocated to encouraging the unemployed to commit their services to various Government sponsored schemes. Some of the training schemes for unemployed young people have been included in this area. The Voluntary Projects Programme of the Manpower Services Commission -

"...aims to provide a variety of opportunities for unemployed people to take up on a voluntary basis. No enforced attendance, no set hours and a chance to do something of benefit to themselves and the community without affecting their entitlement to the various state benefits."(13)

The MSC was also responsible for the development of the "Community Programmes" - Work for people who haven't worked for some time.'(14) This change in Government policy has not been welcomed universally by either the voluntary or the statutory sectors of the personal social services. It is not possible to discuss the views and arguments about the Government's policies and statements in detail in this section but they will be referred to in other parts of this research. Briefly, anxieties have been expressed by both

the voluntary and the statutory sectors in two main areas, ethics and practical problems. Those employed in the statutory sector see the recruitment of volunteers as a threat to their existing posts, a devaluation of their training and expertise and a potential risk to the wellbeing of their clients.

Some established voluntary organisations and volunteers have expressed similar fears about their status and responsibilities. They are particularly concerned about maintaining a continuity of service because many of the "volunteers" will be actively seeking full-time employment, and also because financial support from the Government to promote the use of the unemployed as a source of voluntary help is based on short-term funding. Some of these criticisms are discussed in more detail by Whitehouse in her article "In one door and out the other", (22) where she suggests that these schemes can be seen as a means of disguising the true level of unemployment. More recently the Griffiths Report (25), has criticised short-term funding as wasteful but it still sees the unemployed as a potential pool of voluntary labour.

The Situation in Ringwood:

In September 1983 the Bournemouth Evening Echo (6) reported that there were 924 people registered as unemployed at the Ringwood Job Centre. At the same time I interviewed the manageress of the Ringwood Job Centre to discuss the implications of these figures in relation to voluntary work with elderly people in the area. The information that she gave challenges some of the assumptions about the availability for, and interest in, voluntary work by those who are registered unemployed.

About 25 per cent of people who are registered as unemployed and available for work are virtually unemployable and there is neither a high expectation nor pressure upon them to find work. These people include the disabled; those of low employment ability or availability - including gypsies and the illiterate; those over 60 who may already be receiving an occupational pension and those over 50 who are competing with younger people in their search for work. The numbers of people who are registered for work in the Ringwood area are lower than the numbers who are receiving unemployment benefit and the majority of jobs on offer at the Job Centre at the time of the interview with the manageress were part-time work for women or manual work.

The distinction between those claiming benefit only and those who are also actively seeking work is further confused by the geographic location of the office. Those registered for benefit only are recorded according to the County boundaries but those who are seeking work can register at their nearest Job Centre. Thus 400 people from Verwood and West Moors in Dorset were registered with the Ringwood Office for work because they wished to work in the Ringwood area, but they had to claim their benefits from the DHSS in Poole.

The manageress said that some of the unemployed registered in Ringwood had been referred to community programmes, particularly the one run by Dorset County Council to reclaim and develop the Avon Forest park. The majority were involved in manual labour but some had been recruited to develop the information centres. Youth training schemes are the responsibility of the careers officers.

Ringwood Job Centre had received enquiries about voluntary work occasionally and at the time of the interview the manageress had been approached by the Ringwood sports centre for volunteers to help with sports for the disabled people. When unemployed people made enquiries she usually referred them to the Greyfriars Community Association. When this was subsequently discussed with the Warden of the community association she said that she was unaware of any enquiries about voluntary work specifically from unemployed people. There is no way to find out why this appeared to be happening. Perhaps unemployed people do not, in fact, pursue their enquiries with the Community Association, or, if they do, they do not reveal that they are registered as unemployed. Recruitment of unemployed people as volunteers is not a policy that is being actively undertaken by any of the voluntary organisations for the elderly examined for this case study.

(6) "Peripheral" Voluntary Organisations

There are other organisations in the area that provide services for the elderly from time to time but this is not the primary focus of their activities. These include St John's Ambulance Brigade who are mainly occupied with the provision of medical services at public events in the Ringwood area, but they also provide nursing and ambulance transport services for individuals on request. Several social organisations provide welfare services for their own elderly members or raise money for charity eg the British Legion has the over 60's Club, but informal discussions with the leaders of these organisations revealed that they did not see themselves as offering a general welfare service to the elderly and so information about their activities was not pursued any further. A knowledge of their existence and potential value for some people, at least, is relevant in building up information on the possible sources of care in the community.

(VII) OVERVIEW OF THE VOLUNTARY ORGANISATIONS FOR THE ELDERLY IN THE RINGWOOD AREA

The pattern of the voluntary services for the elderly in the Ringwood area could be seen as a microcosm of the pattern of voluntary organisations and services identified nationally by the Wolfenden Committee (23) and by Tinker (chapter 10, p.133-141) (20). Several themes present themselves when the voluntary organisations examined for this case study are looked at as a whole.

- (1) The size, structure objectives and sources of finance of the local voluntary organisations.
- (2) The range of services that they offer.
- (3) The "intended beneficiaries".
- (4) Their methods of recruiting volunteers and the availability of training.
- (5) The relationship between the voluntary organisations and the local informal sector.
- (6) The relationship between the voluntary organisations and other local organisations.
- (7) The voluntary organisations in the Ringwood area and national issues.
- (8) The patterns of relationships between the voluntary organisations examined in the case study and the Hampshire Social Services Department.

(1) Size, Structure, Objectives and the Sources of Finance of the Local Voluntary Organisations.

The voluntary organisations in the Ringwood area included in this case study conform to the four factors defining a voluntary organisation identified by Johnson (12), and also collectively or separately to the characteristics discussed by Wolfenden in Chapter three of the Report(23).

The size and structure of a voluntary organisation is crucial to its public image and its success in attracting support, recruiting volunteers and being sought out as a service by potential beneficiaries. The voluntary organisations being examined here could be categorised in the following way in relation to their size and structure;

- (1) Local Branch of an International Organisation eg
Red Cross, Rotary and Lions.
- (2) Local Branch of a National Organisation eg
CAB, WRVS, and less specifically,
Silver Threads and the Old
Peoples' Welfare Committee

- (3) Local Branch of a County Based Organisation eg Hampshire Association for the Care of the Blind and (in a loose sense) the Luncheon Club and the Ringwood and District Community Association.
- (4) Voluntary Organisations Unique to the Local Area eg Ringwood Old Peoples' Housing Association, Ringwood United Charities, Greyfriars Mini Bus and the New Forest Tapes for the Handicapped.

Wolfenden (23) discussed the possible management structure of the voluntary organisations in terms of centralised control, funding, the employment of paid staff and whether the parent body controls or co-ordinates with the local branches. The organisations discussed here which are branches of national or international voluntary bodies follow the model of centralised control. The more locally based ones have less structured management systems but most of them operate through an elected committee of executive officers who are accountable to each other, their volunteers and the recipients of their services.

The national organisations also take on a role of public accountability in a way that is not so obviously sought out by smaller voluntary organisations. Their prominent public profiles make good copy for the national as well as the local press enabling them to attract funds and volunteers more easily, but their very size could also make them seem remote and impersonal to people who have no direct interest in their activities either as volunteers or as beneficiaries.

In contrast locally based voluntary organisations can make a more direct appeal to their public because of their close identity with a local community. They arise out of local social networks and the "exploitation" of local skills, as is the case for the New Forest Tapes for the Handicapped and the Greyfriars Mini Bus.

Accountability at a local level is difficult to establish in a controlled and formal way as local voluntary services are often stimulated by the initiative and charisma of an individual whose perspective may diverge from that of other volunteers and their recipients as the service develops. The emotional bonds that brought people together to start the service can inhibit change. An example of this problem exists with the Ringwood and District Housing Association which was started with a legacy from a local resident which consolidated a very strong local identity to such an

extent that they decided that it would not be necessary to affiliate themselves to the National Federation of Housing Associations. As a result the Association is not eligible under local authority regulations to benefit from many of the grants that are made to the housing associations which are registered with the national body.

A further problem that can face specifically local voluntary organisations is their limited geographical catchment area when they wish to raise funds or recruit volunteers.

Objectives -

The brief description of the objectives of the voluntary organisations included in the survey show a wide variety of objectives which can be subsumed under a general one of giving service to the community. Some voluntary organisations restrict themselves to providing a specific service, eg The Ringwood Old Peoples' Housing Association or the New Forest Tapes for the Handicapped. Some organisations restrict their objectives and services to particular client groups eg Arthritis Care and the Blind Club. Some voluntary organisations have important "spin-offs" such as the social and business links formed by membership of the Lions or Rotary, or the religious affiliations present in the Silver Threads Club and Ringwood United Charities. Some of the voluntary organisations have more general objectives both in terms of their client groups and in their range of services, eg the WRVS.

In the majority of the voluntary organisations examined in this case study the objective is to provide services by volunteers for the recipients. Self-help activities are marginal. Rotary describes itself as having a catalyst role in the promotion of voluntary services in as much as members are expected to make their professional services available freely for voluntary services in the community eg they were recently involved in advising a local Scout Troop over fund-raising and planning regulations to build a new Scout Hut, but they did not make a major financial contribution to the exercise.

Only two voluntary organisations in the Ringwood area which have been included in this case study have any paid staff, the Organiser of the CAB and the Warden of the Community Association. Most of the organisations have people with professional skills on their committees, but the role and objectives of employer is not sought by the local organisations as relevant to the management and delivery of their services.

Source of Finance -

The brief descriptions of each organisation show an immense variety of funding practices from total self-support, such as the New Forest Tapes for the Handicapped, through partial public funding

such as the Ringwood Employment Fellowship, to total government funding in the case of the WRVS which has led Unell to categorise it not as a voluntary organisation but rather a "quasi-statutory" one.(21) When this picture of financial practices and resources in a local situation is related to the Government's policy of encouraging the transfer of community care from the statutory sector to the voluntary sector, then the prospect of developing a coherent strategy to fulfil such aims is daunting.

The Government has been criticised for restricting its financial support for many voluntary organisations to short term funding because of the limits this policy puts on the continuity of services. From the Government's point of view however, such time limits will at least give them some measure of control over what is otherwise a hugely diverse range of services and systems of management.

(2) Services Offered to the Elderly by the
Voluntary Organisations in the Ringwood area

The range is wide in terms of the number of organisations providing services, but they can be divided into a limited number of categories.

- (1) Social Activities - these are mainly clubs that also provide voluntary transport to enable housebound people to get out regularly, but they are not exclusively for the housebound.
- (2) Services in the clients home - the main ones are the meals on wheels service of the WRVS and the home nursing services of the Red Cross. Other examples would include the New Forest Tapes for the Handicapped or the bereavement counselling service of the Church of England.
- (3) Fund-raising - several of the local voluntary organisations focus particularly on this either for their own recipients, eg the Diamond Jubilee Fund, or on behalf of other organisations eg the funds raised by Rotary and the Lions Club to help purchase a new mini bus for the Luncheon Club.
- (4) Specialist Services - eg the CAB and Ringwood and District Housing Association.
- (5) Co-ordinating Services - eg The Ringwood and District Community Association and the Ringwood and District Old Peoples' Welfare Committee.

Voluntary visiting has not been included in this list because it proved very difficult to quantify any formal organisation of voluntary visiting services in the data available for this case study, although the need for visiting services for elderly people is continually being stressed by such organisations as Age Concern.

Voluntary visiting in the Ringwood area seems to occur more as a by-product of the duties of the volunteers than the main focus of their voluntary work. Some of the information given by both the volunteers and the elderly people who participated in the surveys points to a resistance by at least a proportion of elderly people to voluntary visitors, eg the lack of interest in the visiting services being offered by the pupils of the comprehensive school at one end of the social spectrum and the members of the Rotary Club at the other end.

Nevertheless some volunteers have spontaneously "adopted" one or more elderly people to visit on an informal basis rather than as part of their prescribed tasks as a volunteer. In some cases the "voluntary visiting" reflected neighbourhood and friendship networks rather than any conscious or formal link with any voluntary organisation, highlighting the importance of social and psychological issues in establishing a relationship between the "visitor" and the elderly person.

(3) The Voluntary Organisations and the "Intended Beneficiaries"

Wolfenden identifies four categories of intended beneficiaries, (chapter 3, p.39), (23),

- (1) Voluntary organisations that "aim to help groups of people with special needs."
- (2) Voluntary organisations "mainly concerned with the promotion of causes and with the public good."
- (3) Voluntary organisations in which "the main beneficiaries are the members."
- (4) "Organisations whose main beneficiaries are not individuals but other organisations."

The majority of organisations identified for the case study fell into the first category and this is the dominant model of voluntary work aimed at the elderly in the Ringwood area.

The community service objectives of the Lions Club and the Rotary Club often embrace the second category of beneficiaries, for example they have both sponsored the purchase of special emergency equipment for the two local general practices because of the lack of hospital resources within a radius of ten miles of the town of Ringwood.

Arthritis Care, the Blind Club, the Employment Fellowship and the Silver Threads Club fit the third category, but the emphasis is upon social activities as the "benefits" in these organisations rather than any other activity.

Ringwood Old Peoples' Welfare Committee and Ringwood and District Community Association match Wolfenden's fourth category as their services are put at the disposal of other organisations in the Ringwood area.

(4) Their methods of Recruiting Volunteers and the Availability of Training.

The voluntary organisations included in the case study use several methods to recruit their volunteers.

- (i) Invitation only - Lions and the Rotary Club.
- (ii) Advertising through the press and public buildings eg the Community Centre and the public library - most of the organisations have used these methods at one time or another, but press advertisements produce a lower response than most other methods for recruiting volunteers.
- (iii) "Cold" enquiries initiated by prospective volunteers who contact the Community Association.
- (iv) The personal and social links between the voluntary leaders and other local groups and networks.

The last method appears to be the dominant one used in the Ringwood area to recruit volunteers and it will be discussed in more detail in the chapter on the sample survey of the volunteers, but most of the voluntary organisations included in the case study use a combination of some or all of the methods listed above.

One of the most outstanding aspects of the data uncovered by this case study is the low priority put on training to help the volunteers undertake their tasks on behalf of the voluntary organisations. There are some exceptions - CAB volunteers are only

accepted as full members if they complete their training courses satisfactorily, the WRVS requires three months probation of its full members but the training is relatively unstructured and no probationary period is required of its affiliated members. The Red Cross offers home nursing and first aid training to the volunteers who are interested but it also uses volunteers in non-nursing duties eg to run clubs and no training is required from these volunteers. The Hampshire Association for the Care of the Blind makes training available to its volunteers throughout the county but attendance is not compulsory. One of the members of the Lions Club is a team leader for Dorset Social Services Department and he offers informal training and guidance to the club's volunteers, especially those who are new to voluntary work, but it is not part of the main activities of the local club.

These issues will be discussed in more detail in relation to the volunteers in the next chapter but the majority of the volunteers and their leaders made very little reference to the place of training in the delivery of their services. Those who do see a need, however, are very critical about its absence.

(5) The relationship between the Voluntary Organisations and the Informal Sector

Wolfenden (23) discusses three roles for the voluntary organisations in relation to the informal system of community care provided by friends, family and neighbours - "replacement", "relief" and "reinforcement".

In Wolfenden's definition replacement occurs when services are an alternative to care by family etc and they single out residential care as an example of replacement. The case study has included discussion of the activities of the old peoples' home at Bickerly Green which is run by Hampshire Social Services Department, but it does not include any examination of the private residential or nursing homes in the locality as the majority of these are run as businesses rather than by charitable or religious organisations. "Replacement" is not a characteristic of any of the local voluntary activities for the elderly.

"Relief" is a service offered by some of the voluntary organisations to the local informal sector, particularly through the home nursing services of the Red Cross and some of the activities of the WRVS but the emphasis is on short term services rather than long term support for the carers of elderly people.

by "reinforcement" the Wolfenden Committee meant,

"....services which do positively strengthen informal caring arrangements, whether by providing psychological support, developing extra skills and motivation or offering material resources."(p.42)

Several of the organisations examined here offer material resources to elderly people and their carers in the Ringwood area. It is more difficult to say which ones would see themselves as offering psychological support beyond that of "befriending" with the exception of the bereavement counselling service of the Church of England. It is also doubtful that any of the voluntary organisations would see themselves as helping the elderly to develop extra skills and motivation in such an explicit way, but many of them enable elderly people to regain skills and motivation for example after suffering serious illness or bereavement.

The relationship between the voluntary organisations for the elderly in the Ringwood area and the informal sector is not prominent in the organisation of their services. One reason for this might be that most of the voluntary services are directed at elderly people who are living alone. "Caring for the carers" was rarely discussed by those who took part in the case study, and, when it was mentioned it was usually to reflect upon personal recollections of the lack of support available when the interviewees had been in the role of a carer, (see the analysis of the questionnaires put to the volunteers). This finding parallels the evidence discussed by the Equal Opportunities Commission referred to in the introductory chapter.

(6) The Relationship Between the Voluntary Organisations and Other Local Organisations

The Old Peoples' Welfare Committee is the central organisation for the promotion of services for the elderly in the Ringwood area. Its membership reflects links with the general practices, local council representatives and many of the voluntary leaders who attend hold executive offices on each others committees eg the President of the OPWC is the Organiser for the Red Cross and on the committee of the Ringwood Old Peoples' Housing Association, the local County Councillor who attends is also a member of the Housing Association Committee and the WRVS Organiser is also a member of the CAB Committee.

The next chapter, which will analyse the volunteers in more detail, shows that in the Ringwood area local politics are quite closely connected with local voluntary services. Several of the local voluntary leaders are, or have been, parish, town, district or county councillors. The picture that emerges is one of a very closely interwoven network of relationships built around the provision of services for the public from both the public and the voluntary sectors in the local area. The themes of "long service" and "static versus stable" identified in the analysis of the OPWC

and the Community Association are present in the broader picture of the local voluntary organisations. There are echoes, but not absolute parallels, between the pattern of voluntary services in the Ringwood area and local politics and the findings discussed by Hatch and Mocroft on the patterns of services in Suffolk (9),

"...some individual councillors were active in voluntary organisations as part of their general commitment to public life..."

(7) The Voluntary Organisations in the Ringwood area and National Issues

One of the features to emerge from comparing the voluntary organisations in Ringwood with the data published by national organisations such as Age Concern and the NCVO, is the absence either of local discussion of, or local identity with, issues affecting the elderly at a national level. Like the study of Suffolk, there is little involvement in pressure group activities, even when they are part of the objectives of the parent body of the local voluntary organisation.

There may be several reasons for this. The voluntary leaders may feel that they only have the time and resources to provide for the immediate needs of the recipients of their services. Some seem to have neither the interest nor awareness of any national debates on the needs or situation of the elderly population as a whole. A third factor which has emerged as a common theme from the questionnaire put to the volunteers is a very strong sense of identity with their own "territory" which explicitly excludes involvement with national issues on the grounds that either they are not relevant to the situation in Ringwood, or because the "authorities" never show any reciprocal interest in their activities.

(8) The patterns of relationships between the voluntary organisations examined in the case study and the Hampshire Social Services Department

The role of the Hampshire Social Services Department will be discussed in more detail in a later section but it is useful to consider some of the themes that have emerged from looking at the individual organisations at this stage. The data revealed by this case study shows a varied pattern of relationships between the Social Services Department and the local voluntary organisations and the presence or absence of relationships seems to be affected by the following factors,

- (1) the extent to which the workers in either the statutory or voluntary services are actually aware of each others existence
- (2) where they are aware of each other, whether they acknowledge any links between each others services or client groups
- (3) the extent to which the voluntary organisations are dependant upon the local authority in general and the Social Services Department in particular, for all or part of their income
- (4) the extent to which financial aid is linked to administrative support and/or control

On the whole the links are limited between the voluntary organisations which provide services for the elderly in the Ringwood area and Hampshire Social Services Department. Many volunteers are unaware of the location and activities of the nearest area team at Lymington or are confused over the difference between a Social Services Department and The Department of Health and Social Security. Personal contact and links between the volunteers and the Area Team staff are infrequent and more often confined to contact with the voluntary leaders rather than the non-executive volunteers. They tend also to be on an ad-hoc, case-by-case basis, with the exception of the regular contact that was being developed between the WRVS Organiser and one of the social workers, which became possible when the WRVS were given accommodation in the Community Centre. The fact that a member of staff had come to live locally who was also interested in the work of the local voluntary organisations was also a promising development.

The model of relationships between the voluntary organisations and the Social Services Department staff has been, however, similar to the pattern of "indirect users" identified by Holme and Maizels (chapter 5) (11).

Where more formal and direct links do exist they are mainly concerned with the financial and administrative control of grants and the delivery of services eg meals on wheels and the Luncheon Club. Such links often bypass the Area Team and are made directly with the financial officers at the Department's county headquarters in Winchester.

Generally speaking, until joint development of day care services for the elderly by both the voluntary organisations and the Social Services Department became a focus of the discussions of the OPWC at the end of 1983, the voluntary organisations showed little interest in making stronger links with the Social Services Department at either the level of the Area Team or with the headquarters staff, again demonstrating parallels with Hatch and Mocroft's findings in Suffolk (p.127), (9),

"...the main voluntary organisations in the county tend to be traditional in outlook. They rely on and mobilise a substantial volume of voluntary effort and prefer neither to interfere with nor be interfered with by the SSD. Thus voluntary and statutory sectors maintain an independent though not entirely separate existence."

(VIII) SUMMARY

If the characteristics and practices of the voluntary organisations providing services for the elderly in Ringwood are not unlike those in other parts of the UK, as appears to be the case, then the Government's policy of encouraging the transfer of community care services from the statutory sector to the voluntary one cannot be put simply or swiftly into operation.

In 1981 the Association of County Councils, the NCVO and the Association of Metropolitan Authorities jointly published "Working Together; Partnerships in Local Social Services" (15), which provides guidelines for developing partnerships between social services departments and voluntary organisations. They linked their guidelines closely to the findings of the Wolfenden Report and identified seven "types of activity in the voluntary sector which the local authority is likely to be asked to support." They are:

- (1) agency services - eg WRVS meals on wheels
- (2) fee charging services - eg residential places in residential homes run by voluntary organisations
- (3) other direct services - to particular client groups or as agents on behalf of the local authority
- (4) exploratory projects
- (5) support and development services - especially in relation to the activities of intermediary bodies
- (6) small scale community projects - aimed at meeting specifically localised needs
- (7) miscellaneous and ad-hoc - unexpected events etc requiring immediate support.

The model presented in "Working Together" is largely one of the local authority providing the finance and the voluntary organisation the service. There is some discussion of training resources and needs and support and liaison between the two services at the local level. The dominant theme, however, is that of the control that a local authority will need to exercise over a voluntary organisation and the level of accountability necessary when public money is being provided to develop its activities. "Partnership" in this model seems to be in the form of a service contract and examples of this can be found amongst the voluntary organisations in the Ringwood area, such as the meals on wheels services of the WRVS, the Luncheon Club and the Hampshire Association for the Care of the Blind at county level.

The model outlined in "Working Together" does not offer detailed advice to overcome the pattern of transient relationships between social workers and volunteers identified by Holme and Maizels (11), Hatch and Mocroft (9) and which also appears to be characteristic of the voluntary and statutory services in the Ringwood area. The evidence indicates that where contact does take place between "basic-grade workers" in the two sectors it is often of such a limited nature that it leaves the policies and practices of the different agencies largely unchanged.

The relationships at the managerial levels of the two sectors which have been looked at in this case study show that they are mainly focused on the purchase and management of services. Partnerships, innovation and the development of long term strategies have not been a major activity since the Luncheon Club was established in 1970, but they have re-emerged in relation to the joint development of day care services for the elderly in this area which occurred during the course of this research.

Resistance from either the local authorities or the voluntary organisations to the establishment of closer working relationships can be caused by many factors. The joint development of services could, and probably would, stimulate demand at a time when both sectors are facing similar problems of reduced financial and manpower resources. Local authorities have the additional burdens of public accountability and political pressures which influence both their activities and their levels of expenditure.

"Partnership" inevitably involves both sides in exposing their policies, practices and prejudices to each other. If this is not handled sensitively by the statutory and voluntary services then co-operation will not be achieved. More power in the decision making process rests with the local authority because it is sought out by voluntary organisations as a source of financial support. This reinforces the ambivalence felt by some voluntary organisations towards local authorities over developing joint activities.

The concept of "partnership" between local authorities and voluntary organisations seems to be fraught with as many definitional and operational problems as those of "community care" and "voluntary organisations". It needs to be constantly and carefully re-defined in order to make sense of its application to different settings and circumstances. The service contract model outlined in "Working Together" is too limited to take account of the variety of voluntary services and practices that already exist and the ways in which they could or should be developed.

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POSTSCRIPT THE RINGWOOD DAY CARE PROJECT

In setting up this case study it had been my intention to take on the role of observer only. This was a source of puzzlement and even threat to some of the members of the Ringwood and District Old People's Welfare Committee. In order to earn some credibility I participated in some activities as a volunteer myself, such as helping at outings and so moved slightly into the role of participant observer.

The section in Chapter Two on the Old Peoples' Welfare Committee shows that this research coincided with the start of period of change, particularly in the chairmanship. The new chairman was keen to move forward from the rather static traditional model of service that had developed over the previous two to three decades and to evaluate the potential for establishing a day centre in Ringwood. I had already shared my findings with the committee that there was no facilities available on a daily basis for the elderly, none specifically for the elderly mentally infirm and none with the objective of providing relief for the carers.

The new chairman therefore set up a working party which consisted of the social worker from the Lymington Area Team who had moved into Ringwood, the leader of the Red Cross, the leader of the WRVS, the secretary of Age Concern Hampshire and myself as chairman. We started meeting in January 1984 and were later joined by the Officer in Charge from the Bickerley Green Home for the Elderly.

At first the OPWC was divided as to whether we should be evaluating the need for a day centre or a pop-in-centre, but a pop-in-centre was being developed independently at the refurbished Friends Meeting House and so the working party concentrated on the need for a day centre.

Members of the working party visited several day-centres within a 20 mile radius of Ringwood in Dorset and Wiltshire as well as Hampshire. They were run by a variety of different agencies with a range of different objectives including day care for the elderly mentally infirm provided by a hospital, a purpose built day centre run by Dorset Social Services Department which offered rehabilitation, and one based in a block of flats and run by volunteers.

The working party also visited a potential day centre premises in Ringwood. Most of the local non-commercial premises such as church halls were already being used to their maximum or at best could only offer half days. Some of these premises were not suitable for elderly people.

There were a variety of commercial premises available including empty shops, social clubs only used in the evening and a large room with its own kitchen in the Conservative Association premises. The main disadvantages with all of this group of premises is that their rents ranged from £4,000 P.A. (Conservative Association) to £12,000 P.A. (Empty shop premises). Those that had cooking facilities were unwilling to allow meals on wheels to be provided as the midday meal. The empty properties would have required considerable expenditure to make them suitable.

This information was presented to the OPWC and it was agreed that it would not be possible for the OPWC and the local voluntary organisations to provide a day centre from their own and the local resources examined by the working party. The committee felt that if they could get financial and managerial help from Hampshire Social Services Department then they would be willing to support and assist in the development of a local day centre. A letter was sent to the Director of Social Services making this proposal.

In the meantime the Officer in Charge at the Bickerley had suggested the conversion of a ground floor staff flat into a small day centre with a view to extending it into a purpose-built day centre in the grounds of the home in the future.

This was the most realistic possibility out of all those that had been examined. A meeting was arranged to enlist the support of a variety of local people involved in the welfare of the elderly including local councillors, local general practitioners and their health care colleagues, representatives of the local churches, the leaders of the voluntary organisations and senior staff from the Lymington Social Services Area Team.

Support for the proposal was unanimous and the Director of Social Services gave his cautious encouragement. Development of the idea moved away from the grass roots in Ringwood but eventually came to fruition as a joint funded scheme financed by the Salisbury Area Health Authority and Hampshire Social Services Department and administered by Age Concern Hampshire which acts as the employer of the only paid member of staff, the Co-ordinator.

This scheme is known as the Ringwood Day Care Project. The Co-ordinator took up her post in April 1985 and the first clients were accepted in July 1985. It takes up to 8 clients per day 5 days a week at the day centre and provides a home carer scheme for a smaller number of clients in the homes of volunteers who can accept up to two clients per day and who are paid a small fee for doing this. The Ringwood Day Care Project is particularly concerned with providing care for frail elderly people, including the mentally frail, and providing relief for their carers.

The co-ordinator is responsible to a committee made up of representatives of the social services department, local voluntary organisations, Age Concern and the local health services. The chairman is the general practitioner who is also the chairman of the OPWC. The treasurer is a local bank manager. I had opted out once I had completed my work with the working party's investigations but accepted the post of secretary when the first one was no longer able to continue with the work.

The day centre has now become well established as a resource in Ringwood but the home-carers scheme has not developed to the extent that was expected. Demand for the day care services is beginning to exceed supply.

The original co-ordinator left in July 1987 and the post is now shared by two part time co-ordinators.

The first three years of the joint funding have been completed and the scheme was assessed by the Research Section of Hampshire Social Services Department. The review was favourable and funding is to continue. All those involved recognised that "there are still problems to tackle". These include training for the co-ordinators and volunteers, developing policies for reviewing the needs of existing clients to meet the increasing demands, recruiting new volunteers especially for transport, and developing the home carers scheme.

Despite the favourable report nothing further has been heard about developing a purpose-built day centre. There is a risk that because this joint venture has been successful that the statutory services and Age Concern will switch their attention and resources to communities with services that are less well developed than those that now exist in Ringwood.

Another problem that may be developing is that the scheme's success has raised the expectations of other caring agencies that they can count on it as a resource at their disposal, e.g. an extra day centre for the day care patients who attend psychiatric hospital or a solution to the problems of the patients of the local general practices. There is a risk that the excellent, but un-trained co-ordinators will be expected to be able to make judgements about rationing services with the same degree of confidence and expertise as professionally trained staff in the statutory services.

If therefore the Ringwood Day Care Project is assessed as a model of co-operation between the statutory and voluntary sector then several aspects are important:

Positive Aspects

- (i) It could be viewed as a service purchased from the voluntary sector by the statutory health and social services, and ultimately the social services.
- (ii) The committee system and composition provides grass roots support for the part-time Co-ordinators
- (iii) Appointing Age Concern as the employer involves a national voluntary organisation which is highly respected and can offer a level of expertise not available among the local voluntary organisations in Ringwood.

Negative Aspects

- (i) The involvement of such a wide range of voluntary and statutory agencies can make the administration top heavy and confusing to an outsider. The boundaries of responsibilities between the agencies are not always clear which could lead to duplication of effort on the one hand or neglect by everybody on the other.
- (ii) Success can create pressures which need to be carefully monitored if a project is to be able to retain its function and status as essentially being provided by the voluntary sector.

Developing projects based upon partnership between the statutory health and social services and the voluntary sector requires detailed planning and the will to work together right from the start from at least a majority of the local leaders of the voluntary organisations and statutory services.

The Ringwood Day Care Project has gone a long way towards the kind of community care identified by both the Barclay Report (1) and more recently the Griffiths Report (2). It has extended the range of community care in Ringwood for the frail elderly and their carers.

It is interesting that access to the Day Care Project has largely been through referrals from the two local general practices. In this way they have acted as brokers of the service in the manner discussed by Griffiths. Together they are the most heavily used sources of social as well as physical welfare in Ringwood, particularly in the absence of a social services department area office. There is a risk however that medical recommendations and reasons for admission could take priority over recommendations from

other sources. Referrals directly from the Area Team have been few and far between perhaps reflecting that Ringwood clients are only part of their caseload. The distance between Ringwood and Lymington may also push Ringwood "out of sight" literally and metaphorically for the social services staff in the daily management of their work.

It is vitally important that the statutory services should maintain their close links with the voluntary services involved with the Day Care Project. Funding does not relieve the statutory authorities of their responsibilities towards these organisations, their volunteers and paid staff, but most importantly their clients. The statutory services should be discouraged from assuming that such joint projects could or should offer substitutes for statutory services. The only way this could be achieved is if the funding and development of such projects includes the paid employment of appropriately trained staff, money to purchase other relevant resources, and a commitment to sharing responsibility to maintain and evaluate the effectiveness of the services.

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CHAPTER THREE

THE VOLUNTEERS

(1) INTRODUCTION

The aim of this research has been to examine the issues arising from the current government policy of encouraging a shift of responsibility for the welfare of the elderly from the public sector (particularly the services provided by the local social services departments), to "the community", in particular the voluntary sector. The thesis is a case study of the voluntary services provided for elderly people in the Ringwood area and this chapter examines the results of a questionnaire put to a sample of the local volunteers and data arising from interviews with some of the leaders of the local voluntary organisations.

(II) METHODOLOGY

A variety of research methods were used to obtain data on the roles, attitudes and activities of the volunteers working with elderly people in the Ringwood area. They fell into several distinct but not mutually exclusive stages.

First Stage - The Leaders

The previous chapter discussed how contact was made with the leaders of the relevant voluntary organisations to obtain information about their services. At the same time they were asked how they each became involved in voluntary work and several themes have emerged as separate areas of interest in their own right.

Second Stage - The Questionnaire.

A questionnaire was administered to a small sample of 37 individual volunteers and 2 married couples who had been suggested as participants by the leaders of the voluntary organisations and who agreed to take part. The questionnaire covered the following topics:

- 1) The social and economic backgrounds of the volunteers, including their employment histories.
- (2) The nature of the voluntary work that they are undertaking.
- (3) Their views and values in relation to voluntary work.

- 4) The extent of their contact with the Social Services Department, their views of the SSD in general and their views as to whether volunteers could undertake any of the work currently being done for elderly people in the Ringwood area by the Social Services Department.

Administering The Questionnaire

The questionnaire was piloted with four volunteers, three from the CAB and one from the Luncheon Club. The CAB volunteers were chosen because the level of their training made them particularly valuable as critics of the structure and wording of the questionnaire. The Luncheon Club volunteer was chosen because she exemplified a volunteer with long-standing experience but no training in her role as a volunteer.

Piloting led to altering the layout and structure of some of the questions. Initially prompt cards were to be used for the questions concerned with the qualities and attributes that the respondents thought necessary in a volunteer and a member of the social services staff. These proved awkward to manage and affected the spontaneity (or lack of it) in the responses to this group of questions. The CAB volunteers suggested that they would have found the "views" questions more useful if they had been put to them as a small discussion group. This was an interesting idea but it was not possible to put it into practice for the rest of the sample.

The Sample

Thirty-nine questionnaires were completed. Two interviews were with married couples who did their voluntary work jointly, seven individual men agreed to take part and thirty individual women. Information was recorded on fifty-seven voluntary services undertaken by the participants in the Survey. A copy of the questionnaire is included in Appendix 4.

The object of the sample was to obtain respondents who would be representative of a wide range of the relevant voluntary organisations working with the elderly in the Ringwood area. Their names were suggested by the leaders of the voluntary organisations as people who would be likely to be willing to take part in the survey. None of the volunteers who were contacted on the recommendation of the leaders refused to take part in the survey, but the very nature of their selection means that the sample cannot be viewed as a controlled random sample, rather it reflects the relationship between the leaders and those volunteers who took part. More than half the volunteers who agreed to be interviewed were involved with more than one voluntary organisation working with elderly people indicating that the leaders tended to suggest volunteers who have a fairly high profile in local voluntary work with the elderly.

It also indicates that they probably suggested those volunteers with whom they feel they have a positive relationship. This method of obtaining respondents highlights the importance of informal relationships within voluntary organisations.

Most, but not all, of the interviews took place with the volunteers in their own homes. Three Red Cross volunteers were interviewed at the Red Cross Loans Centre whilst clients and health workers called in to collect or return aids and equipment. The interviews with eight Luncheon Club volunteers were arranged by the organiser just prior to the start of the weekly session and meal. This proved to be very unsatisfactory from the point of view of a researcher because it was difficult for the respondents to concentrate upon the questionnaire whilst elderly people were arriving at one end of the hall and the meal was being prepared at the other. The time available to explain the purpose of the survey and answer any queries on individual questions was too limited and so some of the respondents in this group left whole sections of the questionnaire blank.

When respondents were interviewed at home away from their voluntary work commitments greater opportunities were available to clarify the purpose of the survey and to use the process of probing in the open-ended questions.

Third Stage - Comparison with other relevant studies.

One of the aims of social research is to build up a body of relevant information. Analysis of the data revealed by this survey indicates that some of the information is unique to the voluntary work with the elderly in the Ringwood area, but other aspects reflect similar findings to other studies of the field of voluntary work. Comparisons with other studies are discussed therefore, as and when they appear appropriate to a particular section of this chapter.

Chapter Four will be concerned with the situation and views of the elderly recipients of the voluntary services in the Ringwood area. Some of the findings arising in this chapter will be discussed again in relation to the data obtained on the elderly.

(III) THE LEADERS OF THE VOLUNTARY ORGANISATIONS

Most of the studies of volunteers discussed so far in this thesis have highlighted the common patterns of the age, sex, marital status and social class of volunteers in general, but there is less examination of the extent to which the leaders of the voluntary organisations are the same as, or different from, the "rank-and-file" volunteers in their organisations. It does not lie within the scope of this thesis to analyse this aspect of voluntary work in great depth, but as the data obtained shows some striking differences between the leaders and the volunteers who do not hold leadership roles it is important to examine their position in more detail.

For the purpose of this thesis a voluntary organisation leader is either the chairman or equivalent, or a member of the committee who is identified as a significant person in the organisation by other volunteers. Theories of leadership form an important area of study in sociology and psychology and the results of this survey may indicate that it is a useful area for further research in understanding and developing the work of voluntary organisations; especially when related to current government policy.

Profiles of the Leaders

(1) Arthritis Care

The chairman of the Arthritis Care Association is a married woman in her fifties. She moved to Ringwood with her husband in 1973 from a small town eight miles away where she had started to become interested and involved in local politics. Her interest in local politics continued in Ringwood and from 1979 to 1983 she served as a local councillor. Through this work she became involved with the needs of disabled people in the Ringwood area and she was subsequently asked to establish a local branch of the Arthritis Care Association.

(2) The Blind Club

The chairman of the Blind Club is a blind man in his seventies who has recently married for the first time. He was born in the Ringwood area and, apart from leaving home to obtain his education, he has always lived there. Originally he had intended to work abroad as an agriculturalist, but when his eyesight began to fail in his late adolescence he decided to join the family business. His father had served as a local councillor for many years and he followed him into local politics. Between 1938 and 1974 he served both as a district and a county councillor and he served particularly on a variety of health and welfare committees. He has acted as the Chairman of the local blind club for many years and is a member of the

the executive committee of the Hampshire Association for the Care of the Blind. He has held other public offices such as acting as a governor for the local comprehensive school, and he is and has been a member of a variety of committees of other local voluntary organisations. He could be seen as someone who has developed a "career" in voluntary work.

(3) The Diamond Jubilee Fund

The Diamond Jubilee Fund is run by six trustees, but the most publicly prominent member is the widow of a former local general practitioner. He gained a considerable reputation as a local historian whilst he was alive. In addition to her duties with the Diamond Jubilee Fund his widow acted as a local magistrate and, although she is now in her late seventies she still plays an active part in the Girl Guide Movement in the Ringwood area. She is perhaps another example of someone who has made a career of her voluntary work.

(4) The CAB.

