

U N I V E R S I T Y O F S O U T H A M P T O N

CARING FOR ELDERLY PEOPLE

COLLABORATION BETWEEN WORKERS IN STATUTORY
AND VOLUNTARY ORGANISATIONS IN NORTH TYNESIDE

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Of recent years the rise in the numbers of elderly people in the population aged 75 and over has increased the responsibilities of Local Authorities to cater for the needs of those in the group who because of disability or illness find it difficult to care for themselves. In a situation of financial constraint and where for reasons of quality of life the giving of care to people in their own homes is being encouraged, it is essential that Social Services Departments co-operate with voluntary organisations and community groups in the giving of that care. The obstacles to this happening appear to be considerable.

This study attempts to assess the degree of collaboration in one Local Authority and identify the factors which affect it. It was carried out by means of a questionnaire which was given to Social Services workers carrying case responsibility for frail elderly people - this was followed up by structured interviews with a sample of the respondents. A number of factors are identified which affect the degree of collaboration and recommendations made as to action the Local Authority needs to take in order to promote it, notably in the areas of joint planning, departmental structures, staff development and training, and operational co-ordination.

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INTRODUCTION

This paper is concerned with the possibilities of a partnership between workers in the Local Authority and workers in voluntary organisations in the giving of care to frail elderly people.

Although the care provided by families and friends has always been the main kind of care relied on by elderly people who become frail, until the advent of the Welfare State, elderly people without this source of help and who were also without money, had to be consigned to 'workhouses' - a form of care which had become abhorrent to many people. By the 1948 National Assistance Act, Local Authorities were given the duty of providing 'care and attention to those who by reason of age, infirmity or any other disability, are unable to provide it for themselves' and by the 1968 Health Services and Public Health Act the power 'to promote the welfare of the elderly generally and so far as possible prevent or postpone personal or social deterioration or breakdown'. Local Authority provision up until 1968 had included the provision of home helps, meals and recreation, the provision of residential accommodation and the assistance of voluntary organisations to provide services. Under the 1968 Act it was now also to include the provision of information services; help with travelling; boarding out schemes; social work and visiting schemes; practical assistance within the home; and warden schemes. At the time of the passing of the Act it was recognised that these duties would increase financial liabilities and that financial constraints would limit the ability of Local Authorities to carry out these duties. Since that time, the passing of the Chronically Sick and Disabled Persons Act 1970 has further increased Local Authority responsibilities as they now have a duty to provide aids and adaptations to accommodation for all disabled people - approximately 58% of whom are elderly.

A number of factors have come together in recent years to call in question the ability of the Local Authorities to carry out these duties. First and foremost has been the factor of the growing numbers of people over 65 in the population. Thanks to advances in medical science, more children survive, more people live longer and more reach their 80s and 90s than ever before. Although the actual number of people over 65 in the population, after a large increase

over the last 10 years, is no longer rising, the proportion of those who are 75 plus, and their actual numbers, will considerably increase up to the year 2,000. The age of 75 plus is one when vulnerability to disease and disability are at their greatest and in order to cope with the needs of those elderly people requiring care a tremendous increase in available resources will be essential.

Secondly, this apparent need to increase resources has come at a time when the money available for Local Authorities to spend has been seriously curtailed and when the political climate favours economic retrenchment. In addition to economic trends, central government has by its policies tended to manifest an increasing disenchantment with reliance on the Welfare State to provide all that is needed. In the eyes of the Right the Welfare State has acted as a kind of 'nanny' making people less self-reliant and therefore more likely to need State help - this runs alongside the belief that if people are in need of help they should pay for it, and therefore Local Authority services should be privatised. It should here also be noted that the Left has also become disenchanted with Welfare provision - believing that it has failed to cater for the needs of the most deprived people. (With such a political background it will be apparent that studies such as the present one lay themselves open to criticism from both sides in the argument.)

A third factor is that professionals in the Health and Social Services fields have recently come increasingly to recognise the importance of care in the community for elderly people, most of whom prefer to remain in their own homes when they become more frail. There has therefore been a shift away from the building of large residential homes to the giving of care by domiciliary workers, a method of care which is not necessarily cheaper if it is to be effective. It is generally recognised that if care in the community is to become a reality there must be an interweaving of different kinds of care - statutory care from social services and health workers; voluntary care from voluntary organisations and community groups; and informal care from friends, neighbours and relatives. If Local Authorities and in particular Social Services Departments are to carry out their duties with regard to elderly people effectively they need to organise themselves in order to collaborate with other agencies and resources in the community. In particular it

is necessary for Local Authorities to support those who are already doing the caring in order to enable them to go on doing so.

SOCIAL POLICY CONTEXT

In the political context outlined above, advocates for collaboration between professionals and voluntary workers and for a role for volunteers are perhaps in danger of being branded as anti-Welfare State. Darvill and Munday in their recent book (1984) trace the changes in social policy which have accompanied the trend towards collaboration between the two sectors, and point out the differences of view over the role of the State in the provision of welfare.

(pp. 4-8)

- i) 'The pure doctrine of State Welfare' is referred to by Webb and Wistow (1982) as having now collapsed. It involved widespread acceptance of State, public funded professional social services as the appropriate and effective response to many social ills with contributions by voluntary organisations seen as unnecessary and retrogressive.
- ii) This doctrine has been largely superseded in most political parties by a belief in 'welfare pluralism' involving contribution to social care from all four social care sectors, as referred to in the Wolfenden Report (1978). Supporting arguments for this view come from the increasing emphasis on cost effectiveness, the level of present and future unmet need and a need to avoid power being concentrated in the hands of professionals and bureaucrats. The Government discussion document 'A Happier Old Age' (1978) laid emphasis on the part to be played by Health and Social Services in catering for the needs of elderly citizens, and regarded the increasing numbers of elderly people in the population as a challenge to be met both in terms of the increasing resources needed by this group and in terms of all agencies working together to effect the meeting of needs.

- iii) Under the present Government which came to power in 1979, these approaches have been largely superseded by what may be called the 'safety net approach' and was expressed lucidly by Patrick Jenkin the then Secretary of State for Social Services in a speech thus:

"The 'Social Services Department' should seek to meet directly only those needs which others cannot or will not meet..... Their task is to act as a safety net. The final protection for people for whom there is no other port of call." (1981)

This approach is also shown in the Government White Paper 'Growing Older' (1980) which makes clear the view that the State cannot do all the caring - the main responsibility should continue to rest with relatives, friends and neighbours, the State only helping out when necessary.

- iv) A fourth approach which is a variant on the 'pluralist' theme has come into prominence through recent writing on the practice of social work. This approach may be called the 'community approach' and it is described in the work of Hadley and McGrath (1981) who advocate more citizen participation in the personal social services partly through an extension of opportunities for volunteering. They argue for a greater contribution by volunteers and voluntary organisations to social welfare than has been allowed for since 1945 but with social services still playing a key role. Community social work in the sense it is used in the Barclay Report (1982) expands the aims of State provision and involves the deployment of staff in collaborating with agencies in the community in a more effective way. The approach to community social work described in the report is one to which the present writer subscribes and the belief in which gives this study part of its impetus.

It may be noted that this topic is dealt with in a fuller way in another book by Hadley and Hatch (1981). They and also Gladstone (1979) expand on the theme that voluntary organisations should play a far greater role in the running and delivery of social services. This is on the grounds that voluntary organisations can be more innovatory than statutory ones; that they can be more cost effective in the provision of services; and that they offer more opportunities for ordinary citizens to participate in the planning and delivery of services. Brenton (1985) takes each of these factors in turn (pp.179-194) and tries to show that this may be wishful thinking on the part of the writers. Even if all these features were true of voluntary organisations, she points out that it is by no means clear that they would be able to retain these advantages if given more responsibility for services than they have at present. However, she goes on to argue that voluntary organisations can and should have a place in the continuum of care being provided. They can focus attention on special social needs; they are in a better position to harness the energies of volunteers in the performance of tasks that would not be undertaken by paid workers; and they can act as a kind of 'ginger group' so far as the statutory agencies are concerned. (pp. 219 to 222)

There are good reasons why the statutory and the voluntary sectors need each other. With regard to the emphasis placed by the discussion document 'Growing Older' on the possible contribution to caring from relatives of elderly people, it may be pointed out that:-

- (a) Many elderly people are single or childless and therefore have no immediate relatives to care for them. Wenger (1984) found that this was true of 30% of elderly people in her study.
- (b) Many very elderly people have children who are themselves past retirement age.
- (c) Many elderly people live at a distance from their relatives and do not always wish to move to a new area to be near them.
- (d) Because of changes in patterns of employment many daughters who once stayed at home and cared for elderly relatives now

are in employment, sometimes from economic necessity but also because further education leads to wider expectations of the role of women.

- (e) Where once several generations might live together in apparent harmony, modern small houses do not lend themselves to catering for three generations whose lifestyles may be very different.

In spite of these factors it appears true, as a recent report from the Equal Opportunities Commission (1984) has pointed out, that many families do take responsibility for the care of elderly dependent relatives. Many want to go on caring and they need more support in caring than is currently available.

The availability of help from neighbours has been widely discussed, e.g. in the campaign launched by David Ennals, a former Secretary of State for Social Services, under the title 'Be a Good Neighbour'. In many places, however, the break up of old communities has meant the disappearance of some of the neighbourliness which has traditionally existed. This is a concept that may have been over emphasised as many 'neighbours' have their own family commitments and do not wish to become involved in a close and demanding way (See Allen G (1983)). Studies on neighbouring (See Bulmer (1986)) show that in most cases spontaneous neighbourly acts are not likely to include the performance of personal care tasks on a continuing basis. This is not to say that there is not in the community more potential for people to help each other, but that (a) this will need to be organised in order to bring together the people with the time and willingness and the people who need some kind of help (See Abrams P. (1981)); and that (b) the tasks that 'good neighbour' schemes are expected to carry out need precise definition.

Historically the voluntary sector has played a pioneering role in developing services that are needed. The present Government in its attempts to encourage this has often seemed to be acting from the belief that voluntary organisations can provide services more cheaply because they are run by voluntary and unpaid workers. The confusion between 'voluntary organisations' and volunteering is one that will

be clarified in the next section, but from a social policy point of view it is necessary to note here that the Government appear to hold an over optimistic view of what care can be provided 'on the cheap'. In the Writer's view, recent initiatives such as 'Care in the Community', 'Opportunities for Volunteering', 'Helping the Community to Care', which result in funding being given to voluntary organisations for specific projects, are only to be welcomed if they enable these organisations to organise volunteers in order to complement and supplement the help which the State is able to give, not if they are regarded as a replacement for it.

AIMS AND OVERALL PLAN OF STUDY

This study aims to look at the giving of care to elderly people in one Local Authority, attempts to find out the degree of collaboration between statutory workers and voluntary organisation workers and to define what obstacles exist to this degree of collaboration.

For the purposes of this study the term 'statutory workers' refers to Social Services workers with case responsibilities for vulnerable elderly people living in their own homes in the community. It does not therefore include residential workers or home helps, who do not normally carry case responsibilities.

The term 'voluntary organisation' refers to 'welfare organisations which are not merely informal groups; not established by statute or statutory authority, not directly controlled by statutory authority; not commercial in the sense of profit making or dependent on fees and charges paid by private individuals' (Hatch (1980)).

Workers in voluntary organisations may be paid or they may work in a voluntary capacity. Workers in a voluntary capacity will be referred to as 'volunteers' and the following is taken as the definition of a volunteer:-

"A person who voluntarily provides an unpaid direct service for one or more other persons to whom the volunteer is not related. The volunteer normally provides his or her service through some kind of formal scheme rather than through an informal neighbourly arrangement." Darvill & Munday (1984)

The particular voluntary organisations selected for inclusion in the questionnaire to social workers were selected on the basis that they are the main ones known to be providing help for elderly people in the Borough, and with which Social Services are in contact.

The questions outlined in the aims as stated above, are approached from the point of view of basic grade Social Services workers in one Social Services Department. An initial attempt, described on page 26, to start with information held by voluntary organisations about cases which had been referred to them, fell down because it was not possible to trace these cases back to the original source of referral. However, the conclusions drawn from the study, based on the results of the answers to the questionnaire and the interviews with selected workers, were later checked out with the management of the 2 voluntary organisations concerned and their comments noted.

1. It is my position that the welfare of elderly people with special needs can only be maximised if statutory and voluntary organisations work together to care - complementing each other. Agencies should organise their services in such a way as to ensure that overlapping of provision is avoided but that, if possible, no one falls through the net; that flexibility of provision is promoted together with variety and a choice between services; that the most dependent people are provided for but that equally those who because of ill health, bereavement or isolation, need help at an earlier stage, are catered for. Agencies should, by consultation, seek to understand what other organisations can and cannot offer, and accept this. Such collaboration should be able to bring about a more appropriate 'continuum of care' geared to the special needs of the elderly person.
2. It is also my position that strong obstacles and barriers to such collaboration and partnership exist, and that these hinder the achievement of the above objectives. The purpose of this study is to elicit information about what those obstacles are and why they exist, and the perceptions which surround them.

During the course of the study statutory workers involved in helping elderly people with special needs were asked to describe their reasons for working with these people and to discuss what they thought statutory and voluntary workers could do to help them and how they perceived the roles of each. As Ewan Ferlie points out in his introduction to a description of innovations in care (1983) 'One further topic for investigation is the extent to which operational co-ordination is achieved between the voluntary and the statutory sectors at case as well as at planning level'.

3. It is also my position that the main role of social work staff in working with elderly people should be to co-ordinate a range of services on their behalf which may include domiciliary care staff (or 'home helps') nursing auxiliaries, good neighbours and volunteers. If it is possible therefore to identify the factors which inhibit such a role, this may be the first step towards changing attitudes and expectations in order to facilitate this.

4. It is my position, finally, that volunteers should not be recruited to, or expected to, perform tasks that are normally the province of paid workers. One example of these kind of tasks are tasks involving personal care of elderly people (washing, dressing, toileting etc.) which now fall within the job description of the home help. (They may, of course, also be performed by caring relatives.) For this reason I did not include in the part of the questionnaire asking social work staff what tasks can be done by volunteers, tasks relating to personal care.

It is my belief that there are many tasks, however, which are additional to those performed by paid workers and which volunteers should be recruited to undertake. Holme and Maizels (1978) have a list of these which they used for the purpose of their study (pp 74 to 75) and they include practical tasks such as escorting, gardening, decorating, 'work requiring special skills', befriending, routine visiting, counselling. Generally speaking I believe these to be acceptable with the proviso that sometimes the tasks of befriending and of counselling may

overlap with that of professional workers. An example of this which will be referred to later, is in the Probation Service where the Probation Officer's duty 'to advise, assist and befriend' his clients is shared with 'voluntary associates'. It is clear, however, that this does not detract from his overall professional responsibility, but may be said to enhance it.

In the course of the discussion I shall refer first to some recent writing on collaboration between voluntary and statutory organisations in general, and between Social Services staff and voluntary workers in particular.

I shall show the need for further research in this field and go on to discuss the value of case studies in illustrating the problems to be faced and pointing towards possible conclusions. I shall then take the particular Local Authority that I studied - North Tyneside Metropolitan Borough Council - describing the area, the Social Services Department, the way that its staff are deployed, the voluntary organisations that exist, and the political climate and intentions.

I shall then go on to describe the particular way in which it was decided to carry out the study - by giving a questionnaire to social work staff working with elderly people and following this up with interviews - and explain how the questionnaire was drawn up and what it was designed to elicit, together with the question of how it was administered. There is then a discussion of how the data was aggregated and summarised, and a summary of the results obtained. A discussion of the basis on which the interviewees were chosen and the way in which the interviews were conducted is followed by a description of the main issues which emerged. The comments of managers in two voluntary organisations were noted. Finally I draw attention to how these conclusions are illustrated by other writing and research on this subject, and then point out the implications in terms of policy and practice for the Social Services Department concerned.

REVIEW OF RECENT WRITING

The issue of collaborative working between statutory and voluntary organisations in a structural and planning context has received attention over the last 10 years from a number of quarters. It appears that central government departments view the relationship as a 'partnership'. In 1977 the D.H.S.S. issued a set of Guidelines concerning priorities for the Health and Social Services (D.H.S.S. 1977). It cited the newly launched Good Neighbour Schemes as an example of the kind of model it would like to see repeated nationally, and stressed that 'voluntary organisations and the Health and Personal Social Services at national and local levels must plan and work together'. As far back as 1969, the Seeborn Report (DHSS 1969) on Local Authority and Allied Personal Social Services had looked forward to 'a really productive partnership' requiring modification in the ideas of both sectors.

The report of the Wolfenden Committee (1978) was the first to refer to three kinds of contribution that the voluntary sector can make - extending the scope of existing provision; improving the standards of existing provision; and offering services where none is available.

The 'Report of a Study on Community Care' (DHSS 1981) states that 'the provision of the 'right' package of services by effective co-ordination between Local Authorities and voluntary organisations is essential. Proper co-ordination is all the more important when resources are limited, to ensure that unnecessary duplication is avoided and to minimise, as far as possible, glaring gaps in provision in a particular locality'. The report considers the role of Social Services Authorities acting as facilitators in identifying, supporting and developing community resources; and as planners, in ensuring that the potential contribution of the voluntary sector and its strengths and weaknesses are taken into account in the process of planning. It goes on to suggest 'that the Department should commission some descriptive and survey work into the different ways in which Social Services Departments organise themselves and deploy their staff in relation to community and voluntary provision. The aim would be to evaluate the effectiveness of existing practices. It may also

be helpful to make research funds available to support the development and evaluation of new collaborative mechanisms'.

Leat, Smolka and Unell (1981) carried out a study in 8 different areas to obtain a detailed picture of the web of statutory/voluntary interaction at local level, and tried to apply to the local scene various questions about voluntary organisation participation in social planning. They found that the structures and ways of thinking differ greatly between the two sectors, and that attitudes to voluntary bodies may differ even within the same department of a Local Authority. A piecemeal response to the situation tends to triumph over a rational planning approach and voluntary organisation involvement is often seen by officers as involving elements of professional or political risk.

In 'Working Together' (AMA, ACC, NCV0, 1981) guidelines are set out for more formal collaborative relationships between Local Authorities and voluntary organisations; the process of joint consultation and planning is outlined and possible criteria for the giving of grant aid suggested.

Brenton (1985) in a comprehensive work covering the history of the involvement of voluntary organisations in Social Welfare, adopts the model first put forward by Sidney and Beatrice Webb in 1909. They saw the voluntary sector acting like an 'extension ladder' in relation to the basic services to be provided by the State - extending and improving the services offered.