The organiser of the CAB is a married woman in her fifties who is a qualified teacher. She and her husband moved to the Ringwood area when he retired, after living and working abroad for many years. She had undertaken both teaching and voluntary work whilst she was living abroad.

(5) Greyfriars minibus.

The Greyfriars mini bus is run by a single woman in her seventies who was trained as a nurse but who had to give it up following a back injury. She worked in the local post office until she reached retirement age and cared for her elderly parents until their deaths.

(6) The Lions Club.

The member of the Lions Club who was interviewed for this part of the thesis was acting as the chairman of the fund raising committee at the time of the interview. He is a married man in his seventies who has been a member of the Lions Club, both in Ringwood and elsewhere for over eighteen years. During that time he has held a variety of executive offices in the organisation. He and his wife moved to Ringwood when he retired from his work as the manager of an HMSO warehouse.

(7) The Luncheon Club.

The organiser of the Luncheon Club is a married woman in her fifties who has been involved with it since it was first started in 1970. At that time she had had to give up her full time work in catering in order to look after her elderly

mother-in-law. She was born and has always lived in the Ringwood area. Her own family have always been involved in informal voluntary work since she was a child when she was expected to help elderly neighbours and undertake other tasks. The circumstances and timing of her involvement with the Luncheon Club shows an interesting example of the coincidence of needs and resources both for her own particular family and for the community as a whole.

(8) New Forest Tapes for the Handicapped.

The chairman of the New Forest Tapes for the Handicapped is a widow in her early sixties who retired with her husband to the Ringwood area after working abroad for many years. She had in fact worked as a broadcaster and journalist. Another member of the committee has converted a room in her own home as a recording studio. Like the Luncheon Club the development of the NFTH is an example of the fortuitous coincidence of needs and resources that can lead to the establishment of a voluntary service.

(9) The Red Cross.

The most senior member of the local Red Cross, who is a widow in her late seventies, is probably the most outstanding example in this survey of a volunteer who has made a "career" of her voluntary work. As adolescents both she and her sister were encouraged to take up voluntary work and she chose work with the Red Cross. At the same time they were both discouraged from seeking paid employment because they might deprive other young women of a much needed income. She continued with her work with the Red Cross during the whole of her first marriage, both in India and in Britain when she returned with her husband at the outbreak of the Second World War. She continued with her voluntary work for the Red Cross until the death of her first husband on D-Day. Following his death she returned to Hampshire to look after her elderly mother. She married for a second time but was widowed again in 1952. After the death of her second husband she resumed her Red Cross activities and has continued with them until the present day. In 1982 she was awarded the MBE for her voluntary services. Like several of the other voluntary leaders she is also a member of a variety of other voluntary organisation committees, including the Old Peoples' Welfare Committee and the Ringwood and District Old Peoples' Housing Association.

(10) Ringwood Employment Fellowship.

The Employment Fellowship is a relatively new organisation and it does not seem to have built up the same range of local connections as the other voluntary organisations examined here. The current chairman is a married woman in her fifties who is a freelance personnel consultant.

(11) Ringwood United Charities.

The interesting aspect of this committee is that the membership is nominated by the local political and religious leaders. The committee member who provided the information for this thesis was born in Ringwood, owns a local shop, and like the former husband of the informant on the Diamond Jubilee Fund, enjoys a reputation as a local amateur historian. He has played a prominent role in promoting the restoration of the eighteenth century Friends Meeting House both as a historical monument and as a multi-purpose public building which can be used as a museum, concert hall and a pop-in-centre for elderly people.

(12) The Rotary Club.

Like the Lions Club the various committee offices are time-limited and the members move in and out of the different offices regularly. Information on the activities of the Rotary Club was obtained from the president in office at the time of the interview. He owns and runs his own business in Ringwood and at the time he was acting as the president of the Rotary Club he was also acting as a local councillor.

(13) The WRVS

The WRVS organiser is a married woman in her fifties. She and her husband have lived in the Ringwood area since 1972 but she was an active member of the WRVS prior to that when they were living in Kent. She worked as a part time receptionist in one of the local general practices for a few years but gave it up to create more time for her WRVS activities. She is also a member of the committees of several other voluntary organisations.

(14) The Community Association.

The president of the Community Association is a solicitor who practices in the town. The warden was originally an unpaid volunteer until the post of a full time warden was funded by Hampshire Education Department. She also acts as a local magistrate.

Two other local leaders play, or have played, an important part in the local voluntary organisations, but their roles are slightly different. One is the general practitioner who was the former chairman of the Old Peoples' Welfare Committee. Until his recent retirement he was also the senior partner in his group practice, a member of the Red Cross, a member of the Rotary Club and a member of the British Legion. In addition in his role as a GP he was in contact with a wide range of voluntary organisations and the organiser of the WRVS was a receptionist in his practice.

The other local leader is county councillor. She was born in the Ringwood area and her father had been a local councillor before her. She took up her political activities once her children no longer required her full time attention. Like the Red Cross organiser she has never undertaken paid employment. She is a member of a wide range of local voluntary organisation committees and as a councillor she sits on several health and welfare committees including the Social Services Committee.

Analysis of the Leaders.

These brief background histories of some of the leaders who were interviewed for this survey show some interesting aspects in common.

(1) Age - all of the leaders except the chairman of the Rotary Club were over the age of 45 at the time of the interview and five had passed the age of retirement.

(2) Sex and Marital Status - seven male leaders were interviewed. All but one were married. Eleven female leaders were interviewed, six were married, four were widowed and one was single.

(3) Length of Residence in the Ringwood Area - five of the leaders had been born in the Ringwood area and at least three had lived and worked locally for over thirty years. Three had chosen to retire to the Ringwood area and at least three others had settled locally with a view to staying on after retirement. All of the leaders expressed a strong identity with the community in Ringwood.

(4) Social Class and Occupation - all the male leaders who were interviewed had professional, managerial or business backgrounds, although one ran a very small retail business which would perhaps have placed him on the borders of the middle and working classes in the conventional sense.

The female voluntary organisation leaders who were interviewed were, or had been, married to men with similar backgrounds with the exception of the single woman and the chairman of the Arthritis Care Association who is married to skilled manual worker.

The career histories of those volunteer leaders who were, or had been in full time employment, showed a strong bias towards direct contact with other people, i.e. a general practitioner, the wife of a general practitioner who was also a trained nurse, a teacher, the manager of a warehouse for HMSO, a journalist/broadcaster, a personnel manager, two retailers, a solicitor and the warden of the Community Centre.

As is to be expected, a history of full time employment was less common amongst the married women who were interviewed. The number of years, however, that some of them have given to their voluntary service suggests that for them voluntary work has provided an acceptable "career" outside marriage and their family responsibilities, particularly for those without any formal qualifications. This does not apply, however, in every case.

One of the most interesting features of the leaders of the voluntary organisations which was not a common characteristic of the "rank-and-file" volunteers, was the extent to which they hold other public offices. Four of the leaders had been involved with local politics directly as councillors. Several other volunteer leaders had been involved indirectly, e.g. the committee structure of Ringwood United Charities, or the financial support obtained from the local authority by the Community Association and Ringwood Employment Fellowship. The two most politically active leaders appear to have "inherited" their political offices from their fathers. Both are members of the Conservative Party.

All of the leaders have strong links with other voluntary and non-voluntary public services in the Ringwood area. They are well known in the local community both directly through their various activities and indirectly through articles in the local press.

If the characteristics of the voluntary leaders in Ringwood are similar to those found in other areas of the country or similar to those who serve other groups of the population, e.g. children or the disabled, then they point to important factors that need to be taken into account if co-ordination between voluntary and statutory services is to become a more prominent aspect of care in the community.

Attention needs to be given to the background, skills, activities and local standing of those who emerge as leaders of their local voluntary organisations. Those who have been born into the community that they serve, or who have lived in it for

many years, have a long-standing and intimate knowledge of its inhabitants and its resources. It is also important to acknowledge those people who have made a career of their unpaid voluntary work as they can often feel very threatened by proposals to integrate their work with the paid professionals.

The political ambitions and activities of the local voluntary leaders presents another sensitive area of contact between the volunteers and the statutory services. Local councillors have a triple task of representation. They have to represent their community to the local authority, the local authority to their community and in most cases also act as representative of a political party. When they are also involved with local voluntary services their tasks and relationships become extremely complex.

The Conservative Party is the dominant political group in the Hampshire County Council at the time of writing this thesis, and as was indicated in chapter one, it was one of the first local authorities to implement the cuts in local authority spending when they were introduced by the Conservative Government in 1979. Social services departments represent a part of the welfare state and as such they are likely to attract staff who believe in the duty of the state to care for those who cannot care for themselves. There exists, therefore, a potential tension on ideological grounds between employees of social services departments and some local political representatives.

When a councillor is also a volunteer the possibility for conflict can be increased even further. As a volunteer he or she may be regarded as an "amateur" social worker who nevertheless possesses far more powerful channels of communication than most volunteers or social workers. Referrals from councillors to social services departments can immediately alter priorities in individual workloads and as a result they can be regarded as "interfering amateurs" suspected of using the needs of clients to further their political ambitions.

Conversely the councillors may feel that their electorate has given them a particular privilege and responsibility to protect and promote their interests and they have a duty to monitor and criticise the standards of the services provided by the employees of the local authority.

(IV) THE VOLUNTEER SAMPLE.

Introduction

One of the most important tasks of the thesis is to discover the extent to which people who undertake voluntary work with elderly people in the Ringwood area are similar to, or different from, the kind of people who generally undertake voluntary work.

All of the people who had been asked to take part in the survey of volunteers agreed, but, as has already been indicated, they had all been recommended as likely participants by the leaders of their voluntary organisations. Thus their selection was neither neutral nor random. As a group they were potentially biased in favour of the same views, attitudes and practices as their leaders because of the subjective nature of their selection as participants. The strength of this bias has been mitigated to a certain extent because most of the interviews took place in the privacy of the volunteers' own homes and so therefore many of them felt free enough to offer criticisms of their voluntary organisations, the elderly people they served and the social services department.

Age, sex social class and marital status of the volunteers.

One of the most important studies of the characteristics and roles of volunteers undertaken in this country was the Aves Report (2) which was published in 1969 shortly after the Seeborn Report,

"...to enquire into the role of voluntary workers in the social services and in particular to consider their need for preparation or training and their relationship with professional social workers."

The Aves Committee used evidence from other studies and commissioned its own inquiry to study "114 volunteers working in local branches of national organisations". The Aves study was concerned with volunteers working with a wide variety of clients, not just elderly people, as in the case of this thesis, but there are some striking similarities between the characteristics of the volunteers that they studied almost two decades ago and the sample of volunteers working with the elderly in the Ringwood area. Aves said,

"It still seems to be a commonly held view that the typical voluntary worker is a middle-aged, middle-class, married woman. Our evidence suggests that there is some foundation for this belief, but shows also that such people no longer constitute an overwhelming majority among the total volunteer force."

To illustrate this point the Aves Committee compiled a comparative table which has been reproduced in Appendix 5.

The Demographic Characteristics of the Ringwood Volunteers.SEX

- 7. male.
- 30. female
- 2. joint interviews with married couples.

Table 3:1 Age distribution of volunteersAGE

Over 20 years but less than 30 years	0
: 31 : : : : 40	1
: 41 : : : : 50	5
: 51 : : : : 60	14
: 61 : : : : 65	2
: 66 : : : : 70	6
: 71 : : : : 75	7
: 76 : or more.	3
Total	=38

One informant did not give any age and the married couples were recorded in the age of the husband only.

Table 3:2 Marital status of the volunteersMARITAL STATUS.

No answer	2
Married	26
Widowed	5
Divorced	3
Separated	0
Single	3
Total	= 39

Table 3:3 Social Class of the volunteersSOCIAL CLASS

No Reply	3
Social Class A	5
: : B	17
: : C1	8
: : C2	6
: : D	0
: : E	0
Total	= 39

All of the volunteers have been classified according to the main occupation of the head of the household whether that person has retired or not because occupation is a key indicator, and even predictor of lifestyles, values and attitudes. An interesting problem arose in trying to obtain answers to this section from some of the married women. They seemed unsure of the exact nature and status of their husbands' occupations but gave enough information to indicate whether it was "middle-class" or "working-class". The figures, therefore for C1 and C2 may be marginally inaccurate.

It can be seen, therefore that the Ringwood sample is in fact largely "middle-aged, middle-class, married women", but 16 of the informants were over the age of 65 (18 if the spouses of the married couples are counted separately). This illustrates a local trend towards voluntary work as a post-retirement activity which has possibly increased since the Aves Report was commissioned. This has been noted by Hunt in her study "The Elderly at Home"(12) (p. 124) and has been observed and encouraged by organisations such as Age Concern, (Tinker(17) (p. 54)).

Length of residence in the Ringwood area and migration history of the sample of volunteers.

Age and social class seemed to be important factors in relation to the social and geographical mobility of the volunteers, especially when, as in the next chapter, they are compared to similar characteristics in the sample of elderly people who took part in the survey. Although Ringwood lacks many of the social and welfare amenities found in larger urban communities it lies in the centre of a popular tourist and retirement area. Bournemouth to the west has an elderly population of over 30 per cent of its total and the smaller coastal urban centres such as Lymington and Milford on Sea have a similar population pattern. It seemed useful, therefore, to find out how long the volunteers had lived in the Ringwood area and their reasons for coming if they did not originate there.

Responses showed that 8 volunteers who took part in the sample lived in the centre of Ringwood, 17 lived in the suburbs and 14 lived outside.

Table 3:4 Location of home address of the volunteers

Location	
Ringwood Centre	8
Ringwood Suburbs	17
Outside Ringwood	14
Total	= 39

Table 3:5 Volunteers - length of residence in the Ringwood area

Length of residence

Not resident in the Ringwood area	1
Resident in the Ringwood area for less than 2 years	1
: for more than 2 years but less than 5	4
: : : : 5 : : : 10	12
: : : : 10 : : : 20	11
: : : : 20 : : : 30	4
: : : : 30	3
Lived in Ringwood all my life	3
Total =	39

Table 3:6 Volunteers -distance moved if lived in the Ringwood area for less than 30 years

Distance

N/A	7
Less than 10 miles	4
More than 10 miles but less than 30 miles	4
More than 30 miles	17
Lived abroad	6
Unspecified	1
Total =	39

Table 3:7 Volunteers - reasons for moving to the Ringwood area for those who have lived locally for less than 30 years

Reason

N/A	7
Retirement	9
Change of occupation	11
Location of previous holidays	1
To be nearer relatives	3
Change in marital status	0
: : : : plus nearer relatives	1
Other	7
Total =	39

" Other " included :

- company changed location
- decided to move and settle before retirement
- landlady died
- council house transfer following a divorce
- returned to the U K for husband's health
- moved into the area to set up home with a friend
- not specified

The history and pattern of migration amongst the volunteers who took part in the survey shows a trend to live either in the suburbs or within about 5 miles of the town where housing is larger, more expensive public transport is negligible, indicating their relative affluence. Of those living within or near the town centre some tended to be living in financially more modest circumstances and others were too old or too disabled to drive a car.

When the data on the length of time that the volunteers have lived in the Ringwood area is examined then the sample is almost equally split between those who have lived in the area for more than 10 years (21) and those who have lived in the area for less than 10 years (18). However, only three volunteers have lived in the Ringwood area all their lives.

The migration pattern for those who have lived in the area for less than 30 years shows that 23 of the volunteers have moved a considerable distance, 6 had previously lived abroad. Retirement and change of occupation are the main reasons given for moving and they are also reflected in the answers categorised as "other".

Thirty-four of the volunteers in the sample are over the age of 50 and under the age of 76. It is interesting to speculate whether there is any element of "enlightened self-interest" in their choice of voluntary work with the elderly as they are likely to become the elderly at risk in the next two decades. Will their voluntary work enable them to be more articulate and organised in meeting their own changing needs ? Would they be able and willing to accept a transition from the role of a giver to that of a receiver of services if the need ever arose ?

(3) The relevance of employment experience and training to the voluntary work undertaken by the sample of volunteers.

In the process of encouraging people to become volunteers emphasis is often placed on the ways in which they can utilise their existing skills and knowledge e.g. Gundry, (8) (p.5)

"There are jobs for volunteers of all ages.....Most often what volunteer organisers are looking for are qualities of personality, not academic achievements although specific skills are always in great demand. Volunteers from the professions are welcomed not only for particular expertise, but because they are accustomed to disciplined standards of work".

In view of this it appeared valuable to discover whether the volunteers in the sample were undertaking voluntary tasks which either directly reflected their experience of full time work or which could be interpreted as an adaptation of their occupational skills.

Table 3:8 Volunteers - Summary of relevance of employment experience

Relevance	No. of Volunteers
No reply	1
No - no connection	15
Similar/identical	6
Skills adapted	15
Never been employed	2
Total = 39	

Answered similar or identical :

(1) both husband and wife have done paid and unpaid voluntary work since they were young adults - Quaker settlements, evacuees and other work.

(2) a volunteer who is a qualified SRN, registered mental nurse, holds the CQSW in social work and is currently working as a Team Leader for Dorset Social Services Department.

(3) a volunteer who was a trained teacher and head-mistress of a special school before her retirement.

(4) a volunteer who trained as a geriatric nurse.

(5) a Red Cross volunteer who trained as a nurse and worked as a matron at a Marie Curie Home in her last full time paid post.

(6) a volunteer who worked as a social worker in hospitals and voluntary organisations.

Table 3:9 Skills Adapted - a comparison of the employment skills and voluntary tasks undertaken by the volunteers

<u>Employment Skill</u>	<u>Voluntary Role/task</u>
(1) Ran shop with husband	Treasurer of the organisation
(2) Teacher	Helping at a club.
(3) Assistant in school kitchen and playground	Luncheon Club helper.
(4) Retired company director	Treasurer.
(5) Former NCO in the army	Vice-president of the voluntary organisation.
(6) Personnel assistant	MOW, Red Cross and MGC
(7) Personnel assistant	Secretary/committee member for two voluntary organisations.
(8) Trained childrens' nurse	MOW and Disabled Club.
(9) Trained Norland Nanny	Committee member giving and receiving services.
(10) Hospital medical secretary	Various voluntary activities.
(11) Trained nurse	Mini bus organiser.
(12) Ran own business until retirement.	Treasurer.
(13) Secretary and personal assistant.	Secretary.
(14) Supervisor - GPO telephones.	Transport organiser for the chiropody clinic.
(15) Ran shop with husband	Librarian - New Forest Tapes for the Handicapped.

Transfer of skills and knowledge from full time employment and training seems to be a strong factor in the profile of this group of volunteers. Six have specifically relevant training or experience and fifteen appear to have adapted their employment skills and knowledge from their previous occupations. The group seems to be divided between those who have worked ,or are working, in a caring profession and those with administrative experience.

Although it may be possible to impute the transfer of occupational skills to the voluntary work undertaken by a proportion of the sample this is not an indicator of how many are currently engaged in paid employment. In fact only a minority of the sample were working.

Table 3:10 Employment status of the sample of volunteers

Employment status	Number of volunteers
No reply	1
Working full time	2
: part time (less than 30 hours)	6
Retired	19
Unemployed - seeking work	0
: - not seeking work	11
	Total = 39

(4) The Volunteers and their experience of receiving voluntary help.

The employment histories of existing volunteers could provide useful information as to which kind of people may be potential volunteers, but another possible pathway into voluntary work is the experience of having been a client of a volunteer or voluntary organisation. Accordingly the volunteers in the sample were asked whether they, or a member of their families, had ever received any voluntary help. They were not asked to disclose which organisation as this could have been an intrusive question, e.g. where people had been helped by Alcoholics Anonymous. Some however did offer information on the agency without prompting.

Table 3:11 Summary of the volunteer samples' experience of being a client of voluntary services

Voluntary help received	Number of volunteers
None	31
Yes from a formal voluntary organisation.	7
Yes - not specified	1
	Total= 39

The comments included :

"My mother received a lot of help and I thought I ought to pay back in some way."

"Yes - because of my handicap."

"Yes, in Wales - at my instigation my cousin has got help for his mother."

"Yes - my husband's first wife was nursed by a voluntary nurse when she was dying, but I did not know him then."

"Yes - Red Cross loans for my deceased husband."

"Yes - the RNIB for my husband."

These results indicate that for the majority of this sample of volunteers prior experience as a client or a relative of a client has not been their main motive or introduction to voluntary work. Their reasons for choosing to do voluntary work will be discussed in a later section of this chapter.

The final aspect of the characteristics of the volunteer sample that was examined, was the extent to which they held any public offices. This question was included because it emerged as quite an important feature with some of the leaders of the voluntary organisations who agreed to take part in the survey. None of the sample of volunteers, however, had held any unpaid public offices like those held by the leaders. This perhaps indicates that those volunteers who emerge as the leaders are those who fall into the category described by Abrams (1) (p.11) as people who,

"...have a marked capacity to perform effectively on the public stage and expect that capacity to be recognised by appropriate audiences."

(V) THE NATURE OF THE VOLUNTARY WORK UNDERTAKEN BY THE SAMPLE OF VOLUNTEERS.

Section Two of the questionnaire was aimed at finding out about the extent and type of voluntary work being done by the volunteers in the sample in order to identify any important patterns, both at a local level and to compare their work with national studies of voluntary services.

All of the volunteers were asked for the names of the voluntary groups or organisations with which they were currently working. It was explained to them that for the purposes of the survey only information on voluntary work where they were providing a "welfare" service was required, i.e. where they were providing a service or care to those elderly people who could not provide for themselves. Other voluntary activities such as reception or tea room duties at the Community Association were excluded.

The total content of the responses to the questionnaires, however, yielded more information on their past and present voluntary activities than had been anticipated. Much of this information had arisen spontaneously in the responses to the open-ended questions and so it was collated to enlarge the information arising in this section.

Table 3:12 Total number of past and present relevant voluntary activities under taken by each of the volunteer sample

Voluntary Activities		Number of volunteers
1	voluntary activity	12
2	: activities	11
3	: :	9
4	: :	5
5	: :	0
6	: :	0
7	: :	1
8	: :	0
9	: :	1
		Total = 39

Twenty-seven volunteers reported that they had been involved in two or more voluntary activities, and sixteen reported three or more. The volunteer who said that she had been involved in nine or more voluntary activities had been the head mistress of a special school and is herself disabled by rheumatoid arthritis. The high level of past and present voluntary service in this sample of volunteers suggests that once they had made a firm commitment to voluntary work it became consistent over time but flexible in content.

Each of the volunteers was asked how many voluntary organisations they were currently working with in the Ringwood area. Seventeen reported one only, twelve said two, seven said three. Two were working with four voluntary organisations, and one with five at the time of the interviews. Detailed information on each volunteers's work was only recorded for up to three voluntary organisations and the pattern of multiple voluntary activities was less marked.

All of the volunteers were asked to name the voluntary organisations relevant to the survey with which they were currently working because, although they may have been identified by the leader of one organisation, several of them were working with other voluntary organisations examined in this case study. The majority of the relevant organisations are represented by the range of volunteers who answered the questionnaire, but the frequency with which those organisations are represented is not related in any way to their total number of volunteers.

Table 3:13 Range of relevant voluntary organisations represented by the volunteer sample and the number of volunteers from each organisation who took part.

Organisation	No. of volunteers
Arthritis Care	6
Greyfriars mini-bus	2
Employment Fellowship	2
Blind Club	3 (2 pairs of married couples and the secretary)
Lions Club	2
Luncheon Club	8
Meals on Wheels	8
New Forest Tapes	
For the Handicapped	1
Red Cross	9
Ringwood Old Peoples'	
Housing Association	1
Ringwood and District Old Peoples'	
Welfare Committee	3
Silver Threads	1
WRVS	4
Other	7
	Total = 57

Other included :

two volunteers who worked with the NHS chiropody clinic

one volunteer who worked with the speech therapy clinic

one volunteer working with the Disabled Club at Fordingbridge

one member of the Friends of Camden House, a Hampshire Social Services Department home for the elderly at Burley, four miles from Ringwood

one voluntary visitor to St. Leonards Hospital who represented the Ladies Circle

one volunteer who worked with the Bournemouth Disabled Swimming Club.

The volunteers also mentions independent visiting, work with the CAB and work with the Marriage Guidance Council.

Information was obtained from the volunteers on fifty-seven different activities relevant to this case study.

Although the case study is concerned with voluntary services for the elderly, the previous chapter showed that the voluntary organisations are not necessarily age-specific in their objectives. To establish the extent of this pattern in the voluntary work that was undertaken by the volunteers they were asked about the range of clients in the voluntary organisations that they served.

Table 3:14 Range of clients served by the volunteer sample

Clients	Frequency
Elderly Only	14
All age groups	19
Elderly and physically handicapped adults	24
	Total = 57

(2) Roles of the volunteers

A variety of roles are possible within a voluntary organisation but the volunteer sample were asked to indicate the roles they played according to the categories listed in Table 3:15.

Table 3:15 Distribution of the range of roles fulfilled by the volunteers in the relevant voluntary organisations.

Role	No. of Volunteers
Chairman or equivalent	6
Committee member	17
Member - service delivery only	28
Member giving and receiving services	1
Committee member giving and receiving services	4
Role unspecified	1
	Total = 57

These figures indicate that the voluntary organisations in Ringwood are run largely on traditional lines - those not in need providing a service for those in need. "Self-help" was only present in the Arthritis Care Association and the Blind Club.

(3) Length of service as a volunteer

the previous chapter showed that many of the voluntary services for elderly people in the Ringwood area have been established for a long time and so all the volunteers were asked how long they had served with all the relevant voluntary organisations that were recorded in detail on their questionnaires.

Table 3:16 Summary of length of time each volunteer respondent had served with the relevant voluntary organisations

Length of service in years	No of volunteers
Less than 1	8
Between 1 and 5	20
More than 5 but less than 10	12
: : 10 : : : 20	10
: : 20	2
Not specified	5
	Total = 57

In twenty of the fifty-seven voluntary services reported the volunteers had worked for between one and five years. Twenty-four instances of voluntary service for more than five years were also reported by the volunteer sample. Obviously these results only represent a small proportion of the people who undertake voluntary work with the elderly in the Ringwood area but they do raise some important points.

(1) To what extent are the voluntary organisations actually recruiting new volunteers and do they need to? Several leaders have reported the lack of voluntary drivers.

(2) The length of service given by the majority of the volunteers in the sample may be related to the stability of the local voluntary organisations, but the issue of whether they might be static rather than stable is again brought into focus.

(3) Evidence from "Across the Generations" (9), and Leat (chapter 5 in Volunteers: Patterns, Meanings and Motives (14).) shows that school children and young adults spend a much shorter period of their lives doing voluntary work with the elderly. The length of service (in years) that a particular age group may be able to offer to a voluntary organisation is therefore an important aspect of planning for any future development of community care by volunteers.

(4) The tasks performed by the volunteer sample

The volunteers were asked what tasks they did according to the categories listed in Table 3:17. Some volunteers performed several tasks so the numbers exceed the total number of volunteers and organisations.

Table 3:17 Frequency of performance of the various voluntary tasks

Task	No. of Volunteers
Organisation and administration	30
Transport	31
Fund raising	25
Helping at a club or centre	21
Helping with domestic chores	8
Advice and counselling	7
Other	14
No reply	1
	Total = 137

Other includes :

six volunteers who did a variety of services with the Red Cross e.g. home-nursing and first-aid duties at public events

two volunteers who acted as nurses for elderly people at meetings and in their homes when necessary

three volunteers who made their services available for particular annual events such as fetes and the distribution of Christmas parcels

The emphasis placed by the volunteers on tasks involving organisation and administration was unexpected. When the interviews were being conducted with the leaders many of them did not refer to their records and some gave the impression that they did not have a very detailed knowledge of either the people who acted as volunteers for their organisations or even the precise number of volunteers involved.

Records where they existed tended to be restricted to names and addresses of members rather than the volunteers, the members' birthdays and transport lists. Minutes were often handwritten in exercise books. Any other information on either the clients or the volunteers was not recorded and tended to be passed from one

volunteer to another by word of mouth. Records were not generally kept for the purposes of accountability or to monitor the work of the voluntary organisation, although there were some exceptions to this e.g. the CAB. Hatch and Mocroft found a similar pattern among the voluntary organisations in Islington ((10) Page 72),

"Another problem was the lack of administrative skills in the voluntary sector....In Islington it was broadly accepted by councillors and officers that there was some conflict between the informality principle and efficiency of administration."

Social services departments are often criticised for being over-bureaucratic but their extensive records do act as tools of accountability.

The dominance of organisation and administration from the point of view of the volunteer sample may reflect two issues. Firstly most of the volunteers who took part in the sample survey had served for a considerable length of time with the local voluntary organisations and they had all been recommended as participants by their leaders. Thus it is likely that they were trusted and experienced enough to perform administrative tasks.

Secondly, organisation and administration relates very closely to the two other major task groups identified by the volunteers, transport and fund-raising. The management of transport is a major task as Ringwood is a semi-rural area with a poor system of public transport:

Fund raising is an important activity for most of the organisations, even those which get support from either the local authority or their parent organisations. In some cases the parent organisation requires that fund raising is undertaken, e.g. the street and house-to-house collections of the Red Cross and the Hampshire Association for the Care of the Blind. In other cases fund raising is one of the organisation's objectives of service, e.g. the Lions Club and Rotary.

Fund raising is a traditional activity for voluntary organisations and volunteers. It can involve volunteers, clients and members of the public in time-limited, semi-social activities such as dances, coffee mornings and more adventurous schemes.

Fund raising may be an essential task for the volunteers in some cases to ensure the continued existence of the organisation in the absence of any financial support from statutory sources or a parent body, e.g. the Arthritis Care Association.

The Aves Committee (2) chose to exclude fund-raising from its area of study (p. 15, para 2) because it wished to concentrate on,

"... the training of volunteers and their relationship with professionally qualified social workers."

The financial and political climate for both voluntary and statutory services has changed substantially since the Aves Committee published their findings. Administrative skills, particularly in controlling financial resources are now greatly emphasised in any examination of the opportunities for collaboration between the voluntary and statutory sectors, as has been exemplified in "Working Together"(19) and Hatch and Mocroft(10).

The Aves Committee was interested in the most popular and least popular tasks that were identified by volunteers, (p.82-83). They found that ,

"...visiting and befriending' comes third among the popular tasks and second among unpopular ones..."

Those who liked it saw it as a clear and purposeful task but those who disliked it found it lonely and purposeless.

In the Ringwood survey the respondents were not asked about their preferences and the work "befriending" was not used in conjunction with the words "home visiting". Home visiting emerged as a middle ranking task in the frequency table and some volunteers spoke of it as a positive activity and others said that they found it inhibiting. The staff member from the local comprehensive school said that some of the pupils had found that home visiting was particularly difficult for them and this accounted for some of the failure of their community service scheme.

Aves (2) and Holme and Maizels (11) (p.77), however, point out that it is sometimes difficult to distinguish between practical and task-centred relationships and relationship centred activities between volunteers and their clients. The response of some of the participants in the Ringwood survey confirms this as will be shown in the section dealing with their views on voluntary work. The work of the volunteer sample does seem to divide between practical, short-term tasks which are repeated regularly, e.g. organisation, administration, transport, fund raising or helping at a club and unspecified support for the elderly which may or may not arise from relationships initiated through short term tasks.

Advice and counselling represent the lowest frequency of tasks reported by the sample. This result may have been exaggerated because the CAB volunteers used in the pilot study were excluded from the main sample on the grounds of repetition. The CAB in Ringwood is the only voluntary organisation specifically offering advice and counselling, although the Church of England has its own bereavement counselling service.



Holme and Maizels found that social workers are reluctant to refer counselling tasks to volunteers, but the evidence from the Ringwood sample suggests that the volunteers may also be excluding themselves from the tasks of advice and counselling. Thus the social workers in the study by Holme and Maizels may have, in part at least, been reinforcing the volunteers' view of themselves as well as imposing their own limitations on the roles of the volunteers.

(5) The Volunteers and the Time They Spend on Their Voluntary Work.

The Aves Report and Holme and Maizels all found that time-limited and practical tasks were the most common patterns of work amongst the volunteers that they studied. With the exception of those volunteer leaders who had made a career of their voluntary work, these were also common patterns in the voluntary services given by the Ringwood sample of volunteers.

Table 3. 18 Frequency of Voluntary Work

Frequency	No. of Volunteers
once a week or more	25
Once a fortnight	12
Once a month	5
Irregular	12
Not specified	3
Total=	57

Table 3:19 Amount of Time Spent per Session of Voluntary work

Time	No. of Volunteers
Up to 2 hours	22
2 to 4 :	20
A whole day	4
Several days	
per week	2
Irregular	6
Not specified	3
Total =	57

These results show that most of the volunteers in the sample spend about half a day per week on their voluntary work. Those who were also members of their organisation's committee gave more of their time but it was irregular and they found it difficult to quantify with any accuracy.

The Ringwood sample of volunteers conforms very closely to traditional patterns in their time commitments to their work. This has several important implications for any future joint development of work by the voluntary and statutory sectors. The hours worked by the volunteers and the hours worked by social services staff are markedly different. Social services staff are accountable for their use of time in a way that is traditionally not expected of or accepted by volunteers.

New groups of potential volunteers are emerging at the present time which may also influence the future pattern of the voluntary services. One is already in evidence in the Ringwood survey, the newly retired, but they, as yet, do not seem to have changed the pattern of service to any great degree. The other group that is emerging nationally, but is not conspicuous in the Ringwood survey, is that of the unemployed.

In a recent article Currie (6) highlighted the differences between the traditional volunteers and the motivation and needs of the unemployed who offer themselves as volunteers. In his experience they were likely to want to treat voluntary work as a substitute for full time work in terms of the number of hours they worked each week but the younger ones especially did not see themselves as making an indefinite long term commitment to volunteering. Many saw voluntary work as a means of maintaining working habits and a possible avenue back to paid employment.

(6) The Presence or Absence of Training Amongst the Volunteer Sample.

The Aves Committee found that preparation and training for their voluntary work was one of the most important needs of volunteers. Johnson (13) (p.133) says that the recommendations of the Aves Committee were taken up and encouraged by local volunteer bureaux and the Volunteer Centre. Training manuals, guidelines and long and short courses proliferate all over the country. Some reflect local and small-scale initiatives and some are produced regularly by national voluntary organisations as part of their policy for attracting and preparing new recruits, e.g. Age Concern.

The response of the volunteers to the questions on training in the Ringwood survey, however, contrasts strongly with the impression of the extent and enthusiasm for training that is being promoted nationally. Very few of the sample had had any training. Those who had, had only received a very limited level which was not specifically related to either the role of a volunteer or the needs of the elderly. As will be seen in a later section of this chapter, few identified training as a necessary attribute of a volunteer.

Table 3:20 Presence or Absence of Training for the Ringwood Volunteers

Training	No. of Volunteers
No training or guidance	28
Yes	10
No reply	1
Total =	39

Of those who said "yes",

four had Red Cross first aid or home nursing training
 two had attended courses run by the Hampshire Association for the Care of the Blind on visual handicaps
 one had attended courses provided by the WRVS
 one said her only training as a meals-on-wheels driver was an introductory round
 one just had a test drive to familiarise herself with the mini bus
 one answered "yes" but did not give any other information.

The volunteer who is a qualified social worker commented on the marked absence of, and interest in, training among volunteers in the Ringwood area. He offers informal training to the volunteers in his voluntary organisation, the Lions Club, whenever it seems appropriate or possible.

The absence of training in this volunteer sample, particularly in relation to the needs of the elderly, is very striking.

(7) Volunteers and Complex or Crisis Work

Although Holme and Maizels suggest that social workers are unlikely to refer complex cases to volunteers inevitably they will encounter serious problems among their clients. The volunteers were therefore asked "Is there someone in your organisation who you can contact if you are concerned about your voluntary work?"

Two volunteers said that the need for advice did not arise as their work was of a clerical nature.

Two volunteers said that they acted as the advisers for others in their organisations.

Four said that who they contacted would depend upon the nature of the problem.

Five said they would contact the client's doctor and three others also included the health visitor and the district nurse with contact with the doctor.

Two mentioned the WRVS, two the social services department, two the Old People's Welfare Committee and the Red Cross. The warden of sheltered accommodation and a former organiser were mentioned once each.

"Line managers" represent the main source of support for the volunteers, but they are clearly not regarded as the only source of support. Health care staff form a prominent subgroup, but the social services department was only mentioned by two volunteers. It is not possible to say whether this indicated a lack of awareness of the help available from the social services department or that the kinds of complex or crisis problems that the volunteers have encountered amongst the elderly have been medical rather than social problems.

Table 3: 21 Contacts Identified for Complex Problems Amongst the Clients of the Volunteers

Contact	No. of Volunteers
No reply	7
Nobody to contact	7
Named a senior member of the voluntary organisation only	24
Named an "outsider" only	7
Named an outsider and a senior member	12
Total =	57

(8) The Cost of Volunteering

Attention has been drawn to the argument that the government's policy of "encouraging" voluntary initiative is really an attempt to get voluntary organisations to provide welfare services on the cheap (Community Care, 21.1.81 (5)). Most voluntary organisations publish annual accounts but it is extremely difficult to assess the true costs of providing voluntary services as Unell (18) found in her study of the financial resources of national voluntary organisations (p.28),

"Financial accounts are not standardised, the geographical boundaries of organisations' activity are blurred, and their internal structure is variable...A key question arising from this study concerns the proper attitude of government towards national service-giving voluntary agencies."

Unell's question is also relevant to the "proper attitude" of local government to local service-giving voluntary agencies.

This study is not directly concerned with the detailed costs of running the voluntary services for the elderly in the Ringwood area but an important aspect of the costs of voluntary services is that of the financial liabilities incurred by the volunteers themselves. The volunteer sample was asked what expenses they received and what expenses they incurred.

Table 3:22 Expenses Paid to the Ringwood Volunteers by the Voluntary Organisations

Expenses Received	No. of times mentioned by Volunteers
None	21
Postage and telephone	0
Entertainment	0
Travelling	16
Honorarium	0
Postage and telephone but do not claim	2
Travelling but do not claim	0
Entertainment but do not claim	0
Postage, telephone, travelling and entertainment but do not claim	12
Not specified	6
Total = 57	

Travelling expenses were paid for 16 out of the 57 voluntary activities recorded for the survey. In 21 instances none were paid. In 14 cases the volunteers could have claimed but did not. Most of those who were reimbursed for their travelling expenses were claiming them directly or indirectly from statutory resources, e.g. the meals-on-wheels drivers and the drivers for the Blind Club.

These figures echo the patterns of payments to volunteers in the London Borough of Camden and the County of Hertfordshire in the study done by Orwell and Whitcher (15). In the examples of Camden, Hertfordshire and Ringwood it is common for the volunteers to pay their own expenses.

Table 3:23 Expenses not Claimed by the Ringwood Volunteers from the Voluntary Organisations

Expenses Paid by the volunteers	Number of times mentioned by the volunteers
Telephone	8
Entertainment	0
Travelling	3
Other	2
Postage, telephone and entertainment	0
Postage, telephone and travel	3
Postage, telephone, travel and entertainment	14
Not specified	7
Total = 37	

Out of pocket expenses were paid by the volunteers for 37 of the 57 voluntary activities on which they reported. This indicates that some at least of the voluntary services for the elderly are being run on incomes that do not reflect their true costs. The Volunteers gave a variety of reasons for not claiming their expenses:

"..we could claim but we don't.."

"..yes (I can claim) but all the money raised for charity should go to charity."

"..most of the committee don't want to be reimbursed."

I can claim but this is a new club and very short of money."

"..anything else is my contribution."

Orwell and Whitcher found that not only were volunteers reluctant to claim their expenses but the voluntary agencies that they studied were reluctant to encourage the volunteers to claim them. The quotations that they cited imply that it is not the "done thing" for a volunteer to want to be paid expenses.

These attitudes and practices not only distort the real costs of providing voluntary services but also reinforce the image of volunteers as affluent and middle-class. Currie (6) suggests that this aspect of volunteering must be re-examined if the unemployed are to play a more prominent part in the provision of

voluntary services. They cannot make the same kind of charitable gestures in forgoing their expenses. Currie says,

"Immediate reimbursement of expenses is often vital and the administrative arrangements of agencies need to adapt flexibility and sensitively to this."

(VI) VOLUNTARY WORK - THE VIEWS AND VALUES OF THE SAMPLE OF VOLUNTEERS

(1) Motives

The range of motives that prompt people to take up voluntary work is of major interest to all the organisations providing voluntary services. The Aves Committee, quoting from the study carried out by the Institute of Community Studies identified three main motives,

- "(a) Altruism: wanting to do something for others:
- (b) Self-interest: seeking personal benefit such as experience, interest, knowledge or occupation:
- (c) Sociability: wanting to meet people, to make friends."

Abrams 1 (p.10) identifies four motives which are similar to Aves, "...status, tradition, altruism and reciprocity."

Hadley et al (9) found similar motives existing among the volunteers that they studied but they questioned the freedom of choice in volunteering in the school sample suggesting that they were subject to pressures from both their peer group and the school curriculum.

Sherrott (21) in his study of "Fifty Volunteers" found their patterns of motivation both varied and complex, but they divided between "instrumental explanations" such as a substitute for employment, a means of making friends and a leisure pursuit, and "moral and normative explanations", such as a way of neighbourhood living, an expression of religious beliefs, a social duty, or appeasement of guilt. He suggests that the volunteers whose motives were prompted by a need to replace employment are more likely to be attracted to the more formalised and structured tasks in voluntary work and the more formal voluntary organisations.

All of the Ringwood sample of volunteers were asked "why have you chosen to do voluntary work?" They all replied and some gave more than one reason.

"Contribution to the Community" represents the largest group of responses - 23 -, but if "filling up time" is added to "satisfaction of personal needs" then a slightly larger subgroup of 28 responses emerges. This perhaps indicates a trend that the volunteers in the sample seek the satisfaction of some of their personal needs through service to the community. Thus the motives of the Ringwood sample are broadly similar to those found by the Aves Committee, Abrams, and Sherrott.

Table 3:24 Ringwood Volunteers Reasons for Doing Voluntary Work

Reasons	No. of Volunteers
(A) <u>Contribution to the community</u>	
Do something useful	17
Help others	4
Help with a specific task	2
(B) <u>Filling up spare time</u>	
Post retirement activity	11
Spare time not retired	8
(C) <u>Invited</u>	
Invited by voluntary organisation leader	3
Invited not specified	8
(D) <u>Personal Values</u>	
Always done voluntary work	8
Always done informal caring	3
Part of my family background	6
I want to "pay back"	2
(E) <u>Satisfaction of personal needs</u>	
Companionship	7
Desire to do something different	2
	Total = 81

Leat (14) suggests another motive for choosing voluntary work (p.55),

"..volunteering may be chosen because it is an identifiable relatively formal role to which the label "work" is applied.....
For many women volunteering may be seen as one of the few activities that offers a (pseudo) work identity without fixed hours, rigid routines, male control, regularity, monotony and "all or nothing" choice that part time paid employment may demand. Its close identification with traditional female skills and virtues may make it more acceptable to women and their husbands."

Leat's observation seems particularly relevant to some of the female leaders of the voluntary organisations that have been examined for this study.

Leat's suggestion that volunteering has a pseudo work identity could also be related to the motivation behind voluntary service amongst newly retired people and is borne out by Currie's analysis of the motives for voluntary service among the unemployed. The "pseudo employment" motive could be a powerful source of conflict between volunteers and social services departments. Boundaries can be softened when social services departments appoint voluntary organisations as their agents for certain services but basic-grade staff and volunteers are not always aware of developments in the co-ordination of their separate services.

(2) The Qualities That the sample Expect to Find in Volunteers

Any changes in the pattern of voluntary services must take into account the views that the volunteers have about their work, the qualities that they think are necessary in a volunteer and the changes, if any, that they think are desirable.

The volunteers in the Ringwood sample were asked "What qualities do you think are important in a person who does voluntary work?" This was an open ended question but the responses have been grouped into categories as shown in Table 3:25. Most of the sample identified more than one quality.

The comments made by the volunteers in answer to this question were as follows,

"I can only speak for myself it is my duty to put something back into the community."

"A lot depends on what you are expecting the volunteers to do. The responsibilities that they are likely to undertake should dictate the qualities that you are looking for."

"It is better to take on a smaller number of people (only)."

"...must have sense of humour."

"...motivation, you have to want to do it..."

...you have got to care haven't you?...You must not be snobby, never talk down."

"Ability to listen, not to talk about your own trouble...not over cheerful."

"Absence of any sort of fanatical reason for doing it - reliability, discretion, absence of nosiness. It is rather galling to be helped by somebody who is more ignorant than me." (Disabled volunteer who is also a recipient of statutory and voluntary services.)

"The biggest thing is a sense of humour - to be able to organise without being bossy with them, to listen to what others have to say, to work things out with them."

"In our case understanding (of arthritis). If you don't understand there is no point in running a club."

"Not minding old people - honestly in dealing with old peoples' property. Qualifications e.g. the Red Cross."

"The beginning and end is that you have to like old people. You have to get to know them, you have to be kind to them, you have to be able to keep confidences."

"..firm but sympathetic.."

"..tremendous patience and compassion...voluntary workers should watch out for the things that elderly people can't do and suggest help to combat it in some way."

"(have the)..right attitude towards the old.."

"Kindness - that covers everything."

"They have to be practical not sentimental - caring people. (They) must not get involved in other peoples' problems."

"..a lot of common sense.."

"Not to consider oneself a "do-gooder"...the innate desire to help in a field in which you feel you can help. It is important if you undertake a voluntary job that you must adhere to it very strictly...relevant experience for the voluntary task, or, if they were new to it a period of in-training."

"Not pushy...enjoy what you are doing and not resent the fact that it takes a large part of your day. Must be reliable and cheerful. Got to be on the same wavelength as the other volunteers - choose the other helpers."

"..to be able to go somewhere like Saint Leonards Hospital and not be affected by it... to be interested and compassionate, but not involved...ability to establish a rapport with old people."

The range of comments provoked by this question is very interesting. Although few of the volunteers identified "befriending" as one of their tasks their replies emphasise the quality and importance of the relationships that they establish with the elderly people they are serving. Some show a great sensitivity as to how the elderly may feel about being the recipients of voluntary services. Some have thought quite deeply about their commitment to voluntary work and the boundaries that they need to set to it. With others there is an undercurrent of "us" and "them" which can be linked with the traditional nature of many of the voluntary organisations examined in this survey.

Table 3:25 The Qualities that the Ringwood Volunteers Think are Important to find in a Volunteer

Qualities Identified by the Volunteers	No of Volunteers Identifying each Quality
Kind and helpful	18
Easy to talk with (including friendly and a sense of humour)	10
Understanding	10
Patient	9
Enjoy the voluntary work for its own sake	9
A good listener	8
Reliable and trustworthy	7
Respect for the elderly (not patronising or bossy)	7
Caring but not over-involved	6
Discreet and tactful	5
Cheerful	4
Practical and possessing common sense	4
Should be trained	3
Should be a good organiser	1
Should have plenty of stamina	1
	Total = 102

(3) The services That the Volunteer Sample Thought That Voluntary Organisations Should Provide for Elderly People

This section of the questionnaire raised an interesting variety of responses; four respondents did not answer it, eight felt that the voluntary services in Ringwood are quite adequate and had no further comments to make, and twenty-seven volunteers made a variety of comments and suggestions which are shown below.

Table 3:26 The services That the Volunteers Thought the Voluntary Organisations Should Provide for Elderly People

Services Identified	No. of Volunteers
Social visiting to the housebound	15
Transport	6
Personal advice services	4
Day centre	3
Anything that is needed	3
Outings	2
Clubs	2
Total	= 35

Miscellaneous:

- Voluntary organisations should combine more
- Shopping
- Emergency Services
- Meals on Wheels
- Homes
- Help in the garden
- Make the elderly feel wanted and useful
- Find out what the elderly would like

The replies also showed that sixteen volunteers identified the kinds of dilemmas that face voluntary organisations when they were thinking about this question; eight of them wondered if the services are reaching the people who really need them; seven wondered if the voluntary organisations are providing the right kind of services and one said that the voluntary organisations should not be a substitute for professional services. The next question was anticipated by four of the volunteers who made suggestions for changes in their answers to this one. One talked about the need for training and three talked about the need to recruit school-leavers, 30 to 40 year old volunteers or volunteers of all ages.

The variety of responses from the sample of volunteers to this question shows that they should not be treated as a homogeneous group, assumed to have identical attitudes, values and practices in their approach to voluntary work.

(4) The Volunteers' Ideas on Changing or Developing Voluntary Work with Elderly People in the Ringwood Area

Responses to the previous question show that there is a marked split between volunteers who have ideas or who question the validity of their voluntary work and those who do not. Their responses to the question asking for their ideas about changing the local voluntary services for elderly people emphasised this split more strongly. and are shown in Table 3 : 27.

Some of the volunteers made specific suggestions to improve a particular voluntary organisation and their comments give a valuable insight into the problems facing some of the voluntary organisations.

"Cut out the red tape in the Red Cross hierarchy - they are always asking questions but we never see the results."

"The (Arthritis Care) club is not reaching those who are substantially disabled. Ideally about fifty per cent of committees etc. should be in the category of the group being served. People with professional knowledge should also be included." (This informant then expanded extensively on this theme. She had anticipated that the Arthritis Care Association would function as a pressure group and self-help group. Instead it concentrates on traditional social activities which she hinted bore her. Moreover the premises and the seating that are used for the meetings are too uncomfortable for disabled people to tolerate for more than short periods of time.)

"A bit more enthusiasm, we are stagnating. I think it is because of our former chairman."

"(We need) a review of meals on wheels - ought to be based on need."

"(We need) a new meeting place for the blind club. We have searched all over town. We need cupboards for the tea and handicraft equipment."

Some of the volunteers made general observations rather than specific suggestions about changes or improving the voluntary services for the elderly in the Ringwood area,

"Voluntary work in Ringwood is the best I've ever seen. Heaven help the elderly if it weren't for the volunteers and local donations to funds. I feel that funding should come from the Government."

"There are so many voluntary organisations in Greyfriars that perhaps a pound for us is a pound less for other organisations. Most elderly people are not flat broke. If services were transferred from social services departments to voluntary organisations how would it be done? What about the unions?"

"The elderly have a lot of notice taken of them (in Ringwood), but not so much is done for the younger families."

"Day centre - nothing very grand - a nice biggish sitting room, a pleasant dining room, a little private room where they could talk to a health visitor or a social worker, a little shop for second-hand things and a proper shop for all the subsidised food...rules and regulations have put everything beyond our reach."

"We have not got the money for a day centre. We don't even know if we can get grants. It would not be possible to man a day centre with rehabilitation facilities with just volunteers. (We could) have a pop-in-centre (with) limited refreshment facilities - small and cosy."

"A day centre is not necessary because they have a day room at Clarks Close, Mary Mitchell Close and the Bickerly. There are so many different things going on at Greyfriars that I cannot see the need. Anyway we would not have the mini bus to spare."

"I think my one hue and cry is the hospital situation - we desperately need a small hospital in this town."

"A day centre or a pop-in-centre, the sooner the better. We need some people on a voluntary basis with craft help. Cup of coffee, tea, light lunch etc., practical help, plug changing etc. Encourage people to participate - get people out of their homes. Problem of transport."

"Subject to funds available, more paid day callers and advice centres."

Altogether 17 of the volunteer sample had no ideas, comments or suggestions to make about changing or developing the voluntary services for the elderly in the Ringwood area. This reinforces the impression arising from the data in other parts of this survey that some of the voluntary organisations have become static and even complacent in their approach to their services and their attitudes to

their elderly clients. This lack of response may also indicate that some at least of the volunteers work in isolation (e.g. the meals on wheel drivers) and so may not be exposed to the ideas of other volunteers or get a chance to discuss their voluntary work with them.

Another possible reason for the lack of response to this question is that the wording may not have made sense or may have inhibited some of the informants.

The majority of the volunteer sample (22) did however respond to this question and their answers seem to fall into 4 main groups. Some made constructive criticisms of their own agencies, some questioned the real level of need among the elderly they were serving, some gave consideration to the position of the voluntary organisations and their resources in relation to the public welfare services, and a few outlined their ideas about a day centre.

The split in the volunteer sample between those who are apparently satisfied with things as they are and those who have ideas and comments brings the focus of this thesis back on to volunteer leaders. The "satisfied" group of volunteers expressed very similar views to those leaders who are very proud of the length of time their organisations have been providing services for elderly people in the Ringwood area. The continuity of these services justified this pride but the divisions between the responses of the sample of volunteers does raise some important questions.

- 1) When does justifiable pride end and complacency or even apathy begin?

- (2) Although some criticisms have been voiced by "rank-and-file" volunteers would they necessarily want to take the responsibility for initiating change?

- (3) Have these volunteers ever brought their views to the attention of their leaders? Some of these issues have certainly not been aired at the meetings of the Old Peoples' Welfare Committee.

- (4) As there appear to be differences between the views of the volunteers and their leaders to what extent can the leaders be seen as representatives of their services?

The last point is particularly important if voluntary and statutory services are to develop any collaboration in their work.

Table 3:27 The Volunteers' Ideas on Changing or Developing
Voluntary Work with Elderly People in the Ringwood Area

Categories of Response	No of Volunteers
No reply	3
No ideas-unqualified	6
No - no more services needed	3
Not really thought about it	2
I am not qualified to answer	3
Yes made observations and/or suggestions	22
	Total = 39

Suggestions Made by the Volunteers

Day centre	6
More home visiting	4
Better co-ordination between the volunteers and the professionals	4
More voluntary transport needed	2
Recruit school-leavers	2
Recruit 30-40 year olds	2
More government funding is needed	2
Need services for the elderly, mentally infirm	1
Gardening services	1
More social activities for elderly and disabled adults	1
Need better co-ordination between voluntary organisations	1
	Total = 26

(VII) THE VOLUNTEERS AND THE SOCIAL SERVICES DEPARTMENT

(1) Introduction

The previous sections of this chapter have been concerned with the characteristics, practices and views of the volunteers who agreed to take part in the survey, in relation to their voluntary work. The main interest of this study, however, is in whether the voluntary organisations could, or should, take over any of the services currently being provided by social services departments, the policy being "encouraged" by the Government. It is important therefore to find out about the kind of contact that exists already between the volunteers and the local social services department and their views on its work. Analysis of the contact between the volunteers and the local social services departments has proved to be one of the most difficult and therefore important, sections in the results of this questionnaire.

(2) Contact with the Social Services Department

The first four questions in the section (questions 25 to 28) were designed to find out whether the volunteers had any contact with the social services department, particularly the Lymington Area Team which is responsible for all of the people in the Ringwood Area who live within the Hampshire county boundary. They were asked to indicate contact with any other social services departments such as those in the hospitals and the Ferndown Area Team in Dorset, the next nearest area team.

Those respondents who said they they had had no contact with social services departments at all were then asked two further questions to find out whether they knew where their nearest office was and what sort of services it provided. They then went straight on to questions 35 to 38 which concerned their views on the staff of social services departments, the services and whether they thought that there were any jobs or services done by the social services department in the Ringwood area that could be done by volunteers instead.

The respondents who said that they had contact with the social services department were asked to name the office(s) and answer a detailed series of questions about the purpose, the staff, the frequency of their contact and the place.

At the planning and even the piloting stages this seemed to be a clear and logical structure. The responses to this section of the questionnaire from all the respondents, regardless of the degree of their knowledge of the social services department, yielded more information, however, about their lack of contact and level of confusion about its work than anything else.

There were variations and contradictions within the respondents answers as well as between them. Therefore although Table 3:29 has been constructed to quantify their responses they have had to be supplemented and expanded by the comments that they have offered in the open ended questions.

Some volunteers had a knowledge of the services but no contact. Some had contact but very little knowledge. Some had a substantial level of both knowledge and contact, but almost a quarter (8) confused the social services department with the DHSS.

The volunteer sample were asked whether their voluntary work ever brought them into contact with the social services department and initially their responses were analysed for their accuracy. Those who had not had any contact were asked if they knew where the nearest office was and also if they knew what kind of services the department provided. The results are shown in Table 3:29.

Only six volunteers had a very accurate knowledge of the location and services provided by the Lymington Area Team, but not necessarily through their work as volunteers. Two of this group were well-informed because they were clients of the department as well as volunteers, one of the group was the team leader from Dorset Social Services Department and one had gained her knowledge in her capacity as a relative of a client. Two respondents said that their knowledge was really restricted to the contact they had had with the department when setting up their voluntary services, rather than because they are involved with obtaining direct services on behalf of any local elderly people. One respondent was a geriatric nurse and it was in this capacity that she had had contact with social services departments. Finally one of the volunteers was also chairman of the local branch of the RSPCA and she found that she had more contact through this aspect of her voluntary work than as a meals-on-wheels driver.

Table 3:28 Summary of the Volunteers' Contact with and Knowledge of the Social Services Department

<u>Level of Knowledge of SSD</u>	<u>No. of Volunteers</u>
No Knowledge (accuracy of reply confirmed by other data)	15
No Knowledge (inaccurate reply - other data indicates contact)	8
Knowledge Claimed (accurate reply confirmed by other data)	15
Knowledge claimed (inaccurate reply confused SSD with other services)	1
	Total = 39

<u>Knowledge of Location of Nearest Office among volunteers who claimed no contact with SSD</u>	<u>No of Volunteers</u>
N/A	16
Do not know	9
Lymington	4
Ringwood DHSS	8
Other	2
	Total = 39

<u>Knowledge of services among respondents who claimed no contact with SSD</u>	<u>No of volunteers</u>
N/A	14
No knowledge or contact	16
Knowledge of services (accurate reply)	7
Knowledge of services (inaccurate reply - other data indicated possession of knowledge of SSD services that was not recognised as such)	2
	Total = 39

Six respondents had had no contact with any social services department but some knowledge of the services. One respondent said he would refer social services problems to the volunteer who was a Team Leader with Dorset Social Services Department. Another, who was married to a probation officer said she would ask her husband for information about the social services. One respondent knew about aids and home helps, but said "we usually go through the nurse or the G.P.". One respondent named Winchester as the nearest office and home helps as a service. She was aware of being vague although she had worked as a social worker in hospitals some years ago and said "things have changed over the years".

Four respondents who had not had any contact with the social services department named the DHSS without any further comment. Three others named the DHSS and added comments on the services such as "I've never inquired", and "I don't really know." An eighth person named the DHSS but identified meals on wheels and home helps as the services.

Questions 29 to 34 were detailed questions put to those respondents who had had contact with the social services department to obtain services for elderly people. Only 13 of the sample of volunteers had had sufficient contact to answer this group of questions, and, apart from one volunteer, none of them could be described as "rank-and-file" voluntary workers. This subgroup included the Dorset social worker, the Loan Centre Organiser for the Red Cross, two voluntary organisation secretaries, one treasurer, four current committee members, one former committee member and one who is also a client.

Table 3:30 shows the services or people known to the volunteers as having initiated contact with the social services department on behalf of the elderly people with whom they are working.

Table 3:29 Contact initiators with the social services department on behalf of the volunteers' elderly clients - no. of times reported by the volunteers

Category	No. of Volunteers
Me	7
The elderly person	4
SSD Area Team	6
Friend	2
Relative	2
G.P.	3
Health visitor	3
Community nurse	2
Social Services Department	
Winchester (Finance Dept)	1
Don't know	2
Total	= 32

Table 3:30 Reasons for contacting the social services department on behalf of an elderly client.

Problem/service	No. of Volunteers
To arrange M.O.W.	8
: : Aids	7
: : Transport	6
: : Home help	6
: : Short stay care	6
to discuss personal matters	6
: : health	6
: : adaptations	5
: : family matters	5
To arrange permanent care	5
To find out if elderly person is already known to social services department	5
For financial advice	4
For housing advice	3
To co-ordinate a fuel grant list	1
	Total = 73

The volunteers appear to have become involved with the common range of services that are often requested of social services departments for elderly people.

Table 3:31 Methods used by the volunteers to contact the social services department.

Methods	No. of Volunteers
By telephone only	5
By letter only	1
By letter and phone	3
Other	4
	Total = 13

"Other" includes :

- I see the social worker in my own home as a client.
- No direct contact.
- Two volunteers did not give an answer.

Table 3:32 The jobs or titles of the social services staff contacted on behalf of an elderly person

Title	No. of Volunteers
* PAO / APAO.	2
Social worker	8
HH organiser	4
Home help	2
Occupational therapist	1
Don't know	1
No answer	2
Other	5
Total =	25

"Other" includes :

Specialist for the deaf, indirect contact only, contact with Winchester, contact as a client rather than a volunteer, and contact not specified.

* PAO = Principal Area Office

APAO = Assistant Principal Area Officer

Table 3:33 Location of contact between the social services staff and the volunteers

Place	No. of Volunteers
Never met	5
Area office	3
My home	1
Elderly person's home	1
Hospital in-patient	1
No reply	2
Other	3
Total =	16

"Other" included :

Red Cross office in Ringwood.

On a course at Burley.

In Ringwood.

One informant commented in reply to this question, "It is the health visitors I get in contact with because they are local". The pattern of responses shown in Tables 3:29, 3:30, 3:31, 3:32, 3:33 and 3:34 indicates that contact between the volunteers and social services staff is minimal, often indirect, rarely at the Area Office and not at any regular location in Ringwood.

Table 3:34 Frequency of contact with a member of the social services staff for those volunteers reporting contact

Frequency of Contact	No. of Volunteers
No further contact	6
Once a month	1
Once in 3 months	1
Irregular	4
No reply	1
	Total = 13

The majority of the volunteers in the sample (26), had had no contact with the Social Services Department. The extent and accuracy of their knowledge of its work was very limited or even non-existent in some cases. There seem to be three possible reasons for this which may be unique to the Ringwood area:

- (1) The "rank-and-file" volunteers tend to refer social work problems indirectly through a senior member of their organisation.
- (2) Social work problems are often channelled through the health care staff at the local general practices.
- (3) The physical distance between the area office at Lymington and Ringwood severely restricts the opportunities for volunteers and social services staff to meet. They usually come to Ringwood in response to the needs of individual clients. Such work has to be integrated with their work over a large geographic catchment area and the priorities in their services are dictated by their statutory duties and the policies of the senior management. Thus the rhythm and demands of their work may rarely coincide with the times that the volunteers are available. Even when contact does occur it is rarely face-to-face and rarely sustained for any great length of time.

(3) The Volunteers Views on the Work and Staff of the Social Services Department.

Although the responses to the previous section of the questionnaire indicate a low level of both knowledge and contact with the social services area team at Lymington by the volunteer sample, they were all asked for their views on the work of social services departments, their staff, the services that they provide for elderly people and the possibility of transferring tasks from the statutory to the voluntary sector. The pattern of their responses reinforced the limited and negative patterns which emerged in the previous section on the nature of their contact with the local social services offices and their staff.

Table 3:35 Services that the volunteers thought the social services departments should provide for elderly people

General Categories of Responses.	No. of Volunteers
No reply	6
I don't know - unqualified statement	5
I don't know - qualified statement	5
Services are adequate unqualified	2
Services are adequate qualified	1
Cant think of anything	2
Replied with suggestions and/or observations	18

Total = 39

"I don't know" comments;

"I have no knowledge of the services available."

"I don't honestly know. I think that it is a good idea that way back in the distance is the state which will come up with something eventually, but I am a bit anti 'womb to tomb'".

"I would like to think that people prepared better for getting old....prevent the drain on the social services at crisis point (by) planning to meet needs at an earlier point."

"I don't really know what they do. A visiting service to ensure that people know about their rights."

"I don't know what services they do provide so I don't know what services they should provide."

"Services are adequate", comments;

"The Social Services are wonderful...home helps, meals on wheels..."

"I think they are doing a good job now."

"No I can't say I have ever thought about what they should do, but I know from other areas that they don't have enough staff to visit people, but I have not heard any complaints from people in Ringwood. I think it is because it is a small town and people know each other."

Table 3:36 Suggestions made by the volunteer sample for services to be provided by the social services department

General Categories	No. of Times Mentioned
The Social Services should provide information on benefits and rights and/or an advice centre.	7
Increase the level of routine visiting	3
Provide a day centre or pop-in-centre	3
Increase residential accommodation	2
Provide anything that is needed for the immediate benefit of the elderly	1
Improve liaison with the voluntary organisations	1
Provide day care for the mentally infirm	1
Improve the speed of delivery of aids and adaptations	1
Give practical help rather than counselling	1
Total	= 20

Two aspects are striking from this set of replies. Firstly advice and counselling services are available in Ringwood either from the CAB or by appointment with a social worker at the Health Centre. There is also a local part-time DHSS office. The replies indicate that some of the volunteers are unaware of these services.

Secondly, the replies have highlighted some important gaps in the services currently offered by the Hampshire Social Services Department to elderly people and their families living in the Ringwood area, namely a day centre, care for the elderly mentally infirm who are living at home, delay in the provision of some services and a general lack of active publicity. At the time that this research was being undertaken the Hampshire Social Services Department in fact published very little for the general public on the range of its services and the criteria applied in assessing the eligibility of any applicants.

Table 3:37 Some general observations made by the volunteers on the provision of services for the elderly by the social services department

General Categories	No. of Volunteers
Aware of limited staff and funds	3
Visiting services can be provided by either staff or volunteers	3
The state should not be totally responsible for personal welfare	3
It is difficult to say who should be responsible for the welfare of the elderly	2
	Total = 11

The observations and the suggestions of the volunteer sample tended to overlap and the vagueness and confusion found in answers to previous questions was again evident, e.g. "They should have a caring attitude", "The social services just advise people who to contact for services", and "Its a myth that the doctors will not visit in Ashley Heath". Some of the volunteers, however made some very full and interesting observations in response to this question.

"The Government should protect the weak and unfortunate, but not wholesale - they should do something about it themselves."

"Its all got to be referred or applied for hasn't it ? I suppose that everybody is entitled to a basic quality

of life, but quite who should provide it I don't know."

"I don't know what the review system is but they need to make the service more cost-effective."

"(There is) a problem of confidentiality between the social services and the volunteers."

"...need for independent accommodation, that is, private, but with a warden."

"If they provide all the services that they need to provide then the voluntary services would not need to exist. But if this was the case we would end up paying more tax. All these things have to be paid for. What the voluntary services do is supplement - people should help themselves where they can."

"I am not so sure. Of course one has to be careful with elderly people because they resent intrusion. But if staffing and money were available to have a visit periodically - but a competent band of volunteers will be able to do this."

"All sorts of things that were being provided have been cut off instead of being improved. (We need) accommodation for old people but not a geriatric hospital."

"I think they should chuck away their theories and have down to earth think of the old fashioned health visitor.. they were down to earth, and the district nurses. Most handicapped people I know have practical difficulties which are subsidiary to the emotional ones. The most useful person in Lynton Social Services is the occupational therapist, but she has a vast area."

This small sample of observations indicates that some of the volunteers have been considering some very complex aspects of their work. For some the impulse to care is tempered by an expectation of self-help from the elderly themselves. Others are questioning the boundaries and responsibilities of state intervention, or questioning the boundaries between volunteers and social workers. One volunteer has provided a fourth reason for the lack of a strong relationship between the voluntary organisations and the local social services teams,

"They only contact us when things are desperate, which is why we only have intermittent contact."

(4) The Qualities and Skills That the Volunteers Would Look for in Someone who Works for the Social Services Department

The responses of the sample of volunteers to this section of the questionnaire continued the pattern already evident in their other replies, i.e. some felt unable to answer the question because they did not know anything about the work of the department, some were confused and some made very full and interesting comments which will be discussed in detail.

Table 3:38 The qualities and skills that the volunteers would look for in social services staff.

General Categories of Responses	No. of Volunteers
No reply	7
Like the volunteers unqualified	2
Like the volunteers qualified	2
Answered re Social Services staff only	21
Answered but confused with other services	6
Don't know	1
	Total = 39

The range of answers from the six informants who confused the Social Services Department with other services were so similar to those given by the rest of the sample that they have been included in the total analysis, e.g. "...should be kind and sympathetic...", "... properly trained...", "...pleasant personality, tactful, patient...", and "a very caring attitude." These comments seem to reflect the expectations of the public as a whole of those who work in any of the welfare centred public services.

(5) Comparison of the qualities that the volunteers expect to find in social services staff and those they expect from volunteers

As the purpose of this case study is to examine whether voluntary organisations could or should take over any of the services currently being provided by social services departments it is useful to compare the qualities that volunteers expect to find in their fellows with their expectations of social services staff. It is recognised that the low level of knowledge of the work of social services departments, which is characteristic of the majority of the volunteers who took part in the survey, limits any firm conclusions. Table 3:40 compares the frequency with which volunteers mentioned the qualities they would look for in their fellows with the frequency they would look for similar or different qualities in social services staff.

The fuller answers in relation to social services staff made to this section of the questionnaire by some of the volunteers are interesting.

"Tact... I think that applies to every organisation. Being firm....as they are paid help they can be firmer... as a volunteer I can't."

"A lot of understanding, not just doing it for the money, willing to listen, patience....people doing it unpaid are doing it from the kindness of their hearts. (This comment arose out of the informant's observations on the varying standards in the work of home helps when she has been delivering meals on wheels.)

"Compassion, stability, not too sympathetic."

"Appearance - not jeans and a tee-shirt, not overdressed but smart - gives elderly people confidence."

"Well I suppose much the same as I would look for in our own groups. (Red Cross Home Nursing Teams.)...got to care for people, consider them as individuals....Should be well trained and know what they are doing."

"Depends on the field in which they are working - presumably their training would be appropriate anyway. Appearance is important, must not be patronising or bossy - same with volunteers - should not become emotionally involvedconfidentiality."

"Speaking as an employer.. got to fit into our office, qualifications, personality, capabilities..."

Table 3:39 A comparison of the qualities the volunteers looked for in volunteers with the qualities that they looked for in social services staff

Qualities	No. of times Mentioned for SS staff	No. of Times Mentioned for Volunteers
Understanding	13	10
Kind and helpful	10	18
Trained	10	3
Patience	9	9
Easy to talk with- friendly , sense of humour	8	10
Tactful and discreet	6	5
Wide range of relevant knowledge	5	
Good listener	4	8
Respectful- not patronising or bossy	4	7
Caring but not over-involved	4	6
Reliable and trustworthy	3	7
Cheerful	3	4
Practical and common sense	3	4
Enjoy doing the work for its own sake	3	9
Firmness/authority	2	
Smart appearance	2	
Like people	2	
Good organiser	2	1
Stamina	1	1
Ability to get on with colleagues	1	
Total =	95	Total = 102

This sample therefore seems to operate two overlapping models of what constitutes a "good" volunteer and what makes a "good" member of the social services staff. The term "social services staff" has been deliberately used rather than just "social worker" because elderly and disabled people are likely to come into contact with specialist staff such as the occupational therapist, the home help organiser and home helps. In most cases they may have more contact with the specialist staff than the social workers.

The combined tables show that the sample placed approximately equal emphasis on the responsibilities of volunteers and social services staff towards the elderly with respect to tact and patience; 9 (9) and 6 (5). Training, a wide range of relevant knowledge and a capacity to exercise authority were qualities that the volunteers sought in the social services staff but did not seek to any great extent in volunteers. The "feeling" qualities were identified more frequently for volunteers, eg being "kind and helpful" was mentioned 18 times for volunteers but only 10 times for social services staff, and, to "enjoy doing the work for its own sake" was mentioned 9 times for volunteers and only 3 times for social services staff. As one volunteer so succinctly put it, "again we come to the professional and the amateur."

The images of social services staff and volunteers seem to be polarised for some of the volunteers. Not only are social services staff expected to take on the tougher and more complex work, as has been discussed earlier, but they are also expected to be "tough minded". Conversely the volunteers hold an image of themselves as "tender minded". This polarisation is responsible for much of the conflict between volunteers and social services staff and often expressed in terms of "we care" but "they are bureaucratic".

(6) The Volunteers' Views on the Way the Social Services Departments Organise Their Work and Their Suggestions for Transfer of Tasks to the Voluntary sector.

The volunteers were asked for their comments about the way the social services departments currently organise their services for elderly people and as with the previous questions the majority of the sample of volunteers had very little to say on this topic.

Table 3:40 General categories of comments from the volunteers about the way that the social services departments provide services for elderly people

Categories	No. of Volunteers
No reply	10
No - unqualified	7
No - I don't know enough to comment	11
Suggestions or comments offered	7
Services are adequate	3
Answer irrelevant	1
Total= 39	

"I don't know enough to comment" included;

"No - much too technical for me to answer."

"I just don't know enough. I help with the meals on wheels and the Red Cross, but I don't have a sufficient overall concern to know. The CAB is a valuable link with the Social Services."

"No I really don't know enough about it, apart from good old Joe", (a social worker from the Lymington Area Team).

"Well I really don't know very much about them. If we need help in Ringwood we ring Mrs. D. - she's wonderful. I cannot think what Ringwood would do without her."

"Not really. I never think about their angle much because we work so much on a personalised nursing angle."

"Services are adequate" included;

"Very good."

"No I don't think so. By and large the system is a good one. I don't really know enough to answer the question, I'm not really involved enough... they have always been

co-operative when I have approached them, but then I see both sides." (This was the volunteer who is a team leader with Dorset Social Services Department.)

"Suggestions or comments offered"

"There is a lack of specialists to care for the handicapped since the reorganisation of the services. The old almoners were more open-minded and more generally informed. (Informant has friends who trained as almoners.) Postwar training of social workers is garbled Freudianism. I had more social contact with social workers in the past than as a client. As a client now I do not think their training helps them to work with the physically handicapped. A recent TV programme indicated that such specialisation did not fit current career structures in local authorities."

"The distance between the office and Ringwood is too far. I feel that in Winchester they are sitting in their offices and they do not have a clue what is going on in Ringwood."

"Publicity for their services."

"It seems that they pretty well cover it. If they had the money I would like to see telephones, some people are very cut off. Holidays."

"Really I don't know enough about it. I think that the meals on wheels people ought to be given a package of some sort and be told what to do. Most voluntary jobs do this don't they?"

"Obviously more needs to be done, but financial commitments don't allow it. Old people should have more regular contact. They need more social workers."

Two informants made comments that were out of context with the question. One suggested that more ought to be done to supply money to those who need it, indicating once again the confusion that exists over the titles of the DHSS and social services departments. The other comment concerned the lack of control maintained over children on care orders who stay regularly at a cottage owned by the Hampshire Social Services Department in Burley, four miles from Ringwood. Residents have complained that they steal from the local shops and are disruptive.

The volunteers were asked whether they thought that there were any jobs or services that are done by the social services staff at the present time which could be done by volunteers in this area instead. This was one of the key questions of the survey of the volunteers, but like the previous questions (on their knowledge of, and relationship with, the Hampshire Social Services Department), the responses confirmed the lack of interest and ideas amongst the majority of the sample about the work of the department.

Twenty informants felt unable to answer the question and offered comments such as, "I honestly don't know enough about what they do", "I have not had any need", "Don't know enough to answer - not involved enough", and, "I don't know the full scope of what they do".

Table 3:41 General categories of comments from the volunteers about the transfer of jobs from the social services department to the local voluntary organisations

General Categories	No. of Volunteers
No reply	9
No - unqualified	4
No - I don't know enough to comment	7
No - qualified	9
Yes - unqualified	2
Yes - qualified	7
Answer confused	1
Total = 39	

"No - qualified", included;

"I think we should - leaving out children - abolish local authority social services departments and parcel them out to district nurses and such like. But if you don't give your volunteers authority to order certain services.....I don't think that social services departments are very useful as far as handicapped people are concerned. Some of us were talking and thought it would be better if a social worker were plonked down in a G.P. surgery instead. Some people just wont register with the social services, it is not

worth it. Well take this area, since the economies they haven't gone out much. You obviously can't go to them. I understand from other clients that whoever answers the phone deals with the queries - not each social worker being responsible for certain clients. The last person who came to see me, a young man, he was clueless - wet behind the ears."

"You can't have volunteers going round like Mr. H....(named a social worker from the Lymington Area Team) because they don't know enough."

"Well I don't think so - volunteers don't have enough training to do what the social services staff do, or should be doing."

"I think voluntary help is too casual. At the back of your mind is the thought that you do not have to do it."

"No, I think they should continue what they are doing now but make more use of volunteers to extend their services."

"I don't think there is enough working together. It could be done if there is enough...cannot always rely on volunteers to be there when they are needed."

"Don't know enough about it. The problem is that you can't control volunteers. The organisation falls to bits if you don't have a good chairman. Continuity is the problem."

"I don't think so. I think we work together jolly well. What is difficult is the problem of transport to hospitals."

"No, not really - voluntary organisations are pretty stretched as we are."

"I would not think so in Ringwood because I don't think a great deal of support comes from the Social Services Department. I don't think it has ever had first class services because the area office is so far away ...Ringwood has always been the 'poor relation'."

(This informant was the Team Leader from Dorset. He continued to discuss the question at great length as he had been involved with setting up the Luncheon Club and has remained in touch with a wide variety of local voluntary organisations. He observed that most of them are run by a few, and usually the same, people who are themselves now becoming elderly. He thinks that a survey should be conducted amongst his age group (he was 51), to find out what services they would like to have when they become older, "any one of us could become mentally or physically infirm." On the whole he did not think the general population of Ringwood was very caring.)

Yes - qualified" included;

"If you have voluntary visitors they have got to be au-fait with what the social services department does. The social services department could second...the volunteer cannot take responsibility for the services. They would need some kind of training period. A volunteer cannot be a spokesman for the social services. Volunteers can help where there has been a reduction in paid staff."

"I expect there are many (jobs and services) provided that people have the ability and are free to do it in a voluntary capacity. A social worker could have five or six volunteers to delegate visiting to because of the size of the case load."

"Possibly the visiting, but this is difficult because you have to know what to look for."

"Shopping instead of home help (doing it)."

"Well yes probably, but it would not be a good thing because there are not enough volunteers. You can't make volunteers work if they don't want to."

The negative responses to this question seem to divide between criticisms of the standards of the Hampshire Social Services Department and criticisms of the voluntary organisations and the volunteers. Some of the volunteers are clearly aware of the difficulties in providing services that do not have any formal systems of accountability - "you can't control volunteers." One volunteer sees the services as "pretty stretched as we are". Social workers often refer to the pressure of their workloads (e.g. Parsloe et al, (16)), but it is less common to hear volunteers voice such anxieties. It is an important point, however, in view of the policy that the Government wishes to pursue.