Brenton and a number of other writers, notably Johnson (1981) draw attention to the danger of voluntary organisations becoming too dependent on funding from either central or local government, thus potentially restricting their ability to pioneer new services and act as a pressure group.

Ewan Ferlie (1983) in his summary of innovative schemes in caring for elderly people in various parts of the country, describes some schemes which involve Local Authorities and voluntary organisations in a pluralistic approach - planning and managing such schemes in a collaborative manner. Similarly, Darvill and Munday (1984) describe a

number of schemes initiated by statutory and voluntary organisations together. These include the HANDS scheme in Kent, where a Voluntary Service Co-ordinator is employed jointly (chap.10) and a scheme in Lewisham where a Voluntary Help Organiser, employed by the social Services Department, is attached to the local Volunteer Bureau (chap.4)

One of the foremost advocates for a place for volunteers within the social services setting has been Giles Darvill, in his work at the Volunteer Centre. In his book 'Bargain or Barricade' (1975) he summarises the attitudes of Social Services Departments to the use of volunteer programmes. In lighthearted vein he summarises the categories as the 'abstention attitude' where professional and voluntary services function separately; 'the call girl' attitude which looks upon voluntary services as a shameful but necessary convenience; the 'suburban attitude' in which the Department expects cheap, polite and respectful service (the most common attitude of all) the 'King Henry VIII' attitude whereby volunteers are encouraged to experiment but at their own risk! and finally the 'intimate enemy' attitude in which there is conflict but it is brought out into the open and regarded as healthy.

Collaboration in an operational sense between statutory and voluntary workers over individual cases is argued for in the Barclay Report (1982) as well as in a number of other recent documents. The amount of data available at present about the extent and nature of such collaborative activity is however extremely limited. The Community Care Scheme in Kent described by Challis and Davies (1980) is a system whereby social workers are given specific sums of money in order to buy in care for elderly people who would otherwise enter residential homes. This care is provided by extra statutory help and by making payments to neighbours and to volunteers to do the caring. These workers are not, however, voluntary workers in the sense we are using the term for they are not attached to a voluntary organisation, neither are they volunteers in the sense of receiving no reward for the work which they do.

The one major national survey of social workers' involvement with voluntary workers was undertaken by Holme and Maizels (1978). They sent out a questionnaire to social workers which was completed by

1,423 - about 1 in 20 of all social workers in England and Wales. They estimated, as a result, that 56% of social workers in Social Services Departments were working with volunteers, but most with just one or two volunteers (p.67 Table 4.1). Their findings confirmed evidence elsewhere that 'measured quantitatively, working with volunteers in the statutory service is a small scale operation' (Darvill 1975).

Other researchers have reached the same conclusion, notably Parsloe and Stevenson (1978) and Goldberg and Warburton (1979) who all found a marked reluctance by social workers to involve volunteers in their work. Goldberg and Warburton studied new referrals to the Social Services Department in 'Seatown' during one year and found that of 564 clients whose need for help arose from old age or physical disability only 3% had been referred for a voluntary visitor. Sainsbury and Nixon (1978) (quoted by Goldberg and Warburton (1979)) in a study of long term social work in a Social Services Department, found that relatively little use was made of auxiliary help with clients or of voluntary helpers to undertake befriending functions. Munday and Turner (1981) in surveying a three year action research project designed to increase the extent and variety of volunteer involvement in the work of Area Social Services Department Teams in Kent found that change in this direction was relatively slow and piecemeal.

A second major finding in the study by Holme and Maizels (p.79 Table 5.5) was that the cases most likely to be referred to voluntary workers were those of elderly people, closely followed by disabled people - traditionally those client groups which social workers least prefer to work with. They divide the activities of voluntary workers into two kinds - 'befriending' and 'practical work' - the tasks most likely to be done for elderly people. They also refer to 'personal support' - a type of help more likely to be given to individuals and families. The respective contributions of voluntary workers and statutory workers in individual cases is not easy to define, and Munday and Turner (1980) observe that demarcation lines over who does what may shift from time to time. However, Holme and Maizels found that social workers like to remain in the driving seat and usually

decide the allocation of respective roles and tasks, although certain tasks such as work with families where there has been non-accidental injury to children, and statutory mental health work, may appear as only suitable for trained social workers. It should not be forgotten, however, that some voluntary organisations employ trained workers specifically to work with difficult families, also that volunteers often undergo forms of specialist training such as bereavement counselling and alcohol counselling.

Holme and Maizels see two main forms of collaboration as being in operation between statutory and voluntary workers - the supplementary and the complementary models (pp.172-3). Darvill and Munday (1984) use this classification in describing schemes in various parts of the country, and of the eight schemes which they describe, the three which involve the supplementary model turned out to be the least effective, while the five involving the complementary model had the most success. As I shall to some extent use these models in the present analysis, it may be worth spending some time in describing them. The supplementary model is one in which voluntary workers perform tasks that statutory staff consider necessary and to be in the interests of the quality of life for clients or prospective clients, but they are tasks which paid staff cannot, or should not, do themselves - an example of such a task is frequent supportive visiting of elderly people. It is thought that in this model close collaboration between workers is not required because the tasks are of a marginal nature and do not need close control by professionals. In contrast, the complementary model is one in which voluntary workers are engaged on tasks that are integral to the completion of the professional's service, involving a close relationship between the workers, and requiring a significant degree of control of the volunteers. This may sometimes result in the voluntary workers being attached to the statutory agency rather than being based in the community.

To these two models may be added a third, which is implied in a number of discussions of the uses of volunteers and is referred to indirectly by Leat (1978) in her description of 10 models of volunteering. Her third model she describes as 'a way of remedying deficiencies' - the volunteer fills gaps in what should be the role

of the professional services. For the purpose of this study I shall call this the 'substitutionary' model as it is the one which often causes confusion, particularly in discussions with Trade Unions. As a model it has been addressed by several publications from the Volunteer Centre (1975 - 1983) pointing out that volunteers should never be required to perform the jobs which are normally performed by paid workers.

A scheme in Leicestershire, known as Quadruple Support for Dementia (DHSS 1984), is an illustration of the complementary approach to the provision of services. There, Voluntary Services Organisers, who are responsible to a voluntary organisation, actually share offices with social workers and they work together to provide four forms of support to sufferers from dementia, and their carers - day care, relatives' support groups, daily monitoring and a 'Community Dementia Team' to liaise between the Primary Health Care Teams and a Specialist Psychiatric Service. The voluntary services organisers are involved in recruiting and deploying volunteers in order to meet the needs of the elderly people and of their carers, and because they are based in the Social Services Office they are in a good position to know the needs of the clients and to recruit voluntary workers who will be acceptable and will win the confidence of the professionals.

A 'complementary' model in the use of volunteers also exists in the Probation Service where volunteers are called 'voluntary associates' and work closely with Probation Officers in their task of 'assisting, advising and befriending' their clients. Holme and Maizels in their study (1978) found that a higher proportion of Probation Officers than Local Authority social workers used volunteers and had direct contact with them. Ken Ward in Darvill and Munday (1985 chapter 8) spells out the need for a profession to have a well developed identity in order to work with volunteers adequately, and emphasises the importance of 'spelling out the boundaries'. He considers that the professional's role is enhanced as he is free to spend his time in the 'skilled activities' such as family therapy and group work. It is to be noted that in this model the volunteers are attached, as it were, to individual Probation Officers so that the question of collaboration between workers in different agencies does not arise in the sense I am considering it in this study.

A study I carried out of a scheme in Whitley Bay (Pain 1983) where social workers and volunteers worked together in giving care to frail elderly people, is also an example of the complementary model. The study concluded that there was a need for better systems of preparation of, communication with, and management of, volunteers, if such schemes were to be effective.

Power et al (1983) describes 'Volunteer Support to Elderly People in Residential Homes' - an action research project which they set up in homes in Weston Super Mare. Their aim was to test whether by the introduction of volunteers they could improve the quality of life for residents. This scheme is an example of the 'supplementary' type of model. The help to be provided was considered to be a useful extra to what was being provided by the paid residential workers. The staff were consulted about the need for such a scheme and asked to suggest ways in which the volunteers could help (mainly in tasks associated with befriending and encouraging clients to go out) but so far as can be judged from the narrative there was only peripheral contact between volunteers and staff once the scheme had been introduced. The staff were apparently not included in inaugural meetings of the volunteers (these were conducted by the researchers) and there is no indication that what the volunteers were doing was regarded by the staff as part of an Individual Programme Plan for each client - there is no mention of volunteers being invited, for instance, to Case Conferences or Review or Planning meetings. In this sense, the study does not involve 'collaborative working' in the sense I am studying it in this paper. It is nevertheless worthy of note that although no overall conclusion could be reached as to the improvement in the life satisfaction brought about by the use of volunteers, it is recorded that the most notable increase in clients' Life Satisfaction score took place in the home where everyone involved - staff, volunteers and clients - 'worked well together'. (p.225)

It is, of course, possible for voluntary workers to assist elderly people in a way unrelated to the functions carried out by the Social Services Department. However, the number of frail elderly people who are referred to Social Services Departments means that in practice

social workers act as gatekeepers in allocating the sort of help that is given to elderly people with particular needs. If voluntary workers have something to contribute in terms of improving the client's quality of life it is therefore essential that social work staff are prepared to adopt a collaborative approach. The barriers which exist to such collaboration have been given some attention by various writers, Holme and Maizels (pp.96-98) refer to the question of time for this task which they found in their study that social workers claimed they lacked. Gay and Pitkeathley (1982) discuss the elements of accountability and risk in much social work carried out in statutory agencies, and ascribe social workers' reluctance to work with voluntary workers to this factor (p.117).

Other Authors such as Baldock and Prior (1981) refer to the professional's training in case work, which tends to be regarded by many social workers as their most important function in all cases, and the province solely of professionals. Munday and Turner (1981) included in their study the clients' perceptions and evaluations of the contributions made by both social workers and volunteers, and found that in the eyes of the clients each group of workers had certain advantages. They felt less beholden to people who were paid to help them, although the contribution which volunteers could make was preferable in terms of the time that could be spent and in their more informal approach.

A CASE STUDY - NORTH TYNESIDE

It was decided to carry out a study in one Social Services Department in order to investigate the amount of collaboration that took place between voluntary and statutory workers in the care of elderly people, and to identify attitudes towards this and possible obstacles to greater co-operation.

Tripodi (1974) described the usefulness of case studies in research as follows:-

"The basic strategy of a case study is to describe thoroughly a single unit - an individual, a group, an organisation, a community - for the purposes of developing ideas for subsequent investigations, clarifying concepts and formulating hypotheses..... Although the logical strategy of case studies is less subject to codification than those of experimentation and survey methods, there are several features which can be identified: The description of past history through available sources of information, the description of a phenomenon over time by gathering a wide variety of quantitative and qualitative data, the selection of instances of contrasting experiences, and the flexible role of the researcher in integrating and summarising his observations."

The dangers in such an approach have been documented by Tizard, Sinclair and Clarke (1975). They stress the need to compare one unit, group or organisation with another, and to look at the factors which make them different - they point out that it cannot be assumed that one unit is representative of all and that therefore general conclusions cannot be drawn on the basis of one study. However, Hall et al (1975) consider that, given certain safeguards, the case study has value. "The method is effective in suggesting general propositions about how policy develops..... such propositions emerge from the close examination of actual examples. It is also a valuable means of conveying the immensity of the task confronting those who embark upon the journey from description to generalisation in this terrain." They add that such studies "are suited to the 'action' approach and to the exploration of the meanings actors attach to their behaviour in policymaking situations". They point out that some safeguards seem to be necessary: "there must be an acknowledged conceptual framework, with reference to which the cases are studied and the conclusions drawn. There must be a set of questions which the cases are intended to help answer - there has to be a delimiting context". But they go on to say "Although some boundaries have to be imposed, the more the chosen case or cases are set in the context of what else was or was not happening..... the less risk there will be of over simplification".

At the time of this study North Tyneside was one of the five Metropolitan Boroughs which made up the Metropolitan County of Tyne and Wear in the North East region of England (the Metropolitan County was abolished in 1986). Its population, which was over 200,000 at the formation of the Borough at the time of Local Government reorganisation in 1974, was 198,000 in 1981. Of its inhabitants 29,100 were over the age of 65 - 14.8%. This compared with a national average of 15%. Over the last 10 years the proportion of elderly people over 75 years increased by 23%. (OPCS 1981)

The region in which the Borough is situated is traditionally one where poverty, unemployment and urban deprivation have been endemic. This fact is not always immediately obvious to the casual visitor, as prior to 1979 the amount spent by Local Authorities on environmental improvements and on services like housing and education had been considerable. Nevertheless, the fact remains that the old run down industries of shipbuilding and heavy engineering have been replaced by few modern industries. The centre of the Tyne and Wear region - Newcastle upon Tyne - has become a comparatively prosperous centre in commercial terms - banking, insurance, trading and shopping drawing in people from a wide area ranging from Cumbria to the Scottish Border, and from Scandinavia. In spite of a total loss of population in the area, however, unemployment in Tyne and Wear currently runs at 19.9% and in North Tyneside it is 15%. (Source - Department of Employment)

The Borough was put together in 1974 from the old County Borough of Tynemouth and from the former urban boroughs of Whitley Bay, Wallsend and Longbenton, which had all been part of the otherwise mainly rural County of Northumberland. This was not a natural coming together as the area was, and is, a most diverse one. Northumberland was a large County, its population very scattered, and it had not spent much in the past on education and services in its urban parts, in contrast to the nearby longer existing Borough of Newcastle. A Policy Statement by the Council states the 'North Tyneside began with too low a budget' (Policy Statement No. 3.1 Policy and Resources Committee 21 July 1984) and in a sense it has spent the last 12 years recovering from the deficit it inherited.

It also started off with the disadvantage that there is no natural centre for the Borough and no common sense of identity between the people. It includes the more middle class affluent areas of Whitley Bay and Tynemouth (many people commute each day to Newcastle); the decaying urban river strip of North Shields and Wallsend; a number of small pit villages in the North; and the Longbenton Estate which had grown up as a vast postwar overspill estate for the City of Newcastle.

In the past few years the population in the West of the Borough (Wallsend and Longbenton) has been increasing relative to the East. In the West of the Borough also, the numbers of elderly people have proportionally increased more than in the East, although the total numbers in the East remain higher. This is against a background of services in the West of the Borough being scarcer.

When the Social Services Department was formed in 1974 it was headed by managers who had absorbed ideas advocated by the Brunel Institute of Organisational and Social Studies (BIOSS 1974). The managers decided to decentralise Social Services according to the 'Brunel B' Model, meaning that services in the four local areas of North Shields, Whitley Bay, Wallsend and Longbenton, were all to be managed locally - residential establishments, day care centres, home help services included. This had the potential advantages that each area office could respond to the needs of its area and manage its own budget to serve those needs; that good relationships could be formed with other agencies working in the areas; that social workers who needed a resource for a client could obtain it more directly without going through the central bureaucracy. Some of these objectives were indeed achieved. However, there is little evidence that this form of organisation resulted in a better relationship with local communities. Instead there is evidence that, as a result, resources became inequitably deployed - where you lived in North Tyneside determined whether you got a service. This is perhaps illustrated by the fact that for many years the Wallsend area had more home help hours than any other area, without any demographic reason for this - the Area Manager had a special interest in the Home Help Service. For many years each area set its own priorities with little co-ordination from the centre.

In 1985, the Department had the following resources for elderly people - (Source - Internal unpublished report).

11 Residential Homes giving a total number of places of 512 (DHSS Guidelines 750 needed)

66 Day Care places (DHSS Guidelines 100) giving a shortfall of 34 places.

17,300 domiciliary and home help hours (DHSS Guidelines 18,800) giving a deficit of 1,500 hours.

In terms of sheltered housing for elderly people the Borough was comparatively well off, possessing 1,484 units.

There were 199 psychogeriatric beds allocated to North Tyneside in a hospital which is outside its geographical area.

There were 206 places for geriatric care and this was a local resource.

Day hospital places (30) were low in number although more were planned.

The private sector in residential care was rapidly expanding and had over 600 places.

In a situation of scarcity it is only during the last three years that the Social Services Committee has realised the need to increase its spending, not only in terms of places for residential care (of which it had had a rolling programme since 1974) but in terms of day care and domiciliary care. In a situation where spending on other vulnerable groups like mentally ill people, was very low, the claims of the rising number of the elderly population have had to compete in financial terms with other demands. North Tyneside only just escaped 'rate capping' in 1984 and it took a considerable cut in its rate support grant instead. In 1983 it had increased its General Rate to £2.3, one of the highest rates in the country.

In late 1976, after a background in the Probation Service I went to a job as Team Leader in the Whitley Bay area. The geographical area covered by the team produced a high rate of referrals of elderly people and while I was there the team began to look at groups of elderly people with particular needs in terms of what could be done for them as a group, resulting in the establishment of group work,

and in a scheme for volunteers to visit elderly people in order to provide stimulation and support. These two facets of the job later were to influence my role as a Development Officer at Central Office especially when the Planning and Evaluation Section was formed and I was given some responsibility for planning and developing services for elderly people.

The Planning and Evaluation Section had been formed in the realisation that more planning and co-ordination of services was needed from the centre. In many of the things I tried to do I found that the area staff traditionally harboured suspicions about Central Office staff - there was no obligation to consult centrally when they were planning developments in service and as there was very little policy that was either understood or written down the situation was confused, this being compounded by a lack of good communications. The present Director who was appointed in 1984, was appointed by the Committee to remedy this situation and it is likely that in the near future Policy and Planning Co-ordinators will be appointed for each 'client group' who will be the recognised focus for advice and service development in the Department. In the meantime, as well as being involved with the District Health Authority, the Housing Department and Age Concern in planning services for elderly people, I am also responsible for the Department's co-ordination of grant aid to voluntary organisations. These factors help to account for my interest in the present topic.

In 1980 a decision was taken in three of the area offices to organise the social work teams according to a coverage of particular geographical areas. This meant that the former Health Care Teams which had existed were abolished and that the three areas concerned each had three teams with a health care worker in each. The fourth area, North Shields, decided that it wanted its teams to specialise and its four teams were accordingly deployed to cover children, teenagers, elderly people, and mentally and mentally handicapped people respectively. Some workers referred to the three areas as adopting a 'patch' system but all it meant in practice, at any rate at first, was that workers in each team took referrals from a particular geographical area. This area might or might not have a

central point of reference such as a shopping centre; it might or might not be a unity in terms of housing and social class; it might or might not be a 'community' in the sense of people knowing and helping one another. What tended to happen was that a number of heterogeneous areas were put together to form a 'patch' mainly for the convenience of being able to divide out the referrals equally and speedily.