The volunteers also suggest that both social workers and volunteers lack the necessary commitment to either their own separate tasks or to working together. Some suggest that volunteers lack the knowledge or training to contemplate any transfer of tasks from the statutory sector to the voluntary sector, but one of the volunteers felt that there is no need because "we work together jolly well". The positive responses to the question were far fewer and were qualified in such a way that they reflected the problems discussed in the negative responses, particularly the need to control, monitor and train the volunteers.

Several volunteers suggested that the Hampshire Social Services Department should make more use of volunteers, second and delegate. Thus although the general response to this question was predominantly negative or non-existent, a few volunteers are considering the kinds of collaborative work envisaged by some of the major studies referred to in this thesis, e.g. the suggestion of the Barclay Report that the voluntary and statutory sectors should be seen as "complementary".(chapter 5.)(3).

(VIII) SUMMARY

One of the purposes of conducting a survey is to find out whether there are any factors which occur sufficiently frequently either to identify trends which can be utilised constructively, uncover issues that have not been previously apparent, or confirm existing data. The information obtained from the questionnaire put to the sample of volunteers and from the interviews with the leaders of the voluntary organisations, is both complex and detailed. It is useful at this stage, therefore, to summarise some of the main points.

The people who took part in the survey who fulfil leadership roles differed from the "rank-and-file" volunteers in several ways. Some of the female leaders had clearly made a "career" for themselves outside of their marital and family responsibilities which incorporated some of the characteristics of paid employment. They had line-management responsibilities within a hierarchical organisation, a title, status, job description and "staff" to organise. The hours required of them come close at times to those of a full time employee.

(1) The Volunteers.

Most of the leaders and most of the volunteers who took part in the survey conform to the patterns of age, sex, social class and frequency of service identified by Aves (2), The General Household Survey (4), and Wolfenden (20). The Ringwood sample could be described as "traditional volunteers". The majority were middle - aged, middle-class women, married to men with professional or managerial backgrounds. Male volunteers were in the minority but they had similar characteristics. The sample differed from the surveys described above in one respect, the age range was wider at the upper end as some of the volunteers had already reached retirement age or were married to men who had retired. None of the unemployed volunteers under the age of retirement described themselves as actively seeking work. Recruitment of the registered unemployed as volunteers is not a policy practiced by the voluntary organisations

examined in this thesis, but they do express an interest in the newly retired as a source of potential help.

The absence of volunteers under the age of 40 years may indicate that the middle-aged and the newly retired feel more affinity with and interest in voluntary work with the elderly. Several of the married women described previous voluntary work with playgroups and young peoples' voluntary organisations "when the children were young", and caring for their elderly parents in more recent times. This suggests that for people who have an interest in voluntary work there is a natural transition between age groups which reflects their own increasing maturity and changes in the patterns of their family responsibilities.

Most of the leaders have strong formal as well as informal links with each other by virtue of sitting on each other's committees. A substantial proportion of the leaders are, or have been, involved in local politics as well as voluntary work. Others have been indirectly involved with local politics and some have held other public offices. None of the "rank-and-file" volunteers in the sample had been involved with local politics or held public offices. The leaders have the status of local public figures and their voluntary and political activities are frequently recorded by the local press. The leaders could be seen as an elite.

The sample of volunteers who agreed to answer the questionnaire represented a cross section of the voluntary organisations serving elderly people in the Ringwood area, but as their names were suggested by the voluntary organisation leaders they do not constitute a random sample. Rather they are likely to be the volunteers with the closest relationship with the leaders and possibly the longest serving out of the total population of relevant volunteers in the Ringwood area.

The "rank-and-file" volunteers tended to offer limited but regular blocks of time for their voluntary services. Initially they identified their tasks in rather practical terms with an unexpectedly strong emphasis on fund raising and organisation and administration. Some of this could be explained by their status in relation to their voluntary organisation leaders. The absence of public services and the relative geographical isolation of Ringwood possibly makes these tasks more necessary than they are for voluntary services operating in large urban centres with better public facilities. Another reason voiced by several volunteers is that of pride in being able to run services without being dependent upon statutory support.

When the volunteers were asked further questions about their views and values concerning voluntary work their emphasis shifted from their practical tasks to their feelings, and the importance that they placed upon their relationships with the elderly people who they are serving.

2) The Relationship Between the Volunteers and the Hampshire Social Services Department

One of the most striking results of the questionnaire is the extensive lack of knowledge on the part of the volunteers about the work of the Hampshire Social Services Department in particular and social services departments in general. There is a low level of direct contact between the local area team staff and the volunteers. In this respect the findings reflect those of Holme and Maizels (11) (p. 70),

"The most typical relationship between professionals and volunteers in the local authority services is indirect, so that the volunteers concerned are not always in close personal contact with the social workers whose clients they help, nor under their direct guidance or supervision."

Hatch and Mocroft report similar findings (10) (p.49),

Thus a social club for the elderly would tend to have little contact with the SSD and would be unlikely to raise an issue which required the attention of the director in the normal course of events, while larger organisations like the WRVS.....would have ready access to the Director of Social Services."

Here Hatch and Mocroft are referring to the tendency of voluntary organisations and social services departments to relate to each other at equivalent levels in their respective hierarchies, but "lower down things tend to become more indistinct". The "indirect relationship" between the area team staff and the volunteers in the Ringwood area is exacerbated by the geographical distance that exists between the social services office in Lymington and Ringwood itself, a distance of 16 miles.

The responses to the questionnaire have revealed other factors which may account for this "indirect relationship". The titles of the Department of Health and Social Security and the Social Services Department are so similar that people who do not have an intimate knowledge of the different functions of these two organisations find it difficult to distinguish between them. This is particularly a problem for volunteers when the people who they are helping are clients of both agencies.

The Hampshire Social Services Department does not advertise its services to the general public to any great degree and so it is understandable that volunteers are limited in their knowledge of its work. Publicity would be an expensive exercise requiring constant updating to keep people informed about the start of new services and the end of existing ones. The kind of information that the Department does make available includes information on the services of other agencies, e.g. the DHSS, Child Minding Regulations, Foster Parent recruitment literature and lists of private residential and nursing homes for the elderly. Most of the publications available at the time of this research tended to reflect the "gate-keeping" role of the Department. The suggestion that publicity should be increased not only raised anxieties about costs but also fears that it could increase the level of demand on resources that are already subject to restrictions.

Another factor limiting the relationship between the volunteers and the Social Services Department is that of the attitudes of the volunteers themselves. Some have defined the boundaries of their involvement very clearly and do not seek to go beyond them,

"....I never think about their angle much, because we work so much on a personalised and nursing angle."

Some volunteers have been discouraged by their contact with social services staff and have cited examples of delays in the provision of services, a lack of expertise or interest in their problems and frustration at being continually passed from one duty officer to another.

The Aves Committee, (2) (Chapter Three), suggests that the less contact there is between the volunteers and the professionals the more likely the volunteers are to idealise voluntary work and disparage the paid professionals. There was certainly an element of this in some of the responses to the questionnaire, but not all of the volunteers who reported limited or non-existent contact with the Social Services Department saw the staff in a negative light or were unaware of the problems that they face in their work.

The results of the questionnaire put to the volunteers and the contents of the interviews with the leaders of the voluntary organisations raise many important issues about the possibilities of volunteers becoming more closely involved with, or responsible for, the services being offered by social services departments at the present time. Interest and encouragement clearly exist among some of the volunteers who took part in the survey, but it is not a development that would be accepted or welcomed by all of them. These issues will be discussed in more detail in a later chapter.

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CHAPTER FOUR

THE ELDERLY SAMPLE

(I) INTRODUCTION

The first chapter of this thesis drew attention to the expected increase in the proportion of the population of the United Kingdom of people over the age of retirement, particularly those over the age of 75 years. DHSS (14) data shows that this age group makes high demands upon the health and social services and is the dominant group among people categorised as chronically sick or disabled. They form the largest client group for the residential and domiciliary care services of local authority social services departments.

The pressure of current and future demands for health and social services from elderly people is one of the factors influencing the government in its policy of encouraging the promotion of services for the elderly in the voluntary sector.

There is a considerable wealth of information on the deployment of health and social services on behalf of the elderly and some of it has already been discussed in previous chapters. Studies of the needs, interests and opinions of the elderly consumers of statutory and voluntary services are less common. Age Concern Research Publications, Profiles of the Elderly (3),(4),(5),(6), the two reports by Abrams (1) and (2), and "The Elderly at Home", Hunt (13) are all important studies in this area.

(II) METHODOLOGY

The data on the sample of elderly consumers of the voluntary services in the Ringwood area was obtained by interviewing the elderly people in their own homes using a questionnaire containing specific and open-ended questions. Demographic data on the elderly was collected to see to what extent the sample matched its peer group in the general population, compared with elderly people in the study done by Hadley et al (11) and compared with the demographic data obtained on the sample of volunteers.

The questionnaire was also designed to provide information on the views of the elderly sample to compare with those of the volunteers on the voluntary services and the social services.

A third aspect of the design of the questionnaire was to explore the themes identified by some of the studies already mentioned - mobility for elderly people; contact with their relatives, friends and neighbours; their health and the things that they find satisfying or dissatisfying in their lives.

A copy of the questionnaire is in the Appendix (1).

The questionnaire was piloted on three elderly people, an old lady who lived on her own and a married couple. This led to an alteration of the position and wording of some of the questions. It was particularly useful in planning the timing and control of the interviews as the questions tended to stimulate lengthy reminiscences which were not totally relevant to the information being sought.

Obtaining the Sample

As with the volunteer sample, the leaders of the voluntary organisations were approached first to discuss the purpose of obtaining a sample of elderly people and the method which might be most appropriate in relation to the elderly people who used their services. As a result names of potential respondents were made available in three ways,

- (1) the leaders consulted their membership lists and suggested the names of those elderly people who they thought would not object to being approached but they did not consult them first.
- (2) some asked for participants at their meetings and then passed on the names of those who had agreed.
- (3) I was invited to a meeting of the Blind Club so that I could make my own direct approach to the members.

Altogether 53 elderly people were invited to take part in the survey. With the exception of the respondents who were members of the Blind Club and who had been approached directly, they were all sent a letter with a reply-paid slip to indicate whether they wished to take part or not. A copy of the letter and the reply slip are included in Appendix (2).

Of the elderly people who were approached 40 agreed to take part. Two married couples were interviewed jointly as both partners used the voluntary services and so a total of 38 interviews were completed.

A total of 15 elderly people did not accept the invitation to take part in the sample survey for a variety of reasons,

- 1 had died.
- 1 no trace at the address given.
- 3 had been admitted to residential homes.

- 1 refused because of poor health.
- 1 refused because she was caring for her sister.
- 1 said she was "too deaf".
- 1 said she had the builders in.
- 1 had moved back to Shropshire.
- 5 declined without giving a reason.

(III) DEMOGRAPHIC PROFILE OF THE ELDERLY SAMPLE

(1) Age, Sex, Social Class and Marital Status

Data was recorded for the age, sex, marital status and social class of the sample. Tables have been constructed showing similar data for the sample of volunteers and, where appropriate, a comparison with similar data obtained by Hadley et al for "Across the Generations"(11). The reason for this is that the experiences and characteristics of both the volunteers and their elderly clients are similar in several ways to those interviewees who took part in the Ringwood case study.

Tables have also been constructed to show the length of time the participants have lived in the Ringwood area, the kind of accommodation that they occupy and general information on their incomes.

In Table 4:1 numbers reflect that the age of only one partner of a married couple recorded for this table. The age gap between the husband and wife in the two married couples interviewed for the elderly sample was relatively large. The first couple spanned the ages 66 to 75 years and the second couple 76 to 85 years.

The age grouping of the volunteers clustered around late middle age and early retirement - 22 volunteers are aged between 51 and 70 years.

The age grouping of the elderly sample clusters around the decade 76 to 85 years, the ages at which the post-retirement population begins to make increasing demands upon the health and social services. As this was not a randomly selected sample it is difficult to estimate the extent to which their age pattern is characteristic of all the elderly people using the voluntary services in the Ringwood area. When the Ringwood sample is compared with the ages of the elderly people who were the clients of Task Force, the volunteer service studied by Hadley et al (11), then the age distributions are broadly similar.

Table 4:1 Ages of the Elderly Sample and Comparison with the ages of the Ringwood Volunteers and the Task Force Elderly

Age	Ringwood Elderly	Task Force Elderly	Ringwood Volunteers
Between 31 and 40 yrs	-	-	1
: 41 : 50 :	-	-	5
: 51 : 60 :	-	-	14
: 61 : 65 :	-	7%	2
: 66 : 70 :	4(10.5%)	13%	6
: 71 : 75 :	5(13.2%)	40%	7
: 76 : 80 :	13(34.2%))	-	3
: 81 : 85 :	10(26.3%))	-	-
: 86 : 90 :	2(5.26%))	40%	-
91 years or more	2(5.26%))	-	-
	= 36	= 100%	= 38

Table 4:2 A Comparison of the Distribution of the Sexes among the Ringwood Sample of Elderly, the Task Force Sample of Elderly and the Ringwood Sample of Volunteers

Sex	Ringwood Elderly	Task Force Elderly	Ringwood Volunteers
Male	5(13.1%)	17%	7
Female	31(81.6%)	83%	30
Married Couples	2(5.3%)	-	2
	= 38	= 100%	= 39

Table 4:3 Comparison between the marital statuses of the Ringwood Elderly, the Task Force Elderly and the Ringwood Volunteers

Status	Ringwood Elderly	Task Force Elderly	Ringwood Volunteers
No Response	-	-	2
Married	5(13.2%)	11%	26
Widowed	26(68.4%)	71%	5
Divorced	-	-	3
Separated	-	-	-
Single	7(18.4%)	18%	3
	= 38	= 100%	= 39

Participation in voluntary services seems to be a predominantly female activity for both the volunteers and the recipients. It must be borne in mind, however that neither of the Ringwood samples were structured to reflect accurately the distribution of males, females and married couples in the general population or in relation to the distribution of these categories in the voluntary services for elderly people in the Ringwood area. When the elderly sample is compared with the Task Force sample the results are broadly similar although the authors reported a higher proportion of males.

The two Ringwood samples show a marked contrast between the marital statuses of the elderly and the volunteers. Only 5 of the elderly were married and 26 were widowed, whereas 26 of the volunteers were married and only 5 were widowed. More elderly people were single and none of them were divorced. The higher level of both marriage and divorce among the volunteers could reflect that they are younger and their partners are either still alive, or that divorce is seen as both more acceptable and more accessible for them than for those who are a decade older or more.

Table 4:4 A Comparison of Social Class Between the Ringwood Elderly, the Task Force Elderly and the Ringwood Volunteers

Social Class	Ringwood Elderly	Task Force	Ringwood Volunteers
No Response	-	-	3
Social Class A	1(2.6%))		5
: : B	3(7.9%))	29%	17
: : C1	9(23.7%))		8
: : C2	7(18.4%))		6
: : D	18(47.4))	68%	-
: : E	-)		-
	= 38	= 97%	= 39

For all three groups social class was defined in terms of the occupation of the head of the household prior to retirement. The volunteers are predominantly middle class whereas the elderly in both the Ringwood and the Task Force samples are predominantly working class.

(2) Length of Time the Elderly Respondents Have Lived in the Ringwood Area

Thirty-four elderly people had lived in Ringwood for more than ten years and nine of these had lived there all their lives. Only three volunteers had lived in Ringwood for all their lives and twenty-one for more than ten years. The longest period of residence in the Ringwood area is to be found among the elderly sample and it may be explained by two factors;

- (1) They are older than the volunteers.
- (2) The majority are working class and would therefore have been less likely to move around because of their own or their spouses' occupations.

Table 4:5 Comparison Between the Length of Time the Elderly Participants and the Volunteers Have Lived in the Ringwood Area

Time	Elderly	Volunteers
Not Resident	-	1
Less than 2 yrs	1	1
Between 2 and 5 yrs	2	4
: 6 : 10 :	1	12
: 11 : 20 :	10	11
: 21 : 30 :	9	4
Over 30 yrs	6	3
All my life	9	3
Total = 38		Total = 39

(3) Accommodation

The elderly respondents were not asked whether they lived alone but the majority did. Of those who lived with another person;

- 5 were married,
- 1 lived in a granny-flat in her son's house,
- 2 were a brother and sister sharing a house,
- 1 had a lodger of working age.

As it was not possible to structure the sample of elderly respondents to find out whether the elderly users of the voluntary services were as widely geographically spread as the volunteers appeared to be, no comparative tables on the geographic location of the homes of the elderly and the volunteers have been created.

Table 4:6 Types of Accommodation Occupied by the Elderly Sample

Type	Number of Elderly
Detached House	1
Semi-detached House	1
Terraced House	3
Detached Bungalow	13
Semi-detached Bungalow	4
Flat - no warden	5
Warden-supervised flat/bed-sitter	9
Caravan	1
Cottage	1
Total = 38	

Owner-occupiers form the largest group, fourteen; the next largest group are the council tenants, eleven; only one respondent was living with her son - and then it was in a granny flat. The respondents exhibited a very high level of independent living, but five were married, two were a brother and sister who shared a home and nine respondents lived in sheltered housing (including the two married couples who were interviewed jointly).

Table 4:7 Pattern of Tenure Among the Elderly Sample

Tenure	Number of Elderly
Owner Occupier (including spouse)	14
Living with owner occupier	
relative other than spouse	1
Home owned by non-resident	
relative	2
Privately rented	1
Council tenant	8
Housing Association - warden	
supervised	6
Council - warden supervised	3
Other	3
Total = 38	

In Tinker's review of the data on the elderly(16) she found ,

"One clear trend is for a growing number of elderly people to live alone....."

"Over two thirds of pensioners in private households in Great Britain in 1975 lived alone. The remainder lived with others. In the case of married couples this was nearly always with their child or children, but for the unmarried it was most likely to be with a sibling." (p. 89).

(4) Income

The responses to the question on incomes do not directly compare with the data obtained by Abrams in his Second Report on a Survey of the Elderly (2), but they do reflect a similar trend. Of those age over 75 in his survey 87 per cent identified their state pension as their main source of income (p. 49).

Table 4:8 Income

Type of Income	Number of Elderly
State Pension Only	3
State plus occupational pension	3
State Pension plus Supplementary	
Benefit or other benefits	31
Other	1
Total = 38	

The results of the Ringwood sample and the Abram's Survey indicate that elderly people are likely to be on fixed incomes and a relatively impoverished group in the general population, with little opportunity to buy any health or social services that they may require. This raises the question whether voluntary services can offer a realistic range of alternative choices of services when they too operate on low incomes which only represent a tiny proportion of the expenditure by the state on health and social services.

(IV) THE HEALTH AND HEALTH CARE OF THE RINGWOOD SAMPLE

The ability of elderly people to enjoy an active and independent life is profoundly affected by their health and their mobility. Mobility is partly dependent upon health but also upon access to transport services outside the home.

(1) Health

Age Concern (3) and Tinker (16) both draw attention to the high level of chronic illness and disabilities among elderly people and the extent to which they are likely to under-report their health problems. Tinker says,

"Because there is a stereotype of old age which promotes expectations of ill health and decrepitude it is little wonder that old people refuse as long as possible to be labelled sick."

Age Concern report that,

"Those aged 65 and over account for 17.8 per cent of all patients who consult their GPs in an average year.

The most common form of illness amongst older patients is that related to diseases of the arteries; these account for more illnesses than all other causes, including cancer, put together.

Arthritis and associated conditions are the greatest single cause of impairment in the handicapped elderly.

Approximately a quarter of all prescription items are dispensed to males and females aged 65 and over.....".

In order to find out to what extent the Ringwood sample of elderly people experienced health problems similar to their peer group in the general population they were asked whether they had consulted their GP in the past year for the health problems listed in the Table 4 : 9.

Clearly the Ringwood sample does reflect national trends for arterial and arthritic disorders. The high proportion of those reporting sight disorders may reflect that some of the sample were drawn from the membership of the local Blind Club. This number contrasts strongly with the number of people who report hearing problems and there may be two possible reasons for this,

(i) potential respondents who were deaf may have refused to take part in the survey because of their hearing loss - at least one person gave this as a reason for not taking part.

(ii) deaf elderly people may be less likely to take part in the activities of voluntary organisations, especially the traditional clubs, because they cannot sustain or follow multiple conversations.

86 health problems were mentioned by the 38 respondents (40 when the spouses are counted separately), reflecting Tucker's observation that the elderly often have a multiplicity of diseases.

Table 4:9 The numbers of the Elderly Sample Reporting Consultations with their G.P. in the Last Year

Health Problem	Number of Elderly
Heart/blood/circulatory	24
Arthritis/rheumatism	23
Eyesight	16
Eating/digesting food	9
Hearing	7
Other	7
Total	= 86

Table 4:10 Reproduced from "The Elderly at Home", Hunt, (9).

Table 10.5.1 Nature of illness or disability suffered by more mobile elderly people (by age within sex)

	Grand total	Men - Age				Women - Age			
		Total	65-74	75-84	85 & over	Total	65-74	75-84	85 & over
Non-housebound or bedfast WEIGHTED (unweighted figures)	(3,695) (2,472) %	(1,487) (950) %	(1,085) (557) %	(356) (348) %	(46) (45) %	(2,208) (1,522) %	(1,441) (773) %	(647) (632) %	(120) (117) %
Nature of disability									
None	44.0	44.8	48.1	37.4	23.9	43.5	49.3	32.9	31.7
Arthritis, rheumatism	19.4	13.7	12.6	16.3	19.6	23.1	20.3	27.4	34.2
Cardiac conditions	12.6	13.5	12.5	15.2	23.9	12.0	10.3	16.1	10.0
Pulmonary conditions	9.4	13.7	14.1	12.9	10.9	6.4	5.9	7.0	10.0
Blindness, failing sight	6.4	5.8	4.5	8.4	15.2	6.9	4.0	11.3	17.5
Effects of accidents	4.8	5.0	4.6	6.5	4.3	4.6	4.2	5.4	5.8
Circulatory conditions	4.1	3.7	3.0	4.5	13.0	4.4	4.4	4.6	3.3
Strokes, paralysis	2.5	2.6	2.2	4.2	—	2.4	2.0	3.4	1.7
Nervous conditions	1.9	0.6	0.6	0.8	—	2.8	2.9	2.5	2.5
Other specific illnesses	20.0	19.7	17.5	23.6	41.3	20.2	17.7	25.2	23.3
Old age, vague answers	1.8	1.4	1.0	2.0	6.5	2.0	1.5	3.2	2.5

(2) Health Care

All of the respondents in the Ringwood sample were asked about the frequency of their contact with three key members of their primary health care team, the GP, the health visitor and the community nurse. They were also asked where they saw these people and the tables are given below.

Table 4:11 Frequency of Contact with G.P., Health Visitor and Community Nurse.

Frequency of Contact	GP	HV	CN
1 x a week or more	1	-	3
1 x 2 weeks	1	1	-
1 x a month	4	-	-
1 x 3 months	5	-	1
Irregular	27	8	1
Never	-	29	34
	N = 38	N = 38	N = 38

Table 4:12 Location of Contact with G.P., Health Visitor and Community Nurse

Location of Contact	GP	HV	CN
Own home	12	9	4
Surgery	21	-	-
Surgery and home	5	-	-
Other	-	-	-
Never	-	29	34
	N = 38	N = 38	N = 38

The frequency and location of contact between the three primary health care workers and the respondents raises some interesting points. Although the elderly people are experiencing a multiplicity of health problems, most of which are probably chronic, they are not as yet intensive users of the primary health care services. Only nine had any contact with a health visitor and only four saw a community nurse. Only six were seeing their GP once a month or more often and the majority consulted their GP at his surgery, twenty-one. (Twenty-six if those who also saw him at home are included).

In Hunt's study 33.3 per cent of elderly people had been seen by their GP in the past six months, 4.4 per cent by the health visitor, and 7.8 per cent by the community nurse (called the district nurse in Hunt's study). Hunt's findings are not directly comparable to the Ringwood sample because they were based on different time spans and, although the topics were similar the wording of the questions and the populations from which the respondents were drawn were not identical. A greater proportion of the Ringwood sample reported contact with their GPs, almost three-quarters as opposed to one third in Hunt's study. Both groups, however, showed a much lower level of contact with health visitors and community nurses than with GPs.

Hunt's study was based upon samples of elderly people drawn from the total population in England of people between the ages of 65 and 74 and 75 and over, who were living at home. The Ringwood case study concentrated only on the elderly people in these categories who are using the services of the local voluntary organisations. The higher rate of contact with a GP reported by the Ringwood sample, however may indicate that those elderly people who use voluntary services are likely to be the ones who have the greater health care needs.

(V) MOBILITY

The self-reported health problems of the sample show that for some of the respondents walking presents a difficulty. They were all asked whether they had any difficulties in walking and initially their replies were recorded in five categories, but a sixth category emerged which has also been included at the end of the table on mobility - 'No difficulties in the home - I should use a walking aid but I don't.' This response echoes the theme mentioned by Tucker.

Table 4:13 shows that 15 respondents have no difficulties in walking, 16 are using walking aids, but only 3 needed to use wheelchairs.

Table 4:13 The Mobility of the Elderly Sample and Their Use of Mobility Aids

Mobility Problems	Number of Elderly
No difficulties in walking	15
None in home - use a walking aid outside	9
Use a walking aid inside and outside home	7
Use a walking aid inside home and need a wheelchair and transport outside home	3
Totally wheelchair bound	-
No difficulties in the home - I should use a walking aid but I don't	6
	Total = 40 (spouses counted separately).

The mobility problems of the sample were explored further by asking them how they would travel if they wanted to go more than half a mile from their homes.

Table 4:14 Frequency of Use of Different Types of Transport

Mode of Transport	Number of Elderly Using Each Mode
Voluntary organisation minibus	22
Voluntary driver's car	20
Relative(s) car(s)	18
On foot	18
Taxi	12
By bus	12
Neighbour(s) or friend(s) car(s)	9
My own car	3
By bicycle	2
	Total = 116

Only three of the respondents owned a car. Age Concern (4) reports ,

" Only 30 percent of the over 65's live in a household with a car, and 15 per cent drive." (P.24).

Health problems, running costs and the fact that very few women over the age of retirement learnt to drive, have contributed to the low level of car ownership amongst the elderly population. Age Concern, however, quote from The National Travel Survey undertaken by the Department of the Environment which found that 50 per cent of elderly people in rural areas have cars as against 30 per cent in urban areas. The level of car ownership amongst the Ringwood sample is only about 8 per cent, therefore if the National Travel Survey figures are correct, and the Ringwood sample is characteristic of elderly people who use voluntary services, then the lack of car ownership is an important aspect of using the services of volunteers. The high rate of usage of a voluntary organisation minibus and voluntary drivers' cars reported by the Ringwood sample appears to substantiate this assumption.

Relatives, taxis, friends and neighbours are also relied upon by about a third of the sample to provide transport. Walking was mentioned 18 times and riding a bicycle twice. Less than a third of the respondents travel by bus and nobody mentioned trains, which is not surprising as Ringwood lost its railway line in the "Beeching" cuts.

The high level of dependency upon voluntary and private means of transport reflects several issues that have already been discussed in previous chapters,

- (1) the poor provision of public transport in the Ringwood area,
- (2) the elderly are less likely to be car owners and drivers,
- (3) their mobility is restricted by their disabilities.
- (4) The voluntary organisations find that requests for transport are among the greatest demands for their services.

Table 4:15 Reasons for Going Out

Reasons	Number of Elderly
Attending voluntary activities	38
Shopping	29
Going to the doctor	26
Visiting relatives	23
Visiting neighbours	14
Attending church services	13
Visiting friends	11
Attending church social activities	10
Other activities	16

Total = 180

Excluding attendance at voluntary activities which is a self-evident statistic, given the population from which the sample has been drawn, self-maintenance (exemplified by shopping), health care (exemplified by visits to the doctor), and contact with relatives are the most important reasons for the elderly in the sample to go out.

The other categories - visiting friends and neighbours and attending church services and social activities - could be viewed as maintaining normal social contacts with people in the community, both formally and informally. In order to explore this aspect of the respondents' lives further they were all asked whether they belonged to any other organisations in addition to the voluntary organisations that they had mentioned.

Table 4:16 Pattern of Membership of Other Organisations

Membership of Other Organisations	Number of Elderly
No answer	1
None - even in past	9
Worship at local church only	3
: : : and	
church social activities	6
Member of a non-voluntary club	
or organisation	6
Member as above plus church	
membership	7
Formerly an active church member	
but not now	4
Formerly an active member of a	
non-voluntary club or organisation	2
Total =	38

Some of the responses made to this question contradict the responses to the previous section, e.g. the respondents claim a much higher rate of active church membership. An interesting aspect of these replies is that some of the sample are beginning to reduce the range of their social contacts.

(VI) RELATIVES, NEIGHBOURS AND FRIENDS.

" The informal System of Social Helping".

Wolfenden in 1978 (17) and the Conservative Government in 1981 (9), both acknowledge the " very substantial" and "immense contribution " being made by the informal sector but Wolfenden points out that (p,22),

"... we have very little exact knowledge about the factors which affect the weakness or strength of informal support networks in different sectors of our society."

The questionnaire put to the Ringwood sample of elderly people was designed therefore to discover the nature, frequency and purpose of their contacts with their relatives, neighbours and friends. A profile of the marital status and range of these contacts for each of the respondents is given in Appendix (3).

(1) Relatives

The national picture of the situation of elderly people was discussed in the introduction to this thesis. Data on the the studies of the extent to which elderly can look to their relatives for support was also discussed. The sample of the elderly recipients of voluntary services in Ringwood were therefore asked to talk about their families and the kind of contact that they had with them.

Only one person who was interviewed said that she had no living relatives. Contact with grandchildren and other relatives under the age of 16 was not recorded because, although the emotional bonds were of importance to the respondents, it was not likely that these young relatives could play an active part in the care of the elderly without the support and supervision of their parents. One elderly lady, however, did see her grandchildren every day as she lived near their school. They called in to walk her dog and do her shopping. Several people mentioned holiday visits and exchanging letters with their youngest relatives.

Table 4:17 The range of relatives in contact with the elderly sample.

("Contact" includes face-to-face, by telephone, by letter, or a combination of all or any of these methods).

Relative	Number of times mentioned
Spouse	5
Sons	26
Daughters	14
Sisters	19
Brothers	15
Sister(s)/brother(s)-in-law	5
Nephew/niece	13
Adult grandchildren	8
Other	4

Total = 109

Although most of the respondents who had children, had married children, they tended to ignore the existence of their sons and daughters-in-law when talking about their relatives, even when they were discussing their grandchildren. Sons-in-law and daughters-in-law had a very low status in the hierarchies of significant relatives, although contact with brothers and sisters-in-law was specifically mentioned 4 times. Brothers and sisters were mentioned 34 times.

Setting aside the quality of relationships that may or may not exist between elderly people and other members of their families, the most difficult problem they have to overcome in trying to maintain contact is the distance that the family members have to travel in order to see each other. This was particularly important for the Ringwood sample who clearly have a high level of dependency upon private and voluntary transport to cover even relatively short distances.

The respondents were asked how many of their relatives lived within the Ringwood town and suburbs, how many within 25 miles and how many lived more than 25 miles away. The distance of 25 miles was chosen because a round trip of 50 miles in a car could be accomplished reasonably easily and leave enough time in a day, or even half a day, to perform any services that the elderly person might require. A trip of more than 50 miles places greater demands on both the time, energy and financial resources of the traveller, thus restricting the frequency of contact possible between the members of the families.

Table 4:18 Distance Travelled by Relatives to Visit the Elderly

Relative	Ringwood	Up to 25 miles	Over 25 miles
Spouse	4	1	-
Son(s)	5	10	11
Daughter(s)	5	4	5
Sister(s)	5	5	9
Brother(s)	5	4	6
Sister/brother-in-law	2	1	2
Nephew/niece	4	1	8
Adult grandchild	4	2	2
Other	1	2	1
Total	= 35	Total = 30	Total = 44

A curious pattern has emerged in the range of relatives identified by the respondents in that they seem to have a high number of sons in relation to daughters. This may just reflect the kind of bias that can occur in a small sample or it may indicate that elderly people who have daughters are less likely to use the services of voluntary organisations.

Table 4:19 Frequency of contact with the most frequently contacted relative.

Frequency	Number of Elderly
No contact with any relatives	2
Daily contact	10
Several times a week	5
Weekly	8
Less than weekly up to fortnightly	4
Monthly	1
Irregular but more than annually	4
Annually	2
Unclear	2
Total =	38

Table 4:20 Place of contact with most frequently contacted relative

Place	Number of Elderly
No contact	2
Respondent's home only	16
Relative(s) home only	-
Phone or post only	2
Respondent's and relative(s) homes	10
Respondent's home plus phone or post	2
Relative's home plus phone or post	-
Respondent and relative(s) homes plus phone or post	5
Other	-
All places	1
Total =	38

Table 4:21 Total number of activities undertaken by relatives during face to face contact with the elderly

Activity	Number of times mentioned
General family visits	34
Shared meal	17
Shared interests	1
Shopping	8
Cooking	2
Cleaning	2
Gardening	5
Other	8
Total = 77	

Twenty-three of the respondents saw a relative at least once a week and ten had daily contact with a relative. Ten respondents had very infrequent face to face contact with a relative. The distribution pattern of the contact with relatives could reflect the proximity of their homes to the respondents. Thirty relatives were reported as living in Ringwood, thirty-five within twenty-five miles and forty-four over twenty-five miles away. These findings echo Abrams study (2) which indicated ,

".. that for a large minority of elderly in this country family members are certainly not available and that even where they are available the family bonds are sometimes so fragile as to be almost nonexistent".

When the results of the table on shared activities are examined then an unexpected pattern emerges. Contact specifically to share a meal was only reported seventeen times although a greater frequency may have been masked by "general family visits". The respondents reported a very low level of assistance from their families with daily living tasks i.e. shopping, cooking, cleaning and gardening. Only one respondent reported contact with a relative to pursue shared interests. There may be several reasons for the low level of help provided by relatives,

(1) 74 relatives live outside Ringwood and 44 live more than 25 miles away.

(2) Not all the contact between the respondents and their relatives takes place in the elderly person's home.

(3) The elderly person may not require any help with the tasks described above.

(4) Some of these tasks may be being done by others, e.g. the home help or meals on wheels.

(5) The respondents may have under-reported the extent to which their relatives help them as they may wish to appear more independent than they really are.

(2) Neighbours

Neighbours, like relatives, are assumed to be a source of informal (and possibly unlimited) help for elderly people living in their own homes. As with the assumption that families no longer care for their elderly relatives like they used to generations ago, there is a belief that "modern life has destroyed communities" and people can no longer look to their neighbours for help.

As the majority of the respondents lived alone and had health problems their relationships with their neighbours could be of particular importance. They were all asked about their contact with their neighbours - the frequency, the purpose, the ages of their neighbours and the reason for the contact.

Table 4:22 Pattern of Face-to-face contact between the elderly sample and their neighbours

Pattern of contact with neighbours	Frequency
No contact	4
Contact either side	6
Contact opposite	1
Contact further down the road	2
Contact either side and opposite	2
Contact either side and further down the road	4
Contact opposite and further down the road	-
Contact in all places	14
" Friendly but not close "	5
Total = 38	

Table 4:23 Ages of neighbours contacted

Ages of neighbours	Frequency
N/A	4
Older only	-
About the same age	10
Younger only	6
Older and the same age	-
Older and younger	3
Same age and younger	7
Older, younger and the same age	3
Unspecified	5
Total = 38	

Table 4:24 Place and frequency of contact between the elderly sample and their neighbours.

Place	Daily	Several x a Week	Less than Weekly
Respondent's home	3	2	1
Neighbour's home	1	1	-
Elsewhere	-	2	-
Both homes	4	1	-
Respondent's home and elsewhere	-	-	-
Neighbour's home and elsewhere	2	-	-
All places	7	1	-
Total = 17		Total= 7	Total= 1

Four elderly respondents said that they had no contact at all with their neighbours and nine did not specify the frequency but indicated that it was irregular and infrequent.

Table 4:25 Range of activities shared with neighbours

Activity	Frequency
General social contact	34
Shared meal	3
Shared interests	10
Shopping	11
Cooking	-
Cleaning	1
Gardening	1
Other	2
Total= 61	

Table 4:26 Number of different types of activities shared with neighbours

No activities	4
One activity	13
Two activities	16
Three :	3
Four :	2
Total = 38	

The data recorded in Appendix (3) on the informal social networks of each elderly respondent shows that there is no typical pattern of attitudes and contact with neighbours. For some of them their relationships were nonexistent or proscribed by clear rules of privacy. Those who lived in warden supervised accommodation showed a very mixed response to their neighbours which varied from those who felt themselves to be especially close to those who felt isolated, or those who resisted the enforced intimacy of their accommodation.

More neighbours than relatives helped with shopping (11 : 8) and the elderly had more shared interests in common with their neighbours (10 : 1). Neighbours were not involved in any other services to any great extent and even the neighbour who did cleaning was acting as a paid private home help. This reflects the findings of Rossiter and Wicks (13) discussed in the introductory chapter.

(3) Friends

Friends are frequently identified as one of the resources in the informal networks that are available to care for elderly people, but attention was drawn in the introduction to this thesis to Allan's contention that they are based upon codes of reciprocity and equality which do not necessarily lend themselves easily to transforming the role of one friend into the role of care-giver for another (7). Allan argues that they are much less reliable than kinship ties as a source of support.

The elderly people in the Ringwood sample were asked whether, apart from their neighbours and relatives, there were any people who they knew who they particularly regarded as their friends.

Table 4:27 Friendship patterns reported by the elderly sample

Friendship Patterns	No. of Elderly
No response	1
No friends identified	9
All my friends are dead	3
My neighbours are my friends	2
My fellow church members are my friends	1
My fellow club members are my friends	1
One or more friends identified	21
Total	= 38

The respondent who refused to answer the question had also refused to give any information on her relatives.

Those who said they had no friends included,

a woman who had frequent contact with her daughter and grand-daughter but very little to do with her neighbours,

a man who appeared to be of subnormal intelligence,

the single man who lived with his widowed sister,

a widower who lived on his own and described himself as a loner,

the widow who had daily contact with her adult grand-daughter and weekly contact with her son, but minimal contact with her neighbours,

a widow who only saw her son about once a month and did not even know her neighbours,

the widower whose neighbour acted as his home help. He saw his son once a fortnight,

the married couple whose relatives lived abroad and who said they had no contact with their neighbours.

Those who said " all my friends are dead " included,

a widow who lived in a granny flat without any close neighbours,

a widow who had weekly contact with one son and saw her other one several times a year but spoke of a relationship with only one of her neighbours,

the single woman in a warden supervised flat who was awaiting admission to Bickerley Green, the old peoples' home.

Those who had no friends, or who described all their friends as dead, on the whole seemed to have had limited contact with their neighbours, and very minimal contact with relatives as well in a few cases. This may indicate that this subgroup from the sample may have chosen not to be very sociable, but a few seem to be at very serious risk of social isolation. The majority of the men reported that they had no friends. The five respondents who identified general friendship groups rather than specific individuals had much more active relationships with their neighbours, but varied in the frequency of their contact with their relatives.

Information on friendships was recorded for twenty-one of the questionnaires. The wife in one married couple reported a relationship with two individual friends, but her husband spoke just of general friendships with fellow members of the voluntary and non-voluntary organisations to which he belonged.

Eleven people said that they had one friend only.

Five named two friends.