Thus Whitley Bay was divided into teams in the North West and East; Wallsend into teams in central Wallsend, Howdon and the Battle Hill Estate; the Longbenton Estate into Forest Hall, (including part of the Estate) the Estate itself which had the pit villages tacked on, and the new town of Killingworth. Preston Hospital retained its own social work team which although situated in North Shields was accountable to a manager at Central Office. In the study that follows we shall be referring to 12 different teams - 2 'specialist', at North Shields, one in the hospital and 9 'patch' teams. Each team usually consists of a team leader, 1 to 3 'Level 3' social workers, up to 5 'Level 2' social workers, and 3 social services officers. These latter workers are gradually being offered training with the Certificate in Social Services.

In the heterogeneous areas which are described above as being the focuses for the teams functioning, there is sometimes difficulty in relating to Housing Department offices whose boundaries are not always coterminous. There is a closer approximation here, however, than there is in the matter of the areas covered by primary health care teams. General Practitioners draw their patients from comparatively wide areas and a team may have to relate to up to 7 different 'practices' (50% of General Practices, however, have a particular social worker who liaises with the Practice). The difficulty also arises in relating to various voluntary groups which may be wider than the 'patch' and have no roots or work going on there, or may alternatively be very localised (such as a luncheon club) and specific to a very small part of it.

In terms of the 'patch' philosophy, all workers are said to be 'generic' in approach although in practice many of them specialise in particular areas of work. In practice child care cases, particularly

the complex and difficult ones, are given to the most senior workers, whereas cases involving work with physically handicapped and/or elderly people are overwhelmingly more likely to be dealt with by social services officers who are usually untrained. This accords with the finding of Parsloe and Stevenson (1978) that fieldwork with elderly people in their study was overwhelmingly being handled by unqualified social workers or by social work assistants (quoted in Howe 1986 p.15). Although many of them have built up great expertise in this area of work, this factor serves to symbolise the low status of work with elderly people, in the Department. Apart from a senior hospital social worker who deals mainly with patients in the geriatric wards, there is not a single field social worker who specialises in work with this client group or whose job bears a title relating to elderly people.

Although many of the teams are deployed on a geographical basis, few workers have had any training in community social work, nor are they expected by senior managers to work in this way. Individual team leaders are very keen on some of the ideas outlined in the Barclay Report (1982) relating to the importance of liaison with voluntary groups and other workers in the area, but the bombardment of individual cases that have to be taken onto someone's caseload means that a great deal of determination is required to adopt a wider perspective in terms of 'social care planning'. In each of the four areas there is a Community Development Officer who is deployed by the Area Manager in differing ways. In general they tend to feel isolated, lacking the training which would give them equal status with field social workers, and lacking in the resources which would enable them to be of use to community groups. Recent plans which will be outlined later, mean that this situation may soon change.

The way in which the voluntary sector is organised on North Tyneside is also largely determined by historical considerations. It, like the Local Authority, had to face the coming together of local communities which had little in common with each other and where there was a preponderance of voluntary effort in the more affluent parts of the Borough which did not extend into the deprived areas. An initiative which attempted to form a North Tyneside Council for

Voluntary Service faced not only these difficulties but the 'traditional' attitude of some Labour Councillors who felt that local Councillors were the real voluntary workers in their areas, and that insofar as paid activity was concerned this should be done by Local Government Officers. In spite of this a Council for Voluntary Service was formed. It was some years before it got a full time worker, and in spite of being invited to have representatives on the Social Services Committee, has failed to make any impact. Added to this it was based in one area of North Tyneside - Wallsend, and found it difficult, because of lack of long term funding, to establish a base in other areas. (Compare Hatch's description of the Council for Voluntary Service in 'Anglebridge and Kirkforth' (1980 pp68-69) "Initiatives were taken but not sufficiently vigorous or widely supported to make them a success").

The progress of Age Concern North Tyneside was somewhat different. It began in a small way on the initiative of the wife of a local influential Councillor. Already there were Old People's Welfare Committees in Forest Hall, Wallsend, Whitley Bay and Tynemouth, all founded by voluntary welfare workers who relied on events such as coffee mornings to raise funds. The Councillor's wife, however, saw this activity as needing a broad North Tyneside approach. When the possibility of funding for projects, first under the Inner Area Programme and then from the Manpower Services Commission, emerged, she was quick to seize the opportunities and in the early stages she was supported in this by the Social Services Department. Inner Area Funding was secured for a Borough-wide Day Centre and for a voluntary visiting scheme. A Day Centre was set up in a High School in the Longbenton area with Manpower Services Commission staffing. Later, under pressure from the Manpower Services Commission, a large agency was established and funding was obtained from them for a better office. Without reference to collaborative planning, 'pop-in' centres were opened, a Hospital After Care Scheme established, and the Inner Area Funding was allowed to lapse. A rule was made that all local Age Concern workers had to liaise with agencies such as Social Services through the Central Office. In an area like

Longbenton, at a distance from the centre at North Shields, this ban on local liaison made the collaborative process unlikely. An unwritten understanding had grown up that Age Concern Day Centres could only cater for the less frail elderly people, not for example, for people who were confused or incontinent. The officers of the Social Services Department were consulted if the Manpower Services Commission requested it or if certain schemes lacked participants - in general, however, local liaison has not been sufficiently good to ensure collaborative working. It is noteworthy that in the restructuring that Age Concern North Tyneside is now undergoing, attention is being paid to maintain a balance of funding between the Local Authority, the national body Age Concern England, which is a charity, and the Manpower Services Commission. One of the aims of this is to prevent the organisation becoming unduly dependent on any one source of funding and its activities thereby determined by other bodies - retaining an essential degree of independence is necessary if the options for elderly people are to remain varied and creative.

The history of the North Tyneside Volunteer Bureau next merits attention (pp100-102). It was set up in 1979 by the Council for Voluntary Service with the assistance of Urban Aid Funding, 25% of which came from the Local Authority. It established a base at Wallsend but the organiser soon became involved in the establishment of various neighbourhood projects in the Borough which have now become independent in their own right - the Margaret Road Neighbourhood Centre, and the Killingworth Neighbourhood House. She was criticised by her managers in the Council for Voluntary Service for becoming an integral part of such projects, they feeling that her chief role should be to maintain and run a 'clearing house' for volunteers. At the time when the Bureau started, however, the projects which might need volunteers were still in the process of coming into existence and the organiser contributed to this.

It may be observed that there is evidence of a similar trend in the role undertaken by volunteer organisers in many parts of the country (Gay and Pitkeathley (1982) Chapter 4) and such a role is sometimes inevitable if the voluntary sector is at an early stage of development.

With regard to the statutory sector, the organiser did not always, for whatever reason, gain the confidence of social workers. She tended to receive from them mainly requests for 'one off' activities for volunteers such as gardening and decorating and transport. Many of the volunteers known to her needed more challenge. That is why when a scheme was suggested in Whitley Bay for volunteers to relate to frail elderly people, they responded to the challenge. That collaborative scheme is the only one known about in North Tyneside (Pain 1983). When the Volunteer Bureau came up for renewal of funding in 1984 the Social Services Department had, to a large extent, lost confidence in the Council for Voluntary Service. They also felt that in order to attract social workers to the idea of using volunteers, it was necessary to have a Volunteer Organiser within the Social Services Department. At the time of writing, an application, made to the Inner Area Programme for a new style Volunteer Bureau which will hold sessions all over North Tyneside and employ four workers - two to relate to the voluntary and two to the statutory sector, has been successful. The Project will be managed by a Joint Committee of Social Services and the Council for Voluntary Service. The Social Services Department has agreed to second one of its Community Development Officers to the post of Senior Volunteer Co-ordinator.

There are a number of groups in churches in North Tyneside which run luncheon clubs for elderly people and the Women's Royal Voluntary Service are also active in this field. Generally these clubs, because of their local nature and lack of transport, tend to cater for the more fit and active elderly person. Recently the Social Services Committee committed itself to a policy of seeking to give additional funding to these clubs provided that they could undertake to admit elderly people with special needs. The staffing to be deployed and transport needed in order to achieve this has yet to be determined and obtained.

The Margaret Road Neighbourhood Centre in Whitley Bay has already been mentioned (p.19). The premises were originally run by Social Services and when they relinquished them a Voluntary Committee was formed and the premises are now used by a number of different

organisations, many of them concerned with mental health. It is an encouraging fact that the group for elderly people which was originally started by my team in 1980, still exists, run by volunteers. The centre receives considerable funding from the grant aid budget of the Social Services Department.

The Tynemouth Blind Welfare Society, whose full time worker is funded by Social Services, caters for some of the day care needs of adult blind people, many of whom are elderly.

The question of how the area offices relate to the voluntary sector at a local level has already been discussed (p.25). There is no one at Central Office level whose specific brief it is to do so. The role of representing the Department on the Committee of the Council for Voluntary Service and of dealing with grant aid, was added to my job when an Assistant Director left and was not replaced. In the absence of Policy and Planning Co-ordinators, it is an 'ad hoc' business as to who sits on the Committee of various voluntary organisations who ask for representatives. In the present plans for restructuring this situation is likely to change.

In the past the Social Services Department has relied on Advisory Groups comprising various members of its operational staff to help it with the policy and planning role. One of these was the Community Work Advisory Group which, when Advisory Groups were abolished, managed to establish itself as the Community Work Development Group. Originally all four Community Development Officers were on this group but soon after my arrival at Central Office I managed to establish the principle that fieldwork staff should also be represented on it. This group, with a lot of support from various team leaders and from an Assistant Director, managed to get through the Management Team and through to Committee proposals for the restructuring of community social work within the Department. The proposals are that each social work team will have a 'neighbourhood worker' attached to it who will spearhead the attempt to harness resources in the community on behalf of clients. Additionally four workers will be appointed on a central basis, two to liaise with voluntary organisations and two to organise volunteers. In the present plans to restructure the

Department 13 area teams are being established which will be localised. As funding becomes available, each will have its own neighbourhood worker. The two Volunteer Organisers will, hopefully, be subsumed in the Volunteer Bureau proposals. The voluntary sector liaison workers will, hopefully, be subsumed within the orbit of the Policy and Planning Co-ordinators in relation to specific client groups. It has also been agreed that one of these posts be reserved for a Community Social Work Co-ordinator. It is to be hoped that the task of liaising with the voluntary sector in the task of planning services for elderly people will receive the attention it needs.

Finally, in this section we come to the role of Council policy in determining the process of collaboration with voluntary organisations. When North Tyneside was formed, the amount of the budget allocated to grant aid was extremely small and to date it has not risen to more than one third of a half per cent, i.e. £24,000. The traditional attitudes of Labour Councillors have already been noted and this situation was exacerbated by the rise and demise of a Home Office sponsored Community Development Project in Tynemouth which appeared to challenge Council policies. The memories of that time are now receding fast. A new generation of Councillors has arisen and the previous leader of the Community Development Project is a recent addition to their number. Present councillors are taken up with the need to promote services in the most deprived areas of the Borough and to this end advocate an inter-committee and inter-departmental approach to both grant aid and to the practice of community work. The threat of rate capping has concentrated attention on ways to secure funds, and one of these is by encouraging voluntary bodies to apply for funding for projects from the Inner Area Programme and from Joint Financing with the Health Authority. (Brenton (1985) in the part of her book on 'New Thinking on the Voluntary Sector' notes the changes in Labour Party policies nationally towards the voluntary sector in the late 1970s (pp.135-9))

A more positive approach is being adopted to the contribution that voluntary organisations can make and the following policy statements indicate both a commitment to spending on community care and the

involvement of voluntary organisations in this context, e.g. Statements 3, 4, 5, 9 and 21 :- (Minutes of Policy and Resources Committee July 21 1984).

- "3. Efficient domiciliary care recognises the needs of carers as well as those of the cared for. A social work department cannot meet all competing needs in the community and relies on friends, families, neighbours, etc., for a large measure of support. We will reciprocate this support so that appropriate help is available when and where it is needed, to avoid the breakdown of networks of support within the community.
4. The method of providing field social work services varies from one social services area to another. Whilst recognising the historical reasons for this, we look to the future provision of social work on the basis of the needs of small communities. Such local service delivery and accountability will need to be backed by specialist resources.
5. We will continue to recognise that voluntary organisations can make significant contributions as long as they supplement and not substitute for services provided by the Council. Communications will be developed and fostered with all organisations able to play a role in the provision of social care.
9. When elderly people are unable to remain at home we will seek ways of ensuring that they retain optimum independence. Concepts such as shared living, i.e. three or four people living together in a housing unit with shared resources and appropriate domiciliary care, will be developed as an alternative to large residential establishments for the elderly.
21. There are many developments contained within this policy statement which require large amounts of cash which cannot be found from within our existing budget. This, coupled with the effect of an increasingly large frail-elderly population, the economic pressures on families in need, and Central Government

restrictions on Local Authority finances, results in a short-fall in services. Despite these difficulties North Tyneside Social Services Committee is pledged to support disadvantaged and vulnerable people within the community and seeks to expand services to meet increasing levels of need."

Reports on the progress made towards these goals are due during every Committee cycle and recently a proposal to care for elderly people in the community in a small house was further endorsed because of the declared intention to involve voluntary groups and volunteers in supplementing the care given to these people, thus following Council policy. The Authority is committed to the support of elderly people in the community in such a way as to preserve their independence and dignity, to supporting their carers and to co-operating with voluntary organisations and groups in achieving this. That is one reason why I am confident that the time spent in pursuing this study will not in the end be time wasted!

Summary of Section

In this section I point out the difficulties created by the fact that the Metropolitan Borough of North Tyneside was established in 1974 from a number of disparate areas and that it began with a very low budget.

This situation was compounded when the Social Services Department decided to organise itself on a decentralised basis. This had the potential advantage that each Area Office could respond to the needs of its own locality and manage its own budget to serve those needs. However, there is little evidence that this form of organisation resulted in a better relationship with local communities. There is evidence that because of lack of clear policies from the centre of the Department, resources were inequitably deployed so that for many years where you lived in North Tyneside determined whether or not you got a particular service.

A decision taken in 1980 to organise Social Work Teams in three of the Areas according to a 'patch' system means in practice that

workers in each team take referrals from a particular geographical area but has not led to the social workers becoming involved in 'Social Care Planning' in the sense referred to in the Barclay Report. Although some Team Leaders wish to work in a community orientated way, the bombardment of individual cases that have to be taken onto workers' caseloads means that it is difficult for workers to adopt a community social work approach.

Present plans for establishing 'patch' social work teams on a more thorough-going basis include plans for employing a Neighbourhood Social Worker within each team. At the centre of the Department it is also proposed to employ a Community Social Work Co-ordinator who will work with Policy and Planning Co-ordinators in developing services for client groups, and in this respect developing resources within the community.

With regard to resources for elderly people, North Tyneside is well below the Department of Health and Social Security Guidelines and needs to increase its places for residential and day care, although the numbers of domiciliary and home help hours are well above average for Local Authorities of this size. All workers are said to be 'generic' in their approach but in practice child care cases tend to be dealt with by the most fully trained workers, whereas cases involving work with physically handicapped and elderly people are more likely to be dealt with by Social Services Officers who are usually untrained.

The history of the voluntary sector in North Tyneside has been largely determined by historical conditions. The North Tyneside Council for Voluntary Service has faced the difficulty of responding to the needs of very diverse geographical areas and a political climate in which the potential part that voluntary organisations can play has not been given due regard. North Tyneside Age Concern sprung from four small local groups and because of the need to obtain staff has relied on temporary funding from the Manpower Services Commission, this development having taken place with little reference to the plans of the Local Authority. The North Tyneside Volunteer Bureau found it difficult to maintain ongoing schemes of deploying volunteers alongside social workers.

The amount of Grant Aid given by North Tyneside Social Services Department to voluntary organisations is extremely small and in the present situation of financial constraint it is unlikely to increase. Recent Policy Statements by the Policy and Resources Committee, however, recognise the need to communicate with and co-operate with voluntary organisations, and refer to the need to foster networks of support for elderly people within the community.

METHOD

As stated above, in carrying out this study it was my aim to find out what degree of collaboration and contact existed between social work staff and workers in voluntary organisations over individual cases of elderly people. My purpose was to identify the points of contact and the difficulties experienced or the reasons for not making contact. This sort of information could only be obtained by looking at cases held by individual workers, and this could be done in one of three ways - by studying (a) records of cases; (b) by issuing a questionnaire to the workers involved; (c) by interviewing the workers about their contacts in these cases. It was decided to use a combination of the third and second methods.

An attempt was made initially to see what material case records might provide. The Volunteer Bureau and Age Concern were approached in order to obtain names and addresses of cases referred by social work staff over a 3 month period. Names of cases so referred were listed by Age Concern and the Volunteer Bureau and were then followed up by the researcher reading the social work case records to see what had transpired. This yielded only a limited amount of information. It became apparent that some elderly people who had been referred for a specific service such as gardening or decorating had then had their cases 'closed'. In other cases which were still 'open' little reference was made in the records either to the fact of referral or to what had happened afterwards. The fact that so little information was available by this means is in itself significant, but as a basis for obtaining data it proved to be unsatisfactory, and the study was therefore not continued.

It was then decided to devise a questionnaire - see Appendix A - to be given to all social work staff who were dealing with cases of elderly people, and to follow this up by conducting interviews with some of the respondents. In order to draw up the questionnaire I first drew up a list of information about the cases which it seemed to me might be relevant to the kind of collaboration which took place. First was the question of how many elderly people the workers were involved with on a long term or a short term basis; what they considered to be the goals in working with the cases; and how many had been referred to voluntary resources. It was necessary to find out how many elderly people had been referred; who had referred them (in terms of grade of staff and whether or not they were qualified); why the referral had been made; how it had been made; in what departmental context the referral was made; and the general attitude, training and beliefs of the workers surrounding these referrals. The answers to the questions were elicited in different ways. In the case of some questions, the answers expected were purely in terms of numbers on caseloads, numbers referred, etc. Some questions asked for names, or a straightforward 'yes' or 'no'. Some questions required a descriptive account of e.g., the problems of clients, the procedure for referral, or the kind of training received. Some replies were obtained in the form of a tick placed along a continuum, e.g. the attitude of the department to voluntary resources, the amount of liaison considered appropriate, the tasks seen as suitable for professionals and/or for volunteers. Only one question was left open-ended - the one dealing with needs and who should meet them - even here the replies were dealt with in the same way as in the descriptive questions - numbers were attached to different kinds of replies which were then analysed for the computer.