One named 3 or more.

One named one individual friend and four married couples. She herself was single but they were all members of the same church.

One widow named a married couple who had been her neighbours in a previous home.

One widow named two individual friends but also included her lodger as a friend.

Only one respondent in the group who identified individual friends was male. He was married and attended the Blind Club. His wife did not use any voluntary services. He named two married couples as friends.

Altogether twenty-eight individual friends were mentioned (excluding the lodger) and seven married couples.

Table 4:28 Ages of the friends of the respondents who said they had friends

Age Group of Friends	Frequency Mentioned by the Elderly
About the same age (within 5 yrs)	11
Older only	-
Younger only	3
Same age and older	-
Same age and younger	1
Older, younger and the same age	-
Younger and unspecified	2
Not specified	4
Total = 21	

Almost half the respondents who identified friends said they were about the same age - eleven.

Although six respondents mentioned friends younger than themselves two were middle-aged and four were over retirement age, in spite of the fact that they were more than five years younger than the respondents who identified them. Four respondents did not identify the ages of any of their friends.

Table 4:29 Location of the homes of the friends identified

Place	Individual Friends	Married Couples
In Ringwood	16	2
Within 25 miles	10	1
More than 25 miles away	-	-
Not specified	2	4
	Tot. = 28	Tot. = 7

Table 4:30 Length of friendships

Time	Individual Friends	Married Couples
Less than 1 year	-	-
Between 1 and 5 yrs	-	-
: 6 : 10 :	2	-
: 11 : 20 :	2	1
: 21 : 30 :	3	-
More than 30 yrs	7	-
Since childhood	3	-
Unspecified	11	6
	Tot. = 28	Tot. = 7

The majority of individual friends identified by the respondents lived in Ringwood - sixteen; ten lived within twenty-five miles.

Of the married couples one couple lived within twenty-five miles of Ringwood but no distance was specified for the remaining six. Of the remaining six, four had been identified by the same respondent, and, as they were all members of the same church it is likely that they all lived in or around Ringwood. A husband in one of this group of couples was a volunteer with the Red Cross and had taken part in the volunteer sample.

Table 4:31 Frequency of contact per friendship mentioned

Frequency	No. of elderly
Daily	-
Once a week or more often	14
Between once a week and once a month	3
Infrequent or irregular	9
Telephone or letter only	1
Frequency unspecified	8
Total =	35

Table 4:32 Location of contact with friends

Place	No. of elderly
Respondent's home only	5
Friend's home only	-
Both homes	4
Elsewhere	7
Respondent's home and elsewhere	-
Friend's : : :	-
All places	6
Not specified	12
Contact by phone or letter only	1
Total =	35

The respondents did not specify the length of time that there friendships had existed for seventeen of the friendships identified. Of the remaining eighteen only two friendships had existed for less than ten years, but they had existed for more than six years. Three friendships had existed since childhood and another seven for more than thirty years.

No daily contact with friends was reported by any of the respondents. Weekly contact, or more often was reported fourteen times and a further three friends were seen once a month or more. Infrequent or irregular contact was reported for nine friendships and one respondent maintained contact with a friend by letters and the telephone only. The frequency of contact was unspecified in eight instances. Thus more than half the sample who had contact with friends saw them regularly and frequently. Much of this regular contact, however focused on church services and the activities of the voluntary and other local organisations.

The table giving the distribution of the places where the respondents saw their friends shows a very varied pattern. It is likely that had the information been available for the "non-specified" group, then their locations would have been just as varied.

Table 4:33 Activities shared with or done by friends

Activity	Frequency
General social contact	26
Shared meal	6
Shared interests	17
Shopping	4
Gardening done by friend(s)	1
Cooking : : :	-
Cleaning : : :	-
Other	3
Total = 57	

Table 4:34 Number of different activities shared with friends per respondent

No. of Activities	No. of Elderly
No activities shared with specific friends	17(including spouses - 19)
1 activity shared	8
2 activities	7
3 :	4
4 :	2
Total = 38	

Possibly the most interesting results from the section of the questionnaire which deals with the friendships of the elderly sample is the data on the activities which they share with them. The data supports many of the points made by Allan (7).

General social contact or companionship was identified twenty-six times as an activity shared with friends. Shared interests was the second most frequently given reason for bringing the elderly together with their friends. Sharing a meal was reported six times and this was described in terms of either taking turns to cook for each other or sharing the preparation.

Care-taking tasks done by friends for the elderly in the sample were only reported eight times if the three categorised as "other" are included - sewing and two instances of transport.

The respondents who gave information on their friendships clearly follow Allan's model of "caring about" rather than "caring for" each other.

The data also reveals other important issues that need to be taken into account when considering friends as a source of informal care for elderly people. Firstly friends are likely to be of a similar age to the elderly person. More than half the friends whose ages were specified by the sample were over the age of retirement and may themselves have been in need of support and care.

Secondly, only fifteen of the thirty-five friends who were mentioned by the respondents were seen in the respondents' own homes, thus the level of intimacy acceptable between the elderly people and their friends might be quite limited.

Only sixteen of the friends who were identified lived in Ringwood, although, (excluding those for whom no data was available), the rest lived within twenty-five miles of the town. Therefore, although people may feel emotionally close to their friends they may not be geographically close enough to be able to act as a caring resource either in an emergency or on a long term basis.

(VII) THE ELDERLY SAMPLE AND THE VOLUNTARY ORGANISATIONS IN RINGWOOD

(1) Introduction

Bayley (Community Care, ed. Alan Walker, p. 181) (8), quotes from Abrams who examines the idea that there is a continuum of care extending from families and neighbours at one end to the DHSS at the other with voluntary organisations and social work agencies ranged appropriately along it. Abrams rejects the idea because he sees "formal and informal care" as "radically different". Bayley also rejects the linear model, but argues that the boundaries between the two systems are more blurred and that this is valuable. It is interesting to examine whether the voluntary organisations can provide an intermediary caring service for elderly people who may be in transition from total self-sufficiency to complete dependency on the state or their families, like the blind respondent who was awaiting admission to a residential home and the respondent who occupies a granny flat in her son's house.

(2) Membership of the Relevant Voluntary Organisations

The respondents in the sample of elderly people were asked a series of questions about their contact with the voluntary organisations in Ringwood examined in this case study, and their views on the services of these organisations.

Table 4:35 Membership by the elderly sample of the voluntary organisations examined in this case study

18 respondents were members of only one voluntary organisation.

12	:	:	:	:	2
4	:	:	:	:	3
3	:	:	:	:	4

One informant, however, ceased attending the Luncheon Club shortly before she was interviewed and was not a member of any other voluntary organisation. Three respondents were former members of the Silver Threads Club, one no longer used the Greyfriars minibus and one had cancelled the issue of tapes from the New Forest Tapes for the Handicapped. The respondents reported a total of 66 instances of current membership of local voluntary organisations, and a total of 71 past and present contacts with voluntary organisations providing services for elderly people in the Ringwood area. A total of 19 respondents were currently in contact with more than one voluntary organisation at the time of their interviews.

The length of membership of some of the clubs reflects the length of time which they may have existed, thus it is to be expected that the Blind Club, the Red Cross and Silver Threads will have members who have been with the organisation for more than 15 years as they are three of the oldest voluntary organisations serving the interests of elderly people in the Ringwood area. Conversely Arthritis Care and The Fellowship of Employment are two of the newest organisations and their membership pattern reflects this.

Table 4:36 Membership of relevant voluntary organisations and length of time respondent has been a member

Organisation	0-6mths	7mths -1yr	1-3 yrs	3-5 yrs	5-10 yrs	10-15 yrs	15+ yrs	Not Sure	Tot
Blind Club	1	2	2	-	1	1	1	-	8
Red Cross	1	1	2	2	2	2	4	3	17
Luncheon Club	-	-	2	2	9	1	-	3	17
Arthritis Care	2	-	6	-	-	-	-	-	8
Silver Threads	1	1	1	-	3	1	-	-	7
Greyfriars Minibus	-	-	2	-	1	-	-	2	5
Fellowship of Employment	-	-	-	-	-	-	-	2	2
New Forest Tapes	1	-	-	-	-	-	-	1	2
	=6	=4	=15	=4	=16	=5	=5	=11	=66

(3) Sources of Information About the Relevant Voluntary Organisations

Table 4:37 Source of information about relevant voluntary organisations

Source	No. of Times Reported
A friend	13
Voluntary organisation leader	12
GP	8
Relative	4
Former volunteer with Red Cross - now a recipient	4
Consultant ophthalmologist	3
Neighbour	3
From another club member	3
Press advert	3
Invited by Arthritis Care	2
Contributor to the local branch of the Arthritis Research Association and therefore invited to join	2
Warden of flats	1
Private home help	1
Fellow church member	1
Self referral	1
Public meeting	1
Social Services Department	1

Total = 63

The most successful means of introducing the elderly people to the services of the voluntary organisations is through personal contact. All of the elderly people who had learnt of the services from a voluntary organisation leader had been approached personally. In six instances they spoke of the leader as a friend or a fellow church member.

The elderly recipients' own informal networks collectively form the most frequently reported source of information and contact with the voluntary organisations - friends were cited thirteen times, relatives four, neighbours and other club members three times each.

The health care services have also emerged as an important link between the elderly and the local voluntary services. Most of the people who had been referred by their GP were members of the Luncheon Club and one of the current committee members of the Club was a local doctor. Three of the visually handicapped respondents said they had been referred to the local Blind Club by their consultant ophthalmologist. None of the respondents, however, said that they had been put in touch with the voluntary services by a health visitor or a community nurse. In the chapter analysing the voluntary leaders it was pointed out that many of them learn of the elderly people who might need their services through their close working relationships with the local general practices.

Arthritis Care has emerged as the voluntary organisation that has had the most success in using formal networks such as the press, public meetings and contact by letter. Much of this success, however, is due to the fact that the contacts were made by exploiting existing networks when the local branch was set up, e.g. the Red Cross Disabled Club and the local list of contributors to the Arthritis Research Association.

The press and public meetings were generally reported as the least successful means of finding potential clients by the voluntary leaders.

Direct referral by the social services department was only mentioned once, but there may have been indirect links with the referrals of those who were blind or partially sighted, those in receipt of meals-on-wheels or those who had a home help. If these indirect links do exist then they appear to be either unknown or unacknowledged by the elderly recipients. The role played by the local taxi driver is an interesting one in relation to the data on transport in the Ringwood area.

(4) The Recipients' Views on the Voluntary Services That They Are Receiving.

By its very nature a voluntary service will only survive if it meets the needs and satisfies the interests of the intended beneficiaries. Accordingly the sample of elderly recipients of voluntary services in the Ringwood area were asked what they had particularly enjoyed or gained from their contact with the

voluntary organisations. This was an open-ended question and they were deliberately not asked for any negative comments to avoid arousing any fear that their comments would be reported back to the volunteers. In fact one elderly lady said very firmly that she had no intention of revealing her criticisms. Nevertheless some respondents did voice some negative opinions in response to this question and the results were as follows ;

Positive comments only	26
Negative comments only	2
Mixed positive and negative comments	10
Total =	38

The responses could be further subdivided,

Positive Comments

Companionship mentioned	31
Entertainment mentioned	21
Appreciation of the volunteers	7
Total =	58

Negative Comments

Facilities not appropriate	1
Criticisms of other members	5
Not enough opportunity for informal contact	1
Criticisms of the way the club is run and residual criticisms	11
Total =	18

Amongst the positive comments about companionship eleven respondents just said "company" and did not elaborate further, but others went on to talk in a little more detail.

"Friendliness - but I have not been going that long."

"I enjoy the company at the Blind Club. There is no class distinction there. We are a happy group."

"It gets me out and I am meeting people."

"I enjoy meeting people, but the club is a bit disorganised."

"A lovely social afternoon - you meet people."

"The same people sit at your table every week - the company."

"They make you feel so welcome - you see a lot of your old friends there."

"... chance to see friends..."

"I only go to meet people - I live alone."

"Somewhere to go - I don't go out much these days."

"...meeting friends and hearing what people are doing..."

"Company for one thing - and some of the talks."

"Friendship - thoroughly enjoy it."

"... the company - laugh and talk .."

"... the break from being by myself at home..."

"Getting out and mixing with people - if you have a meal alone it isn't as much fun as a meal with someone else."

"Company - it breaks up the week."

"I enjoy meeting the people."

Twenty-one respondents mentioned entertainment and this included talks, light refreshments, music, films and parties. As with their comments on companionship some respondents just gave one-word answers but others spoke in more detail ;

"The meals are not bad."

"(I like)..the draws and lotteries to help the club funds and the bingo."

"... the Christmas party.."

".... the films and singing ... a nice tea..."

"...singing and a good talk ... a film is no earthly good to me ." (This respondent was blind.)

"Red Cross - good entertainments."

"Singing - I like light music. I don't care much for the lantern shows because of my eyesight."

"Very nice little talks we have - very helpful when they tell you how to care for arthritis."

"... handicraft classes - I enjoy them more than the social activities."

Seven of the respondents spoke of their appreciation of the work done by the volunteers. They used phrases like "enthusiastic" and "a good organiser". Two others mentioned the provision of transport and one commented on the lack of class distinction, as has already been mentioned. This last point is an interesting one in relation to the pattern of class differences between the volunteers and the elderly and the evidence on the social class of volunteers found by other studies that has been discussed in previous sections of this thesis.

The negative comments on the voluntary organisations were fewer than the positive ones and tended to merge into the mixed ones:

"I don't get on with some of them (the other members).. old people can be so crotchety.."

"It annoys me when club members talk when we have a speaker or entertainment."

"I prefer one-to-one contact rather than a large groupit is difficult to get to know people. It is not what I would choose if I was more active."

"Red Cross.... in heaps and cliques..."

"(I would like) more information sessions."

"(They should) share out the outings a bit more..."

"Red Cross entertainment - nice tea and there are plenty of people I know, but I get a bit cross at having to sit down and not getting to talk to people."

"The meals (at the Luncheon Club) are getting too expensive."

"(There is) too much religion at the Silver Threads Club." (But it is run by the Salvation Army !).

One respondent had only recently joined the Blind Club and so she was uncertain whether she would have much in common with the other members. She also said that she found the accommodation for the Club in the youth club premises very uncomfortable. Many of the chairs were broken and the room was in a very scruffy state. She suggested that it would be much nicer if they could hire a room in a local hotel or pub with comfortable armchairs. Another respondent described one club that she went to as " more friendly " than the other one that she attended.

Clearly the elderly respondents placed a very high value on the opportunity that the voluntary services created for them to break the monotony of being housebound or living alone and the provision of facilities for them to meet up with their friends regularly. They placed much less emphasis on the entertainment, the transport and the refreshments that are provided by the volunteers. Organising transport, entertainment and refreshments makes very heavy demands upon the volunteers and this difference in emphasis on what is sought by the two groups raises two questions. Do the elderly recipients take it for granted that they will be provided with transport, entertainment and refreshments and not realise the effort that goes into providing these services? Have the volunteers got it wrong in failing to recognise that the opportunity for ordinary conversation is the greatest need and interest of the elderly people who chose to join their organisations?

(5) What the elderly expect from the volunteers

It is very important to discover whether the givers and receivers of voluntary services share the same expectations about the services. The elderly people were therefore asked what skills and qualities they thought volunteers needed to have to run the voluntary organisations. Table 4:38 shows their responses and also a comparison with the responses of the volunteers to a similar question.

Table 4:38 Expectations of the qualities and skills of volunteers : a comparison of the views of the elderly sample with the views of the volunteers.

Qualities/Skills	Elderly Frequency	Volunteers Frequency
Easy to talk with (including friendly and a sense of humour)	18	10
Understanding	12	10
Patience	10	9
Kind	8	18
Good organiser	6	1
Like people	5	-
Cheerful	5	4
Respectful	5	7
Reliable	3	7
Trained	3	3
Possess stamina	1	1
Enjoy voluntary work for its own sake	-	9
Good listener	-	8
Caring but not over- involved	-	6
Discreet and tactful	-	5
Practical/common sense	-	4
Total	= 76	Total = 102

The concepts used in Table 4:38 are based upon the spontaneous comments made by both the volunteers and the elderly people who took part in this case study. There were seven other responses made by the elderly recipients of the voluntary services to this question, but they were too vague to categorise.

The comparison of the two samples of expectations brings out some interesting themes. The desire or need for companionship on the part of the elderly can be traced in their higher expectation that the volunteers should be "easy to talk with" - this was mentioned eighteen times by the elderly but only ten times by the volunteers. The figures for understanding and patience are very similar, but slightly higher for the elderly.

The volunteers placed a much higher emphasis on "kindness" as a quality than did the elderly. It was mentioned eighteen times by the volunteers and only eight times by the elderly. Whilst it is recognised that both samples are very small, the large difference between the two sets of figures could be seen to highlight the traditional and paternalistic nature of some of the voluntary services for the elderly in the Ringwood area. The lower response from the elderly could indicate that they do not want or seek paternalistic attitudes.

Six of the elderly respondents expected the volunteer to be a good organiser but this was only mentioned once by the volunteers. The volunteers, however mentioned several other characteristics which were not mentioned at all by the elderly respondents - enjoying the voluntary work for its own sake, being a good listener, caring but not over-involved and practical or possessing common sense. Slightly more volunteers mentioned being respectful and reliable than the elderly. Both groups placed an equally low emphasis on training which was only mentioned three times by each of them, and each group only mentioned stamina once. Clearly neither the majority of the elderly nor the majority of the volunteers see a need for training in providing voluntary services. The volunteers identified more skills and qualities than the elderly.

The details of the responses of the elderly people are given below to illustrate the range of their ideas.

"I can't see working class people doing this sort of work. Real Ringwood people had a very poor background - they only went to the school next door and then they went into service on the farms."

"They need to be qualified, i.e. connected with social welfare... to understand people."

"... encouraging and enabling people to mix - at St. Leonards we are made to sit in rows to wait for entertainment."

Need to know how to talk and handle people because you get all typesneed a lot of patience."

"Very patient...very fond of people...able to touch blind people easily."

"Need to be someone who is not stiff and formal in their manner. they should be good fun."

"An abundance of patience. A good organiser."

"You should have some gift in some direction or other that they could pass on to others. Well me, I can do things with my hands."

"If they do voluntary work they are not just helping others, they are helping themselves. It isn't a one-way thing. I enjoy helping others."

"Really need to know about the illness and understand... need to be able to find those who need voluntary help more easily."

"Understanding like Mrs. X .. I think she is wonderful, but I don't know an awful lot about these people living so far out of Ringwood."

"Well they are all so very good... so very kind."

"(They) have not got to be afraid to stand up in front of others..... friendly..... good at discussions."

"Have got to give a lot of time upgood tempered everybody (meaning the elderly) is so different."

"Friendly and cheerful.... have to like people."

"Got to be able to mix well."

"Got to try to get a balanced programme, but then members ought to assist in that direction.....not to treat elderly people as if they are in their second childhood.... not talk down to people. Understanding."

"Sympathy."

"Ability to understand and not be bossy - a friend of mine in the Red Cross - now there was a bossy lady."

"Stamina - the people who want help don't always realise the volunteer is tired."

"Christian love."

"Need to have thought about death and dying to help some people."

"Nothing in particular - to be interested that's all."

"Sincere ... try to help."

"Kind nature, thoughtful towards other people....willing to help."

"Able to talk and organise."

"Need to have a car."

"Some volunteers rush in , do it for a few weeks and then get tired of it."

"Patience."

"I don't know about qualities but some of them are very nice."

"Making people feel happy and contented. ...patience, understanding but firm..." (This respondent then went on to make general observations about the need for volunteers to be consistent and reliable.....)

"..its better than seeing a different one every time.."

"Tact and understanding." (This respondent went on to discuss the increase in the number of elderly people in the population and the need for volunteers to be able to work with them at their own pace.)

"Mrs M. is a first class organiser - a cheery word for everybody - no distinction between people."

"A lot of patience - friendly."

"A pleasant smile and manner - B is wonderful the way she runs things."

"Being able to talk to people...."

"A love of their fellow men, an interest in their fellow men. The people in Ringwood are so friendly."

"Taking time out to help people."

"They seem all right , all of them - obliging."

"They are good."

"They want a lot of patience - try and cheer them up and help them." (old people).

The responses of the elderly can be grouped into three categories; the personality types that they look for among the volunteers, their attitudes and their skills. There is an overlap between the concepts of personality and attitudes, but the elderly seem to be looking for a caring extrovert who will treat them as an equal and not patronise them. If the possession of appropriate knowledge can be classed as skill then the elderly respondents were also looking for volunteers who have a good understanding of their health problems and the social skills to enable people to participate in group activities.

In identifying patience and related concepts as desirable attributes in volunteers the elderly seem to be implicitly acknowledging that their social and physical skills are slowing down.

The answers from some of the respondents show that they are far from passive, uncritical recipients of the voluntary services. In fact criticisms of the services were the reasons given by some of the elderly respondents for ending their relationships with the voluntary services. Two elderly people made particularly shrewd remarks:

"... volunteers are not just helping others, they are helping themselves..."

"I cannot see working class people doing this kind of work."

(6) The Views of the Elderly on the Need for Other Voluntary Services

An important aspect of providing voluntary services is to predict the level of demand. All of the respondents were asked whether there were any other voluntary services or activities that they thought people like themselves would welcome in the Ringwood area. This was a 'mirror-image' question to reflect the one put to the volunteers which asked them whether they had any ideas for changing or developing voluntary work with the elderly in the Ringwood area. In retrospect the variation in the wording of these questions will probably have influenced the nature and content of the answers, but the data yielded by the responses is broadly comparable, as is shown in Table 4:39.

Table 4:39 The need for other voluntary services : a comparison between the views of the elderly sample and the volunteer sample.

The Need For Services	Elderly	Volunteers
No reply	3	4
No ideas - unqualified	-	6
No more services needed	8	3
Not really thought about it	-	2
I am not qualified to answer	-	3
No, not for me personally	8	-
None of these	4	-
Yes - or made a comment or suggestion	15	22
	= 38	= 39

Table 4:40 shows that the volunteers identified a wider range of potential changes in the voluntary services than the elderly and that they were concerned with much broader issues such as the recruitment of volunteers and the co-ordination of the services. The elderly not only identified fewer changes or services but they concentrated almost exclusively on practical services such as shopping or gardening and the problems of being housebound; five respondents talked of wanting more outings.

It is useful to look at their responses in more detail. Of the elderly respondents who saw no need for any more voluntary activities or services for people like themselves eight explained why. Two individuals said they were quite happy at home. The others made the following comments,

"Ringwood is well served."

"No - we belong to an active church which takes up two or three days a week. Social activities are needed perhaps for other people."

"I think Ringwood is really quite covered if people like to join."

"I think old people get treated very well - some people don't appreciate it, that's what annoys me."

"They seem to have everything in Ringwood in my opinion. There isn't a poor person there - not on the poverty line."

"No, there's something going on every day for people who can get to these things."

Hunt (13) found in her survey that;

" Less than 20 per cent of elderly people go to social centres specially for elderly people. Apart from those who say they are poor mixers, or whose health prevents them, a majority of those who do not go give reasons which imply that they think such centres are intended for those without friends or for people much older than themselves.'(p. 9)

The responses given above echo these themes in as much as the respondents speak of elderly people in the third person " they " and " them ". One of the respondents also links the idea of voluntary services with poverty.

Of those who made suggestions , several were linked with observations;

"It would be nice for the Blind Club to meet in a nice comfortable hotel room with comfortable chairs instead of the scruffy youth-club premises."

"Ringwood Parish Church should provide activities for the elderly - it only has the Mothers' Union."

"It is very awkward to arrange to do things for blind people - look at the responsibility. I love a choir - if we could have somebody to do this."

"I would like to join the Blind Club."

"Build a local hospital."

"Share out the outings a bit more."

"I wish in the warmer weather that somebody would come and take me out in my wheelchair for half an hour."

"(I would like) to have a little tea in our dining room once a month through the winter months to break the monotony." (The respondent lived in a warden-supervised flat.)

"I'd like to get out and about a bit more."

"I don't like to go out at night unless someone is with me."

Table 4:40 Voluntary services suggested : Comparison between the views of the elderly sample and the volunteer sample

Services Suggested	Elderly	Volunteers
Day centre	1	6
Home visiting	1	4
Better co-ordination between volunteers and professionals	-	4
More voluntary transport	1	4
Recruit school leavers	-	2
: 30 - 40 yr olds	-	2
More government funding	-	1
Services for the elderly mentally infirm	-	1
Gardening	2	1
More social activities for elderly and disabled adults	-	1
Better co-ordination between voluntary organisations	-	1
Outings	5	-
Shopping	3	-
Changes suggested for a specific voluntary organisation	3	-
Total = 16		Total = 22

"(I would like) a day centre providing transport, coffee, lunch and some particular activities in the afternoon, eg crafts."

"It would be nice to have someone to pop in if you were not well or anything."

The role of voluntary organisations in relieving social isolation emerges as the most important extension of their services discussed by the elderly in the Ringwood sample. Social isolation was identified as a serious problem for elderly people in Hunt's survey and the most isolated elderly people were the bed-fast, the housebound, those over 85 years old and the divorced. None of the Ringwood sample were divorced and none were bed-fast. Only four were over the age of 85. It is more difficult to estimate how many were housebound as some chose not to go out much irrespective of their disabilities. The division in the responses from the elderly people as to whether there is a need for more voluntary services in the Ringwood area indicates that some at least are becoming more dependent upon the help of others. It is more difficult to judge from this small sample whether the voluntary organisations in Ringwood can be seen as part of a continuum of care.

The variations in the responses from the elderly respondents also indicates that some of them do not see themselves, or wish to be seen, as becoming dependant upon care provided by others. Some responses to the questionnaire place more emphasis on the social activities provided by the voluntary organisations rather than their caring role. This point of view is reinforced by the fact that many of the respondents learned about the voluntary organisations through their own informal social networks. This finding supports Bayley's suggestion that boundaries between informal and formal care are blurred (8).

(VIII) THE ELDERLY AND THE SOCIAL SERVICES DEPARTMENT

(1) Introduction

Goldberg and Warburton (10) did not categorise the elderly as a separate group but recorded data on them jointly with physically handicapped clients in their study of the referrals to an area team. (Actually an area team in Southampton, which like the Lymington Area Office is part of the Hampshire Social Services Department.) They found that (p74),

"..the health services were the largest source of referral for this frail and disabled group. The service package

received by these clients reflects their needs for an array of practical support in order to live reasonably independent lives in the community. Eighty-four per cent had some form of practical help, the highest percentage of any client group. These services ranged from aids and adaptations (36%), meals-on-wheels (23%), and home helps (22%), to a mere handful for whom a holiday was arranged (3%) or who were referred to a voluntary visitor (3%)."

Holme and Maizels (12) found in their study of social workers and volunteers that the elderly represented a larger part of referrals than children, but a smaller part of allocations. When they were allocated they tended to be short-term cases, the focus was on practical services and they were usually dealt with by social work assistants, unqualified social workers or staff who were "unqualified in the social work sense", (e.g. home help organisers, home helps and occupational therapists).(p.153-155).

The evidence from the Ringwood sample is broadly similar to these two studies and it has been linked to the findings on the sample of the Ringwood volunteers. The elderly were asked whether they had ever been told anything about the work of the social services department to produce information to compare with the level of information that the volunteers had about the department.

The data obtained from both groups shows a high level of confusion over the identity of the social services department and the services it offers.

(2) The Elderly Sample and Their Knowledge of and Contact with the Social Services Department

Nine respondents knew nothing about the social services department, had never received any services and did not know where the nearest office is.

Six respondents knew about the work of the social services department, received services and knew about the office at Lymington.

One who was registered blind knew about the social services department and the office at Lymington, but did not require any services.

Twenty-two said that they did not know anything about the work of the Social Services Department, but

they were either currently receiving services, had received them in the past, or had been offered them and refused.

Two named Salisbury hospital as the source of social services.

Five named the DHSS.

Two named Eastleigh (the headquarters of the Hampshire Association for the Care of the Blind).

Eleven said they did not know.

Two only could name Lymington as the nearest office.

Table 4:41 Total number of Social Services Department Based Services Offered to the Respondents Per Respondent.

Number of Services	Number of Respondents
No services	9
1 service only	17
2 services	4
3 services	3
4 services	3
5 services	-
6 services	1
Respondent confused	1

N = 38

Table 4:42 Range of Services Offered to the Elderly

Service	Number of Respondents
Home help	21
Meals-on-wheels	9
Registration as blind or partially sighted	7
Advice about aids	6
Discussion on health matters	5
Short-term residential accommodation	3
Adaptations	1
Finance	1
Day centre or club	1
Transport	1
Permanent residential accommodation	1
Confused answer	1
Total =	56 (excluding the confused answer).

Two respondents said that they had been offered home helps, but had refused them. Three respondents had had home helps for a temporary period only. The marriage of one of the married couples was a very recent second marriage for both of them and they both had had home helps and other services when caring for their previous spouses until their deaths. One respondent had had meals-on-wheels for a short period and one had had temporary residential accommodation.

The respondent who was confused was the one who appeared to be mentally sub-normal. He claimed he had a home help several times a week, but he was living in quite squalid conditions. In a way, however, he was right. He was visited nearly every day by the daughter of a volunteer who was a home help, but she was not officially employed to do any cleaning for him. For his part he did not feel he had any problems in maintaining his home and would not allow anybody to help him. He had a special place in the affections of the volunteers. The WRVS collected clothing for him; the Officer in Charge at the Bickerley Home gave it out to him at regular intervals and encouraged him to have a bath when he visited; he was a founder member of the Luncheon Club and Rotary arranged to redecorate his home. The volunteer leaders had in fact set up their own informal network to keep each other and the social services informed about his welfare.

None of the elderly sample said that they had been in contact with the social services department about family or personal matters.

The responses by the volunteers to the question as to which services they had requested for the elderly from the social services department shows that they covered the same services but the frequency of their requests for these services was different. Unlike the elderly they had requested help and advice on family or personal matters. They had requested home helps six times, meals-on-wheels eight times, short-term care six times, advice on aids seven times, advice on financial matters five times, advice on transport six times, advice on housing three times and advice on health matters six times.

Understandably they had had no need to contact the social services to find out about day centres or clubs, but they had contacted the social services five times to find out whether an elderly person was already known to the department and once to co-ordinate a fuel grant list.

Those volunteers who had had contact with the social services department on behalf of elderly people (and not all the volunteers had), requested a slightly wider range of services than that identified by those elderly people in the sample who said that they had received or had been offered services by the department. This possibly indicates that the elderly people who agreed to take part in the survey were not representative of those in Ringwood who were either the highest users of the services of the social services department or had the greatest need for them.

The data for the patterns of use of, or contact with, the services of the social services department by both the volunteers and the elderly is very similar to that found by Holme and Maizels. (12). Both the elderly and the volunteers tended to request practical services.

Like the volunteers the elderly were asked whether they could recall the job or title of the member of staff if they had been in contact with the social services department. The elderly people were not able to distinguish between different grades of social workers and social services officers and referred to all of them as social workers. In fact they only discussed three types of staff; social workers, home help organisers and home helps. Surprisingly none of them spoke of contact with an occupational therapist although several had requested advice for aids and adaptations and several had mobility problems.

The numbers of elderly people in the sample who were in contact with a home help at the time of their interviews exceeded their rate of contact with any other social services staff. The marked difference between not only the frequency of contact between the elderly and their home helps, but between the different members of

social services staff and the elderly sample echoes the findings of Holme and Maizels and Goldberg and Warburton. The elderly people in the sample were allocated very little of the time of the area team social workers (regardless of their grade or level of training).

The volunteers who did have contact with social services staff tended to be in touch with a wider range. Two volunteers had contacted the Principle Area Officer or the Assistant Principal Area Officer, eight had contacted a social worker (grade unspecified), four had contacted the home help organiser, one the occupational therapist, and contact had been made with five other members of staff whose job description was unknown to the volunteers. Twenty-six of the volunteers, however had no contact with the social services department.

The frequency of contact between the volunteers and the social services staff was extremely low, six had no further contact, one had contact once a month, one had contact once in three months and four reported irregular contact. The elderly sample only reported contact with a social worker eleven times - four respondents were seen once only and only one of them at the time of the interviews was being seen once a week. It is to be expected that contact with the home help organiser would be more limited and six elderly people said that they had only seen her once.

In the analysis of the data on the limited relationship between the volunteer sample and the social services department, particularly the Lymington Area Team, it was suggested that this lack of contact could be partly attributed to the volunteers' lack of knowledge about the work of the department. The elderly sample also have a low level of contact if those in receipt of home helps are excluded. Nine respondents had not needed any services and had had no contact. Seventeen had received or been offered only one service and in most cases it was a home help.

This data therefore raises the question as to whether the voluntary organisations are in touch with the elderly people who have the greatest need for support from the social services department, or conversely are providing sufficient support so that, for the time being at least, the elderly people known to them do not need more help from the social services department.

Table 4:43 Numbers of elderly respondents in contact with a social worker (grade unspecified).

Frequency	No. of Elderly.
No contact	27
Not sure of frequency	4
Irregular	2
Once a week	1
Once only	4
N = 38	

Table 4:44 Numbers of elderly respondents in contact with the Home Help Organiser

Frequency	No. of Elderly.
No contact	31
Not sure of frequency	-
Irregular	1
Once only	6
N = 38	

Table 4:45 Frequency of contact with a Home Help

Frequency	No. of Elderly.
No contact	20
Once a week or more	15
Once only	3
N = 38	

(3) Source of Referral to the Social Services Department.

The social services department is emerging in this thesis as a little known service amongst both the sample of volunteers and the sample of the elderly, with the exception of home helps. It is important therefore to find out how the elderly who have been in contact with the department came to be known to the staff. It is also useful to compare how the elderly made their links with the social services department with the links identified by the volunteers.

The elderly sample were asked to recall who put them in touch with the social services department.

Table 4:46 The sources of contact with the social services department for the elderly sample

Sources	No. of Elderly.
No contact	9
GP	11
Hospital consultant	7
No reply given	4
Hospital (staff member not named)	2
SSD contacted me	1
Relative	1
Warden	1
Cannot remember	1
Confused	1

N = 38

Of the elderly people who named a hospital consultant six were registered as blind or partially sighted. The four respondents who did not reply to this question included those who had been offered services but had declined.

The volunteers identified a different pattern of initiation of contact between the elderly people who were clients of their services and the social services department. It must be remembered that they were talking about all the elderly people who were known to them and not just the elderly who participated in the sample. Seven volunteers said that they themselves had initiated contact between elderly people and the SSD, but none of the elderly sample said they had been referred by volunteers. The area team was named six times by the volunteers and an elderly person four times.

Friends and relatives were mentioned twice each by the volunteers. The G.P. was only mentioned three times by the volunteers, whereas GPs were the largest group identified by the elderly. The volunteers did not mention hospital consultants or wardens at all, but they did mention the health visitors three times, community nurses twice and direct contact with the finance section at the headquarters of the Hampshire Social Services Department at Winchester.

As has been shown with referrals to the voluntary organisations, the local primary health care teams have also emerged as important referral agencies for the services that the elderly might require from the social services department. It is likely that this pattern is not just unique to the links between the primary health care teams, the elderly and the social services department in Ringwood, but it may be common in other parts of the country. In an article examining the nature and quality of communication between GPs and social service workers Sheppard (15) found that,

" Over three quarters of referrals were elderly clients... and that most of their requests were for the provision of practical services."

" The high number of practical referrals was reflected in their allocation. While 60 (44%) of the allocated referrals went to social workers, and 27 (20%) to social work assistants, 48 (36%) were allocated to the home help organisers and the occupational therapist. One referral was dealt with by administrative staff."

Sheppard said that the intervention by the social services staff tended to be of a short duration for the majority of the referrals. The aspect of Sheppard's study that is particularly relevant here is that it too was based on a rural area, Dereham, although he does not give sufficient information to assess whether it is directly comparable with Ringwood. Sheppard's study also had a different emphasis from this thesis, he was concerned with the difficulties that exist between GPs and social services staff when dealing with referrals concerning their patients or clients.

(4) The Elderly Sample and Their Satisfaction with the Services they Received from the Social Services Department.

All of the elderly sample who had been offered a service by the social services department (including those who subsequently rejected it), were asked if their contact had brought about the kind of things that they wanted. The response rate to this

question was both low and rather negative. Four respondents spoke of their regret that the social worker had not remained in touch with them and most of the respondents gave brief answers which reinforced the picture of limited contact between them and the SSD.

Table 4:47 Summary of attitudes held by the elderly sample to being offered services by the social services department

Response	No. of Elderly.
N/A - not a client	9
Positive response only	5
Negative response only	6
Mixed positive and negative	1
Neutral	4
Other/vague	2
No reply	10
Confused	1

N = 38

Positive responses :

Four respondents said 'yes' but did not elaborate on what they had found particularly satisfactory.

One said, "They were very kind when I first came out of hospital."

Negative responses :

"The social worker does not seem to visit very often."

"(I was) upset at the mix-up and manner of information given by the social worker about (my) rights for a holiday at Lymington." (There is a residential home run by the social services department which cares particularly for blind and partially-sighted elderly people.)

"I only got a Talking Book and a visit to the Club."

"I would have liked the social worker to call again and then I would have felt that somebody cared."

"I did not like the home help."

"Not helpful."

Other comments :

"Well I haven't asked them for anything."

"I liked the social worker and found her helpful but I have not seen one for over a year."

"My home help is OK I am waiting for a decision about going into the Bickerley because I don't know if they can take someone who is already blind. I am feeling very ready to go into a home."

"Quite frankly I did not know that they did anything."
(This respondent was registered blind but had told the department that she did not need any services following her registration.)

"I haven't thought about it really. You hear a lot of other people and what they get - it worries me about the people who get things that they shouldn't. It worries me - the waste of money."

"Not had much to do with them."

(5) The Elderly and Their Suggestions for Additional Services from the Social Services Department.

The elderly sample were asked whether there were any other services or activities that they would like to see the social services department provide in the Ringwood area for people like themselves. The response rate to this question was even lower than their level of responses to the previous one. Only four respondents made a suggestion.

Two suggested the provision of a day centre, one suggested monthly visits, and one suggested "more direct contact with the housebound". The respondent who wanted monthly visits clearly saw the social worker as a substitute for a caring relative and the respondent who suggested visits for the housebound identified a gap in the services that was highlighted by Hunt in her survey :

" Taking social contacts with people outside the household as a whole, the housebound and bed-fast are undoubtedly the most severely isolated. Other groups who are badly off in this respect are those aged 85 and over and divorced persons."

Table 4:48 Summary of suggestions for additional services from the social services department made by the elderly sample.

Response	No. of Elderly.
No reply	19
No services needed for me	2
I do not know what they do	3
Confused with DHSS	1
No - unqualified	4
Replied with a suggestion	4
Replied with comments	5

N = 38

Comments :

"I can't see that there is much more that they can do. They've got the CAB up there and the Over Sixties."

"I think a lot comes from Greyfriars."

"I seem to manage - my daughter comes in at least twice a week."

"We are fairly well provided for so long as our club has contact with the social services and the HACB."

"Visit once a month - cannot rely on my sister although she lives in the next road because she has a bad heart."

"No I think they do a good job. Need a day centre, needed for lonely people - opportunity to play games, a snack-bar. Open six days a week."

"Well I don't know what else they could do."

"I'm not well up on what they do - bathing ?"

"I think they are marvellous. I have a good home help. Best of all I am still in my own home."

(This last respondent's home was orderly and well cared for, but probably only because she received a great deal of support from the statutory and voluntary services, and her neighbours. During the course of the interview she had left a saucepan to boil dry on her stove and nearly set fire to her kitchen. She said that this was not the first time that this had happened. She was partially-sighted and could not see the level of liquid when she wanted to make a cup of tea. She had an electric kettle but was frightened of using it.)

The low level of response to the question on extending the services of the SSD in the Ringwood area again illustrates the limited level of knowledge of the services, even amongst those who are, or have been, clients.

(6) The views of the elderly sample on transferring tasks from the SSD to the voluntary sector.

The final question on the social services department put to the elderly respondents was similar to the one put to the volunteers. They were asked whether there were any jobs that were done by the social services department in the Ringwood area which could be done voluntarily instead by local people. The table below shows a comparison with volunteers responses to a similar question.

Table 4:49 Transfer of tasks from the social services to the voluntary sector : a comparison between the elderly and the volunteers

Response	Elderly	Volunteers
No reply	19	9
No - unqualified	-	4
No - don't know enough to comment	13	7
No - qualified	2	9
Yes - unqualified	-	2
Yes - qualified	4	7
Answer confused	-	1
	N = 38	N= 39

Suggestions :

"Help with shopping."

"I think visiting is what is needed."

"It would be lovely if someone could come in and do little jobs for you and spend a little time."

"If the volunteers are in good health then visiting people."

Negative comments :

"Well no, I don't think so. A voluntary organisation wouldn't want to come in and do housework."

These home helps are paid"

"I shouldn't think so."

Other comments :

"I don't know enough about social services departments or volunteers."

"Rather difficult to say because we don't know enough about either."

"I couldn't tell you because I don't know."

"I have not been a member long enough to comment."

"I don't know - you see I haven't any friends I talk to about this."

"It's difficult to answer that."

"I must be honest, I don't really know enough about what the social services do do."

These responses from the elderly sample demonstrate very clearly their lack of knowledge about the social services department. They made fewer suggestions than the volunteers in response to this question but their emphasis was upon social contact and practical help. The volunteers emphasised the issues involved in managing any transfer of services and maintaining a good standard of voluntary work.

(IX) THE CAUSES FOR CONCERN AND SOURCES OF PLEASURE AMONGST THE SAMPLE OF ELDERLY PEOPLE RECEIVING VOLUNTARY SERVICES IN THE RINGWOOD AREA.

(1) Introduction

The penultimate question put to the elderly respondents asked them what aspects of their lives gave them cause for concern. The final one asked them what things gave them the most pleasure. These questions were asked to extend indirectly the range of information obtained in the questionnaire on the direction in which the voluntary and statutory services should develop to meet the needs of elderly people. The question on pleasures

was deliberately placed as the last one to bring the interviews to a close on a positive note as some of the previous questions had dwelt upon aspects of the respondents' lives which caused them distress or depressed them such as their poor health or lack of contact with their relatives.

(2) Causes for Concern

Table 4:50 Summary of causes of concern amongst the elderly sample

Responses	No. of Elderly.
No causes for concern	17
Mentioned one or more causes	18
Mixed response	3
	N = 38

Financial problems were mentioned five times as a cause for concern. Health problems were mentioned four times and a need for companionship was also mentioned four times.

Mentioned once only :

Unable to do my garden: general world politics : neighbours destroying the garden : running my home : distance from relatives : soundproofing the flat : handrails in the corridors : loss of independence : little things : we've lived too long : sight loss : hearing loss : cars parking outside the window .

Twenty-seven causes for concern were mentioned by twenty-one respondents.

Causes mentioned :

"I'm hoping that my eye goes on all right."

"Not getting enough money. I'm not eligible for social security because I get a small pension from my dead husband's employer."

"The cares of running a house. The lack of someone to care. Every day now I think - Oh I don't want to get up. I never feel at peace. It's chiefly since I had the stroke you know. I can't rely on my nephew or my niece they are too far away."

(This was the respondent who is blind and who was waiting for admission to the Bickerley Green Home.)

"My main thing in life is wanting friends - genuine friends."

"I do enjoy what I do, but I do get overtired and worried sometimes. I wish I had somebody." (Meaning someone to whom she would be special. She went on to compare her situation with married couples.)

"My increasing loss of independence. I don't want to have to go and live with my sons, but I know I must start to think about preparing for these things."

"The state pension is not enough. I have to be very careful of course."

"We've lived too long. We don't understand the world today - changes in moral standards."

"I can't read - I can't see TV. My deafness has made things a lot worse for me."

"The garden - I used to have good voluntary help from the schoolboy volunteers, but it stopped."

"(I) need company, but not in the form of high-powered activity. I love people I can be homely with."

"I do sit down and think that nobody comes to see me, but I don't want to give up my home."

"Not enough pension - heating bills."

"Money. things are wearing out. I am waiting for a visit from the DHSS."

No causes for concern - comments :

"Since I've come here I've coped better." (Respondent had moved into warden-supervised accommodation on the advice of her G.P.)

"I don't think so. I joined the Silver Threads because I heard they had outings."

"We don't worry about anything."

"I don't really worry about things."

"(I'm) quite happy."

"Quite happy really."

"Cannot think of anything."

"No - I don't seem to worry about things now."

"No worries whatever."

"No - we have two sons near to help us."

"I don't think so. Well I'm 93 and when I get cold my heart gets a bit wobbly."

"No I don't think there is anything. Most of my life I have had a feeling of independence."

On the whole the sample of elderly people presented themselves as content with their lot although there were a few exceptions, some of whom had quite serious problems. The three most frequently mentioned problems were lack of companionship, financial problems and health worries. It is interesting that although about a quarter of the sample were visually handicapped sight loss was only mentioned as a cause for concern twice.

Loneliness, poverty and ill health, however, are three of the most common reasons for referring elderly people for help and support to both the statutory and voluntary services. The rest of the causes for concern identified by the respondents tended to reflect an immediate cause of distress or irritation, e.g. a dispute with the neighbours.

(3) Pleasures

All of the respondents answered this question and some listed several sources of pleasure.

Table 4:51 Sources of pleasure and the frequency with which they were identified by the elderly sample

Pleasure	No. of Elderly.
Watching television	12
Companionship - voluntary clubs, non-voluntary clubs and churches	11
Companionship - general or unspecified	10
"Going out"	6
Reading	6
Companionship - contact with family	5
Gardening	4
"My pet"	4
Hobbies	4
Music	3
My home/environment	3
Good health	1
The radio	1
Total=	70

Two respondents gave ambiguous answers. One said "nothing in particular " gave her pleasure and the other said, "going to bed when I know I am going to be able to sleep" . Some respondents just gave one word answers, but others made longer comments which are listed below :

"At the moment, at my age, I like to watch all the ball games. I won cups for golf and bowls."

"Going out to lunch with my son. I like going places."

"Well, my everlasting reading -eight books a week."

"Seeing my friends."

"Going to the clubs."

"Working in the garden and walking around it - you get a lot of peace of mind."

"I love travelling."

"Music - and I can have plenty of that. I've got a good Talking Book machine."

"Gardening more than anything."

"Church. I like the worship, the people that go there. I have a great affection for the minister and his wife."

"I got my little dog. I had him to be company....just doing things. I like doing things with my hands."

"I like going out and meeting people. What I would like most is a ride or a walk in the Forest."

"Good theatre, a good play on TV, good tea party. Being with a happy crowd."

"Playing scrabble together. Mrs. R." (a fellow resident of the warden-supervised flats) comes to play dominoes in the evenings."

"Living in such a lovely place, we get so much sunshine. Lots of books. Television to some extent, but I enjoy my radio more."

"Good company, being with my own family. I love reading."

"Books and cat and TV."

"I like company. I used to do a lot of needlework."

"Seeing my children."

"I have just bought myself an electric sewing machine..... my art classes, my patchwork quilt classes, the WI little things you know."

"Well, just being in my own comfortable home."

"My church, music, friends - social activities make your life - gives people so much pleasure."

"Well I think my garden does, but it is a job to get people to help me. I like a little bus ride in the minibus. I am thankful to be in my own home."

"Going to the Blind Club. I enjoy it. I enjoy meeting people. I cant say I like the toffee-nosed people at the church, but I like the voluntary driver who often takes us on trips out after church. We have some lovely times."

"Going to bed when I know I am going to be able to sleep. A good book, good programmes on television."

"I love visiting people and meeting people. I find it such a drawback not being able to see now. I cannot see peoples' faces - I can only recognise them by their voices."

"Well I don't know that there is anything. I'm doing a little bit of knitting for a dog's bed. When I come back from the club I'm a different person. My home help has noticed I am so much better."

"Good health, singing at Greyfriars, dancing at the West Street Social Club."

"I think when the family comes."

Throughout this chapter on the elderly people who use the voluntary services in the Ringwood area their need for companionship has been a recurrent theme. This need has been confirmed in their responses to the final question. General companionship, membership of various organisations, contact with the family, going out and keeping a pet were all identified as sources of pleasure by the respondents. From a research point of view they could all be interpreted as indicators of the need for companionship.

In contrast the other most frequently identified sources of pleasure were rather passive and could be done in isolation - watching television, reading, listening to music, handicraft hobbies and listening to the radio. The popularity of these activities could reflect that the majority of the sample lived on their own. Only a minority seemed to have interests that involved them in physical activities - two mentioned dancing and four mentioned gardening. Nobody spoke of an active interest in politics and nobody was actively engaged in sport, although one man clearly had been.

(IX) SUMMARY(1) The Social Characteristics and Social Networks of the Elderly

Like the information obtained on the sample of volunteers the data on the elderly people receiving help from the local voluntary organisations is both complex and detailed. Some of it, however can be generalised.

The elderly sample was predominantly made up from working-class women who were widows, lived on their own and who had one or more health problems. Most of the respondents had been in contact with their doctor at his surgery during the previous year, but only a minority had any contact with either a health visitor or a community nurse. Most of the respondents were living on a fixed income made up from their state pension and supplementary benefits. The majority of the respondents were over the age of 75, the age at which elderly people begin to need increasing support from the health and social services. The age, sex and social class distribution of the respondents was similar to, but not identical with, that found by Hadley et al in their study on Old People and Young Volunteers (11).

More than half the respondents reported some restriction in walking and a need for a walking aid, but only three ever used a wheelchair. A very high proportion of the respondents used either a voluntary organisation minibus or a volunteer driver's car if they wanted to travel more than half a mile from their homes. Only three of the respondents had their own cars, which was far below the national average of 50 per cent car ownership amongst pensioners in rural areas reported by the National Travel Survey. The sample reported an almost equally high dependency upon transport provided by neighbours, friends and relatives. The high level of dependency on private transport for the sample as a whole reflects the limited public transport facilities that exist in a semi-rural area like Ringwood.

When the elderly respondents did travel more than half a mile from their homes it was to see doctors, to do shopping, to see their relatives and to pursue various other social activities, including the activities of the voluntary organisations.

The elderly respondents identified contact with 109 adult relatives. Of these 35 lived in Ringwood, 30 within 25 miles, and 44 more than 25 miles away. Surprisingly they had almost twice as many sons as daughters. This perhaps indicates that if the sample is representative of the kind of elderly people who

commonly use the services of voluntary organisations, then elderly people who have daughters and are in close contact with them, may be less likely to use these services.

Relatives are generally regarded as the first choice for providing care for an elderly person, as and when such needs arise. The respondents in the sample reported assistance with daily living skills only 25 times from their most frequently contacted relatives. General family visits were reported 34 times and shared meals 17 times. This evidence on the nature of the contact between the elderly respondents and their relatives suggests that either they have under-reported the extent to which their families help them, or their needs are being met by people outside their families, or they do not currently have any great need for intensive support.

Contact with relatives was on the whole more frequent and more intimate than with either neighbours or friends. The elderly were more likely, however, to have shared interests in common with their neighbours and their friends than with their relatives. The closeness of the relationship between the elderly and their neighbours varied considerably between the respondents and seemed to depend upon the personality and attitudes of the elderly person as much as the proximity and ages of the neighbours. A slightly higher number of neighbours than friends or relatives helped with shopping, but assistance with any other daily living skills was only reported four times.

Only twenty-one of the respondents were in contact with individuals who they regarded as particular friends. Three respondents said all their friends were dead, nine said they had none. The rest, with one exception, identified general social groups such as neighbours, fellow club members or fellow church members as their friends without singling out any particular individuals. All of the individual friends who were named were the same sex as the respondent. The only friendships which were with a member of the opposite sex were when the respondent talked of a friendship with a married couple. Most of the friends were about the same age as the respondent, and, when they were more than five years younger they were usually over retirement age. Only one male respondent spoke of having personal friends.

Most of the friendships that were discussed by the elderly respondents were long-standing relationships and the elderly saw their friends quite frequently. None of them, however saw a friend every day, whereas daily contact with a relative or a neighbour was common. When the elderly respondents did meet their friends it was often at a venue outside their homes such as a club or the church. The respondents reported the

highest rate of shared interests with their friends, a total of seventeen times, and the lowest rate of assistance with daily living skills, a total of eight times. This data confirms the limitations to the care-giving role between friends that was discussed by Allan (7), but not only do social and psychological norms affect the care-giving roles between friends among elderly people, but their age and potential frailty may prevent them from assisting each other, even if they wish to do so.

On the whole the informal networks of the elderly sample, that is their relatives, neighbours and friends, were not intensively involved in caretaking duties on their behalf.

(2) The elderly and the voluntary sector.

Half the sample belonged to two or more voluntary organisations. They reported current contact with local voluntary services 66 times and a total past and present contact 71 times. The length of time that the respondents had been in contact with the voluntary organisations closely paralleled the length of time that the organisations had been in existence, so that some of the elderly had been in contact with a voluntary organisation for many years.

The majority of the elderly had learnt of the services of the voluntary organisations through their own personal networks, but direct referral by their G.P. or a personal invitation from a voluntary leader were two sources of contact that were reported often by the elderly respondents. The least successful methods of linking elderly people with the services of a voluntary organisation were through the press, public meetings or by being informed by social services staff.

The aspect of the services that are provided by the volunteers which are the most highly valued by the elderly were the opportunities that they created for them to make contact with other people, to get out and away from their own homes and generally to relieve the social isolation that was felt by many of them.

The elderly had a higher expectation of the volunteers than the volunteers had of themselves to be good organisers, to understand their disabilities and to be friendly and outgoing. They wanted to be treated as equals by the volunteers, but at the same time they expected the volunteers to be aware of, and patient with, their slower social and physical skills. The volunteers spoke more frequently of a need to be "kind" to elderly people which could be interpreted as a patronising attitude rather than an attitude of equality. They looked for a wider range of attributes in themselves, however, than the elderly did. Neither group placed a very high emphasis on training for volunteers.

The elderly had fewer criticisms or suggestions for extending the range of voluntary services available to them in the Ringwood area than the volunteers, but the suggestions that they made tended to be for specific and personal services. The volunteers placed more emphasis on changing the organisation of the voluntary services.

(3) The Elderly and the Social Services Department.

The elderly sample had a slightly more accurate knowledge than the volunteers of the work of the social services department and the location of their nearest office. This was to be expected as approximately three quarters were, or had been, clients. Nevertheless approximately half of the sample were not completely aware that they were in receipt of SSD services although fewer confused the SSD with the DHSS than did the volunteers.

Excluding the contact between the elderly respondents and their home helps, their contact with any other social services staff was infrequent and short-term. Several commented regretfully on this fact. The most frequently reported source of referral to the social services department was either by the G.P. or by a hospital consultant.

When the elderly were asked about their views on the services they had received from the social services department, the services which they thought the department ought to provide, or the services that they thought could be transferred to the voluntary sector, their response rate was very low. The responses also tended to be negative in content, reinforcing the impression that the elderly have very little knowledge about the work or services of the social services department, even those elderly people who are in fact clients.

One of the most interesting findings from the information provided by the elderly respondents is the major gatekeeping role played by the primary health care teams in linking the elderly with both the statutory and the voluntary services. Most of the elderly respondents spoke of being referred by their doctor, but very few reported contact with a health visitor or a community nurse.

The sample of elderly people using voluntary services in the Ringwood area was small - 40 respondents took part in 38 interviews. The selection of the sample was dictated by the names offered by the voluntary leaders rather than a pre-determined and detailed research framework. Nevertheless, discussion of the data on the Ringwood sample throughout this chapter has shown that they have similar characteristics to the elderly people who have

taken part in other research projects. If, therefore, the Ringwood sample could be regarded as representative of the kind of elderly people who use voluntary services then the information that they have given in response to the questionnaire may have important implications for the development of both statutory and voluntary services.

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CHAPTER FIVETHE SOCIAL SERVICES DEPARTMENT(1) Introduction

Some aspects of the patterns of contact between the voluntary organisations and their clients and the Hampshire Social Services Department have already been discussed in previous chapters. As already indicated, only a minority of people who live in the Ringwood area live within the boundaries of Dorset County Council and so contact with Dorset Social Services Department has been excluded from this study.

When this project was initially designed it was proposed that the results would include data from three sets of questionnaires; the questionnaire put to a sample of elderly users of the voluntary services, a sample of the volunteers and a questionnaire put to staff at the local social services area office at Lymington.

The area team staff agreed to discuss their work in relation to this research but they refused to complete a questionnaire. The reason for this was that recently the department had wanted all employees to take part in a survey to monitor their workloads. Hampshire Social Services Department, like other local authorities, had reduced staffing levels in a variety of ways, including the non-replacement of staff who left or retired. The remaining staff felt they were working under increasing pressure and they feared that a survey of their workloads would enable the policy to be extended further. After consultation with their local NALGO representative the staff felt that as they had refused to complete the department's questionnaire they should not agree to complete one for this project.

In spite of the fact that the staff in the area team clearly saw themselves as trying to work under very difficult conditions they were not hostile to this project, but they would not allow any discussions to be tape-recorded. These discussions were treated in the same way as the discussions with the voluntary organisation leaders, a draft report was presented to the principle area officer who then made any relevant corrections. In addition he provided population statistics for his area, information on the staffing levels and information on their case-loads.

(2) Lymington Area Team

Geographic Boundaries.

The area served by the team is bounded by Cadnam, Lyndhurst Beaulieu in the east, the Dorset border and the valley of the River Avon to the south and west as far as Damerham, and Martin and Whitsbury to the north. Most of the population however, is located in small towns and villages around the periphery of the area as the centre is mainly the heath and woodlands of the New Forest.

Population

The area team's boundaries are co-terminous with the western side of the New Forest District Council and they serve a population of 75,000 people, two thirds of these live south of Burley and the greatest population density is in and around the town of Lymington. Twenty-nine per cent of the total population of this area are over retirement age, but the actual proportion varies within the district. It rises to 36% in Lymington and Brockenhurst but drops to 22.4% in Ringwood and Fordingbridge (Ringwood and Fordingbridge are treated as one population unit for many administrative purposes by the local authority).

Table 5:1 Area Team Staff at December 1983

Principle Area Officer

2 Assistant Principle Area Officers

7 qualified generic social workers

2 unqualified social workers - specialising mainly in work with gypsies but also 20% generic caseload.

1 half-time qualified fostering officer

1 : : social worker for the mentally handicapped

1 intermediate treatment officer (shared with Hythe Area Team).

1 qualified social worker attached to Lymington Hospital for 50% of her work.

1 qualified social worker for the deaf based at Lymington but not part of the establishment.

1 qualified teacher working with the under 5's.

1 part-time social services officer working with the under 5's.

1 NFDC housing liaison officer.

1 full-time occupational therapist who spent one day per week with Hythe Area Team.

3 full-time home help organisers.

1 part-time adult placement officer.

Staffing levels were lower than they had been in 1980 when there had been three additional social work assistant posts and two additional social work posts. One of these had been frozen and the other was vacant. In addition to this it was the policy of the Hampshire Social Services Department to have lower staffing ratios in the rural areas than the urban areas of the county.

No one particular member of staff was designated to take responsibility for work with voluntary organisations, although different members have developed their own particular links with some voluntary organisations according to the needs of their workloads.

(3) Management of Referrals

Referrals made in person or by telephone call were acknowledged immediately by the duty officer. Non-specialist social work staff were all expected to take part in a duty rota. Emergency cases are dealt with on demand, but the overall allocation of the work is controlled by the PAO and the two APAO's. There is not necessarily a direct match between the range of referrals coming in and the range of work accepted and undertaken by the staff. Allocation reflects the department's policies, the expertise of the staff available and the level of their existing workloads.

The majority of referrals come from the population in the south of the team's catchment area, in and around Lymington. In part this reflects the concentration of the population in this area, but it may also reflect that the area office is more accessible to these clients and other local agencies and therefore they are more likely to perceive it as a resource for the local population. Another aspect of resources for clients who live in the east or south of the area is the availability of day care facilities. Elderly clients, mentally ill, mentally handicapped and physically handicapped clients, or old and young clients requiring specialised services are able to travel fairly easily to either Lymington or Southampton to receive them. There are few such facilities in the north or west of the catchment area which includes Ringwood.

It is interesting to speculate to what extent the presence of a resource stimulates demand for its use or conversely its absence means that people are either unaware of what resources could be made available or are inhibited from asking for them because they do not already exist. What is clear is that the geographical spread of the area team is so large that it is impossible to offer the same level of services to all clients regardless of where they live. In fact the location of a client's home will dictate the range and frequency of services that are offered by the social services department.

Table 5:2 Clients Lymington Area and Ringwood

	Lymington Active	Lymington Noncurrent	Ringwood Active	Ringwood Noncurrent
Adoption Enquiry	0	2	0	0
Adoption G.A.L.	11	3	0	1
Adoption Placement	1	7	0	1
Adoption Supervision	2	1	0	1
Adult General	48	84	7	8
Audio Handicap	30	117	3	1
Children at Risk	10	12	0	2
Children Day Care	3	1	0	0
Children General	117	74	12	12
CIC Fostering	4	4	0	0
CIC Other	0	2	0	0
CIC Residential	0	4	0	0
CIC Supervision	6	7	0	0
CM/PG Reg.	9	9	1	0
Elderly	51	107	8	8
EMI	4	6	0	0
Family General	61	61	12	10
Home Help	726	886	58	104
L.A. Fostering	12	3	0	0
M.I. Compulsory	9	23	2	1
M.I. Discretionary	20	33	3	2
Miscellaneous	374	6585	39	788
Other	11	39	1	3
PH Adaptations	14	13	2	2
PH Aids	65	40	12	6
PH Registration	48	418	5	40
PH Rehab	3	3	1	0
Private Fostering	0	3	0	1
Visual Handicap	70	86	8	7
Overall Total	1709	8633	174	998

(4) Issues Facing the Team Members.

All of the staff, including most of the specialists, have to organise their work to take account of the geographic spread of their clients, thus it is impossible to maintain frequent or ad hoc contact with their clients outside the immediate area of Lymington. It was the practice that work in the Ringwood area for example, was collected and dealt with on a twice weekly visit, or as a result of a phone call back to the office when staff were already in the area seeing other clients.

Travelling and the paperwork generated by referrals consumes a high proportion of staff time and it was the experience of the generic social workers that they had to direct most of their time into casework with individuals. Opportunities to establish contact with local organisations, particularly voluntary organisations, were therefore severely restricted or else required extra time outside of normal working hours.

Table 5:2 was obtained from the computerised records of the Hampshire Social Services Department, but due to a variety of factors the information was incomplete. The PAO estimated that there were about 400 visually handicapped people who were known to the area team and, although no work was currently being done with most of them, their cases were regarded as open because they had been registered as either blind or partially sighted. The reason why little work was being done with the visually handicapped clients was that the social worker who had specialised in work with this client group had retired and not been replaced.

Between 400 and 500 clients were registered as physically handicapped and their cases were also regarded as open because of their registration status. This practice was rapidly falling into disuse as it did not create any immediate benefits for the clients.

More clients were receiving home helps than appeared from the table - 1085 on 31st December 1983. In the Ringwood/ Fordingbridge/ Bransgore area there were 271 open cases; 47 clients were over the age of 85, 147 were aged 75 to 84, 46 were 65 to 74 and 31 were under the age of 65.

The classification system for referrals used by the social services department emphasises the extent of the statutory duties with respect to the care of children and to a lesser extent the care of the mentally infirm. It is not possible to identify what proportion of past and present clients over retirement age appearing in the non-childcare categories apart from "Elderly" and "EMI". The system of classification focuses on the primary task identified for the social services department rather than age-specific client groups or multiple requests.

(5) The Work of the Social Services Department in the Ringwood Area

The comments from both the volunteers and the elderly people who have taken part in this research show a low level of awareness of the work and presence of the social services department in the Ringwood area.

Some services could be seen as "indirect" because they are provided through an intermediary such as the Meals on Wheels which are prepared in the kitchen of the warden-supervised flats at Clarks Close and delivered by the WRVS. Even the provision of home helps may not be seen as a direct service because many of them have been requested through the local general practices and the home helps themselves live in the same area as their clients.

The work of the generic social workers is mainly casework - childcare duties with young families, enquiries about residential care for the elderly, or other personal or family problems. By its very nature casework is private and confidential so the local population at large would be unaware of the extent of contact between the social workers and individuals in the community. Thus whilst some of the work of the department is "indirect" some of it is also "invisible".

At the time this research was being undertaken, however, one of the social workers was beginning to establish contact with the local voluntary organisations through the WRVS at their new offices in the community centre and at the local health centre. One of his colleagues was currently meeting with a local health visitor and a small group of parents to look at the possibility of setting up an Opportunity Playgroup for handicapped children and their siblings.

The area team staff recognised the need to develop their involvement with local communities, (however defined), but they are restricted by several factors. Their work is shaped by departmental policies, by statutory duties which have to take priority, by the nature and rate of new referrals, by the staff available to do the work and by the geographical spread of the team's catchment area.

These responsibilities have to be balanced against the time and effort that it takes to establish a good working relationship with local voluntary organisations. The results of the questionnaires to the volunteers and their elderly clients show a lack of knowledge about the social services department, misinformation and even prejudice. It is just a likely that social services staff are ignorant, misinformed and prejudiced about the local voluntary organisations.

In relation to Ringwood in particular, there is a wide range of voluntary organisations providing services for the elderly, but it is not always possible for social services staff to get access to the relevant information easily. Ringwood does not have a local Volunteer Bureau or Council of Social Service. Services for the elderly are co-ordinated to a certain extent through the Ringwood Old Peoples' Welfare Committee but it only meets quarterly and most of the direct work is undertaken within the organisations themselves or through the well established informal contacts between the leaders.

It is not always easy for the staff to organise their work to coincide with the times that the volunteers and other relevant groups are available. Although many of the services are provided during the day committee meetings are often held in the evenings outside working hours. Only one member of staff lived in Ringwood.

The case-centred methods and practical restrictions imposed on the social services staff make it difficult for them to acquire important local information such as the fact that the secretary of the Ringwood Old Peoples' Committee also worked in the local electricity showrooms and was very knowledgeable about the management of fuel debts. At the time of this research the president of the Lions Club that had done so much to raise money for a minibus for the Luncheon Club was in fact married to its organiser.

Even if the problems of availability and understanding of each others' work and resources could be overcome by social services staff and volunteers, or other relevant groups in the community, social services staff fear that the result would be to generate more work for them. They fear that an increase in knowledge and understanding of their services would raise expectations rather than rationalise the distribution and management of resources.

One social worker observed that from both his personal and professional experience people who live in rural and semi-rural areas have a lower expectation of voluntary and statutory services because they have never been developed to the same level of sophistication as they have in urban areas,

"Here they are more accepting of less, which is just as well because that is what they have got."

This point raises some important ethical, political and economic issues. Should the status quo be left untouched? If a better working relationship between the social services department and the voluntary organisations leads to an increase in the demand for services then who should do what and why? Who pays?

Summary

A rather bleak picture of the function of the Lymington Area Team has emerged from the responses of the volunteers, their elderly clients and the social services staff themselves. For many of the elderly and the volunteers the work of the department is either unrecognised, unacknowledged or it has failed to meet their expectations.

Much of the work of the department is indirect, invisible or severely constrained by statutory duties, staff shortages, departmental policies and the geographical spread of the catchment area. The policy of lower staffing levels for rural area teams reflects that the higher populations of children are concentrated in urban areas with the consequently greater need to provide statutory childcare services in the towns. This policy, however failed to anticipate the growth of the population over retirement age and the potential increase in demand for health and social services.

Another problem facing the area team is is the pattern of distribution of posts between the specialist and generic workers. With the exception of the home help organisers none of the specialists are available full time to the area team and there is no specialist in community work or work with volunteers. Such links with voluntary organisations that did exist reflected the interests and commitments of individual members of staff rather than a planned part of their job description or an integrated aspect of area team activities with the population that they served.

The model of management is one of response to the perceived urgency of the referrals coming into the office, a crisis model rather than a preventative or developmental approach. The pressures of trying to maintain existing services in the face of limited resources were the reasons given for management being organised in this way. The PAO, however, did not hold regular staff meetings, and so the work of the area office was mediated through his meetings with the two APAO's and their meetings with their teams.

This research was undertaken around the time that the Barclay Report was produced, "Social Workers; Their Role and Tasks". (1), and three points arising from it are relevant to this section on the Lymington Area Team.

Firstly Barclay suggests that the future direction of social work is to place a greater emphasis on community social work,

"....the personal social services must develop a close working partnership with citizens focusing more closely on the community and its strengths. A move towards what we are calling community social work is the start of such a development." (p. 198)

Secondly, Appendix A of the report by Brown Hadley and White (p.219), suggests that one means of developing community social work is to reallocate social workers to specific neighbourhoods or "patches" which are smaller than the catchment areas of existing social work teams. In effect the area teams would be decentralised, the social workers would practice as genericists, but they would have access to experts as a central resource and an opportunity to get to know their "patch" far more intimately and constructively than is at present possible in traditional social services catchment area.

However, the author of Appendix B of the Barclay Report, Pinker, challenges both the concept and the model of community work offered by the main report and the authors of Appendix A. Amongst other problems he points out that social services departments are struggling to keep pace with their existing statutory and non-statutory duties. It is therefore unrealistic to expect them to be able to enter into partnership with the voluntary and informal sectors of the community in the way suggested by the contributors to the rest of the Report. Moreover he sees casework as the central strength of social work.

The policies and practices of the Lymington Area Team and the Hampshire Social Services Department at the time that this research was undertaken demonstrate the dilemmas identified by the Barclay Report. Community social work and planned partnership with the voluntary and informal sectors of the community were not the main strategies in the management of the workload carried by the team.

In some ways the existing networks of voluntary services for the elderly made the prospect of a patch team in Ringwood very attractive, but this research has only focused on the needs of the elderly. It is not possible to predict whether any other existing social services clients could be better served by such a system. The enormous size of the catchment area for the existing team, let alone the county still leaves the problem of easy access to experts in the social services department unresolved.

Finally the model of social work being practiced by the Lymington Area Team is similar to the one described and advocated by Pinker in Appendix B. The area team is responding to the "institutional imperatives" of the,

"variety of needs that confront social workers....the legislation....the employers to whom social workers are accountable.....(and) the professional standards and values to which social workers may individually and collectively subscribe." (p. 237)

Reference;

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CHAPTER SIXCONCLUSION AND RECOMMENDATIONS

This case study has examined the provision of voluntary services for the elderly in a small market town and the relationship between them and the local social services department.

"...community care is a poor relation; everybody's distant relative but nobody's baby."

"...between 1986 and 1996 the number of people aged over 85, who are most dependent upon support from others, will grow by nearly 50 per cent. Thus the number of people of this age has risen from 459,000 in 1976 to 603,000 in 1986, and will rise to 894,000 by the year 1996."

The quotations above are taken from the Griffiths Report (4), published in 1988. It concluded that community care is a badly neglected and poorly co-ordinated field of public welfare, and, because of changes in the structure of the population and other factors such as health care, it should not be allowed to continue to develop in an ad hoc way.

In the first chapter of this thesis "Growing Older", (the White Paper published in 1981, (5)), was discussed. It was a statement of the Government's policy and aim to control inflation. It was explicit about the statutory services and rights that already existed for the elderly. It was brief and non-explicit about the permissive powers of local authorities to provide services for the elderly and it travelled hopefully rather than arrived at clear view of the role of the voluntary sector. It saw the family and the informal sector as the prime carers and the thrust of its policy was "...care in the community....by the community."

In 1980 the Government set up an inquiry which was published in 1982, under the chairmanship of Peter Barclay (2),

" To review the role and tasks of social workers in local authority social services departments and related voluntary agencies in England and Wales and to make recommendations."

Clearly these terms of reference showed that for the Government the work undertaken by voluntary organisations is similar to that undertaken by social services departments and social workers. As has already been discussed, the Working Party was divided in its views of the roles and tasks of social workers.

The minority report written by Pinker stressed that the existing statutory duties, roles and tasks were already making enormous demands upon social workers and any addition to their role as in the model proposed by the majority of the working Party was unrealistic and unworkable.

The majority of the Working Party felt that despite the existing complexity of the roles and tasks of social workers they should extend their roles into "social care planning" and community social work. It was suggested that this could be achieved by organising the delivery of their services from small neighbourhoods or patches where the staff could develop an intimate understanding of the local community. The implication of this model is that the social workers have, or should develop, leadership functions in relation to the voluntary organisations and in the identification and provision of the community's needs.

Despite the differences in the future role of social workers that were identified by the authors of the Barclay Report they were united in seeing a continuing need for their work. The model was however, still largely one of the social workers and social work departments as service providers. Although the majority report was beginning to move towards the model of "arrangers" of services suggested in the Griffiths Report, it did not suggest the role of "purchasers" specifically recommended by the Report.

Comparison between "Growing Older", the Barclay Report and the Griffiths Report shows how the Government has continued to pursue the theme of the possible overlap and integration between the work of the local authority social services departments and the voluntary sector. During the course of virtually a decade its policy of transferring care from statutory services as first resort to the "community" as the first resort has become dominant in its strategies of financial control in the public sector. The significance of the Griffiths Report is that it does not just suggest policy recommendations but also the operational changes and procedures that are necessary to achieve them, such as the appointment of a Minister with responsibility for community care and changes in the social security system to bring certain funds directly under the responsibility of the local authority social services departments.

As yet the recommendations of the Griffiths Report have not been adopted. The implications are still being evaluated by both the statutory and voluntary sectors but the direction of the future development of community care services that it suggests can be seen as continuing to reflect the philosophy of self-help rather than dependency on state help that is fundamental to current government policy.

(1) Community Care in a Small Town

This case study has examined the provision of voluntary care for elderly people in a small market town during the time that the Government has been developing its policy of community care. The major part of the fieldwork was completed by 1985, but information on the development and establishment of the Day Care Project since 1985 has also been included.

The data obtained for this research has revealed some of the gaps between the policies of the Government and the practices and values of local voluntary organisations and their elderly clients in a small market town. It has also revealed the potential for the voluntary organisations to move closer to the model of partnership with the statutory services, the local factors that have to be taken into account and the extent to which the model of planned partnership can be integrated with or grafted on to existing voluntary and statutory services. The value of such a case study lies in whether it can serve as a model for analysing similar populations and situations.

Ringwood, (and probably most small towns), is already disadvantaged because its size does not warrant the provision of many of the public services that are taken for granted in larger urban centres. Lack of these services is compounded by lack of public transport to the larger towns where they are available. In some respects therefore the Ringwood community has already become organised to compensate for the absence of statutory services.

One example of such compensation is the prominent role that the two general practices play as referral agents for social care as well as medical care in the absence of a local social services area office. They are therefore already fulfilling the role of providing non-medical care for their patients that is recommended in the Griffiths Report.

Another example of compensation for the lack of statutory resources in the town is the direct and indirect role that the local churches have played in the provision of premises and volunteers to supply a variety of services, particularly for elderly people. Some of the studies examined for this case study chose to exclude the churches from their analysis of voluntary services and community care, but this study has revealed that they provide a very substantial part of both human and material resources as well as spiritual care in Ringwood. All of the clergy interviewed saw their spiritual responsibilities as their major commitment, but most of them did not restrict their resources only to members of their own congregations. Planned development of care in the community should therefore take account of the roles that the local churches may wish to play and the resources they may wish to offer.

A third aspect of compensation demonstrated by this case study has been the extent to which the elderly clients of the voluntary organisations were dependent upon them for transport. Public transport is very poor in the Ringwood area and some of the journeys are too difficult for the more disabled elderly people. This demand has not been met entirely successfully by the voluntary organisations as most of them reported difficulties in recruiting voluntary drivers.

It has not been the purpose of this case study to examine transport in rural areas in great detail, but it has emerged as a significant aspect of the quality of life for the elderly people who were interviewed. It was reflected in the frequency of their contact with their relatives and friends and the restricted access they had to places like hospitals or their local DHSS office at Totton. Isolation from their nearest social services office at Lymington has meant that many of the elderly and the volunteers know very little of what services are provided by the social services department.

This finding highlights the debate as to whether public transport systems should be seen as economically self-supporting or as a necessary public service subsidised out of public funds. Current emphasis on their economic viability has significantly reduced or even annihilated many services in rural and semi-rural areas. The results of this research show that the transport services provided by the voluntary organisations are used intensively by their elderly clients, but there are not the resources in the voluntary sector to satisfy the demand that is no longer being met by the public transport system.

Compensation for social and economic disadvantages or deprivation is on aspect of the role of voluntary organisations can play in the provision of community care. The detailed examination of the voluntary organisations, their leaders and a sample of the volunteers in this thesis has also identified other important points that need to be carefully considered in proposing a greater role for the voluntary organisations in providing community care.

This case study has shown the importance of recognising the influence of various other local institutions, in this case the comprehensive school and the Community Association. The views of the elderly themselves and the policies and problems of the local social services department also need to be taken into account in analysing the provision of community care and its potential for future development. This is an obvious statement to make, but the value of fieldwork is to demonstrate the areas of common patterns between communities and to single out any aspects unique to a particular group or situation that needs special consideration.

(2) The Voluntary Organisations

The range of relevant voluntary organisations in Ringwood was very diverse in their objectives, their "intended beneficiaries", funding, management practices and expectations, attitudes and systems of accountability. Engaging voluntary organisations in a common and unified provision of community care is therefore not something that can be achieved quickly or easily. The differences that exist between voluntary organisations could mean that for some a common focus of their activities may be neither possible nor desirable.

One of the changes that was being considered in this case study was whether any services could be transferred from the social services department to the voluntary sector. Neither the volunteers nor the elderly identified any specific services that could be transferred. In part this reflected that the majority in both groups did not feel that they knew enough about the social services department to comment. It also reflects the difficulties that emerge in contemplating uniting the complexity of a public service with the diversity of the voluntary sector.

Having said this, however, the Old Peoples' Welfare Committee in Ringwood does serve to unify the focus and co-ordinate the activities of some of the local voluntary organisations and it was the platform from which the Day Care Project was launched. This case study therefore shows the importance of being able to identify a local voluntary organisation that has a co-ordinating role in relation to other local voluntary organisations.

Planned partnership is a model of co-ordination between the voluntary organisations and the statutory services which is frequently identified as one of the methods of developing community care, (7). A voluntary organisation like the OPWC must be taken into account, not just because of its co-ordinating function, but also because of the individual and collective authority that its members exercise formally and informally in the local community. The analysis of the leaders and the history and dynamics of the OPWC showed that it has the power to either inhibit or stimulate change in the provision of welfare services for the elderly.