In drawing up the questionnaire I decided to mention the names of particular voluntary organisations who were known to promote the welfare of elderly people on North Tyneside or to act as a resource point for the provision of volunteers. Thus Age Concern was mentioned in view of the two day centres and visiting schemes which they were known to run. The Volunteer Bureau was mentioned as it was known to recruit volunteers to work with elderly people and had been involved in one successful scheme collaborating with a social work

team. Luncheon Clubs were mentioned as there are a number of these in the Borough which are used by social workers who wish to refer particular clients. Neighbourhood centres were mentioned as these exist in several areas of the Borough where they are meant to be a focus for voluntary work. The Department's own Good Neighbour Scheme was mentioned - this is a resource which comes under the Home Care Organiser, whereby a neighbour who already performs certain tasks for an elderly person can be encouraged to go on doing this by payment for the hours worked - when this scheme was first introduced it was seen as a way of providing help for clients at times when home helps would not normally be available.

The list of goals at the beginning of the questionnaire was checked with a Social Services Officer who worked with many elderly people and it was considered by her and her team leader to encompass the important categories and activities. The questionnaire in its entirety was then given to four workers, one from each area office - they were asked to complete it and then discuss their reactions with the researcher. In the light of their comments the questionnaire was then amended in order to clarify the intention of certain questions. These four workers did not take part in the general survey.

The structure of the Department necessitated that I ask the permission of the Departmental Management Team to the questionnaire being administered, thus ensuring that the Area Managers in each area, who were members of the Team, were aware of the participation in the project by workers in their areas. I then sent a number of the questionnaires to each Team Leader explaining the purpose of the research, and seeking their co-operation in getting team members with elderly people on their caseloads to fill them in. The questionnaires were to be filled in anonymously and returned to me via the Team Leader. One Team Leader filled some of the questions in on behalf of the whole team - it was not clear whether this was in order to save time or because he wanted to ensure a co-ordinated approach.

The teams included two specialist teams at North Shields, a team at Preston Hospital and 9 'generic', patch-orientated teams - three at Whitley Bay, three at Longbenton and three at Wallsend. There were responses from all the teams - numbers of replies with designations of workers were as follows:-

Preston Hospital Team	Replies from 2 Social Workers.
North Shields Specialist Teams	(1) Replies from 2 Social Services Officers and a Welfare Assistant working with blind people. (2) Replies from 2 Social Services Officers.
Longbenton Team	(1) Replies from 2 Social Workers and 3 Social Services Officers. (2) Replies from 2 Social Services Officers. (3) Replies from 3 Social Workers and 3 Social Services Officers.
Wallsend Teams	(1) Replies from 2 Social Services Officers. (2) Replies from one Social Worker and one Social Services Officer. (3) Replies from one Social Worker and 4 Social Services Officers. (One of the Social Services Officers described himself as qualified and has therefore been counted among the Social Workers in the computer analysis)
Whitley Bay Teams	(1) 2 Social Workers and 3 Social Services Officers (One Social services Officer was a qualified Social Worker and has been counted thus in the computer analysis). (2) 2 Social Services Officers. (3) 1 Social Worker.

From this it can be seen that the response from each team varied considerably. In some teams all the workers dealt with elderly people and consequently replies came from the whole team - this applies to teams (1) and (3) in Longbenton, team (3) in Wallsend and team (1) in Whitley Bay. In the case of the third team in Whitley Bay, although all the team dealt with elderly people, only one reply was received. Even in these teams, Social Services Officers carried the bulk of the work and Social Workers tended to be dealing with fewer elderly cases.

In some teams the Social Services Officers dealt with virtually all the work with elderly people - team (2) in Longbenton, team (1) in Wallsend, team (2) in Whitley Bay. This applied also to the specialist teams in North Shields - one a 'support' team, and one a Health Care Team. The Social Services Officers in both these teams were carrying the main bulk of elderly cases. In the Preston Hospital team there were no Social Services Officers at the time of this enquiry. Some teams carried few long-term cases - team (3) at Longbenton between them carried only three such cases. Thus the response to the questionnaires varied according to the kind of team, the way the workers were deployed, the interest of the Team Leader. In spite of this, the rate of response was good and the questionnaire was filled in by 36 workers (14 Social Workers and 22 Social Services Officers) out of a possible 45.

The questionnaire was designed to try to shed some light on the following questions:-

1. Numbers of elderly people being dealt with at the time by field social work staff.
2. Grade of staff most likely to be dealing with elderly people.
3. How many cases on present caseloads had been referred to a voluntary resource.
4. Characteristics of cases leading to referrals to specific resources.
5. How many workers were able to give the names of staff in voluntary resources, and had met them, and how many workers had visited the resource concerned.

6. How staff would go about getting a client admitted to one of these resources.
7. How they perceived the attitude of the Department towards these resources.
8. Whether they considered the amount of liaison with voluntary resources to be enough.
9. Whether they had received any training in this aspect of the work.
10. Whether they saw certain tasks for elderly people as best done by professionals, volunteers, or as appropriate for either.
11. Views of staff on the needs of elderly people, how their needs could best be met, and how they saw the role of voluntary groups.

It was also hoped to consider whether the answers to questions had any relationship to such factors as whether staff were qualified, which team they were in, how they perceived attitudes around them, and some attempt to answer these sort of questions was made by carrying out cross tabulations on the computer.

It was also decided to interview a cross-section of those replying in order to put some 'flesh' as it were, onto the 'bones' of the information collected.

The conclusions drawn on the basis of the answers to the questionnaires and the interviews were then discussed with the management of two voluntary organisations - Age Concern North Tyneside, and the Council for Voluntary Service who had been responsible for the overall operations of the Volunteer Bureau. Their observations were noted and recorded under the appropriate headings.

The data on the questionnaires was edited (i.e. checked for comprehension, accuracy, etc), coded (i.e. prepared for computation) and keyed into a TR80 micro-computer. The survey analysis programmes were written in BASIC (which stands for Beginners All Purpose Symbolic Interaction Code). The computer provided tabulations and 2 or 3 way cross-referencing. For storage purposes a data file of the survey data was created on a mini-floppy disk.

RESULTS

1. Overall Numbers of Cases

The 36 respondents were dealing with 935 cases of elderly people - 399 on a short term and 536 on a long term basis. A referral becomes 'long term' in the Department when it has been dealt with for more than 3 months. The figure of long term cases includes a total of 113 people in hospital who were being monitored from time to time by one of the social workers, and 123 people with whom the welfare assistant for the blind kept in contact. Subtracted from the above figure this gives a figure of 300 ordinary long term cases.

Table 1 shows the distribution of cases among different grades of workers:-

Overall Numbers of Cases

TABLE 1

<u>Short Term Cases</u>	<u>Social Workers</u>	<u>Social Services Officers</u>
Less than 5	8	5
6 - 10 cases	2	3
11 or more	4	14
<u>Long Term Cases</u>		
Less than 5	10	8
6 - 10 cases	1	2
11 or more	1	12
<u>Cases Combined</u>		
Less than 10 cases	9	3
11- 19 cases	1	3
20 cases and over	4	14

From this it can be seen that 13 of the 36 respondents were dealing with fewer than 5 short term cases each. Social Workers were more likely than Social Services Officers to be dealing with less than 5 short term cases - 8 Social Workers and 5 Social Services Officers came into this category.

Similarly with regard to long term cases, Social Workers were more likely than Social Services Officers to be dealing with less than 5 cases. At the other end of the scale Social Services Officers were more likely than Social Workers to be dealing with 11 or more cases.

Looking at the summary of long and short term cases combined, 9 Social Workers and 3 Social Services Officers were dealing with less than 10 cases; one Social Worker and 3 Social Services Officers were dealing with between 11 and 19 cases; 4 Social Workers and 14 Social Services Officers were dealing with 20 cases or more.

Table 2 shows that:-

- (a) Social Services Officers had higher caseloads of elderly people than did Social Workers (average per head 28.8 for Social Services Officers, 21.4 for Social Workers).
- (b) Social Services Officers were dealing with more long term cases (average per head 16 each Social Services Officer and 12 each Social Worker).
- (c) Even with regard to short term cases, Social Workers were dealing with fewer cases (average per head 12 for Social Services Officers and 9 for Social Workers).

This supports the finding by Holme and Maizels (1978) (p.79 Table 5.5) that Social Services Officers (or Social Work Assistants) are likely to be dealing with higher numbers of elderly and handicapped people than are Social Workers.

Howe (1986) in his study of several hundred Social Workers in 6 Social Services Departments found that only 17% expressed a

preference for working with elderly and physically handicapped clients and the majority of these (65%) were untrained workers.

Number of Cases According to Different Grades of Workers

TABLE 2

Type of Case	Total	Social Workers	Average Per Head	Social Services Officers	Average Per Head
Short Term	399	130	9.2	269	12.2
Long Term	536	170	12.1	366	16.6
Short and Long Term Combined	935	300	21.4	635	28.8

2. Main Activities

The figures can be broken down into the main activities which workers considered were taking place with elderly people concerned and again the relative numbers dealt with by Social Workers and Social Services Officers will be considered.

SEE TABLE 3

Categories of Cases According to Grades of WorkersTABLE 3

Categories of Cases (see text)	Dealt with by Social Workers	By Social Services Officers	Totals
1	90	71	161
2	28	191	219
3	26	46	72
4	122	168	290
5	1	16	17
6	22	45	67
7	11	98	109
Totals	300	635	935

1. 161 people were being generally assessed and their needs investigated
2. 219 were being assessed for a specific service.

3. 72 were being given advice.
4. 290 were being monitored.
5. With 17 people the main aim was to co-ordinate services on their behalf.
6. In 67 cases the main aim was to support carers.
7. In 109 cases practical and emotional support to the client was the main objective.

The following factors may be noted:-

- i) Of the 161 cases where a general assessment was taking place, half of this number, i.e. 84 were being dealt with by 4 workers - the 2 hospital Social Workers and 2 Social Services Officers.
- ii) Assessments for specific services were more often undertaken than general assessments.
- iii) The 290 people who were being monitored included 98 who were in hospital and 82 who were blind people.
- iv) With regard to categories 1 and 2 relating to assessments, a higher proportion of Social Services Officers than Social Workers were dealing with assessments for specific services. A higher proportion of Social Workers were dealing with general assessments and this may imply that the latter were seen as more complex, and demanding different skills.
- v) With regard to categories 5 and 7 where the co-ordination of services and practical and emotional support to clients were the main objectives, a far higher proportion of cases was being dealt with by Social Services Officers than by Social Workers and this ties up with the fact that the Social Services Officers were carrying per head a higher number of long term cases.

- iv) Very few cases had as their main objective the co-ordination of services and this implies that the recommendations of the Barclay Report (1982) referring to 'Social Care Planning' being part of social work activity had not been put into practice.

(This again supports Howe's finding (1986 Chapter 3) that cases of elderly people were more likely to be seen as needing practical assistance and supportive help with less emphasis on intensive casework, as in child care and mental health cases. Similarly, Goldberg and Warburton in their studies in 'Seatown' (1979) noted that in long term social work with elderly and disabled people, check up and review visiting (or monitoring) was the predominant activity in three quarters of the cases, while in short term work practical help predominated.)

3. Numbers of Referrals

56 elderly people on current caseloads had been referred to luncheon clubs.

46 had been referred to the Age Concern Day Centre.

34 had been referred to volunteers (33 for decorating/gardening, 12 for transport, 16 for voluntary visiting, 17 for other activities).

30 people had been referred to other voluntary groups.

4 people had been referred to 'good neighbours'.

41 had been referred to other resources (the Citizens Advice Bureau, Meadowell Advice Centre, Victor Mann Trust, etc.).

SEE TABLE 4

Breakdown of Cases Referred According to Grade of Worker TABLE 4

Resource	Social Workers	Social Services Officers
Luncheon Clubs	11	45
Age Concern Day Centre	8	38
Volunteers	7	27
Voluntary Groups	7	23
Good Neighbours	3	1
Others	2	12 + 41

Breakdown of Cases Referred to Volunteers by Grade of Worker TABLE 5

Tasks	Social Workers	Social Services Officers
Decorating/Gardening	2	31
Transport	2	10
Visiting	4	12
Other Activities	3	14

Given the ratio of respondents according to grade of worker, i.e. 7 : 11 it can be seen from Tables 4 and 5 that Social Services Officers referred more cases to voluntary resources than did Social Workers.

An analysis was also made of those workers who had not referred elderly people to voluntary resources. (See Table 6)

Numbers of Workers not Referring Cases

TABLE 6

Resource	Social Workers (14)	Social Services Officers (22)
Luncheon Clubs	6	7
Age Concern Day Centre	10	9
Volunteers	9	13
Voluntary Groups	9	12
Good Neighbours	12	19

From Table 6 it can be seen that although a higher proportion of Social

Workers had not referred elderly people to voluntary resources, many individual Social Services Officers had also not made referrals so that the proportion of Social Workers not referring was only slightly higher.

The following factors may be noted:-

- i) The numbers of workers who had no-one on their caseloads who they had referred to luncheon clubs (7 workers) or to the Age Concern Day Centre (9 workers) may be accounted for by the fact that Social Services Officers tend to keep on their caseloads people who are very vulnerable and who they may not therefore consider suitable for these resources.
- ii) The fact that 13 Social Services Officers had not referred cases to volunteers is more puzzling, implying that they still do not think of volunteers as being complementary to the work that they are doing with vulnerable elderly people. On the other hand when they do refer cases to volunteers some are likely to be for gardening or decorating and be closed, so not appearing on present caseloads.
- iii) Other voluntary groups have been used as often as the first two resources but 'good neighbours' are not often used. This resource is one which little is known about in the Department and it is not often considered, in deciding how best to support frail elderly people.

It can be seen from Table 7 (page 49) that there is a considerable difference between teams in the number of referrals to voluntary resources which take place. It is noticeable that the social Work Team at Preston Hospital makes very few referrals compared to the number of cases with which they deal. Equally Team 2 at North Shields makes very few referrals, and it may be noted that this is a Health Care Team so that the question arises as to whether workers collaborating closely with the Health Service are less likely to refer people to voluntary resources.

The high proportion of referrals from each of the Teams in Wallsend is notable and ties up with the fact of the presence of the Community Development Officer in the area office and the availability of luncheon clubs and grants from the Victor Mann Trust. These factors will be referred to in the later discussion.

TABLE 7

Differences Between Teams/Areas in Referrals to Voluntary Resources

Team	Nos. of Referrals	Nos. of Cases
Preston Hospital	9	192
Longbenton 1	6	48
Longbenton 2	7	47
Longbenton 3	16	54
North Shields 1	84	174
North Shields 2	3	38
Wallsend 1	31	99
Wallsend 2	11	26
Wallsend 3	25	86
Whitley Bay 1	12	82
Whitley Bay 2	14	75
Whitley Bay 3	7	11

4. Reasons for Referrals

Respondents were asked what characteristics of cases would lead them to suggest referral to various voluntary resources. In discussing the information obtained in response to this question I will refer back to the definition given by Holme and Maizels (1978 pp.172-3) in distinguishing between tasks which are complementary and tasks

that are supplementary to those carried out by professional workers. Complementary tasks are those which are integral to the conduct of a case where volunteers or voluntary workers are in close touch with professional workers in order to guarantee the co-ordination of the work that is carried out.

Supplementary tasks are defined as those which are peripheral to the main conduct of a case and where there is thought to be less need for close contact between the voluntary worker and the statutory worker. Using these definitions the task of relieving loneliness, for example, would be classed as a supplementary task, whereas the satisfying of basic needs such as the need for food or for mobility would be classified as complementary tasks.

A further category of factors I shall describe as 'substitutionary' ones. These come into the discussion where the reasons given for referral to voluntary resources are described as being because the Department does not have certain resources available, thus the introduction of a volunteer because a home help was not available would be classified as a substitutionary factor.

See Table 8 : Reasons for Referrals (Page 51)

(a) Attendance at a Luncheon Club

34 respondents mentioned the relief of loneliness as a prime reason for referral, but securing of an adequate diet is also mentioned by 16 of these respondents, while 2 other respondents mentioned the securing of an adequate diet only. The meeting of the basic need for food is one which could be said to be integral to the person's welfare and in the accompanying table I have therefore recorded it as a complementary factor. The relief of loneliness on the other hand is counted as a supplementary factor as it is not so much part of the main reason for a statutory service being provided.

(b) Attendance at Age Concern Day Centre

16 respondents mentioned the factor of loneliness only, 16 mentioned both that factor and the complementary one of the

TABLE 8

Reasons for Referrals

	<u>Complementary Factors</u>	<u>Supplementary Factors</u>	<u>Substitutionary Factors</u>
<u>Attendance at Luncheon Clubs</u>			
Diet	18	-	-
Relief of Loneliness	-	34	-
<u>Age Concern Day Centres</u>			
Relief of Loneliness	-	32	-
Housebound	18	-	-
<u>Volunteer</u>			
Lack of Resources	-	-	11
Loneliness	-	24	-
Housebound/Practical Help	25	-	-
<u>Church or Voluntary Group</u>			
Religious Reason	-	35	-
Loneliness	-	17	-
<u>Good Neighbours</u>			
Lack of Resources	-	-	7
Lack of Family Support	18	-	-

need for transport (which is provided to Age Concern Day Centres, unlike luncheon clubs) 2 mentioned the fact that someone is housebound (indicating the need for transport). It should perhaps be added here that Age Concern use it as one of their criteria that attenders should be housebound which may obviously have affected the answers in this case (i.e. answers being governed by what is available).

(c) Visiting or other Activities by a Volunteer

By mentioning the activity of visiting first, perhaps the answers to this question have to some extent been precluded. Nevertheless, it is interesting that in the responses a new type of factor emerges - the lack of departmental resources are mentioned and 11 respondents mentioned what I shall call this 'substitutionary' factor for calling in a volunteer (e.g. the lack of enough home helps). 24 people mentioned loneliness and the fact that the person is a non-mixer (supplementary factors), 25 mentioned practical help and the fact that the client is housebound (complementary factors), while 20 of these people mentioned both kinds of factors.

(d) Referral to a Church or other Community Group

The terms of this question again to some extent determine the type of answer. 35 respondents mentioned an interest in religion on the part of the client (here classified as a supplementary factor) and 17 respondents also mentioned loneliness.