It is interesting, however, that although the OPWC was the launch platform for the Day Care Project, the project then developed as a totally separate organisation and is not under any direct control from the OPWC, but instead it is very heavily dependent upon the statutory authorities for both its financial support and its administration. The planned partnership model therefore is very close to the quasi-statutory status identified by Unell in the case of the WRVS.(8).

(3) The Leaders of the Voluntary Organisations

One of the most interesting aspects of the results of this research was the information that it yielded on the characteristics of the people who had become leaders of the local voluntary organisations; an aspect of voluntary work that was not discussed in detail in most of the literature examined for this thesis, although the characteristics of volunteers in general have been the subject of several studies, e.g. (1) and (6).

The information that the leaders gave about themselves was of particular significance in considering the role of voluntary organisations in the future development of community care for all sections of the population, not just the elderly. Some leaders had almost developed a full-time career for themselves in their voluntary work with pseudo-employment conditions such as regular hours and line-management responsibilities. Through it they had achieved a certain amount of social status in the community. For several their voluntary work and social status was integrated with political status and activities as local town, district or county councillors. All of the leaders spent a great deal of time on their voluntary work and most had been doing it for many years. They had built a strong and influential formal and informal network between themselves which had established and consolidated many of the local voluntary services.

In some of the studies of integration between the statutory and voluntary services that have been discussed in this research, integration has consisted of the statutory authorities purchasing the services of the voluntary organisations by way of long or short-term grants or by designating the voluntary organisations as their agents. This has been described as master-and servant relationship because the statutory authority retains ultimate control over the provision of the delegated service through its financial control.

The implications of this model of community care is that the voluntary organisations and their leaders will have to give up some of their autonomy and independent status in exchange for funds and an expanded role in the community. Debate over the establishment of the Day Care Project in Ringwood brought this aspect of integrating the services sharply into focus both for the leaders and the volunteers, but in Ringwood's case the problem was avoided by setting up the Day Care Project as a new voluntary organisation. As result no current leader of a local voluntary organisation had to concede any authority or autonomy.

The statutory sector has to take account of the meanings of such changes for the voluntary leaders and their organisations and every effort needs to be made to understand and to responded to their circumstances sensitively.

(4) The Volunteers

The sample of volunteers who took part in the case study differed in several ways from their leaders. None of them had held political office. They spent less time doing their voluntary work and mainly confined it to regular blocks of limited time. Most of them had transferred or adapted their previous work experience into the particular tasks they were undertaking as volunteers. Initially they described their voluntary work in rather practical terms but behind this was a recognition of the importance of the relationships that developed between them and their elderly clients, the overlap between the task - centred relationships and the relationship - centred activities discussed in Chapter Three.

The way the volunteers saw their work is of importance when considering recruitment for voluntary work. Recruitment was largely done through the personal contacts of the leaders. Attempts at more formal methods such as advertising or public meetings were usually unsuccessful. This lack of success through formal channels challenges the Government's expectation that there is a large untapped reservoir of people who could volunteer their services if they were made aware of the need.

During the time that this study was being undertaken much publicity was being given to voluntary work as an activity that could be, and even should be, undertaken by unemployed people. It was being promoted as a means of enabling the unemployed to find something enjoyable and worthwhile to do, a means of maintaining a routine and discipline at a difficult time in their lives and a possible avenue into other employment. Griffiths continues to see the unemployed as a potential volunteer force.

There was no evidence from the Ringwood study that local unemployed people were actively seeking voluntary work with the elderly (or any other group in Ringwood), or that the voluntary organisations were encouraging them to offer their services. If anything, there was an unspoken attitude that the unemployed were responsible for their plight and they were not the sort of people who should be encouraged to be volunteers.

The group that most of the volunteers were recruited from was that of the newly retired and most of them were middle-aged and middle-class women. If the Ringwood study is a faithful indicator of the kind of volunteer who is available to work with the elderly in small or semi-rural communities, then recruitment drives may be more successful if they are directed at this section of the general population. Most of the volunteer sample had had previous experience of voluntary work with other client groups and several of them had cared for elderly relatives until their deaths.

Training for voluntary work with the elderly in Ringwood was conspicuous by its absence. Most of the relevant voluntary organisations did not offer it (even disguised as open-days, speakers or meetings), and most of the volunteers did not seek it. The word "training" may carry alarming or even negative meanings for volunteers, perhaps the idea of training is incompatible with the element of spontaneous caring embodied in the concept and traditions of voluntary work.

Comments from both the leaders and the volunteers indicated that many of them felt quite satisfied that the services that they were offering were adequate and appropriate and there was no need to change anything at the present time. If the Government is to succeed in engaging the voluntary organisations more intensively in the provision of community care then it will be necessary to establish standards for the quality of their work which implies not only the training, but also the selection of volunteers. Although many areas now have volunteer bureaux which practice selection and offer training the leaders of the voluntary organisations in Ringwood found this approach contrary to their concept of accepting all spontaneous offers of public service.

The model of voluntary service practiced by most of the voluntary organisations in the Ringwood area was the traditional one of services provided by the volunteers for the elderly. In attempting to link this finding to the national situation then perhaps voluntary organisations providing voluntary services for elderly people are more likely to be traditional in their methods than those working with younger groups in the population. It may not be realistic to expect them to include self-help or pressure-group activities. Or could this assumption just be a perpetuation of the image of all elderly people as frail and dependent ?

Ringwood has emerged in this case study as a semi-rural community that perceives itself as cut off from the main urban centres and the county administrative centre at Winchester. It is not possible to judge without extending this research whether volunteers working in this kind of area are less likely to be aware of changes and developments in voluntary work than those working in large urban areas, but (with a few exceptions) the volunteers who took part in the research did not have a high level of awareness of social change or developments of ideas in the field of voluntary work.

Although the majority of the volunteers had a traditional outlook on their voluntary work some did offer ideas and criticisms which reflected more recent developments. As some of these ideas has not been discussed by the voluntary leaders then it pointed to a difference between how the leaders and the volunteers saw the services. This is another aspect of the existing position in some voluntary organisations that needs to be understood before services can be developed.

(5) The Elderly Clients of Voluntary Organisations

The elderly who took part in this case study as clients of the voluntary organisations shared some of the characteristics of elderly people who had taken part in other studies, e.g. "Across the Generations" (6). The majority were female, working class, widowed, over the age of 75 and living alone on fixed incomes. They were mentally alert but most of them had restricted mobility and some had other health problems.

When this research was started the voluntary organisations in Ringwood were not meeting the needs of elderly people who were substantially mentally or physically frail, or offering relief to their carers, or providing any services more frequently than once a week (with the exception of meals on wheels).

The expectations that the elderly sample had of the services that they received from the voluntary organisations were limited but they did look to them to relieve their social isolation. Like the volunteers the majority did not see training as important but they did expect them to understand their slower mental and physical responses. The elderly looked for warmth and integrity in the volunteers.

The information that the sample of elderly people gave on their more general patterns of social relationships is of particular interest. They had a very limited range of friendships and most of their friends were over retirement age and often equally elderly. Contact with friends centred on shared interests, did not necessarily take place in the elderly person's home and did not involve friends in undertaking many care-giving tasks on behalf of the elderly person.

Contact with neighbours was less limited but it tended to be with older rather than younger neighbours. Neighbours did help some of the elderly with shopping or transport, but they were not usually involved in more intimate care-giving tasks. The Government has identified friends and neighbours as potential providers of community care, but these results show that these relationships were not based on such expectations for the Ringwood sample of elderly people and their friends and neighbours.

The lack of close contact or even any contact between some of the elderly who took part in this research and their friends and neighbours also shows some of the difficulties that exist in trying to include the informal sector as a reliable source of care when trying to develop or sustain caring networks to enable frail elderly people to continue to live in their own homes.

Contact with relatives by the elderly was more frequent than with their friends and neighbours, but this depended to a large extent on how far away they lived and whether they had their own transport. The sample had more sons than daughters which could have occurred by chance or it could indicate that elderly people with daughters are less likely to use, or seek out, or be referred to voluntary organisations.

There are two aspects to this possible finding that are important for care in the community for the elderly. One could be that daughters willingly assume a care-taking role if they live close enough to their elderly parents and so the need for assistance from voluntary services does not arise. The other aspect is that it is assumed by relatives, professionals and even the voluntary organisations that if a daughter is available then there is no need for any other input. Changes in role expectations, family patterns (particularly divorce and remarriage), and continuation of employment by women until they also reach retirement age means that caring for elderly relatives may be only one of the choices or responsibilities that they have to consider. The EOC (3) among others has already gathered evidence on the sacrifices that the carer's role can impose on some women.

(6) The Social Services Departments

This case study included an examination of the local social services department because it was developed against the background of the government policy which emphasised a shift in the provision of personal social services away from statutory sources to voluntary, informal and private sources. The most striking result in examining the role of the social services department in the provision of care for the elderly in the Ringwood area was the low level of contact between the department and the voluntary organisations. Contact between the elderly people who took part in this study and the department was slightly higher. Both the volunteers and the elderly had a very limited knowledge of the services that the department offered. At best their knowledge was patchy and at worst it was non-existent. It was not uncommon for the social services department to be confused with the DHSS.

The most intensive and consistent contact between the elderly and the social services department was with their home helps, but because they were recruited locally and were often provided at the request of a GP they were not always recognised as employees of the department.

Where contact did exist between the voluntary organisations and the social services it was either for administrative purposes and between equivalent line-managers, or it was time-limited and case-specific. Even in this situation contact was rarely face-to-face, but this was beginning to change by the end of the research project.

Several factors contributed to the lack of contact between the voluntary and statutory services. The area office is sixteen miles away from Ringwood so contact is only likely to take place if the social services staff come to the town. The distance prevents any kind of "drop - in" relationship on the part of the volunteers. The rhythm of a working day is very different for a volunteer and a member of the social services staff. It also appeared from the Ringwood sample of volunteers that they may have chosen to exclude themselves from any involvement with complex problems concerning the care of their elderly clients and thus they excluded themselves from contact with the social services department. The physical distance which existed exacerbated the psychological distancing that was a characteristic of some of the volunteers who were interviewed.

There were other factors which affected the relationship between the social services department and the voluntary organisations. At the time this research was undertaken there were several social work posts vacant for a variety of reasons and it was the policy of Hampshire Social Services Department to have lower staffing ratios in the rural areas. Casework was the main method of work and priority was given to statutory duties. The staff carried generic caseloads and there was no specialist post in community work or work with voluntary organisations and volunteers. The demands of their work and the limitations on their resources, therefore, pulled them away from developing and integrating their work closely with the voluntary organisations in Ringwood.

The situation of the Lymington Area Team looked ideal for the development of the patch work or neighbourhood methods of community social work recommended by the majority report of the Barclay Report (2), but this was not seen as part of the management strategy by the Principal Area Officer. Within broad policy guidelines and subject to statutory duties, the Principal Area Officers of Hampshire Social Services Department could deploy their staff and other resources with a fair degree of autonomy. This has meant that the pattern of service delivery and relationships with the voluntary organisations varied considerably between the area teams throughout the county.

The wider implications of the model of relationships that had developed between the Area Team in Lymington and the voluntary organisations in Ringwood is that the barriers cannot be overcome unless social services departments recognise work with voluntary organisations as a proper part of their pattern of services and they provide the necessary manpower and financial resources to establish a joint working relationship.

(7) Future Developments of Community Care

The results of this case study indicate that there are many factors both within voluntary organisations and social services departments which can inhibit the transfer of care of the elderly from the statutory to the voluntary services, or can block efforts at integration to provide a service, or can prevent co-operation to create new services. Despite this there have been developments in the integration of the services in the Ringwood area since this research was initiated.

As already stated, the developments have not been in the form of a Patch Team, although in some respects the geographic isolation of Ringwood would seem to lend itself to this, but in other ways. By the time this research had been completed a member of staff from the Area Team was meeting regularly with the leader of the WRVS at her new office in the premises of the Greyfriars Community Association. The member of staff who lived in the town had been co-opted on to the working party for the Day Care Project and the PAO became involved in the senior management meetings to negotiate the funding for the project.

The development of the Day Care Project for the care of the elderly is the product of a contract and co-operation between Hampshire Social Services Department, the Area Health Authority, Age Concern Hampshire and the Ringwood Old Peoples' Welfare Committee. It therefore is closer to the model of community care more recently discussed and recommended in the Griffiths Report (4), (page iv, para 23.),

"...it is desirable that the plans of the health service and social services, with support of the local voluntary groups, should together be submitted and should evidence the appropriate collaborative framework. "

The Day Care Project illustrates what can be done but it still only represents what Griffiths calls,

"...one of the imaginative projects serving relatively small numbers of clients..."

The Day Care Project is not part of a total package of care in the way that the report envisaged the development of care in the community. Services for the elderly are still fragmented between the health services, the social services department and the voluntary organisations. The funding, management, intended beneficiaries and recruitment of volunteers of the other relevant voluntary organisations in Ringwood which have been discussed in this thesis have remained largely unchanged by the development of the Day Care Project. They have maintained their independence but anxiety over the competition for volunteers has been voiced by some of the leaders.

One of the most important aspects of the Griffiths Report is its criticism of the wastefulness of the policy of short term funding for voluntary organisations. The Griffiths Report sees a substantial role for the voluntary organisations in its model of community care but if they are to have better financial support from the local authorities then they will have to be accountable to them for their work. This is the heart of the dilemma facing the voluntary organisations that provide care for the elderly at the present time.

A few national organisations may be able to maintain their independence from local or national government funding and thus maintain their autonomy, but this may become increasingly difficult for the smaller organisations. Even if the pattern of short-term funding is replaced with a more workable policy acceptable to the voluntary organisations involved, a two tier structure appears to be developing in the voluntary sector. One tier is made up from the voluntary organisations working with and dependent upon the statutory services and they appear to be functioning as quasi-statutory organisations. The other tier is made up from those voluntary organisations that operate outside the statutory and quasi-statutory services at the present time.

The Griffiths Report does not discuss the loss of autonomy that its model requires from the voluntary organisations.

The Griffiths Report, like "Growing Older", (5), included the private sector as another potential choice for those needing care in the community. This thesis did not examine the private care services in the Ringwood area such as the Rest Homes or the private home catering services. The elderly people who took part in the survey were not in a financial position to choose between private care on the one hand or voluntary or local authority services on the other. The proposals that the Griffiths report makes to transfer part of the financial support available directly from the DHSS to the local authorities, intend and imply that everyone would be able to extend his or her choices to the private sector.

The costs of providing services in voluntary organisations and local authorities are calculated to reflect the minimum expenditure possible to meet requirements because the organisations are accountable to the public ultimately for their spending. The costs in a private enterprise are calculated to produce the largest profit margin that can be maintained and still attract customers.

It is therefore doubtful whether Griffith's proposals would really extend the choices available to those on fixed incomes as charges for community care services in the private sector can often be considerably higher than those made by local authorities or voluntary organisations.

It is yet to be seen whether the Government will accept the recommendations of the Griffiths Report to appoint a Minister of State in the DHSS with a clear responsibility for community care and whether the Government will recognise and strengthen the role of the local authorities in taking major responsibility for the provision of such care. Griffiths' recommendations suggest substantial changes in the skills and roles expected from social services staff from service providers, to that of service brokers. (The pattern of social work practiced by the Lymington Area Team at the time that this research was undertaken.) If these recommendations are accepted then there will have to be changes in the recruitment and training policies of local authority social services departments.

The real extent of community care provided by informal carers is still an unknown area and it is extremely difficult to get access to this information or evaluate it either nationally or locally. Not every person in need of care in the community has access to informal carers.

The most important development, therefore, that needs to take place is refining the techniques available to identify the elderly people and their carers who may benefit from assistance from the various care-giving agencies. Comments from the elderly participants, the volunteers and the leaders of the voluntary organisations showed that they were aware that the services were not reaching everybody in the Ringwood area who might like to use them. This means that both volunteers and professionals should see it as part of their work to keep themselves well informed about local and national resources. In addition to reconsidering training and recruitment, the agencies need to assess to what extent it would be appropriate to share the information that they have on their patients or clients with each other and how this should be done.

The evidence from this study of the voluntary organisations in the Ringwood area shows that they do make an important contribution to the welfare of some of the local elderly people. The local voluntary sector is seen as quite separate from the local authority social services department and the majority of the elderly people and the volunteers who took part in this research knew very little about the work of the department.

The variations between the voluntary organisations and the specific nature of their separate activities means that neither they nor their volunteers can be seen as direct substitutes for the work or the staff of the local social services department. Their functions are complementary, but, with a few exceptions such as the Luncheon Club, and more recently the Day Care Project, this has happened by chance rather than because the agencies made any effort at joint planning.

Reasons and difficulties in developing joint work have been identified for both sectors, and some of them continue to exist, but the establishment of the Ringwood Day Care Project shows that joint development between statutory and voluntary services can extend the provision of community care for a small semi-rural population. The interesting aspect of this development is that the funding and management structure devised for the project moves it from the model of an independent voluntary organisation towards a "quasi-statutory" one.

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AGE CONCERN RESEARCH PUBLICATIONS, Profiles of the Elderly.

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- 1 Who are they? 2 Standards of Living
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- 4 Their health and the health services.

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- 8 Their use of the social services.

This particular series of publications collates existing research and government statistical data on a variety of topics and how they are experienced by the elderly, as indicated in the sub-titles.

ALLAN, GRAHAM, "Informal Networks of Care: issues raised by Barclay." The British Journal of Social Work, August 1983, Volume 13 Number 4.

This paper reflects on the concept of community care presented in the Barclay report and challenges the report's assumptions about the nature of informal social networks as a source of community care.

ANDERSON, Michael, " How much has the family changed ?." New Society, 27 October 1983

In response to recent suggestions from Conservative party politicians who were presenting the Victorian family as an ideal to emulate, Anderson examined the evidence on the quality of nineteenth century family life. Information in this article on the status of the elderly was particularly relevant to this case study.

BARCLAY REPORT. Social Workers; their role and tasks. National Institute for Social Work, Bedford Square Press/NCVO, 1982

The Government requested the National Institute for social Work "to review the role and tasks of social workers in local authority social services departments and related voluntary agencies in England and Wales and to make recommendations." The Committee was divided in its conclusions and recommendations. A minority report stressed that fulfilling the existing statutory duties placed heavy enough demands upon social work staff and any extension of their workloads or methods would dilute and divert the focus of their work to the detriment of their clients. The majority of the committee saw the future of social work as "community social work ", but definitions of terms were not specific. None of the committee suggested that there was no future role for social workers, but the majority suggested a shift of emphasis from service providers to service enablers.

AVES REPORT. The Voluntary Worker in the Social Services. Bedford Square Press/NCSS , George Allen and Unwin 1969.

The Aves Committee was set up to "...enquire into the role of voluntary workers in the social services and in particular to consider their need for preparation or training and their relationship with professional social workers." This report was commissioned at approximately the same time as the Seeborn Report on Local Authority and Allied Personal Social Services and it reflects the development of the voluntary sector at that time. They concluded that voluntary services are necessary and complementary to statutory services but both sectors were failing to identify clear objectives for the roles of the voluntary organisations, the volunteers, their relationships with the statutory services and the resources needed to fulfil their tasks. The report was critical of volunteers, social workers and government policy.

BEVERIDGE, WILLIAM, Voluntary Action. Allen and Unwin 1948.

Although Beveridge's aim in promoting the Welfare State was to ensure freedom from want for every citizen he still saw a role for the voluntary sector and an opportunity for the voluntary and state services to work in partnership with each other to continue to enhance the quality of life of the population. He felt that the philanthropic impulse of individuals should be encouraged and saw the voluntary organisations as having an important role as innovators in the field of welfare.

CENTRAL STATISTICS OFFICE. Social Trends No. 9 HMSO. 1979.

Social Trends provides statistical data produced by a variety of government departments on a wide range of topics. Those of interest to this research were concerned with the present and future proportion of the population who have reached retirement age.

COMMUNITY CARE, January 29 1981, No. 345, p.3: "Developing Local Voluntary Action"

Editorial report on reactions to a new small grants scheme for six pilot projects to be monitored by the Home Offices Voluntary Services Unit.

COMMUNITY CARE, November 26 1981, No 388, p. 3; "No relief for tax hit charities".

Report on the failure of the VAT Reform Group of charities to persuade the Government to exempt the from VAT.

DHSS, HMSO, Cmd 8173, March 1981 : Growing Older.

Government White Paper setting out its policy for the care of the elderly in relation to its primary economic policy of controlling inflation. The emphasis is on care in the community by the community.

EQUAL OPPORTUNITIES COMMISSION : Caring for the elderly and handicapped : community care policies and women's lives. EOC March 1982.

The EOC offers evidence to show that the assumption behind the concept of care in the community is that it will usually be provided by women. It draws attention to the range of restrictions this imposes on women and the low level of support and services that are made available to those who care for their elderly and handicapped relatives at home.

GOLDBERG, E.M. and HATCH, S, A New Look at the Personal Social Services. PSI 1981.

This is a collection of the papers presented at a seminar on "The personal social services at a time of retrenchment", held in 1980. Chapter V, The Voluntary Sector : A Larger Role ?, by Stephen Hatch argues for a pluralistic approach requiring the local authorities to be more flexible in their adaptation to the diversity of voluntary organisations.

GOLDBERG, E.M. and WARBURTON, R.W, Ends and means in social work; the development and outcome of a case review system for social workers. National Institute Social Services Library no. 35, George Allen and Unwin 1979.

This is a comprehensive evaluation of the nature of the referrals to an area team, their distribution throughout the different client groups and the methods used to work with the clients and manage the workload, including the introduction of the Case Review System. The value of this work to the study of the elderly in Ringwood was twofold. It had been based on an area team in the same local authority and illustrated the priority given to the elderly in relation to other client groups.

HAMPSHIRE COUNTY COUNCIL RATE 1984 - 1985

Information published by the county council on the distribution of the revenue raised through the rates to the various local authority departments, including the Social Services Department.

GRIFFITHS REPORT. Community Care : Agenda for Action. HMSO 1988.

Griffiths was asked to review the existing way that public funds were being spent on community care and to make recommendations for improving the effectiveness of the use of these funds. Griffiths concluded that community care was inadequately defined and ill serviced by all of the relevant government and non-government organisations and one of his main recommendations is that the Government should appoint a Minister within the DHSS to be responsible for community care. He recommended that the local authority social service departments should act as brokers of services rather than just providers. He suggested major changes in the management of benefits available under the social security system. He identified a new occupation, that of community carer.

Griffiths acknowledge that much of the evidence submitted for the report claimed that existing services are underfunded and he criticised the Government's policy of short-term funding for inter-agency projects and service provided by the voluntary sector.

GUNDREY, ELIZABETH, Sparing Time: the Observer Guide to Helping Others. Unwin Paperbacks 1981.

This book is aimed at people who are interested in becoming volunteers but who know nothing about the range of voluntary work that they could undertake.

HADLEY, R., WEBB, A. and FARRELL, C, Across the generations : Old People and Young Volunteers. National Institute Social Services Library No. 28, George Allen and Unwin.

This study evaluated the voluntary work with elderly people undertaken by young people recruited by Task Force, a voluntary organisation for young volunteers. It is of particular relevance to the Ringwood study because the elderly in the two areas shared many characteristics in common and the problems encountered by the volunteers and the organisers were similar.

HATCH STEPHEN and MOCROFT, IAN, Components of Welfare : Voluntary Organisations, Social Services and Politics in Two Local Authorities. Bedford Square Press/NCVO 1983.

Welfare pluralism is a concept that has developed strongly in parallel with the policy of reducing the role of the State in the provision of the personal social services. This is a study of the way in which two local authorities put this concept into practice in very different ways. In the urban authority of Islington the pressure-group role of voluntary organisations was emphasised and they were encouraged to participate in the development and provision of a wide variety of welfare services. In the rural county of Suffolk the 1974 re-organisation of county boundaries drew attention to the ad-hoc pattern of support that had developed for the voluntary sector, but despite being reviewed the voluntary organisations continued to function on traditional lines, did not see themselves as having a pressure-group role and they placed great value on their independence from the statutory services.

The value of this research for the Ringwood study is the parallels that exist between Suffolk and Hampshire as local authorities and the similarities shared by the volunteers and the leaders.

HOLEMAN, M, The First Ten Years; The History of Ringwood and District Community Association. Published by the Association.

This gave very useful background information to many of the voluntary organisations examined in this thesis.

HOLGATE, E and KEIDAN, O, Chapter 7 "The Personal Social Services." Social Services of England and Wales; JON MAYS, Editor, Routledge, Kegan and Paul, 1983.

This is a standard reference work on the personal social services and their client groups in England and Wales. It is revised and updated regularly.

HOLME, ANTHEA and MAIZELS, JOAN, Social Workers and Volunteers. BASW, George Allen and Unwin, 1978.

This study looked at how volunteers were used in two different social work settings, probation and social services area teams. The authors found that the probation service worked more closely with the volunteers and used them as "complementary" to their casework. Social services staff made much less use of volunteers in their work with their clients and they saw them as "supplementing" their work through an "indirect" relationship. The model of relationships between the social services staff and volunteers in this study is similar to the pattern found in Ringwood.

HUNT, A, The elderly at home ; a study of people aged 65 and over in England in 1976. OPCSS Social Survey Division. HMSO 1979.

This survey was undertaken to find out about the quality of life of elderly people living in their own homes to provide guidelines to enable the government to "devise new forms of assistance for the elderly, so that in a time of stringency resources can be used to their best advantage." The areas examined included housing, income, health, mobility, transport, informal social networks, contact with the personal social services and interests and attitudes to life.

JOHNSON, N, Voluntary Social Services. Basil Blackwell and Martin Robertson 1981.

This book is an analysis of the growth of the the importance of the part played by the voluntary sector in the development of personal social services. It particularly identifies the areas where the voluntary organisations differ in their philosophies, client groups and policies of management, not only between themselves but also from local authority social services departments.

LEAT, DIANA, "Explaining Volunteering: A Sociological Perspective." Volunteers : Patterns, Meanings and Motives. A Symposium edited by STEPHEN HATCH

Leat relates motives for volunteering to role opportunities rather than personal value systems in this paper.

ORWELL, PATRICIA, and WHITCHER, ANGELA, The Cost of Volunteering: a pilot survey of volunteers' out-of-pocket expenses and insurance. The Volunteer Centre 1980.

This is "a survey of current practice in the payment of expenses to volunteers in the London Borough of Camden and in the county of Herefordshire". The results indicated that low priority is accorded to reimbursing volunteers for their out-of-pocket expenses, but national voluntary organisations are more likely to do so than local ones. In some instances volunteers are discouraged from claiming. This seriously distorts the true costs of running the voluntary services.

RINGWOOD AND DISTRICT COMMUNITY ASSOCIATION, All About Ringwood. Second Edition - Burley, St. Ives and St. Leonards 1979
Third Edition - Burley, St. Ives, St. Leonards and Ashley Heath, 1983

This is a locally produced booklet giving the history of the town and information about a wide variety of local services and resources including the voluntary organisations.

ROWLINGS, CHERRY, Social Work With Elderly People. George Allen and Unwin, 1981.

This book challenges the stereotypes of practice and attitudes of social workers towards the elderly and argues that the demands of the work are just as complex and important as work in child care and mental health.

SEEBOHM REPORT. Report of the Committee on Local Authority and Allied Personal Social Services. HMSO 1968.

This report reviewed the personal social services that existed at that time and its conclusions led to the establishment of local authority social services departments.

SHEPPARD, MICHAEL, "Communications between General Practitioners and Social Services Departments." British Journal of Social Work. February 1985 Vol 15, No 1, p.25-42.

This paper looks at the pattern of "referrals from GPs to a social services department over a period of six months." The focus of the paper is on the quality of communication between the GPs and the social workers. the value of this paper for the Ringwood study is the comparative data that it provides on the nature and content of the referrals, the predominance of referrals of elderly people and the pattern of the relationships between the doctors and the social services team.

SHERROTT, ROGER, "Fifty Volunteers", in Volunteers: Patterns, Meanings and Motives. A symposium edited by STEPHEN HATCH.

Sherrott interviewed fifty volunteers in depth to try to extend the data available on what motivates people to become volunteers. He describes his methods as biographical and interpretive and found that they yielded a wide range of complex information. The value of this study is that it does group motivation into two broad areas, "instrumental explanations" and "moral and normative explanations". Instrumental explanations relate to volunteers seeking out a role for themselves, in particular a role similar to employment or a search for companionship. Moral and normative explanations reflect the values that the volunteer wishes to put into practice through his or her voluntary work. Sherrott feels that these distinctions are very important for voluntary organisations to consider when they are recruiting their volunteers so that they can match the pattern of motivation to the voluntary task.

STEVENSON, O and PARSLOE, P, editors, Social Services Teams: the Practitioner's View. DHSS, HMSO 1978.

This is a nationwide study on social workers' perceptions of their work in a variety of different settings including the two areas of interest to this dissertation, work in or with voluntary organisations and volunteers, and work with the elderly. They concluded that in many examples presented to them there was a lack of clear objectives or imaginative use of resources. They felt that their findings had important implications for the future training and continuing education of social services staff.

SOCIAL WORK TODAY "Volunteer in dispute over benefits". Vol 10, No. 8, 14 August 1979, p.3.

Article on an unemployed volunteer threatened with withdrawal of her benefit because her voluntary work was seen as preventing her from making herself available for work.

21 August 1979 "Reprieve for hospital volunteer".

This was a follow-up article showing a change in policy with respect to this case and it heralded the beginning of the Government's policy of viewing the unemployed as a source of voluntary labour.

STEWART, J., "It's all about control." Community Care, March 15, 1984, no 503.

This article discusses the possible impact for local authorities of the Rates Bill on social services expenditure .

TINKER, ANTHEA, The Elderly in Modern Society. Longman 1981.

The author has collated a wide range of research and other material on the situation of the elderly in British society today. She concludes that whilst many elderly people will be able to live independent lives the demographic changes that have taken place mean that those who will need care of some sort will constitute a substantial proportion of the population. She therefore recommends collaborative development of the necessary services.

TOWNSEND, D, "Patrick Jenkin ought to know better....". Community Care, March 15 1984, no 503, p. 15-16.

Townsend looks in this article at the meaning of the cutbacks in the funding of the social services in terms of the services and client groups that would suffer, including the elderly.

TOWNSEND, PETER, "Government Commitment 'a pretence'". Report from Help the Aged Conference. Community Care, May 14 1981.

Townsend criticises the Government for failing to define "community care" in "growing Older" and for treating the elderly as a homogeneous group and passive recipients of services.

TUCKETT, D, Chapter 6, "Doctors and Patients", in An Introduction to Medical Sociology, edited by David Tuckett, Tavistock Publications, 1976.

This book has been written as an introduction to sociology and its relevance to medical training and medical practice. Chapter 6 looks at how patients see doctors and how doctors see themselves. It identifies the low status that the profession accords to care of the elderly.

UNELL, JUDITH, Voluntary Social Services: Financial Resources. NCSS/PSSC 1979.

This study looks at sources and management patterns of finances for 65 voluntary organisations. The variations in policies, practices and values are numerous and often difficult to evaluate properly. Unell's findings are important when considering proposals for partnership between the voluntary and statutory sectors.

WALKER, A, "The false economies of the spending cuts". Social Work Today, November 13, 1979 vol 11, no 11, p. 9.

This article provides a detailed analysis of the patterns of public expenditure in relation to the spending cuts demanded by the Government. It draws attention to the plans submitted by Hampshire Social Services Department in response to the government's directives. The article also highlights the effects on the services for elderly people and the already low level of provision of services in rural areas.

WEBBER, R, Kershaw Day Centre. Hampshire Social Services Research Section. 1983.

This report describes how the original plans for a fully staffed day centre were drastically modified in response to the Government's demands for cuts. The range of clients was reduced and the staffing of the revised services was provided largely through volunteers under the supervision of only one paid member of staff.

WEIGHIMAN, GAVIN, "The threat to the voluntary movement". New Society, Vol. 50, No 888, October 11 1979, p 67 -69.

This article examines the contradiction between the political interest and support that the Government says it is offering the voluntary sector and its practice of withdrawing direct and indirect support from national and local government agencies that have been working with the voluntary organisations. He states that most of the successful voluntary organisations have only been able to function with such financial support and they will collapse without it. He also makes the point that the Government has made no effort to implement the recommendations of the Wolfenden Report.

WESTLAND, P, "No sense of direction." Community Care November 17 1983.

This article suggests that the Government over-emphasises its role in promoting the work of voluntary organisations in relation to the real amount of funding it offers to them and the short-term nature of much of its support. At the same time the gap between what the local authorities say they need to spend on personal social services and what the Government is prepared to allow is widening and is far in excess of the funds being directed towards the voluntary sector.

WHITEHOUSE, ANNE, " In one door and out the other ?" Community Care 18 February 1982.

This article collates responses from a variety of organisations to the government's proposals of "opportunities for volunteering." A variety of concerns were expressed including the problems that the scheme would create for both voluntary and statutory services and their workers.

WICKS, M, Chapter 5 ; "Community Care and Elderly People." Community Care: the Family, the State and Social Policy. Edited by Alan Walker, Basil Blackwell and Martin Robertson. 1982.

The authors of the different chapters of this book are exploring a common themes. They are relating Government policy to the different meanings of and need for community care for different sections of the population . In Chapter 5 Walker stresses the unique demographic changes with respect to the elderly and says that their needs have to be met by co-ordinated planning between all the relevant sectors of the economy and the services. He sees a strong role both for Government and the informal sector.

WOLFENDEN REPORT. The Future of Voluntary Organisations. Croom Helm, 1978.

The Wolfenden Committee was appointed in 1974 "to review the role and functions of voluntary organisations in the United Kingdom over the next twenty-five years." The most important aspect of its findings was the exposure of the enormous range of voluntary organisations operating in this country and the many factors that have to be considered if they are to be integrated with statutory services either at a local or a national level. The emphasis in the report is on a pluralistic system of social provision.

WORKING TOGETHER. Partnerships in local social service. Published for the Association of County Councils, NCVO and AMA , Bedford Square Press, 1981.

This publication gives guidelines for the development of partnerships between the local authority social services departments and voluntary organisations. Its main emphasis is upon the financial responsibilities and duties of the parties involved.

Publicity Leaflets produced by the Voluntary organisations.

Arthritis Care - The British Rheumatism and Arthritis Association
- various leaflets

The Employment Fellowship Information Leaflet No. 1.

Ringwood and Fordingbridge CAB Annual Report 1983-1984.

Hampshire Association Association for the Care of the Blind Annual
Report 1982-1983.

WRVS publicity leaflets.

MISCELLANEOUS ARTICLES, LEAFLETS AND REFERENCE SOURCES.

BOURNEMOUTH EVENING ECHO Jobless total up. September 1983.
Report on the local level of unemployment.

ERLICHMAN, JAMES, Charities count mighty companies mite.
Guardian, November 30, 1983

This article draws attention to the range of organisations that
can claim charitable status.

THE NATIONAL ASSISTANCE ACT 1948.

THE NEW FOREST DISTRICT COUNCIL YEAR BOOK 1983-1984 - information
on services, the names of local councillors and dates of committee
meetings.

MANPOWER SERVICES COMMISSION. Voluntary Projects Programme. 1983.

MANPOWER SERVICES COMMISSION. The Community Programme. 1983

RINGWOOD SURVEY ON VOLUNTARY WORK WITH THE ELDERLYQUESTIONNAIRE TO THE RECIPIENTS OF THE SERVICESPART ONE: Background.

Questionnaire number _____

(1) Sex _____

(male / female) _____

(2) Marital status _____

single - married - divorced - widowed - separated

(3) District where living in the Ringwood area

.....

(4) How long have you lived in the Ringwood area ?

(a) less than 6 mths _____

(b) more than 6 mths and up to 2 yrs _____

(c) more than 2 yrs : : : 5 yrs _____

(d) more than 5 yrs : : : 10 yrs _____

(e) more than 10 yrs : : : 20 yrs _____

(f) more than 20 yrs : : : 30 yrs _____

(g) more than 30 yrs _____

(h) all my life _____

(5) If you have lived in the Ringwood area for less than 30 years why did you move here ?

(a) retirement _____

(b) change of occupation _____

(c) location of previous holidays _____

(d) to be nearer relatives _____

(e) change in marital status _____

(f) other _____

PART TWO : Contact with Voluntary Organizations, Clubs
and Volunteers.

- (6) As you know , I am interested in the voluntary organization(s), club(s) and voluntary workers with whom you are in contact. I wonder if you could tell me a little about them ?

	Name of organization	Length of contact	Frequency of contact
(1)			
(2)			
(3)			
(4)			
(5)			

- (7) Can you tell me how you first heard about it?

- (a) from a relative _____
- (b) from a neighbour _____
- (c) from a friend _____
- (d) from a member of my church _____
- (e) from the doctor _____
- (f) from the health visitor _____
- (g) from the community nurse _____
- (h) from the Social Services Department _____
- (i) other (please specify) _____

- (8) Do you have any special jobs or responsibilities in the organization/club that you belong to ?
- (9) Can you tell me a little about what you have particularly enjoyed or gained from your contact with (it) (them) ?
- (10) What do you think are the skills and qualities that people need to have to run the organizations that you have mentioned ?
- (11) Are there any other voluntary services or activities that you think people like yourself would welcome in the Ringwood area ?
- (12) Have you ever taken part in any voluntary work yourself and can you tell me a little about it ?

no _____

yes. _____

PART THREE : Contact with the Social Services Department.

(13) Have you ever been told anything about the work of the Social Services Department ?

(14) Have you ever received any of the following services ?

- (a) home help _____
- (b) meals on wheels _____
- (c) a short holiday in an old peoples' home _____
- (d) advice on aids for the handicapped _____
- (e) adaptations to your home _____
- a visit from a social worker to discuss - _____
- (f) financial matters _____
- (g) housing matters _____
- (h) day centres or clubs _____
- (i) transport _____
- (j) family or personal matters _____
- (k) health problems _____
- (l) other matters _____
- (m) never recieved any of these services _____

(go to question 19)

(15) Can you recall where the office is that arranges these services ?

N/A _____

no _____

yes _____

(16) Can you recall who put you in touch with these services ?

	Service	
(a) N/A	_____	_____
(b) found out for myself	_____	_____
(c) relative	_____	_____
(d) neighbour	_____	_____
(e) friend	_____	_____
(f) doctor	_____	_____
(g) health visitor	_____	_____
(h) community nurse	_____	_____
(i) member of my church	_____	_____
(j) a voluntary organization/club	_____	_____
(k) other (specify)	_____	_____

(17) Can you recall the job or title of the person who contacted you from the Social Services Department and are you still in touch ?

N/A

Title	None	Not sure	Contact Pattern				
			Irregular (specify)	About 1 x wk	More than 1 x mth	About once in 3 mths	About once in 6 mths
APO							
Swkr							
SSO/ SWA							
HHO							
HH							
OT							
OTHER							

(18) Has your contact with the Social Services brought about the kind of things that you wanted ?

(19) Are there any other services or activities that you would like to see the Social Services Department provide in the Ringwood area for people like yourself ?

(20) Do you think that there any jobs that are done at present by the Social Services Department in the Ringwood area which could be done voluntarily instead by local people ?

PART FOUR : Contact with other people in the community.

(21) A. Relatives.