(e) Referral to a 'Good Neighbour'

7 respondents see this as a substitute when departmental services are not available, 18 respondents see it as complementary to services, i.e. where intensive help is needed, (and there is a lack of family support).

From this analysis, it is apparent that the resources most often seen as a substitute for departmental ones are volunteers and 'good neighbours'. The Age Concern Day Centre (and Church Groups) are seen

as supplementary to the services provided by the Department, while luncheon clubs are seen mainly as complementary, while also providing supplementary attributes.

On a cross-tabulation there was found to be little significant difference in the perspective of Social Workers and Social Services Officers about these resources.

This 'substitutionary' factor with regard to the use particularly of volunteers and 'good neighbours' needs further clarification. In the case of 'good neighbours' I have previously explained (page 36 above) that these neighbours will be paid for the service they provide which is usually outside the hours normally worked by home helps and may include some of the same tasks. (The use of this facility is rapidly becoming of less importance in the Department as the Home Care Service and the Out of Hours Service is considerably expanding). More serious perhaps is the reference to volunteers being used because departmental services are not available. I would make the following observations:

Looking for a volunteer because a home help is not available does not necessarily imply that a volunteer would be expected to do all that a home help would be paid to do. Partly because departmental staff are unused to having a source of volunteers readily available, they tend to turn to the Home Care Service not only for personal care tasks to be performed but for reasons connected with the need to monitor the condition of the elderly person, and to the elderly person's need for some kind of social contact. A volunteer may be sought primarily for these latter reasons.

Although in the answers to the questionnaire the use of the Age Concern Day Centre as a substitute for Local Authority day care did not receive mention, this factor did emerge in the later interviews. Similar considerations apply to those listed above. Given that Age Concern does not act as an agent for the Local Authority, and does not aim to provide day care which caters for the needs of the most frail people who may be confused or incontinent, nevertheless there may be social reasons for referring a person to this facility such as

their need for company. Age Concern Day Care may therefore be a 'substitute' not in a literal sense but in the sense of supplying some of the person's needs.

These comments should be borne in mind when reading Section 4 of the analysis of the interviews with social work staff (pp.81-83).

5. Knowledge of Resources

Respondents were asked whether or not they knew any of the staff or helpers in four resources - Age Concern, the Volunteer Bureau, Luncheon Clubs, other voluntary groups. They were asked to give their names and say whether they had met them. See Table 9 : Numbers of Names Mentioned of Workers in Voluntary Resources (Page 55).

30 respondents mentioned names of people in these resources and the total number of names mentioned was 148 (some names being counted more than once in this total).

26 people gave names of people who they knew in Age Concern. Of these, 9 people gave one local name, 5 people gave one central name, 2 people gave 2 local names, 5 people gave 2 central names, 1 person gave one central and one local name, 4 people gave 3 or more names. From this it is apparent that the people who ran the central Age Concern resource were as likely to be known by name as the local helpers. (See pp. 26-27 above) In addition, in 20 cases respondents had actually met the people whose names they mentioned.

23 people gave names of people in the Volunteer Bureau. Of these, 2 mentioned one local name, 19 mentioned one central name, one person mentioned one central and one local name, and one respondent mentioned more than 3 names. From this it is apparent that the Volunteer Bureau was known mainly by the name of its organiser who, although she worked from a central office, also visited the local areas - perhaps there was a lack of people locally associated with the Bureau, although there were volunteers associated with various local groups. 11 people not only mentioned the name of the organiser but had also met her.

22 people gave names of people in luncheon clubs. 13 respondents gave one local name, 7 gave 2 local names and 2 gave 3 or more names. These clubs are obviously very much more a local facility. 11 names were ticked indicating that the respondents had actually met the helpers mentioned.

22 respondents gave names of people in other voluntary groups - many of them being local church groups. 5 mentioned one local name, 2 one central name, 3 gave 2 local names, 1 two central names, and 10 respondents gave 3 or more names - mainly local. In addition, there were 15 ticks to names whom people had actually met.

The number of names given may seem fairly high but the number of people actually known personally was much smaller. Out of 148 names mentioned there were only 57 actual contacts, an average of one to two contacts for each worker. A look to see whether the number of people known varied between areas seems to show little difference. The Hospital Social Worker mentioned central names, in Wallsend there were 13 cases where workers had actually met people in voluntary resources. In Longbenton the number of contacts was 16, but this included 5 contacts mentioned by the Team Leader on behalf of his Team - there were 6 members in the Team but no indication of who had actually met who. Whitley Bay had the highest number of contacts with 20 ticks - perhaps an indication of the wealth of voluntary activities in this area. It may be noted that Social Workers gave an average of one name each and Social Services Officers an average of 3 names each, and this again ties up with the greater number of cases of elderly people with which Social Services Officers were dealing.

Respondents were asked if they had ever visited 5 different facilities. 23 respondents had visited the Age Concern Day Centre. Only 6 respondents had visited the Volunteer Bureau - 3 of these had their office in Wallsend where the Bureau was situated. 21 respondents had visited local Neighbourhood Centres, 26 had visited luncheon clubs and 15 had visited other groups in the community catering for the needs of elderly people.

6. Methods of Referral

Respondents were then asked to say how they would go about getting a client admitted to a luncheon club, getting in touch with a volunteer or recruiting a 'good neighbour'.

- (a) With regard to luncheon clubs, there were 34 replies to the question. 13 said that they would contact the organiser. 5 that they would contact the Community Development Officer in the area office. One would arrange a visit for the client to the club. 3 would contact the organiser and the Community Development Officer. 4 would contact the organiser and arrange a visit. 2 mentioned other methods. 5 would contact the organiser and also do something like phoning or asking a client who already attended to take their client. One mentioned contacting the Community Development Officer plus another method. Of these replies it is noticeable that 9 mentioned proceeding via the Community Development Officer, and all these replies came from the Wallsend Office where the Community Development Officer was not only active in organising luncheon clubs, but was a well known person in the area office.
- (b) With regard to getting in touch with a volunteer, there were 35 replies. 12 people would simply contact the organiser. 2 people simply contact the Community Development Officer. 6 people would contact a volunteer direct. 3 people would contact the Community Development Officer and the volunteer. 10 would contact the Volunteer Bureau and a volunteer. One person would contact all three. From this it appears that 25 people had the Volunteer Bureau in mind in this connection although it may be wondered whether this was actually put into practice, particularly when this is compared with the numbers mentioned earlier who had actually referred people to volunteers. However, at least 15 respondents mentioned more than one way of proceeding, with 7 respondents (5 from Wallsend) again mentioning the area Community Development Officer.

- (c) With regard to recruitment of 'good neighbours' 9 respondents gave no answer to this question, with another 4 stating that they did not know. Of those who responded with regard to method, 11 would contact the Home Care Organiser, 6 would rely on recruiting 'good neighbours' themselves, with only 6 realising that both procedures were necessary, i.e. recruitment followed by contact with the Organiser who arranges payment.

Looking at the methods of referral which were suggested by a variety of respondents, nearly all these methods are valid ones, although it is likely in some cases that the answers were the result of guess-work, particularly in instances where workers had not referred cases on their current caseloads to the resources mentioned. Comparing the answers of Social Services Officers with those of Social Workers, there is no significant difference in the kinds of responses given.

7. Perceptions of Departmental Attitudes

Respondents were asked to give their perceptions of the Departmental attitudes to three of the resources previously mentioned - luncheon clubs, the Age Concern Day Centre and volunteers.

SEE TABLE 10 - Page 59 over.....

- i) With regard to luncheon clubs, 18 workers regarded the Departmental attitude as being positive, 5 as being neutral, 3 as being indifferent. 7 workers did not know what the attitude was and in 3 cases no answer was given to the question. The fact that 7 respondents did not know the Departmental attitude seems to indicate a serious gap in communication within the Department. The methods used to encourage or otherwise, the use of available facilities for appropriate clients, are surely in need of review.
- ii) With regard to the Age Concern Day Centre, 26 respondents saw the Departmental attitude as being positive, 2 as being neutral and 2 as being indifferent. 4 people did not know what the Department's attitude was.

Perceptions of Departmental AttitudesTABLE 10

Resource	Attitude	Social Workers (14)	Social Services Officers (22)
Luncheon Clubs	Positive	6	12
	Neutral	3	2
	Indifferent	3	-
	Negative	-	-
	Don't Know	2	5
	No Answer	-	3
Age Concern Day Centre	Positive	11	15
	Neutral	1	1
	Indifferent	2	-
	Negative	-	-
	Don't Know	-	4
	No Answer	-	2
Volunteers	Positive	-	8
	Neutral	11	4
	Indifferent	3	-
	Negative	-	2
	Don't Know	-	6
	No Answer	-	2

4 possible replies were given with regard to each of these facilities and although the difference between 'neutral' and 'indifferent' is perhaps marginal, the latter indicates a more negative attitude than the former.

iii) With regard to the use of volunteers, 8 respondents saw the Departmental attitude as being positive, 15 saw it as neutral, 3 as indifferent and 2 as negative, 6 people did not know what the Departmental attitude was. The responses with regard to this resource show a much greater variety than the other responses. They perhaps indicate an uncertainty and ambivalence about what the many workers in the Department think is an untried and somewhat risky business. It is interesting that some of the respondents who replied 'negative' or 'don't know' to this question had nevertheless referred people to volunteers (this applies to one worker and two workers respectively).

An attempt to look at where perceptions of attitudes varied between teams seems to show little difference overall. There was a wide variety of responses both within each area and within each team. It was notable that within some teams who had a lot of contact with voluntary resources, answers could vary, ranging from 'positive' to 'negative'. This may be because workers who were actually using these resources were more likely to have come across extremes in Departmental attitudes.

8. Liaison and Contact

Respondents were asked what they thought about the amount of liaison between Social Workers and volunteers. 25 replied that this was not enough, while 9 thought it was about right. 2 respondents did not reply.

With regard to the amount of contact between Social Workers and organisations such as Age Concern, 27 respondents thought that it was not enough with 8 replying that it was about right. One respondent did not reply.

With regard to the amount of the Department's budget given to voluntary organisations (pointed out as being £23,351 per annum, i.e.

a third of a $\frac{1}{2}\%$) 21 respondents regarded this as not enough while 6 thought it was about right. 9 people did not answer this question.

With regard to the number of Community Development Officers in the Department (i.e. one for each of the four areas) 17 respondents thought that this was not enough, 12 'about right' and some people did not answer the question.

An attempt was made to see whether the area and team which a respondent worked in was likely to have any correlation with the answers to this question. It was discovered that in fact a variety of responses came from each area and from within each team.

It may be noted that while a majority of respondents recognised the importance of more liaison with voluntary organisations, as was shown by this response, and by the answers to the open-ended questions later, fewer respondents appeared to see how this attitude tied up with the Department being prepared to give more money to those organisations or to organise liaison better by the use of more Community Development Officers.

9. Training

Respondents were asked whether they had any training in community work, working with voluntary organisations, or working with volunteers. In considering the answers to this question, it should be borne in mind that 22 of the respondents were Social Services Officers and 20 of these possessed no social work qualification or basic training, and had been dependent on inservice training for formal learning. (See Table 11 : Training Received by Respondents - Page 62).

With regard to community work, 8 respondents had had some specific input or taken a module on their basic training course, 11 had had a small amount of teaching on the subject, 10 had had no training in this.

Training Received by RespondentsTABLE 11

Number of Workers with Training	Specific Module Input	Some Reference Made	Inservice Training	No Training	No Answer
In Community Work	8	4	-	15	9
In Working with Voluntary Organisations	6	2	6	12	10
In Working with Volunteers	-	3	7	19	7

With regard to working with voluntary organisations, 2 had undertaken a placement with a voluntary organisation as part of their basic training, 8 had had a small amount of teaching on their course, 14 had had no training, 6 had attended an inservice training course run by the Department.

With regard to working with volunteers, one had had a specific input on a basic training course, 4 had had a little teaching, 14 had had no training, 9 had attended an inservice training course run by the Department.

It may be noted that the greater number of workers who had undertaken a specific module relating to community work on their training course appears to indicate that this subject was more widely recognised than subjects relating to working with voluntary organisations and working with volunteers. Of the respondents who stated they had had some training in working with voluntary organisations, some of these were referring to a specific placement with such an organisation rather than general training relating to the subject.

An attempt was made via cross-tabulations to see whether the number of referrals made to voluntary resources, or people's views about the

sort of tasks suitable for volunteers working with elderly people (see the next section) bore any relationship to whether or not they had had any training in this area, but no significant correlation could be established.

It is clear, however, that the amount of encouragement to work in these kinds of ways that people received either in their basic training or in inservice training from the Department was very small indeed (th actual courses mentioned being very short and basic) and that here is an area ripe for expansion if co-operation with the voluntary sector is to be encouraged and promoted.

10. Appropriate Workers to Perform Certain Tasks

Respondents were given a list of tasks often done for or with elderly people and asked to say whether they regarded each as suitable mainly for professional workers, for volunteers or for either. The attached table shows the responses. (See Table 12 : Tasks to be done by Statutory/Voluntary Workers - Page 64)

From this it will be seen that 75% of respondents saw counselling as being only suitable for professional workers - this in spite of the fact that various voluntary groups now encourage their workers to take training in such work as bereavement counselling and that counselling is not only the preserve of trained social workers. With regard to liaison with the Housing Department and with the Department of Health and Social Security, 50% of respondents thought this only suitable to be tackled by professional workers, 44% by either.

At the other end of the scale 75% of respondents saw 'friendly visiting' as suitable mainly for volunteers, 66% said this about sitting with handicapped people, 58% saw taking people to the shops or out for social contacts as being suitable mainly for volunteers.

The main body of the tasks were seen by most respondents as being suitable for either professional workers or for volunteers - 75% thought this about 'support to carers', 72% about 'overcoming social

Tasks to be done by Statutory/Voluntary Workers

TABLE 12

Tasks	By Professional Workers	By Either	By Voluntary Workers	No Answer
Support to Carers	6	27	-	3
Sitting with Handicapped Person	1	9	24	2
Counselling	27	7	-	2
Shopping/Social Contacts	-	13	21	2
Friendly Visiting	-	7	27	2
Monitoring	9	25	-	2
Overcoming Social Isolation	-	26	8	2
Contacting Doctor	3	30	1	2
Running Groups/Day Centres	1	33	-	2
Liaison Housing/DHSS	18	16	-	2

isolation' 91% with regard to running Groups and Day Centres, 83% with regard to contacting the Doctor, 69% with regard to 'monitoring'.

Of those respondents who considered that 'support to carers' and 'monitoring' were suitable for either professional workers or for volunteers, most were carrying some cases where this was the chief activity. Why they were doing this rather than passing the cases on to a volunteer is something that was followed up in the six in-depth interviews.

It may be noted that Social Services Officers are more likely than Social Workers to consider that tasks are suitable to be done solely or predominantly by professional workers, while Social Workers were more prepared to admit a role for volunteers. Perhaps a lack of training made more Social Services Officers feel threatened by the potential of volunteers. On the other hand, figures earlier in the questionnaire show that more Social Services Officers referred cases to voluntary resources (See Table 13 : Tasks to be done According to Grade of Worker - Page 66).

It is to be noted that the Probation Service which has one of the best senses of professional identity among Social Workers, is one of the foremost users of volunteers (See Holme and Maizels (1978) pp.68-69).

The titles given to some of the tasks are not, in several cases, perhaps explicit enough. The task of overcoming social isolation, for instance, is not regarded by any respondent as being suitable only for professional workers, this is in spite of the fact that where social isolation is due to depression or to personality problems, considerable skills may be needed. Similarly, with the task of contacting the Doctor, the elderly person may need help in recognising that medical help is needed and the actual liaison with the Doctor may be a task of considerable complexity, on the other hand the making of a telephone call by itself is quite a different matter.

11 General Views and Attitudes

Respondents were asked three general questions. The first was 'Which are the greatest needs which elderly people in general have?'. In

TABLE 13

Tasks to be done According to Grade of Worker

Task	Social Workers			Social Services Officers				
	Statutory	Either	Voluntary	N/A	Statutory	Either	Voluntary	N/A
Support to Carers	3	11	-	-	3	16	-	3
Sitting	-	3	11	-	1	6	13	2
Counselling	11	3	-	-	16	4	-	2
Shops/Social Contact	-	4	10	-	-	9	11	4
Visiting	-	3	11	-	-	4	16	2
Monitoring	1	13	-	-	8	12	-	2
Overcoming Social Isolation	-	10	4	-	-	16	4	2
Contacting Doctor	-	13	1	-	3	17	-	2
Running Groups/Day Centres	-	14	-	-	1	19	-	2
Liaison with Housing/ D.H.S.S.	5	9	-	-	13	7	-	2

reply, 29 respondents mentioned the need for more social contact, 14 the need for better health and medical support, 10 the need for more departmental services, 9 the need for more appropriate housing, 9 mentioned factors associated with an elderly person's sense of dignity and worth, 8 the need for information, advice, practical help, and the need for better transport.

The second question was 'How can these needs best be met, and by whom?'. 13 respondents saw these needs being met by a combination of resources - the Social Services Department to collaborate with voluntary groups, foster existing networks, liaise with volunteers and give financial support to groups as well as supporting what relatives and neighbours were already doing. 8 respondents specifically mentioned the need for better Local Authority services, but nearly all who mentioned this also mentioned the need for help from voluntary groups. 5 respondents emphasised the need for the particular kind of help that volunteers and voluntary groups could provide, such as friendship, visiting, shopping and transport, 3 mentioned the need for help from Housing and Health personnel.

Thirdly, the respondents were asked for general comments on the use of volunteers and voluntary groups in work with elderly people. 8 mentioned directly the useful resources the voluntary sector can provide, 8 respondents mentioned the need for much better liaison and working together between the Social Services Department and voluntary groups. A number elaborated this point by making suggestions with regard to developing community lunches (where different kinds of workers can meet together), better use of Community Development Officers, development of a unified policy by the Department re the use of resources for elderly people, and also the importance for clients to have the choice of help from a person who is not representing the Local Authority (with the resulting stigma).

Summary of Section

1. An analysis of the cases of elderly people being dealt with by the workers who took part in this study shows that Social

Services Officers were dealing with higher numbers than were Social Workers - supporting the finding by Holme and Maizels (1978) pp.136-7).

2. From an analysis of the main activities being carried out with elderly people, the highest number were assessments, monitoring and practical and emotional support. Assessments for specific services were more likely to be carried out than general assessments and these were more often carried out by Social Services Officers. Social Workers were more likely to be carrying out general assessments. Tasks such as co-ordination of services and practical and emotional support giving were more likely to be carried out by Social Services Officers, tying up with the fact that they were more likely to be carrying long term cases.
3. With regard to the numbers of workers referring cases to voluntary resources, Social Services Officers referred more cases than did Social Workers. There was considerable difference between teams in the numbers referred.
4. The reasons given for referrals have been classified according to whether the resources are seen as supplementary, complementary or substitutionary to the services offered by the Department. Volunteers and 'good neighbours' are more likely than the other resources to be seen as a substitute for departmental services, but there is a gap in workers' knowledge about the use of 'good neighbours'. The Age Concern Day Centre was seen as supplementary, and luncheon clubs as complementary, to departmental services. There was no significant difference in the perceptions of grades of workers. (For definition see p. 15).
5. With regard to knowledge of particular resources, 30 respondents gave names of 148 people whose names they knew in the voluntary resources, but the numbers of people known personally was much smaller, i.e. 57. Social Services Officers gave three times as many names as did Social Workers.

6. With regard to methods of referral to voluntary resources, most respondents gave valid answers. The most serious item to emerge was that 13 out of 36 workers did not know how to refer people to a 'good neighbour'. There was no significant difference between grades of workers.
7. With regard to perceptions of departmental attitudes to voluntary resources, respondents were asked to score these in one of four ways. There was a wide variety of responses from within each area and from within each team, and apparently no significant correlation with grades of workers. The numbers of people who 'did not know' the departmental attitude is again a cause for concern. There was no apparent correlation between how people saw the departmental attitude and whether or not they had made referrals. (To this may be compared the situation described by Howe (1986) who found that Social Workers, while tending to conform overall to a Department's policies and procedures, may vary considerably in the way they respond to and work with clients (Chapter 5)).
8. With regard to liaison and contact, the majority of respondents believed that there was not enough contact with Age Concern, and with volunteers. Fewer believed that the Department ought to give more money to voluntary organisations or to increase the number of Community Development Officers.
9. With regard to training, very few respondents had had any training input on qualifying courses or through inservice training in this area of work. The small amount of training in community work had taken place during initial training, whereas the very small amount relating to volunteers had taken place through a one-day inservice training course. There appears here to be an area ripe for expansion.
10. Most tasks suggested were seen by respondents as being suitable for either voluntary or statutory workers but in nearly all instances they were carrying some of these cases themselves.

Social Services Officers were more likely than Social Workers to consider that some tasks should be done only by professional workers.

11. With regard to the general needs of elderly people 29 mentioned the need for more social contact, and most saw this need as being met by a combination of resources - Local Authority and volunteers. Many saw the value of the services which the voluntary sector can provide and mentioned the need for better liaison and working together between the various groups.

FOLLOW-UP INTERVIEWS

Arising from an analysis of these questionnaires, it was apparent that the answers to some queries could only be obtained by seeking to interview a representative number of the respondents. These questions included why some workers referred more people to voluntary resources than others did, and the reasons as to why they referred particular cases; why some workers perceived the departmental attitude to resources differently to others; and why some workers acted contrary to what they believed the departmental attitude to be, or made referrals even when they did not know if this had departmental approval. The interviewees, who all agreed to be interviewed when approached, were chosen in the following way.

A scale was drawn up along which respondents were placed according to (1) whether they dealt with few or many elderly clients, and (2) whether they had referred a few people or a large number of people to voluntary resources. In addition to this, the factor of what they believed departmental attitudes to these resources to be, was taken into consideration and respondents identified whose theory did not seem to match their practice for whatever reason. In this latter group came those who either referred people to volunteers, e.g. when they believed the departmental attitude to be indifferent to this resource, or e.g. carried many cases where the principal activity was 'monitoring', although they said in answer to another question that this could equally well be done by volunteers. The idea was not to

'catch them out' by interview but to see what interesting factors to account for this might come to light in discussion, bearing in mind the general goal of identifying factors which hinder collaboration between social work staff and voluntary groups in the care of elderly people.

An attempt was then made to see that the interviewees were representative of the four areas, and of each grade of worker.

Six people were chosen - 4 Social Services Officers and 2 Social Workers. 4 were women, 2 men. They had worked for the Department for an average of $3\frac{1}{2}$ years each. From Longbenton there was a Social Worker and a Social Services Officer. From Whitley Bay a Social Worker and a Social Services Officer. From Wallsend and North Shields there was one Social Services Officer each. All came from different teams. The Social Workers both dealt with only a small number of elderly people - respondent A with only 7 people, 4 of whom had been referred to voluntary groups, and respondent E with only 4 elderly people, none of whom had been referred to voluntary groups. Respondent B was a Social Services Officer with 25 cases of elderly people, only 2 of whom had been referred to voluntary groups. Respondent C was a Social Services Officer with 31 cases, 16 of whom had been so referred. Respondent D was a Social Services Officer with 31 cases - 14 referrals had been made. Respondent F had 35 cases, with 7 referrals.

In addition to this variety of caseloads and numbers of referrals, the respondents differed in their perception of departmental attitudes. Respondent A saw attitudes as indifferent to all resources although he made a high proportion of referrals. Respondent E did not know the attitude to luncheon clubs although she thought the attitude to the Day Centre and to volunteers to be positive (she had not referred). Respondent B, who had not made many referrals, did not know the departmental attitude to luncheon clubs or to volunteers, although she believed the attitude to the Day Centre to be positive. Respondent C believed the attitude to be positive to all three resources and she made many referrals, and Respondent D was in a similar

position. Respondent F also made many referrals, although she did not know what the departmental attitude was to any of the resources.

The respondents' perceptions of the tasks suitable respectively for professionals and for volunteers and a comparison of this with the cases they carried were also markedly different from each other. Respondent A thought that only counselling should be reserved for professionals only. Monitoring could be done by either group although he carried one case where this was the activity. Respondent E was the only one who thought that all tasks were equally suitable to be performed by either professionals or by volunteers, except for 'sitting' which should be done by volunteers. In spite of this 2 of her 4 cases were being monitored by herself. Respondent B thought that counselling and monitoring should be the preserve of the professionals, the rest could be done by either, except for 'sitting' which should be done by volunteers.

Respondent C reserved three tasks for professionals - counselling, monitoring and liaison with Housing/Department of Health and Social Security. 'Sitting' and friendly visiting should be done by volunteers, the other tasks could be done by either. Respondent D reserved counselling only for the professionals. All other tasks could be done by either, apart from 'sitting' which could be done solely by volunteers. In spite of this he had on his caseload, 6 cases where monitoring, and 9 cases where support to carers, were the principal activities. Respondent F consigned three tasks to the professionals - monitoring, counselling and support to carers. She thought that volunteers could do 'sitting' and visiting - the rest could be done by either. In accordance with this she was herself carrying 11 cases which she was monitoring and 8 cases where 'support to carers' was the principal activity.

From this analysis it can be seen that the interviewees were each very different in their replies to the questionnaire. It was thus hoped that by posing to them general questions associated with the factors just pointed out, useful information would be obtained to put, as it were, the 'flesh' on the 'bones' of the information elicited through the questionnaire.

The interviews which were carried out with each of these six respondents, were loosely structured and based on a number of themes which had been noted in advance, and were used as a check list by the interviewer as the discussion progressed. The interviewees were asked questions attempting to elicit information as to why they had referred cases to voluntary resources; they were asked to describe some of these cases and outline what the outcomes had been, and any difficulties that they had encountered. They were questioned about the kinds of tasks that they regarded as suitable for professional workers and/or suitable for voluntary workers, and the issue of why they did or did not keep on their caseload cases involving these tasks was explored. They were also asked to comment further on their perceptions of departmental attitudes towards voluntary resources and to say how these did or did not relate to the way that they operated with respect to clients. They were encouraged to make general comments on the use of voluntary resources in the care of elderly people.

Detailed notes were kept on the content of the interviews. In two cases the interviews were tape recorded so that a complete transcript of the interviews was available to analyse and quote from.

When the information gleaned from these interviews was fully analysed a number of factors emerged which appear to affect the amount and nature of collaboration with voluntary groups, and these factors I shall describe under 8 headings :-

1. Factors concerning the nature of the TASKS which need to be done with or for elderly people and how this affects who is involved
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It will be remembered that one of the questions in the questionnaire specifically refers to certain tasks and that in the majority of cases workers thought that tasks could be performed by either kind of worker, which at first sight seemed rather surprising. Questioning in the interviews, however, led to the expression of a general view that whether or not a certain task should be performed by a voluntary worker depended not so much

on the task but on the degree of frailty of the client. Social work staff made certain assumptions about the degree of frailty that a voluntary worker could be expected to cope with. These assumptions related only partly to the skills which volunteers could be expected to possess - even if they had these skills, it could not be expected that they would perform these tasks for frail people on a voluntary basis.

This was particularly true in the case of 'monitoring' of cases. It will be remembered that several of the respondents were doing this in spite of having stated that it could be done by either kind of worker. Respondent A stated that using voluntary workers such as the St. Vincent de Paul Brothers, to visit "when a certain degree of monitoring" is needed can be very useful. Respondent C stated that she would like more volunteers to be available during the evening for the monitoring of clients. It was assumed in these kind of cases that this monitoring would be done in addition to what the Social Worker was doing - as one respondent stated "some cases might be too demanding for a volunteer unless the statutory services were also going in". Respondent F spoke at length about a difficult elderly lady whom we shall call Mrs. B., stating that the goal for the volunteer in work with her was "to make her a bit more trusting of people..... and the goal too is just to make sure that she is all-right and getting all the services she is entitled to.....". In this case it was assumed that the Social Worker would go on being involved. At a later stage this worker was asked why she had said in response to the questionnaire that she thought monitoring was best done by professional workers. She replied "The cases I have - perhaps they are becoming confused and as a professional you have to keep that kind of check, or because they are a difficult personality". Respondent D was asked whether he saw a difference between the kind of monitoring that volunteers can do and what professionals do - he had stated that the task could be done by either although he was in fact monitoring a number himself. He was also asked if this was partly because there

were not enough volunteers around. He replied "I think it is the lack of numbers but as you say it depends on the kind of case. A typical case I have at the moment is a Mrs. Wilson - she is disturbed mentally - had hallucinations. I don't see a volunteer going in to that kind of situation. Whereas the Norwegian lady we talked about is a bit infirm and needs someone going in to see that she is okay. There is a vast difference in the spectrum".

The same kind of attitude prevailed in the matter of 'support to carers' and whether this could be done by volunteers. Respondent D - "again, it depends on the severity of the case. An elderly lady whose daughter just needs to go out to do the shopping - a volunteer could sit in for a short while. But I have a lady who is severely demented and has had two strokes - has a bedsore that needs attending to. I don't see a volunteer going in there - but again it depends on what sort of volunteer. You might get a nursing auxiliary who had packed in work. I'd prefer in rather than a domiciliary care attendant". (The remarks of the respondent about this case are the first clear indication in this study of a volunteer potentially being used in a 'substitutionary' sense. This factor will be commented on in the recommendations at the end of the study.) Respondent F thought that volunteers could be involved much more in 'support to carers' - "I think volunteers could do most of the work if they were good volunteers. I think that a lot of support is just listening to carers and telling them that their feelings are not abnormal, and sometimes just somebody outside the family to listen to the carers is needed, I have in fact suggested a group for carers that would eventually be a self-help group." Respondent C also thought that 'support to carers' could be carried out by volunteers if they managed to establish a good rapport with the family and if they were themselves being supervised. Respondent E thought that volunteers were "perfectly capable both of carrying out tasks for carers and of offering emotional support".

With regard to the carrying out of certain tasks, a number of interviewees said that it would depend partly on the client's choice. Respondent E was one who thought that friendly visiting could be carried out by professionals as well as by volunteers. She said she went on doing this kind of visiting "because of the person's age and because they might not be in good health - that is, they might find it difficult for some reason to accept the introduction of a volunteer". The same applied to the task of monitoring "it could be done by either kind of worker but if a professional was already involved it might be preferable, and the choice of the elderly person, for the person already involved to go on performing the task".

There were, however, a number of distinct tasks with elderly clients that interviewees felt were suitable in themselves for volunteers to perform. Respondent E described how her Team Leader had said that it would have been better for a volunteer to be involved when she had in one case helped a client to move house, and in another had taken the lady for appointments with both the optician and the doctor. The respondent thought that her Team Leader had regarded it as a waste of time as a trained worker to do tasks like this which volunteers could do - she saw the point of this but as described above, did not think that a Social Worker should never be involved in these activities. Respondent C, on the other hand, thought that there were a lot of tasks which elderly people need doing for them in which it was useful to involve volunteers - these were mainly what she described as "menial little tasks" adding that volunteers were often unemployed or not doing anything else. She said that doing shopping and taking out housebound people had been done for her clients by volunteers (although this was a misunderstanding - the project she referred to employed workers on the Community Programme). Speaking of a lady whom she had taken to have her ears tested, this respondent said that she would have been glad to have the services of a volunteer for this - it had, however, been difficult to build up the lady's confidence to a point where she was willing to be

taken out of the house. Respondent A described some of the people in the voluntary sector in his area - a lady who ran Age Concern would respond to any request from a blanket to a visitor - she had been able to provide a short term visitor for someone who had come out of hospital and he felt that this kind of help was supplementary to what the Department could provide. He had also used local volunteers connected with church groups to do decorating for some of his clients. Respondent F described the needs of her client Mrs. B. and what a volunteer could do. "She really needs a one to one relationship I think a volunteer, if they got her trust, as I have now, could offer the same as me this lady gets great benefit from somebody going in constantly and offering not just support, but having the time to sit and listen!" This comment is of interest because it implies that some of the skills and tasks traditionally seen as part of the casework role of Social Workers may be capable of being assumed by others (compare the discussion above on the use of volunteers in the 'advisory, assisting and befriending' role traditionally the preserve of the Probation Service (p. 16)).

Respondent D referred to some of his vulnerable elderly people and in response to a question asking whether he would refer a different kind of client to a luncheon club than he would to Local Authority Day Care replied: "With higher physical need I would refer to our own provision. I am happy to refer people who are isolated or feeling depressed to a luncheon club, but they cannot deal with people who are too physically impaired. You cannot expect volunteers to deal with toileting, that sort of thingThe lady at the luncheon club is very good - she had a lady of mine who was 91 and doubly incontinent. She had been going for several years and built up a good relationship and I think it was a personal thing. But people that need medication, laundry done, bathing, that sort of thing, I have to refer to the Local Authority". Questioned as to whether when a voluntary group was involved with a person who later deteriorated he would expect them to be able to cope, he said

"I think so. It depends on the relationship and how long people have been involved. I would not put a volunteer in or ask a volunteer to go in cold to that sort of thing - I would rather refer that to someone in the Domiciliary Care Scheme".

The same respondent D saw a great potential in volunteers for visiting elderly people, particularly men who might not wish to join clubs. "I would like to see a lot more of that on a one to one basis. You need vast numbers - volunteers would build up caseloads and drink tea at 6 or 7 houses in an afternoon. I'd like to see volunteers used a good deal more in that way."

All respondents to the questionnaire, except Respondent E, had thought that the task of counselling should only be done by professional workers. Questioned about this she said that given adequate training and preparation, volunteers could be involved in this. (This respondent was a trained Social Worker). She said that her views on this were determined by the fact that if she wanted counselling herself she would not go to a Social Worker - she would go to a friend - this was partly because she would want to go to someone with whom she already had a rapport.

Running through these responses a number of themes emerge. The kind of tasks to be done by voluntary workers can to some extent be delineated but with other tasks a lot depends on who has a good relationship with the elderly person; what the person themselves would prefer; and their degree of frailty. The implication also is that with more frail people, certain skills are required which are more likely to be within the province of paid or professional workers.

2. Factors associated with the use of TIME. These had two aspects - a professional worker may refer a case to a voluntary group because their own time is limited; or they may stay involved with a case because they have not the time to find a volunteer or another resource.

Respondent F in describing the needs of Mrs. B, refers to the first aspect quite emphatically. She wanted a volunteer to go

in "... because she was becoming more and more demanding of me. She wants me to take her out for coffee and be there once or twice a week, which is fair enough if you have the time, but unfortunately you don't." and again "... the lady does get support from someone constantly going in ... to sit and listen ... and unfortunately I don't have the time to do that."

The second aspect is referred to by a number of interviewees. Respondent E who had done little or no referring on, pointed out that it took time to find a volunteer and introduce them into a situation. It was also difficult, she said, for members of a social work team to find the time to identify resources in the community and this was something they were not very good at doing. Thus also Respondent C referred to tasks that need doing in an emergency which are often quicker for the worker to do themselves rather than refer on. Respondent A felt that Social Workers do not organise themselves well enough to be able to refer on to a volunteer without going to a great deal of trouble.

Respondent D referred several times to this aspect of the matter. Thus, "Another thing I would like to get off the ground as well is a club for elderly blind people, but it's finding the time....". He stated that he would like to go round with the Community Development Officer to meet people in voluntary resources so that he could build up contacts with people whose faces he knew, but this did not happen. Questioned as to why it didn't happen, he replied "I think because we haven't got the time. You cannot just take time off to do that. If you do, you have got to work to get other things done. You have got to clear yourself some space and say - right, I'm going to do that!" Question: "Say you are going to put next Tuesday aside?" Answer: "That's right, and say you are not going to do anything else. It doesn't matter what sort of pressure you get from the team - say no, I am not going to do that, this is what I am going to do."

Respondent E's Team Leader encouraged her to use volunteers because her own time was limited.