I would now like to learn a little about the people who are important to you. Perhaps I could start by learning about your family, do any of them live in this area ?

Relative	Living in Ringwood	Living within 25 miles	Living than 25 mls away	Frequency of contact	Location of contact
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

(22) When you are able to see your relatives what sort of activities bring you together ?

Relative Category	General Family Visits	Shared Meal	Shared Interests (specify)	Shopp- ing	Cook- ing	Clean- ing	Garden- ing	Other- spfy.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

(23) B. Neighbours.

type of home;

- (1) detached house. (2) semi-detached house.
 (3) terraced house. (4) detached bungalow .
 (5) semi- detached bungalow . (6) flat.
 (7) bedsitter. (8) other (specify). _____

location of home;

- (a) council estate . (b) private estate .
 (c) housing association property. (d) urban road
 (e) rural road with close neighbours.
 (f) rural road without close neighbours.
 (g) other (specify) _____

(24) Do you ever see any of your neighbours and if so
 which ones ?

I never see any of my neighbours _____

Location of Sex Significant Neighbour	Approximate Age	Frequency of Contact	Location of Contact
Next door left			
Next door right			
Opposite			
Further down road			
Further down road			

(25) Can you tell me what sort of things bring you into
 contact with each other ?

Neighbour	General Social Contact	Shared Meal	Shared Interests	Shopp- ing	Clean- ing	Garden- ing	Cook- ing	Other, Specify

(26) C. Friends.

Apart from you relatives and neighbours are there any people who you know who you particularly regard as friends ?

no-one besides relatives and neighbours

Friend	Age	Sex	Living in Ringwood	Living within 25 miles	Living beyond 25 miles	Length of friendship	Frequency of contact	Nature of contact

(27) What sort of activities bring you together ?

Friend	General social contact	Shared meal	Shared interests	Shopping	Cooking	Cleaning	Gardening	Other (specify)

(28) D. Membership of other organizations.

Do you belong to any other groups or organizations in the Ringwood area (apart from those that might have already been discussed.) ?

PART FIVE Health.(29) A. Mobility.

Many people find as they grow older they are not as fit and active as they once were. I am interested in the aspects of your health that give you cause for concern.

Do you have any difficulties in walking ?

- (a) none either at home or for short journeys outside. _____
- (b) none in the home but I need a walking aid for journeys outside _____
- (c) I use a walking aid inside and outside my home _____
- (d) I use a walking aid at home and a wheelchair and private transport outside. _____
- (e) I am wheelchair bound. _____

(30) If you want to go more than half a mile from your home how do you usually travel ?

- (a) I never go out. (b) on foot. (c) by bus.
- (d) by bicycle . (e) in my own car. (f) relatives' car
- (g) neighbours' car. (h) friends' car. (i) taxi
- (j) voluntary drivers' car. (k) voluntary organizations' mini bus. (l) other (specify)

(31) If you are able to go out where do you usually go ?

- (a) I am not able to go out _____
- (b) shops _____
- (c) doctor's surgery _____
- (d) visit relatives _____
- (e) visit neighbours _____
- (f) visit friends _____
- (g) voluntary organization activities _____
- (h) church social activities _____
- (i) church services _____
- (j) other _____

(32) B. Other Health Problems

Have you consulted your doctor during the last year for treatment for any of the following ?

- (a) (a) eyesight _____
- (b) hearing _____
- (c) problems with eating or digesting food _____
- (d) rheumatism or arthritis _____
- (e) heart or blood circulation problems _____
- (f) other _____

(33) Are you registered with a doctor in Ringwood ?

no _____

yes _____

(34) How often do you see the doctor , health visitor or community nurse ?

	Once a wk or more	Once in 2 weeks	Once a month	Once in 3 months	Irregular	Never
Doctor						
Health Visitor						
Community Nurse						

(35) Where do you usually see the doctor, health visitor or community nurse ?

	Doctor	Health Visitor	Community Nurse
Home			
Surgery			
Both			
Other (specify)			

PART SIX. Additional information.

Finally I would like to ask you a few more questions about yourself and your particular situation at the present time. You do not have to answer them if you would prefer not to.

(36) I am interested in the kind of accommodation that people like you are living in. Is this your own home or not ?

- (a) do not wish to reply _____
- (b) owner occupier _____
- (c) spouse owner occupier _____
- (d) living with owner-occupier relative _____
- (e) home owned by non-resident relative _____
- (f) living with private landlord / lady _____
- (g) privately rented _____
- (h) council tenant _____
- (i) housing association tenancy _____
- (j) joint tenancy with a non-relative _____
- (k) warden supervised _____
- (l) other (specify) _____

(37) There is much discussion at present about the size of the national retirement pension. Do you just receive the retirement pension or do you have other sources of income ?

- (a) do not wish to answer _____
- (b) state pension only _____
- (c) state plus occupational pension _____
- (d) state plus supplementary pension _____
- (e) supplementary benefit only _____
- (f) other _____

(38) How old are you ?

- (a) do not wish to answer _____
- (b) over 60 and under 65 years _____
- (c) : 66 : : 70 : _____
- (d) : 71 : : 75 : _____
- (e) : 76 : : 80 : _____
- (f) : 81 : : 85 : _____
- (g) : 86 : : 90 : _____
- (h) : 91 : _____

(39) What was your main employment and/or your husband's before retirement ?

- (a) do not wish to answer _____
- (b) own occupation - male _____
- (c) own occupation - female (single) _____
- (d) own occupation - female (married/widow) _____
- (e) husband's occupation _____

(40) Do any aspects of your life give you cause for concern at the moment ?

(41) What things in your life give you the most pleasure at the present time ?



THE UNIVERSITY OF SOUTHAMPTON

DEPARTMENT OF SOCIAL WORK STUDIES

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1983

Dear

RINGWOOD SURVEY ON VOLUNTARY WORK WITH ELDERLY PEOPLE

I am undertaking research into the work of voluntary clubs, organizations and services for elderly people in the Ringwood area.

I have already met many of the people who organize such activities in this area to find out what they do and I am now interested in meeting the people who are club members or are in contact with these organizations and services.

In particular, I am interested in the views of those who use the services or attend the clubs and how they came to hear about them. I hope to interview a number of people and I would be very grateful if you would be willing to be one of them.

Enclosed is a form and a stamped, addressed envelope for you to indicate whether it would be convenient for you to be interviewed. If neither of the dates proposed are suitable perhaps you would be kind enough to suggest an alternative.

I would like to thank for your help.

Yours sincerely,

Sally Edge (Mrs.)

Research Fellow.

APPENDIX 3The Informal Social Networks of each Respondent

Respondent No.

- I. A married woman aged 81-85 who lived with her husband in a house owned by her son who visited his parents once a week. She also had a daughter who lived abroad. She saw one middle aged neighbour once a week and another neighbour in her sixties nearly every day.

She named her fellow club members as her friends "but nobody who visits really."
"I used to go to church but I cannot get there now and the curate doesn't visit. It's a pity because I used to like going to church."
2. A widow aged 66-70 who lived alone in a council flat. Her daughter visited daily but she did not identify any other relatives.

She saw most of her neighbours nearly every day and also spoke of her neighbours as her friends. She did not identify any individual friends.
3. A widow aged 71-75 who was

She had a daughter who lived more than 25 miles away who she telephoned occasionally and exchanged visits.

She saw her neighbours every day, described them as her friends, but did not identify any individual friends.
4. A single woman aged 81-85 years who lived in a semi-detached council bungalow.

She saw her sister once a week in her own home, a great nephew every two months and a great neice every three weeks. Her sister lived in Ringwood but the great neice and nephew lived more than 25 miles away. She had a neice who lived in Ringwood but she had no contact with her.

She had no contact with her neighbours because "they are all men - widowed and divorced - don't have much to do with them."

She named one friend aged 79 with whom she had infrequent contact.

She used to be a regular member of Ringwood Parish Church and a lay reader came to give her communion once a month.

5. A married man aged 66-70 years who lived with his wife in a council bungalow.

He saw his daughter who lived within 25 miles once a week in his own home. He had infrequent contact with two sisters and a brother-in-law who also lived within 25 miles and infrequent contact with a sister-in-law who lived more than 25 miles away.

He had daily contact with one neighbour in either her house or his.

He named two married couples with whom he and his wife had weekly contact as particular friends.

He attended the Congregational Church.

6. A married woman aged between 66 and 70 years who lived with her husband in their own bungalow in a village near Ringwood. She named a total of seven other relatives with whom she had contact but her closest contact was with two of her sons. She saw one every day and the other once a week.

She said of her neighbours, "I'm friendly but not particularly close."

She named one female friend aged 73 who she had known since they were at school together. They saw each other three or four times a month.

7. A widow aged 81-85 who lived in a granny-flat in her son's house. She saw her son and his family daily but had only occasional contact with her two other sons and her brother, all of whom lived more than 25 miles away.

She never saw any of her neighbours and said all of her friends were now dead.

8. A widow aged 76-80 years who lived in her own detached bungalow. She saw her brother-in-law who lived in Ringwood once a week but was only in contact by letter with her brother and two neices, all of whom lived more than 25 miles away.

She saw one neighbour, a woman in her 70's, nearly every day, had limited contact with her middle aged neighbours on one side and had not yet got to know the young family who had recently moved in on the other side.

She identified a married couple who had been her neighbours in the past as her particular friends. They lived within 25 miles but she only saw them infrequently.

She attended Ringwood Parish Church.

9. A widow aged 81-85 years who lived in her own detached bungalow.

She had a son and a daughter who lived more than 25 miles away and she only saw them once a year when they came to visit her.

She said "I have good neighbours who would do anything I asked." She lived next door to the teacher who had been responsible for the voluntary services provided by the school and his wife called round during the interview. She had daily contact in her own home with another neighbour in her 70's.

Of her friends she said, "I've got a lot of church friends but I have not been going so much recently since I started to lose my hearing."

She attended Ringwood Parish Church.

10. A widow aged 76-80 years who lived in her own detached bungalow.

She named eight relatives. None lived in Ringwood, six lived within 25 miles and two lived abroad. She had infrequent contact with all but two of them, a son who she telephoned weekly and a cousin who she saw fortnightly in her own home.

She said of her neighbours, "I have some awfully good neighbours" but her frequency of contact with them was limited. She saw one next door neighbour "on request" and never saw her neighbour on the other side.

She said that the people opposite "keep an eye on me" and she saw an 80 year old neighbour once a month in the neighbour's home.

She saw a friend of the same age every week at the services at Ellingham Parish Church.

11. A widow aged 76-80 years who lived in her own flat.

She had daily contact with her adult grand-daughter and twice weekly contact with her daughter in her own home. They both lived in Ringwood. She had two sons who she telephoned or saw about once a fortnight.

Of her neighbours she said, "They are all nice, but they are all old like me, apart from the nurse next door who works nights."

She saw three of her neighbours several times a week in her own home.

She named two female friends who were both over the age of retirement and lived in Ringwood. She saw one every Monday and one once a month.

- I2. A widow aged 81-85 years who lived in her own cottage just outside Ringwood with her lodger.

All but one of her relatives, a grandson, lived abroad, and he lived more than 25 miles away. She only saw them irregularly when they came to visit her.

Her cottage was rather isolated and she only had irregular contact with one middle-aged neighbour.

She identified one friend of the same age who she saw twice a week and one middle-aged female friend who she saw once a week.

She described her middle-aged male lodger as a friend and he helped her with "odd jobs."

- I3. A widow aged 86-90 who lived in a warden-supervised bed-sitter.

She named six relatives. Her daughter and grand-daughter lived in Ringwood and she saw them both weekly at their homes and her own. She had another daughter, a brother and three adult grand-sons who lived within 25 miles of Ringwood and she saw all of them, except one grand-son once a month in her own home.

She had daily contact with two other residents in the same block.

She identified one particular friend in her 70's who she had known for over 40 years and saw occasionally.

She had been a member of Ringwood Parish Church but could no longer get there.

- I4. A single woman aged 76-80 who lived in the same warden-supervised block as respondent number I3.

She named four relatives, three nephews and a niece but she only saw her niece regularly who visited her once a fortnight from Bournemouth.

She had an annual holiday with one of her nephews, but no contact with the other two.

She had daily contact with respondents number I3 and I5 who were her neighbours.

She identified three friends of her own age who she had known for over 40 years but she had irregular contact with them. She was visited regularly by visitors from Trinity Church.

- I5. A single woman aged 76-80 years who lived in the same block as respondents number I3 and I4.
- She had one sister who she contacted by post at Christmas and for birthdays only. She had daily contact with respondents number I3 and number I4 who were her neighbours.
- She named one friend in her 70's who she had known for over 30 years with whom she had irregular contact.
- I6. A widow aged 81-85 years who lived in her own detached house.
- She refused to give any information on her relatives, but was visited by a sister during the course of the interview. She also refused to give information on her contact with her neighbours.
- She lived on the edge of Ringwood very close to the bypass. There was only one other house close to her's. In view of her refusal to give information about her relatives and neighbours she was not asked any questions about her friends.
- I7. A widow aged 81-85 who lived in her own flat.
- She had one son who lived within 25 miles who she saw once a week and another who lived more than 25 miles away who visited her 4-5 times a year.
- She saw one neighbour aged 67 several times a week but had infrequent contact with the rest. She said that she did not have as much contact with neighbours as she used to because so many had died and she had not got to know her new ones.
- Of her friends she said that they were all dead and that she had lived too long.
- She was no longer able to go to church unless some-one took her.
- I8. A widow aged 81-85 who lived in her own caravan on a permanent site.
- She had no living relatives within 25 miles of Ringwood and hardly any contact with those who lived further away. She was very sad about this.
- She had daily contact with two sets of neighbours, both of whom were over the age of retirement.
- The caravan site appeared to be a well settled small community with frequent contact between all the residents. The informant described how helpful several of her neighbours had been when she had had a minor accident the previous summer.
- She identified one female friend of the same age who lived in Ringwood with whom she had frequent, but irregular, contact.

- I9. A married couple. The husband was 82 and the wife 78 years old. They lived in a warden-supervised bed-sitter.

It was a second and relatively recent marriage for both of them and they had a large number of relatives in and around the Ringwood area. They were most frequently in touch with the wife's son who they saw either at their home or his.

They had daily contact with all the other residents in the block at lunch time in the communal dining room and the husband helped some of the residents with their shopping. They regularly played games in the evenings with one of their neighbours.

The wife saw two female friends of her own age every week at a whist drive. The husband did not name any particular friends but identified fellow club members as his friends.

The wife regularly attended the Methodist Church and the husband occasionally attended services at the Parish Church.

20. A single woman aged 76-80 years who lived in a terraced house owned by a relative.

She had a niece who lived next door and who she saw several times a week and a brother who lived in Ringwood who she saw once a week. She had a sister who lived within 25 miles who she went to visit and a brother who lived more than 25 miles away who came to visit her once a year.

Apart from her contact with her niece, she described her relationships with her neighbours as "friendly but not close."

She identified one friend who she had known since she was 28. Her friend lived within 25 miles of Ringwood and they only saw each other infrequently. She said all her other friends had either moved or died.

21. A widow aged 76-80 years who lived in her own bungalow.

She had a daughter who lived in Ringwood who she saw several times a week in either home and a stepson who lived within 25 miles who she saw weekly in her own home. She had a sister living within 25 miles who was too ill to make or receive visits and a brother who lived more than 25 miles away who she rarely saw.

Of her neighbours she said, "We are friendly, but we don't go in and out of each other's houses."

She did not identify anybody as a particular friend.

She was only able to go to church if somebody took her in a car.

22. A widow aged 71-75 years who lived in a council bungalow. She named five relatives all living in Ringwood. She only saw her two sisters-in-law and her brother-in-law if her daughter took her to visit them. She saw her daughter and grand-daughter twice a week or more in their homes or hers.
- She had very little contact with her neighbours. She had new neighbours on one side who she did not know and on the other side the wife, who was elderly, was deaf and her husband seriously ill. She had virtually no contact with any other neighbours.
- She had weekly contact with a female friend of her own age.
23. A widow aged 76-80 who lived in a warden-supervised bed-sitter.
- She had a sister who lived in Ringwood but they only made contact by telephone because both of them suffered from arthritis and could not walk far. She did not identify any other relatives.
- Of her neighbours she said, "Friendly, but I have never been a great one for popping in and out."
- She saw one of her neighbours once a week.
- She named one woman and four married couples as particular friends. They were all members of the same church and one of the husbands was a Red Cross volunteer who had taken part in the survey on the volunteers.
24. A single man aged 71-75 years who lived alone in a council bungalow that he had shared with his mother until her death a few years ago.
- This was the respondent who appeared to be mentally subnormal and who was discreetly supported by the local voluntary services.
- He had two brothers who lived in Ringwood but he had no contact at all with them. He said that he saw his neighbours sometimes in the garden.
25. A single woman over the age of 91 who lived in a warden supervised bed-sitter.
- This was the blind respondent who was awaiting admission to the local home for the elderly, Bickerley Green.
- She had a nephew and a niece who came to visit her three to four times a year.
- She described a very limited relationship with her neighbours,

"There are people living here for three or four years who I have never seen yet. There doesn't seem to be a very friendly atmosphere."

She said that all of her friends had died.

26. A widow aged 81-85 who lived in warden-supervised bed-sitter.

She had a son and grand-son who lived in London who she had seen once in the previous year.

She had close contact with one particular neighbour and often did the shopping for other residents.

She had one middle-aged female friend who lived more than 25 miles away and who she saw infrequently.

27. A widow aged 76-80 years who lived in her own detached bungalow.

She had quarrelled with her neighbours on either side but saw a younger neighbour from further down the road several times a week in her own home.

She had a son who lived with his wife and children in Ringwood. She saw him every day but had no contact with her daughter-in-law.

She had a daughter who lived abroad who she rarely saw and a sister who lived more than 25 miles away who she only contacted by letter.

28. A single man between 76-80 years old who lived with his widowed sister. They owned their detached bungalow.

They had another sister who lived locally, a brother who lived within 25 miles of Ringwood and a sister who lived more than 25 miles away. They saw the local sister daily, the other sister occasionally, but had no contact with the brother.

He and his sister had daily contact "over the garden wall", with their neighbours on either side. One couple were slightly older and the other couple were middle-aged. They did not know any of their other neighbours.

He did not identify any individual friends of his own.

29. The widowed sister of number 28 aged 76-80 years.

She named a particular friend of her own age who she had known for over 30 years and saw once a week at a church social activity. She belonged to more organisations than her brother.

30. A widower aged 86-90 who lived in his own detached bungalow.

He saw his son once a week and his niece and nephew occasionally when his son took him. He had a sister who he was only in contact with by letter.

He paid one of his neighbours to be a private home help and saw her daily. He saw the young couple next door about once a week, but as for the rest, "I am a bit of a loner, but I don't mind."

When he was asked about his friends he made general comments about getting selfish as he got older and he did not want to make the effort to make close friends.

31. A widow aged 76-80 who lived in a council bungalow.

She named five relatives. She had daily contact with an adult grand-daughter who lived in Ringwood, twice weekly contact with a son who lived locally, infrequent contact with a son who lived about 25 miles away, and rare contact with both her sisters who lived at an even greater distance.

She had infrequent contact with her neighbours on one side and none with her neighbours on the other.

She said she had no particular friends.

32. A widow aged 76-80 who lived in her own detached bungalow.

She had weekly contact with her daughter who lived within 25 miles but only occasional contact with her brother, nephew and niece who all lived more than 25 miles away. She went to sit with the elderly mother of one of her neighbours every afternoon to give her neighbour a break. In return her neighbour did her shopping.

She did not identify any particular friends.

33. A widow aged 81-85 who lived in her own semi-detached house.

She had a son who lived in Ringwood but she only saw him once a month.

She did not know any of her neighbours and had no friends, but she belonged to several organisations.

34. A widow aged 71-75 who lived in a council bungalow.

She named seven relatives. Five lived more than 25 miles away and she only saw them infrequently. She saw her son who lived within 25 miles "now and again" and her sister who lived within the same distance "regularly."

One of the relatives who she mentioned was her own father who was 94 at the time of her interview. He lived in a residential home.

She had daily contact with her neighbours on either side. One of them was a volunteer who had taken part in the volunteer survey.

She named two friends who lived within 25 miles of Ringwood who she had known for over 30 years. She saw one weekly and the other frequently.

35. A widow aged 71-75 who lived in a privately rented terraced house.

She named six relatives. Three lived in Ringwood, her daughter who she saw three times a week, her son who she saw once a week and her sister-in-law who she saw daily. She had occasional contact with a sister who lived within 25 miles and another who lived more than 25 miles away.

She had no contact with her brother but included him in her list of relatives.

The sister-in-law with whom she had daily contact was also her neighbour. She had daily contact with another neighbour and weekly contact with a third.

She described two friends in Ringwood who were the same age as herself. She saw one weekly but the other less frequently.

36. A widower over the age of 91 who lived in his own detached bungalow.

He had a son who lived more than 25 miles away who came to see him once a fortnight and a nephew who he only contacted by letter.

He saw one middle-aged next door neighbour daily in her home but he only saw his neighbours on the other side occasionally.

He had no friends.

37. A married couple whose ages were between 71 and 80 years who lived in a warden-supervised flat.

They named three relatives who all lived abroad. They were only in contact with them by letter.

They both said that they never saw anything of their neighbours and neither of them had any particular friends.

38. A widow aged 66-70 years who lived in a warden-supervised flat.

She had a daughter who lived within 25 miles who she saw in her own home once a fortnight. She had a son who lived near her daughter but he only contacted her by telephone.

She said she saw her neighbours, "now and again for a chat, but not especially close."

She named one friend in Ringwood who was the same age. She saw her four times a week because they belonged to the same clubs.

She said she also had a "lot of other friends."

QUESTIONNAIRE TO THE VOLUNTEERS

Section I Background information Part I.

- (1) Questionnaire number _____
- (2) Sex
(male / female) _____
- (3) District where living in the Ringwood area
.....
- (4) How long have you lived in this Ringwood area ?
 - (a) less than 2 years _____
 - (b) more than 2 years but less than 5 years _____
 - (c) : : 6 : : : 10 : _____
 - (d) : : 11 : : : 20 : _____
 - (e) : : 21 : : : 30 : _____
 - (f) : : 31 : : : _____
 - (g) all my life _____
- (5) If you have lived in the Ringwood area for less than 30 years where did you live before ?
N/A _____
.....
- (6) Why did you move to the Ringwood area ?
 - (a) retirement _____
 - (b) change of occupation(own/spouse's) _____
 - (c) location of previous holidays _____
 - (d) to be nearer relatives _____
 - (e) change in marital status _____
 - (f) other _____

Section II. Work as a Volunteer.

- (7) What is the name of the voluntary group(s) or organization(s) with which you are currently working ?

(If more than one please complete questions 7 - 17 separately for each organization on the supplementary sheets provided.)

- (8) What is your role within this organization ?

Chairman (or equivalent) _____

Committee member _____

Member - service delivery only _____

Member - giving and receiving
services (eg. a club
member) _____

- (9) Does the organization work exclusively with the elderly or other groups of people as well ?

Elderly only _____

All age groups _____

Elderly and disabled adults _____

Others - please specify _____

- (10) How long have you worked with this voluntary group or organization ?

Less than one year _____

Between 1 and 5 years _____

-*- 6 -:- 10 -:- _____

-:- 11-:- 20 -:- _____

More than 20 -:- _____

(11) What does your work as a volunteer consist of ?

home visiting _____

transport _____

helping at club or day centre _____

advice and counselling _____

fund raising _____

organization and administration _____

~~helping at~~ annual events only _____

helping with domestic chores
(eg. cooking and cleaning) _____

other - please specify) _____

(12) How frequently do you do your voluntary work with this organization ?

More than once a week _____

Once in 2 weeks _____

Once a month _____

Once in 3 months _____

Irregularly _____

(13) How long do you spend each time when you do your voluntary work ?

Between 1 and 2 hours at a time _____

-- 2 -- 4 -- _____

A whole day _____

Several working days per week _____

The equivalent of working full time _____

(14) Did the organization offer you any training or guidance on your work as a volunteer when you started ?

No _____

Yes _____

(15) Is there someone in the organization who you can contact if you are concerned about your voluntary work ?

No _____

Yes my _____

(16) Do you receive any expenses for your voluntary work ?

None _____

Postage and telephone _____

Entertaining _____

Other - e.g. honorarium _____

(17) Do you personally pay any out of pocket expenses directly or indirectly to the voluntary organization ?

None _____

Postage and telephone _____

Entertaining _____

Other _____

(18) In the case of your voluntary work with the elderly is it :

Direct contact with individuals _____

Mainly organization and administration _____

A mixture of both _____

(19) Is the work that you do as a volunteer similar in any way to work that you have done in full time employment ?

No _____

Yes I _____

.....

(20) Why have you chosen to do voluntary work ?

Section III Views on Voluntary Work.

- (21) What sort of services do you think voluntary organizations should provide for elderly people ?
- (22) What qualities do you think are important in a person who does voluntary work ?
- (23) Have you any ideas for changing or developing voluntary work with the elderly in this area ?
- (24) Have you or your family ever received any help from a voluntary organization or voluntary worker ?

No

Yes

Section IV. Contact with the Social Services.

- (25) Has your voluntary work with ~~elderly~~ people in particular, ever brought you into contact with the Social Services Department ?

No
(go to question 26)

Yes
(go to question 28)

NO contact with Social Services:

- (26) If you have not had occasion to contact the Social Services Department on behalf of an elderly person do you know where the nearest office is ?

No

Yes (please specify)

- (27) Do you know what sort of services the Social Services Department can provide for elderly people ?

No

Yes

When you have compleated this question please go to question 35.

Contact with the Social Services :

- (28) If you have been in contact with the Social Services Department can you tell me which office or offices you ~~were~~ in touch with ?

Lymington

Ferndown

A hospital (please specify)

(29) Who initiated the contact with the Social Services Department on behalf of the elderly person or people with whom you have been doing your voluntary work ?

- (a) you _____
- (b) the elderly person _____
- (c) someone from the Social Services Department _____
- (d) the volunteer organizer _____
- (f) another voluntary organization _____
- (g) a neighbour _____
- (h) a friend _____
- (i) a relative _____
- (j) the doctor _____
- (k) the health visitor _____
- (l) the community nurse _____
- (m) other (specify) _____
- (n) do not know _____

(30) What particular problems or requests for services have led you to contact the Social Services Department on behalf of an elderly person ?

- (a) home help _____
- (b) ~~meal~~ ~~son~~ ~~wheel~~ _____
- (c) a short stay in an old people's home _____
- (d) permanent residential accomadation _____
- (e) advice on aids for the handicapped _____
- (f) home adaptations for the handicapped _____
- (g) advice on financial matters _____
- (h) : : housing : _____
- (i) : : transport _____
- (j) : : family or personal matters _____
- (k) : : health problems _____
- (l) : : other (specify) _____

(31) How did you make contact with the Social Services Department ?

by telephone only _____

by letter only _____

telephone and letter _____

arranged to meet with the elderly person present _____

arranged to meet without the elderly person present _____

(32) Can you remember the jobs or titles of the Social Services Staff who you contacted on behalf of an elderly person ?

do not know _____

principal/senior social worker _____

social worker _____

social work assistant _____

home help organizer _____

home help _____

occupational therapist _____

other (please specify) _____

(33) If you have met with a member of the Social Services staff on behalf of an elderly person can you remember where that was ?

never met _____

cannot remember _____

my office _____

the Social Service Area Office _____

the elderly person's home _____

my home _____

hospital -day patient _____

-out patient _____

-out patient _____

-inpatient _____

other (please specify) _____

(34) Are you still in touch with the Social Services Department on behalf of any elderly people in your capacity as avoluntary worker, and , if so , how often ?

no	_____
once a week or more	_____
once in two weeks	_____
once a month	_____
once in three months	_____
not sure	_____
irregular	_____

Section V. Views on the Social Services Departments

(35) What sort of services do you think that Social Services Departments should provide for the elderly ?

(36) What qualities ~~and~~ skills would you look for in someone who works for the Social Services Department ?

(37) Are there any other comments that you would like to make about the way the Social Services Departments currently organize their services for elderly people ?

(38) Do you think that there any jobs or services that are done by Social Services Staff at the present time which you think could be done by volunteers instead ?

Section VI. Background information Part II

(39) Are you involved in any paid employment at the moment ?

working full time _____

working P.T.(less than 30 hrs) _____

retired _____

unemployed but looking for work _____

unemployed _____

(40) If you are employed at the moment what is your occupation ?

.....

(41) If you are not working what is or has been your usual employment ?

.....

(42) If you are a married woman or a widow , what is or was, you husbands usual occupation ?

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.....

(43) Have you ever held a public office in this area such as a magistrate, school governor, local councillor etc ? If you have, what is or was it ?

no

yes yes, I

.....

.....

(44) What is your marital status ?

married

widowed

divorced

separated

single

(45) which of the following age groups do you belong to ?

20 - 30 years

31 -40 years

41 -50 years

51 -60 years

61 -65 years

66 -70 years

71 -75 years

76 -80 years

81 and over

APPENDIX 5

Table 1.1
OPCS Monitor 1983

Table 1 Population projections by age, persons, England and Wales

Index numbers (1981 = 100)

Mid-year	Total persons		Ages							
	Number (millions)	All ages	0-4	5-15	16-29	30-44	45 to pensionable age*	Pensionable age and over*	Pensionable age to 74*	75 and over
1981	49.6	100	100	100	100	100	100	100	100	100
1986	49.8	100	106	88	106	104	97	103	98	113
1991	50.3	101	119	85	103	107	98	104	97	121
1996	50.9	103	122	93	93	111	106	103	94	124
2001	51.4	104	117	100	86	117	110	102	90	129
2011	52.0	105	110	96	95	102	120	109	100	127
2021	53.0	107	120	94	97	99	121	120	111	139
2031	53.8	108	117	100	91	110	106	134	122	159
2041	53.8	109	114	97	96	103	114	131	108	179
2051	53.9	109	119	97	95	105	117	125	102	173

* Pensionable age of 60 for women, 65 for men.

Table 1:2

Speciality	Beds – average available daily	Beds – average occupied daily	Dis- charges and deaths	Day case atten- dances	Out patients clinics – new pat- ients	Out patients clinics – total attend- ances	Average length of stay	Discharges and deaths per available bed per year
1965	000s	000s	000s	000s	000s	000s	Days	Days
All Specialities	437	375	4,540	—	7,240	30,024	30	10
General Medicine	32	28	592	—	580	3,038	18	19
Geriatrics	55	52	148	—	18	86	128	3
Mental illness ¹	123	120	159	—	166	1,198	—	1
1975	1975	1975	1975	1975	1975	1975	1975	1975
All Specialities	386	313	4,976	422	6,926	30,948	23	13
General Medicine	30	25	715	34	442	3,090	12	24
Geriatrics	56	51	199	0.8	31	195	94	4
Mental illness ¹	98	86	176	25	156	1,344	—	2

¹ Includes chronic sick under psychiatric supervision in 1975 and adolescent psychiatry units in 1965

Source: Health and Personal Social Services Statistics England 1976 Table 4.8

2.5

In-patient spells: number of
medical/surgical in-patient
spells per 1,000 persons in a
three-month reference period
Great Britain 1973

	Number of spells	
	Males	Females
	26	18
	13	10
	13	21
	21	21
	29	26
	33	21
	18	19

Source: Table 6.25 (a) General Household Survey 1973

Table 2.4

Average number of beds
occupied daily
Great Britain 1973

Speciality	Average number of beds occupied daily as % of all
Medical	13
Surgical ¹	19
Maternity	4
Geriatrics and chronic sick	16
Mental illness	29
Mental handicap	15
Other	4
All	100 (393,000)

¹ Including gynaecology

Source: Chart 7.11 Social Trends No 7 1976

Table 2.10

Hospital service: summary.
Regular day patients England

	Number/ Rate	1973	1974	1975 (provisional)
Regular day patients	Number	31,658	33,299	36,383
New psychiatric patients	Rate	0.7	0.7	0.8
New psychiatric patients per 1,000 population	Number	22,652	28,296	30,269
New geriatric patients	Rate	3.6	4.4	4.6
New geriatric patients per 1,000 pop. over 65	Number	837,897	951,616	1,002,293
Total geriatric patients attendances	Rate	131.7	147.1	152.7
Total geriatric attendances per 1,000 pop. over 65				

Source: Health and Social Research Report 1975

APPENDIX 5

Talbe 1:2 continued

Table 2.11

Hospital medical staff and
consultants
Summary
England 1975

Description	Number/ Percentage
Hospital medical staff, all grades, all specialities	28,922
Hospital medical staff, all grades, geriatric speciality	1,032
Hospital medical staff, all grades, in geriatric speciality as % of total	3.5%
Consultants, all specialities	10,892
Consultants, geriatric speciality	298
Consultants in geriatric speciality as % of total	2.7%

Source: Various tables, Health
and Personal Social Services
Statistics, 1976

Table 2.15

Persons aged 65 and over
having contact with health
visitors, home nurses and
chiropody service
England December 1970/1973/1974

Persons over 65	Year ended 31.12.70	Year ended 31.12.73	Year ended 31.12.74
Treated by home nurses	530	833	929
Having contact with health visitors	369	533	549
Receiving chiropody treatment	830	1,003	1,235

Source: DHSS Annual Report 1975

Appendix M

APPENDIX M—PART II
NUMBERS OF SOCIAL WORKERS WITH THE MAIN KINDS OF QUALIFICATIONS (See paragraph 2 of Part I)

Date	Service	Description of worker	Total number	Number professionally qualified (see paragraph 2)	Number with social science degrees, certificates or diplomas only	Number with declaration of recognition or experience	Number of others
31. 3.67	Children's Mental health, local authority	Field officers, full time§	2,693	861	562	196	1,074¶
30. 9.67		Senior officers, whole-time	423	135	36	143	109
30. 9.67		Other mental health social workers, whole-time	1,202	227	104	126	745
30. 9.67	Welfare services,	Senior officers, whole-time	667	114*	73	183	237
30. 9.67		Other social workers, whole-time	2,004	205†	165	169	839
30.11.66	Probation Hospital services	Probation officers	2,479	1,706	—	—	773
30. 9.67		Social workers and assistants	1,684	1,040	163‡	—	481

*Plus 50 with the Home Teachers Certificate of the College of Teachers of the Blind and 10 with the Certificate or Diploma of the Deaf Welfare Examination Board.

†Plus 614 with the Home Teachers Certificate of the College of Teachers of the Blind and 12 with the Certificate or Diploma of the Deaf Welfare Examination Board.

‡Includes a few with Certificate of the Council for Training in Social Work.

§Field officer is defined as an officer engaged primarily on work with individual children and their families.

¶215 of these held the Central Training Council Certificate in the Residential Care of Children or a qualification for teaching, nursing, or a profession ancillary to medicine. 119 had degrees in a subject other than social service.

Table 1;3

Reproduced from
the Committee on
Local Authority
and Allied
Personal Social
Services,
Appendix M, Part
II, page 336.

APPENDIX 5

Table 1:4

COPY OF SASPAC TABLE OUTPUT FOR RINGWOOD TOWN

(Supplied courtesy of Hampshire Social Services Department 1984)

ALL RESIDENTS

AGE	TOTAL PERSONS	MALES		FEMALES	
		S/W/D	MRR'D	S/W/D	MRR'D
TOTAL	9998	2183	2594	2623	2598
0-4	555	289	---	266	---
5-9	717	344	---	373	---
10-14	719	355	---	364	---
15	151	84	---	67	---
16-19	618	332	0	272	14
20-24	522	211	54	128	129
25-29	668	85	245	56	282
30-34	775	85	300	44	346
35-39	696	50	302	35	309
40-44	572	29	267	35	241
45-49	499	28	218	43	210
50-54	519	31	227	53	208
55-59	509	36	200	65	208
60-64	516	38	197	93	188
65-69	601	38	219	154	190
70-74	548	40	173	191	144
75-79	401	51	116	145	89
80-84	255	32	59	131	33
85+	157	25	17	108	7

AREAS APPROXIMATELY 5 KMS AROUND RINGWOOD TOTAL POPULATION 15,142

(Figures courtesy of Hampshire Social Services Department 1984)

AGE	MEN	WOMEN
60-64	406	474
65-69	405	523
70-74	354	500
75-79	269	345
80-84	132	237
85+	67	176
TOTAL	1633	2255

APPENDIX 5

Table 1:6

DR. DOWNS AND PARTNERS
12,400.

LIST NUMBERS AT FEBRUARY 1984

<u>HAMPSHIRE</u>			<u>DORSET</u>			<u>Grand Total</u>
<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	
1881	-	1	-	-	-	1
1882	-	-	-	-	-	-
1883	-	1	-	-	-	1
1884	-	2	-	-	-	2
1885	-	4	-	-	-	4
1886	-	2	-	-	-	2
1887	-	1	-	1	1	2
1888	2	1	-	-	-	3
1889	1	4	1	-	1	6
1890	3	2	1	1	2	7
1891	3	3	-	-	-	6
1892	9	1	1	3	4	14
1893	2	6	-	3	3	11
1894	6	7	3	5	8	21
1895	12	11	2	3	5	28
1896	8	15	6	2	8	31
1897	4	12	2	7	9	25
1898	3	18	1	7	8	34
1899	12	28	7	11	18	58
1900	13	28	10	11	21	62
1901	27	26	12	18	30	83
1902	17	29	7	11	18	64
1903	24	31	11	35	46	101
1904	21	36	14	20	34	91
1905	22	41	20	13	33	96
1906	60	44	35	27	62	166
1907	32	40	22	35	57	129
1908	29	57	42	29	71	157
1909	38	56	23	20	43	137
1910	29	47	33	23	56	132
1911	28	43	33	39	72	143
1912	36	58	38	36	74	168
1913	30	50	38	50	88	168
1914	41	56	37	39	76	173
1915	39	53	42	37	79	171
1916	50	45	32	39	71	166
1917	29	39	28	30	58	126
1918	45	47	36	32	68	160
1919	32	47	21	32	53	132
712	992	1704	558	619	1177	2881

APPENDIX 5

Table 1:6 continued

DR. DOWNS AND PARTINERS continued;

Out of 12,374 patients in this practice the results are as follows;

	<u>Hants</u>	<u>Dorset</u>	<u>Total</u>
Aged between 65 and 75 yrs			
Men	315	197	512
Women	451	77	528
	766	274	1040
Aged 75 and over			
Men	397	361	758
Women	541	542	1083
	938	903	1841
Total number of patients in Hampshire		8266	
Total number of patients in Dorset		4108	

Total = 12,374

23.23% (2881) patients are over the age of 65 years.

Based on the above figures the over 65's of the remaining 8000 population would be;

Hampshire	1136
Dorset	784

making a fairly accurate total of 4,800 residents aged over 65 out of both practice areas of 20,000 people.

Table 3:1

Aves Report

Age of Men and Women Volunteers
(Percentage Distribution)

AGE (yrs.)	MEN		WOMEN		MEN AND WOMEN	
	Man- chester Survey	Inst. of Com- munity Studies' Survey	Man- chester Survey	Inst. of Com- munity Studies' Survey	Man- chester Survey	Inst. of Com- munity Studies' Survey
Under 18	12	0	14	1	13	1
18-24	11	11	8	12	9	11
25-59	67	71	64	71	65	71
60 and over	10	18	14	16	13	17
Total	100	100	100	100	100	100
Number of volunteers	1065	28	3466	86	4531	114