There was a general feeling that finding the right volunteer, and introducing them to a situation would take a lot of time and this was partly because there was no easy source of capable volunteers readily available, or information as to where to find them, close at hand. (See Sections 6 and 8)

3. The third group of factors are associated with CHOICE on the part of the elderly person. Thus, even when the task for the volunteer is suitable and the social worker has the time to organise this, the elderly person may or may not wish to have a volunteer introduced into the situation

In some instances the person might prefer an unpaid worker as did Respondent F's Mrs. B. Questioned as to whether in view of Mrs. B's difficult personality it might have been better to put a paid person in, such as a home help, the respondent said "I think that would be a waste of a resource. Because this lady firstly resents the home help - she thinks she gets paid for nothing, you know, that's just not true, - and the first volunteer she thought was wonderful because she didn't get paid, was doing it on her own, and she appreciated her a lot more than me." There is some evidence from the rest of Mrs. B's case history that friendship from an ordinary person was the thing that she was most in need of, in order to be able to live with herself. Again Respondent F : "I think volunteers can be very useful because elderly people see them as not being part of the welfare and can probably relate very well"

Respondent E mentioned "whether the client would have accepted another person such as a volunteer to help her with the move" as being one factor to consider in deciding whether or not to deal with a case herself. When talking about the tasks of 'friendly visiting' and 'monitoring' she referred to the client's preference as being an important factor in whether a

volunteer was brought into the situation - "they might find it difficult for various reasons to accept the introduction of a volunteer". Respondent C in referring to tasks done in an emergency added that "if the client wanted it that way" the professional should do it. She also said that some elderly and/or blind people were unwilling to accept voluntary visitors because of what they read in the papers. On the other hand a client might in some instances prefer a service from someone who was not an 'official'... Negative feelings about volunteers going in were also referred to by Respondent B - she had had a lady who was an alcoholic and who was unwilling to accept a visitor from Age Concern feeling that she might be 'snooping'.

With regard to resources such as the Age Concern Day Centre, some clients might feel that there was less 'stigma' about going there than there would be in going to a Local Authority Home for Day Care. (Respondent E). Respondent B recalled the case of an elderly lady attending a Local Authority Home for Day Care who had been referred to Age Concern for an additional day - she liked the latter so much and all the activities there that she was now refusing to go to the Home. Respondent D referred to another aspect of this matter. "Having luncheon clubs and this sort of thing is okay. People say let's get them out of the house and to meet each other, but there's a lot of people don't want that....". He then went on to talk about volunteers visiting instead.

The important thing here is that elderly people should have a choice of resources and a choice between voluntary and professional visitors. Some may prefer the greater informality, some the greater anonymity. One elderly lady would not accept a volunteer - "she saw it as charity or something". Everyone is an individual.

4. The fourth set of factors is concerned with the availability or otherwise of DEPARTMENTAL RESOURCES on the one hand and VOLUNTARY RESOURCES on the other.

In some cases people were referred to a resource such as Age Concern Day Care because of a lack of places available which

were provided by the Department. This is not so straightforward as it sounds as in fact Age Concern reckoned to cope with the less frail, less difficult client. (See p.27 above for comment on the different kinds of day care provided). Respondent C referred people to the Age Concern resource and also to a Catholic luncheon club - these were suitable she thought for some people who were physically fit, but now that the Local Authority had opened its own Day Centre in the area she prefers (she said) to refer people there, as she has good rapport with the staff there. She had discovered that Age Concern were loathe to take both blind people (because there was another special resource for them) and also people from sheltered housing, feeling that other people are more isolated and therefore need their resource more.

Respondent B described most of her long-term cases as needing a lot of tasks doing for them - the sort of help now available from the Department's Domiciliary Care Scheme. In one of her cases she had tried to involve a 'good neighbour' in sitting with someone who was ill - the person would have been paid by the Department but unfortunately it was found that this would affect their eligibility for Supplementary Benefit. The respondent is therefore going to try to get a volunteer instead.

Respondent A had referred a 'difficult' elderly lady to Age Concern but she had been turned down by them as she had a reputation for being 'difficult'. The respondent agreed that she was not really a suitable client for them to deal with and he would have referred her for departmental day care "had something been available". Respondent E, when talking about Social Workers trying to identify voluntary resources and how difficult this was, remarked (perhaps perceptively?) that she wondered how many voluntary groups wanted Social Services to get in touch with them - some preferred to go on as they already were and were finding enough to do. This in the researcher's experience is manifestly true and is surely a

factor, which, rightly or wrongly, does not promote collaboration.

Respondent D talked about a lady who went to a club in sheltered housing, who needed a lot of care. She had got to know the organiser there - otherwise she would have been more suitable for Local Authority care had something been available. He had referred a man to Age Concern for their Day Centre but because he was living in sheltered housing they had suggested a voluntary visitor instead! Respondent F stated that she saw luncheon clubs as potentially one of the most useful facilities "because at the moment we don't have enough Day Centres to offer folk". She had referred some men to Age Concern as there was a Leisure Centre there where they could play bowls "but because it is such a large centre you have to consider that when using it - sometimes a smaller group - you get much more from it".

Respondent C had 31 long term cases of elderly people most of whom were blind or partially sighted. Consequently 10 of the 14 people she had referred to voluntary resources had been referred to a local Day and Resource Centre for blind people, run jointly by the Department and a Voluntary Blind Society. She found this a good specialist resource which would assist with identifying problems and watching for possible signs of deterioration in a person's functioning. Respondent F's Mrs. B. had not fitted in at the Local Authority Day Unit and was later referred to a volunteer.

Referrals to voluntary resources were therefore affected to a considerable extent by what at any one time the voluntary sector could undertake, and equally by whether the Department was providing enough of the care that was needed for frail elderly people. (See also p. 53 above)

5. The fifth group of factors affecting the degree of collaboration with voluntary organisations and groups concern the PERCEPTIONS or EXPECTATIONS which social work staff have, and the Department has, about these groups, and particularly about 'volunteers'. As was revealed by the interviews there are some very negative images around in the Department which workers who have not used volunteers tend to pick up. On the other hand there is the realisation that a great deal of potential lies in the voluntary sector which would be to the client's benefit if it could be made the most of (see further - Section 8).
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Thus Respondent C expressed both sides of this. She said that there is a growing realisation that a lot of things that need to be done for elderly people can be done by volunteers "just menial little tasks". With regard to a task like counselling, however, people need to be trained to do this and she thought there was a risk in giving this task to voluntary workers. She would like there to be more volunteers available to undertake tasks such as shopping. In response to my question as to why she thought workers had not used volunteers more, she stated that workers "had had a bit of bother" "there are a lot of goody-goodies". She thought it was important to know volunteers personally and check that they were suitable by taking up references etc., also to face the fact that there might be personality clashes which would need to be resolved. She had personally had encouragement from her Team Leader to put volunteers in (like Respondent E) because her own time was so limited. This respondent expressed a view which was common - that not too much should be expected of volunteers.

Respondent E also expressed the two sides of this question. On the one hand she knew that members of her team used a group of volunteers connected with a local church for befriending elderly people and doing some shopping for them and this seemed to work well. On the other hand when asked why volunteers were not used more for tasks that she had stated could be done equally well by voluntary or statutory workers she said that volunteers are an unknown quantity; they are not encouraged". Respondent A said that he thought expectations which Social Workers have of voluntary groups and vice-versa were quite

important and affected collaboration - expectations should be clarified and roles better defined.

Respondent F saw a role for a volunteer with her client Mrs. B as being supplementary to her own "if we could get someone involved apart from myself to make sure there was a bit of support going in" She had felt that her Team Leader at the time was approving of the idea of getting a volunteer, particularly as the team had met the person in Age Concern who was organising the volunteers and felt happy about the system. She felt, however, that she did not know what the Department in general thought about volunteers - "I think they like you to use them if you know where they are and how to get on with it. I have had a day's training about volunteers - I cannot remember much about it now to be honest. It was quite a long time ago. But that's as far as it has gone really!"

Respondent D again expressed both sides of this matter "You have got to tread carefully with volunteers - they are a very good resource but they can switch off as quickly as they switch on. I remember in one sheltered housing unit we had started a club once a week and the residents only wanted to play bingo, while the volunteers wanted to do more than that. The residents did not seem to have the motivation, and the volunteers withdrew". Questioner, "That is interesting, often you hear the reverse - that volunteers do not want to motivate elderly folk." Interviewee "Yes, but there the situation was quite the reverse."

This last respondent was describing a situation which had not up until then emerged in the interviews - the situation where the volunteers are not finding enough challenge in the tasks assigned. It may be that this is more often the case for withdrawal and so-called 'unreliability' - particularly in the case of long term visiting of elderly people, without a clear goal in mind - than most statutory workers suspect. Volunteers need to be given sufficient challenge. (Contrast the view of Respondent C page 84).

6. The next group of factors is associated with a number of points concerning the DEPARTMENT'S STRUCTURE AND ATTITUDES to the voluntary sector
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Respondent A had the most to say about this in a general sense. First there was a lack of training courses provided by the Department in this area of work which if they were there would show that the Department meant business. Next, there should be more grants made to some of the smaller voluntary groups. (In this connection it may be remembered in the answers to the questionnaires that many people who approved the principle of more liaison with, and collaboration with, voluntary groups, did not see the need to increase the grant aid budget). He thought that the Department relies too much on individual workers and teams to find out what exists locally - if this happens it sometimes happens by accident and in a kind of 'ad hoc' way. Next, he thought that the Department should relate more sympathetically to voluntary groups recognising that if they were not there the Department would have more clients! He thought that one of the reasons for the Department failing in this respect was political - it has to meet its statutory obligations and relating to voluntary bodies was not popular politically.

Respondent F described an attempt which had been made in her area to compile a list of resources that there were available but this had "fallen flat on its face". "Nothing happened although a lot of time was spent on it. Now does that reflect perhaps on what the Department feels about volunteers and the use of voluntary groups? I don't know."

It has already been pointed out that perceptions about the Department's attitude varied widely across the Department and even between members of different teams. Asked to try and give the reason why there was at present, as she felt "not enough contact" between the Department and volunteers, Respondent E stated that "in Social Services we seem to be geared up to

dealing with problems ourselves rather than finding other people who may be able to help". This is surely borne out by the fact that so few social work staff were carrying cases where the main activity was 'co-ordination of services'.

Some workers expressed the belief that using teams on a 'patch' basis made it easier to identify and work with voluntary groups in the area. Respondent B saw a great advantage, e.g. in having Age Concern opening a Day Centre locally - she had met the manager and felt that as it was a local resource this would be a great advantage (the previous centre had been a long journey), the worker would be able to get to know it. Local facilities, she felt to be important and was going to undertake a project as part of her social work training to find out about local resources in her team's 'patch'.

Respondent A stated that he believed in real 'patch based social work' which would mean that workers had more local knowledge. His discussion of the groups in his area which he had used for clients was based on a description of various people in the voluntary sector who he personally knew well. (As teams become more 'patch' orientated and perhaps 'patch'-based, this should facilitate this area of the work). Respondent D also felt that 'patch' was important because it gave teams an insight into the needs in their area and what was available to meet them.

Respondent F echoed this: "Our team have been talking for a long time about working with volunteers and to refer things to voluntary agencies within our 'patch' although our 'patch' is fairly difficult, but there is certainly a lot of potential there, and when you listen to ...S (A Team Leader in another area office committed to 'patch' working) talk about the work with the churches in particular and what they can and cannot offer, it does seem to open up your resources much more - and that's something we do not have in Whitley Bay - you

learn through your clients about different resources (a point also made by Respondent A) rather than actually having a compiled list or whatever."

Perhaps the fact most often mentioned in this connection, however, was the existence or otherwise of a Community Development Officer in the area who would work with the social work teams. Although theoretically there was meant to be a Community Development Officer in each area office, for various reasons this was not the case at that time. In Whitley Bay for example, the Community Development Officer was being used for a specific piece of community work; in North Shields the post had not been filled since the last holder had left. In Longbenton the post was divided into two half-time posts and included responsibility for playgroups and childminders. Wallsend was the only area where the post was working as had originally been intended, and, as was pointed out in answer to the questionnaires, workers at Wallsend were more likely to refer to voluntary groups and to get to know about them through the Community Development Officer.

Thus Respondent D said: "Most of my contact with volunteers I do through Joan (the Community Development Officer). I mean, I could refer direct to the Volunteer Bureau but I see Joan every day so it is more convenient to do it through her", and in response to the question as to why he felt that the attitude of the Department to voluntary resources was positive, he said: "Again it all comes to the Community Development Officer - I know I keep saying it, I feel that Joan has very good relationships with voluntary groups and that's where I get my enthusiasm from". When asked if it would be a good idea for each team to have its own 'pool' of volunteers he speculated as to who might organise this - "I think perhaps the Home Care Organiser in conjunction with the Community Development Officer and the home helps, that sort of thing. I can see that sort of role being developed within the Authority."

Respondent F was from Whitley Bay where the Community Development Officer was doing work in an area covered by another team. This was also the respondent who had a disappointing experience that the list being drawn up by the Community Development Officer and the trainee social worker had come to nothing. She was therefore less enthusiastic about Community Development Officers..... "We do not have a Community Development Officer for Whitley Bay, only for Backworth. The more longstanding members of the team feel that they have never seen a Community Development Officer do any real work - they don't see a role for one. The only occasion when a Community Development Officer could have helped us came to nothing". Question: "I think it is a difficult job and it depends a lot on the person and how far they are accepted by the team probably." Respondent: "I think you're correct there - from my understanding in the past, the Community Development Officers never really came to the team. I think they have to be part of the teams".

Respondent A stated that he "would like to see the role of the Community Development Officer developed so that there was detailed knowledge about resources that are available". (He came from the Longbenton area). Respondent B thought that one Community Development Officer for each area was about the right number - they could fulfil a role that was 'preventive' in terms of finding resources that would meet clients' needs. Respondent E who had worked in Whitley Bay, gave as one of the reasons why voluntary resources were not used more as being that at that time in the area office where she was based there was no Community Development Officer who could provide ready liaison with voluntary groups. It would be useful to have someone in each team like a Community Development Officer who had the time to identify resources which the team could use. Respondent B was not sure whether the fact that knowledge of voluntary resources in her area was scanty meant that few existed. She thought that a Community Development Officer should be in a position to find out this information but this

is not always possible on an area wide basis, particularly as this area had had only a half-time Community Development Officer in the past. A neighbouring team sent their workers out to look for such resources - the respondent did this to some extent herself but she felt that this task was 'tacked on' as it were, to the rest of her job.

It is clear that in a situation where workers are encouraged to concentrate on their statutory duties and to pass on appropriate cases to other people they need to have easy means available of doing the latter. Unless and until 'social care planning' is regarded as an essential part of social work it will need someone especially designated to have the time to go out and find these resources on behalf of the team. If the team themselves are to do it they will need more time, more workers and a lot of determination.

7. The seventh group of factors is associated with PROFESSIONALISM and it was not explicitly referred to by many interviewees although it is implied in their comments under other headings such as perceptions re volunteers and tasks suitable for voluntary workers.
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Respondent E in discussing the reasons as to why voluntary workers were not used more, said that "if volunteers were used more maybe social workers feel they would be made redundant". She said that paid workers might think that if volunteers were doing tasks for nothing the employer might consider that there was no need to have paid workers to do those things. Interestingly, this was the only respondent to the questionnaire who did not feel that any of the tasks could only be done by professional workers and she was the interviewee who stated her own personal preference for turning to a friend if she was in trouble, or someone with whom she already had good rapport - perhaps she herself had not completely identified with the 'elitism' of some professionals?

The other interviewee who referred to a slightly different aspect of this was the other trained social worker who was

interviewed. (Respondent E also being a trained social worker). Perhaps their professional training had made them consciously more aware of these kind of issues? Respondent A referred to the fact that workers often did not refer people on "because they are somewhat possessive" with their clients. This aspect came out also in the answers earlier to questions about tasks and who should do them - some interviewees referred to the question of who had "a good relationship" with their client. While this could be a positive factor in getting something done, it could also be negative if it led to the clients having their choices restricted. 'Possessiveness' is not something which 'good professionals' would ostensibly encourage, but it is something nonetheless to which a certain kind of 'professionalism' can lead. Perhaps it can also be seen in the fact that nearly all respondents thought 'counselling' only suitable to be done by professionals, leaving out of consideration that volunteers could also be trained.

8. Perhaps the most extensive group of factors affecting collaboration were those concerning SYSTEMS OF LIAISON, COMMUNICATION, CO-ORDINATION. It will be remembered that in answer to the open-ended questions at the end of the questionnaire many respondents had referred to the need for good systems of co-ordination between the Local Authority and the services offered by voluntary groups. Nearly all respondents had indicated that both sorts of services were necessary and some had gone on to suggest how they could work together better. Most of the interviewees commented on these issues.
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There was first the question of how well workers in voluntary groups could be vetted and trained, a factor which might reassure social workers. Respondent A spoke of a local church group which he had used for some specific tasks. He thought it a disadvantage in using this group that some of the volunteers were social work clients, which could raise issues re confidentiality etc. However, a boy who had been in Local Authority care had done a good job of decorating for one of his other

clients. The respondent thinks that volunteers in this group were not 'assessed' in any formal sense. He thought that the main advantage of the group was for the volunteers themselves - the clergyman in charge of the group tries to give the people who volunteer a feeling of worth and for that reason does a good job. Respondent C thought that social work staff were encouraged to use volunteers in order to save their own time "provided that the source of volunteers is dependable". "Staff would more often use volunteers if more volunteers were known to them personally". This was echoed to some extent by Respondent E who said the "volunteers are an unknown quantity - they are not encouraged". Respondent F enlarged on this topic. She thought that volunteers could be useful "if they were organised better.... the ones I have used have been fairly well trained but they do not seem to know what to expect from elderly people..... and have not lasted very long.... I mean I have tried to guide them - it is through Age Concern and the lady who organises them - she is very good - and we have chatted and talked to the volunteers and gave them a lot of background and they think that'll be fine and its just not. As I say I don't know if I would go in if I didn't get paid for it - certainly they find her (Mrs. B) very difficult". "And again it's taught me a lesson if no one else that I think I'll have to vet any volunteer, apart from Age Concern doing it, much more than I did, even though I'd met the volunteer, you know, for coffee before going in there was discussion about what to expect from elderly people, but I think I will have to do this more than on a visit to vet the volunteer - all this was done over one cup of coffee". Respondent D described his experience in referring someone to Age Concern for a visitor. "I thought that's what would happen when I said could they contact the visiting officer - that they would contact me before they went so that the volunteer would know or maybe that I could assess the volunteer to see whether he was suitable, but just to send somebody....".

It is important that as well as volunteers being known and vetted they should be properly managed. There is a problem

when a volunteer has finished on a job and is not being used. Respondent F said: "In the Department there are social workers with pockets of volunteers that are being misused..... they're not using them at all, not letting other folk in the Department know that these volunteers are available - there's a whole big gap and it ought to be co-ordinated better....". This factor is also referred to indirectly in the comments about recognised procedures of referral, contact and follow up which follow.

Respondent A thought it important that referral to voluntary groups and liaison afterward be properly organised. "Social workers should not just 'cop out' once they have referred an elderly person - good lines of communication should be established and effective organised liaison. Tasks for volunteers should be defined and a proper system of recruitment".

Respondent B referred to the new day centre run by a voluntary organisation opening in her area - "there is an appointed liaison person in the area office - someone who will be on the spot to make referrals". She thought this would be different to her experiences in referring clients to a Voluntary Day Centre at North Shields - she described her experiences there as bad, with the organisation not following up referrals. In the case of some clients she had not discovered for months afterwards when they were referred for something else that the previous referral had not been followed up.

Respondent C spoke of a case she had referred to a voluntary scheme for visiting; she had been reassured by the organisers of the project about the suitability of the volunteer and as the client wanted to be independent she felt that she, as a social worker, could withdraw from the situation.

Respondent F spoke about several different volunteers who had gone in to Mrs. B. Question: "Did you find that once they started going in to see her they contacted you regularly?" Answer: "Well, I made a point of contacting them, because of the difficulties of this case I always left my number and asked

them to ring if there were any particular problems". And again "I think Age Concern have a good system because they do vet the volunteers but the other agency, although I've referred several people I have had no reply. I felt a bit disappointed having chatted to the lady who runs this service, I got really excited by what she could potentially offer and then to refer people and have no contact back was disappointing and I felt perhaps there should be some better system or.... and again with Age Concern with another lady I thought the volunteer was working really well, and then the volunteer stopped going and I tried to contact the volunteer and couldn't and so I contacted Mrs. A (the organiser) and she wasn't aware that the lady wasn't visiting any more... and so there was a breakdown in communication there somewhere too, and that was a bit sad because I thought that was working really well." The questioner referred to the fact that this organiser had had weekly meetings with her volunteers "Yes, and I think it would have been nice to go along to some of the meetings that they had, that might have been interesting". Questioned as to whether a 'pool' of volunteers attached to each team would be a good idea she said: "I think it could be, but very difficult to tell - it would have to be well organised and well supported by each of the teams, and in practical terms I don't know if that would work just because of the time and the input you would have to have."

Respondent D described his experiences in referring somebody to Age Concern for a visitor - as described above they had just sent someone without his having a chance to meet or to vet them. Also it had not been clear as to how contact was to be maintained. Question: "Would you see yourself as keeping contact with the volunteer?" Answer: "Yes". Question: "The person you referred for a visitor, had a visitor actually gone along?" Answer: "He went the next day". Question: "Did you meet the visitor?" Answer: "I wanted to. I said could he make contact but there was a breakdown in communications... I am hoping to get in touch with him to see how the relationship is going...."

In these and other replies it is clear that there is a good deal of uncertainty when cases are referred - will voluntary organisations do their own assessment of the situation and their own 'matching' and preparation of the volunteer? Is this necessary in all cases and what happens when the social worker is intending to stay involved - is the organisation or the social worker or both, responsible for maintaining contact with the volunteer - who does the volunteer relate to and feed back information to? Is it made easy for the volunteer to express problems they may be having and their wish to withdraw from a situation? Should the social worker make sure that the organisation has the problem in hand before withdrawing from the situation. Does the organisation always know whether the social worker is still involved?

There is an obvious lack of readily identifiable channels of communication, made more difficult in some cases by a lack of personal contact and confidence in other groups of workers. "I think if you meet one to one you can build up relationships" said Respondent D. Lack of adequate guidelines, of agreed procedures and of understanding of roles, are glaring omissions in efforts to work together in providing care for elderly people.

CONCLUSIONS

Thus by means of a questionnaire and by interviews with a sample of respondents an attempt was made to identify the factors that determine whether or not collaboration takes place between statutory and voluntary workers. It became apparent that certain factors are important at different stages in the process of referral from one resource to another, and in working together to meet elderly people's needs.

1. Some factors are predisposing ones, factors (i) connected with the Department's structures and ways of doing things; (ii) to this must be added the lack of adequate departmental policies

and procedures with regard to this area of work; (iii) factors connected with the attitudes that social workers have and the way they are trained to think about their jobs; and (iv) factors connected with existing collaborative arrangements for planning services.

i) The Department's Structures

The fact that so many social workers felt that they had not the time to find volunteers or to check the position with regard to supply of voluntary resources, is connected with the lack of identifiable people provided by and within the Department whose job it is to find information about resources and to assist social workers in this way.

Davies (1981) refers to "The vast difference in unit costs to the organisation between using full time paid labour and employing someone to organise, train and support volunteers". In spite of this, volunteers have not been as extensively deployed in Social Services Departments as would seem economic. Many reasons are quoted for this "rarely mentioned is that there is no incentive for the social worker to do so. Volunteers require a large initial input of social work resources - his own time is the one resource which has a high opportunity cost to the social worker but prescription of a standard package of service seems cheap in comparison, yet once a volunteer has received the initial support and can work reliably and successfully to the organisation he becomes an inexpensive resource". Davies also argued the case for powerful incentives to be given to the professionals to work with voluntary agencies in this way and refers to the Kent Community Care Scheme (Challis and Davies (1980)) where social workers are given a sum of money roughly equal to two thirds the cost of keeping an elderly person in residential care and are faced with the challenge of going out to recruit the exact amount of care of the type that is

really needed.

North Tyneside Social Services Department, on the evidence produced by this study, gives no encouragement or incentive to its staff to co-operate with voluntary workers.

When discussing with workers in the voluntary sector departmental structures regarding the use of Community Development Officers they felt it to be important that these workers were not used in order to try to dominate or lay down the law to voluntary organisations as had happened in a neighbouring Authority. Collaborative working can only be promoted on the basis of a genuine partnership.

ii) Lack of Clear Departmental Policies and Procedures

This was confirmed by the lack of awareness on the part of many staff as to what departmental attitudes and policies in this area of work were. There were no clear guidelines laid down for staff who wished to use volunteers in their work with elderly people as to how to recruit such ancillary help and the kind of tasks it was legitimate for them to be involved in. The remark of Respondent D is particularly illuminating in this respect. He did consider that if a volunteer had had nursing experience it would be legitimate to ask them to do quasi nursing tasks, although later, in reply to another question, making it clear this would not be his normal approach to work with frail elderly people (see page 77). It is obviously of vital importance that policy and procedures in this area are made clearer if working with volunteers is to be encouraged, and volunteers appropriately deployed.

iii) Social Workers' Professional Self-Image

Social workers in North Tyneside are encouraged to take responsibility themselves for the most vulnerable people and if they are having to stay involved anyway they may not feel there is any need to call in help from outside the Department. In the case of less vulnerable clients, referrals are sometimes made to other agencies but very often cases are then closed without adequate checking that the contact of the voluntary agency has actually been made. Rowlings (1981) refers to studies which show evidence of "The reluctance of social workers to transfer clients who no longer need social work help, and the apparent unwillingness of social workers to ascribe certain tasks to volunteers or ancillary staff, while retaining the main responsibility for the case (e.g. Goldberg and Fruin 1976)". This point is certainly borne out in the North Tyneside study which shows that few workers saw their main role with individual elderly people as that of co-ordinating services. Rowlings goes on to say that "Social workers are often reluctant to define their task more narrowly or to see their work as one activity which is a discrete specialist part of a wider strategy of intervention".

Baldock and Prior (1981) found that there was a high level of consensus among social workers that "extensive face-to-face dialogue between worker and client is the essential core component of social work practice. All our respondents felt that engaging in direct and regular talk with clients was what counted first and foremost as 'doing' social work, for example, taking precedence over acting as an advocate in dealing with other agencies or mobilising community resources".

Darvill and Munday (1985) refer to the fact that among applicants for social work training the motive to help other people in a face-to-face relationship is very strong and it seems that this attitude is not usually altered by exposure to the average Social Work Training Course. The Barclay Report (1982) refers to the

attitude of mind needed if community social work is to be practised - an attitude that sees other citizens as partners in the provision of social care. Although this belief was held in theory by many workers, in the sample in North Tyneside there was little evidence of it being followed through in practice.

Sainsbury and Nixon in a study of long term social work (1978) noted that "the tradition of the encapsulated individual appears to preclude the full use of auxiliary help".

These factors may help to explain why in our study workers seemed to lack knowledge as to the potential for volunteers to engage in tasks which would add to and enhance the social workers own role - few knew, for instance, that volunteers can be trained to undertake bereavement counselling. The expectation that elderly people need mainly supportive and practical tasks done for them and the existence of a second 'tier' worker to do these, probably also militates against the use of volunteers.

iv) Existing Collaborative Arrangements

The fourth predisposing factor is whether or not adequate collaborative arrangements exist in the Local Authority with the voluntary sector so that at any one time services available for elderly people and the needs they are designed to meet, complement each other. Thus it emerged from the interviews that referrals might be made to voluntary resources if there was a lack of suitable Local Authority resources and if the supply of service in the voluntary sector could partly meet the needs of the elderly person. It is clear, however, that in North Tyneside it is by chance whether something that the Department has not got can be provided by a voluntary group and better collaborative planning could mean that a better overall service could be provided.

Discussion with voluntary organisation management elicited the further factor that expectations which the Social Services Department and its workers have of voluntary organisations are low. This is in spite of the fact that some voluntary organisations have access to sources of funding such as Community Programme Schemes which would enable them to put into practice quite innovatory schemes. The sums of money put into Age Concern, for example, via the Manpower Services Commission are substantial. With the right kind of consultative process, these could have been turned to good account on behalf of elderly people in the Borough.

2. Other factors which determine whether or not collaboration takes place between statutory and voluntary workers arise due to particular circumstances and clients' situation at a particular time, i.e. they are 'ad hoc' factors, and this again points to the lack of agreed policies and procedures. Under this heading can be included factors associated with the nature of the tasks to be performed, the degree of frailty of the elderly person and with the elderly person's own choice. The question of whether or not a suitable supply of appropriate volunteers is available could also be included under this heading. Thus if an elderly person is already known to a voluntary group at the time that their health begins to deteriorate, if a volunteer happens to be willing and, e.g. has nursing or other appropriate training, if the client finds the situation acceptable and if a social worker and Team Leader think the task is suitable, then a particular piece of work may be referred to a voluntary agency, and in this sense collaboration may occur. The important point is that whether or not it occurs depends on a number of conditions being present at any one time, not on policy and practice which is thought out beforehand. The management of Age Concern felt that the importance of choice for the client and the variety of services that the voluntary sector is potentially able to provide should not be under-estimated.

3. Perhaps more important than either the predisposing or the 'ad hoc' factors, however, are the operational problems met with when attempts at referral, or actual referral, take place.

Some of our interviewees were able to give good examples of co-operation with voluntary groups - Respondent A with Age Concern and other local volunteers; Respondent C with the day facility for blind people; Respondent D with the luncheon club who by chance managed to cope with a very frail lady. However, the majority of cases and situations referred to were not so successful. Respondent F thought perhaps she had just been unfortunate in not getting a suitable volunteer for Mrs. B. but she also mentioned another client where communication with the volunteer and the organiser had broken down.

Respondents B and D both described actual instances of clients referred for day care and for a voluntary visitor when what they had expected of the voluntary organisation had not materialised. There was a lack of clarity on both sides about definition of role, channels of communication, and what each was to offer. Respondents A and C had been somewhat surprised to discover the criteria operated by the voluntary organisation which they had not been aware of in advance.

It is clear that even where there was goodwill and a clear desire to collaborate, systems of referral and communication broke down. As Respondent F remarked ... "it ought to be co-ordinated better".

RECOMMENDATIONS

The foregoing conclusions lead to a number of implications for the Department in terms of departmental planning of services, departmental structures, the training and development of statutory workers and operational co-ordination.

1. Planning of Services for Elderly People

The Social Services Department, together with the District Health Authority, should consult with local voluntary organisations in the planning of services. This should not be done as an afterthought or in a way that assumes that the Local Authority will always have the final say in what is planned and decided. This consultation should be part of a genuine attempt to increase the options for care and a better quality of life available to elderly people. The kind of partnership that is entered into should be based on as wide a possible knowledge base of the needs of elderly people in the Borough and a prioritisation of needs in terms of availability of the Department's resources - an example of this might be that only the people in most need of personal care tasks being done for them receive help from the Home Care Service, while others whose main need is for social contact may benefit from a voluntary visiting programme. (Expectations must realistically take into account the variety of possibilities for funding available to voluntary organisations, and their limitations). In addition the Department needs to have clear policies about working with other agencies so that field social workers will more often assume a 'co-ordinating' role in relation to other services, rather than acting as if everything needed can only be done by social workers or by the Department. Procedures for the recruitment, training and appropriate deployment of volunteers need to be agreed on and made known to staff so that these resources are available when elderly people need them.

2. The Structure of the Department

The Social Services Department should structure itself in such a way as to ensure clear lines of liaison and communication with voluntary organisations and with groups in the community. This kind of liaison is likely to assume two main forms, both of which are being implemented but need input from the Staff Development and Training Sections if they are to work effectively. The presence of a Neighbourhood Liaison Officer in

each social work team should ensure that the team has a link with resources in the community. These Officers should be present at team meetings when cases are allocated so that they are able to point to a particular resource known to them from which an elderly person might benefit (e.g. a luncheon club or a voluntary visiting scheme), but also so that they can encourage team members to look at common needs which groups of elderly people may have, and to look for resources or seek to develop them accordingly. In their relationship with voluntary organisations it is imperative that these workers establish a genuine partnership rather than seeking to dominate.

The second kind of liaison should take place from Service Development Co-ordinators who have now been appointed and who are based centrally in the Department. So far as elderly people are concerned the Co-ordinator whose brief is to liaise with all relevant agencies, will need to relate to Age Concern. The Community Social Work Co-ordinator will have a role to play in encouraging 'patch' teams to relate to local facilities such as luncheon clubs.

3. Staff Development and Training

It is clear from the answers to the questionnaire that most workers have received very little training or been encouraged to think on their basic training courses about the kind of topics discussed in this paper. That this is still likely to be true among social workers in general five years later, is confirmed by an article in Social Work Today (11.5.87). A BASW Project Group on 'Social Workers and Volunteers' sent a short letter of enquiry to 97 CQSW and CSS Co-ordinators in colleges in England and Wales. Out of a response rate of 39, or just over a third of the sample, it was clear that working with volunteers, as a subject, received little priority on qualification courses. The reasons given for this were lack of time, lack of interest on the part of students and, to some degree, lack of interest on the part of the teaching staff.

In our study the workers felt that the Department "think it is all right to work with volunteers provided that you know how to

do it" (Respondent F). The best way of seeing that workers are able to do it properly is for the Department to make good the neglect through inservice training programmes and through sending staff on appropriate courses. Some input relating to the practice of 'community social work' was recently provided for 3 teams but as staff move between teams this needs to be provided for all. An encouraging recent development is an initiative by CCETSW to develop a regional project on 'Collaboration in Training' and in the case of North Tyneside this was focussed on work with elderly people and includes people from various agencies, statutory, voluntary and private rest homes. The common training needs that staff have relating to work with elderly people have been identified and the aim is to develop programmes across agencies during the course of which staff may learn from each other as much as from their trainers.

4. Operational Co-ordination

It is essential to develop a system of better co-ordination of work between agencies who are each involved in an individual case, by having a worker visiting. In our study it was noted that social work staff rarely saw their role as a co-ordinating one and that the idea of 'social care planning', in the sense of the Barclay Report, had not been taken on board.

The Department's guidelines and procedures need to extend to work in relation to volunteers and workers in voluntary agencies, giving guidance on matters such as the 'screening' of volunteers, and the maintenance of confidentiality in relation to workers in voluntary agencies, rather in the same way that is already done with regard to child abuse cases.

It should become common practice for these workers to be invited to Case Review and Planning Meetings in relation to elderly people, and it should always be the case then, when two or more workers are visiting the same person, agreement is reached on

the goals to be pursued and whether one or other should assume a 'key worker' role. The myth of the elderly person who sits at home with workers from nine different settings coming up the garden path must at all costs be avoided.

Referrals of elderly people between agencies should clearly only take place with the client's consent and the follow up procedure in terms of feedback agreed on. The more that workers have personal contact with workers in other agencies the more likely it is that possible fears can be allayed and overall objectives agreed.

A change has recently taken place in the political attitude to voluntary organisations and this needs to be matched by a serious approach to collaborative planning and working on the part of Social Services Managers. Voluntary agencies which employ professional workers are sometimes more easily accepted than those like Age Concern who in the past have relied on workers who are largely untrained. The possibilities offered by such organisations must be recognised, and a genuine partnership be entered into with each appreciating the constraints under which each operates. Such a partnership can only work to the greater good of elderly people on North Tyneside by offering them a better choice of appropriate services at the right time, enabling them to retain more personal dignity, self-respect and control over their own lives.

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NORTH TYNESIDE SOCIAL SERVICES DEPARTMENT

QUESTIONNAIRE

Nos.

1. How many elderly people do you at present have on your caseload?

a) short term

b) long term

2. Please categorise each one according to the main activity (total to add up to the total above)

a) assessment/investigation

b) assessment for a particular service - Home Help

c) advice (e.g. re re-housing)

d) monitoring

e) co-ordination of services

f) support to 'carers'

g) practical/emotional support to client

h) others (please briefly describe)

3. How many of these cases have you had occasion to refer to one of these resources?

a) luncheon club

b) Age Concern Day Centre

c) a volunteer

d) a voluntary group

e) recruitment of a 'good neighbour' (paid through the Home Care Service)

f) other 'voluntary sector' resource (please state)

4. With regard to cases referring to volunteers, please indicate how many of these were for:

i) decorating or gardening

ii) transport

iii) visiting

iv) other activities (please indicate)

5. What characteristics of a case would lead you to suggest:

a) attendance at a luncheon club?

b) attendance at Age Concern Day Centre?

c) visiting or other activity by a volunteer?

d) referral to a church or other community group?

e) payment of a 'good neighbour'?



f) some other 'voluntary sector' resource
(whether or not it is available)?

6. Do you know any of the staff/helpers in these resources?
(Give names if possible)

If
met,
tick

Age Concern

Volunteer Bureau (including volunteers)

Luncheon Club

Other voluntary group (by name)

7. Have you ever visited:

- a) Age Concern Day Centre?
- b) CVS/Volunteer Bureau?
- c) Local Neighbourhood Centre (if one exists)?
- d) A Luncheon Club?
- e) Any other community group involving elderly people (Give Name)

Yes	No

8. How would you go about

a) getting a client admitted to a Luncheon Club?

b) getting in touch with a volunteer?

c) recruiting a 'good neighbour'

9. How would you describe the attitude of the Department to these resources?

	Positive	Neutral	Indif-ferent	Negative	Don't Know
Luncheon Clubs					
Age Concern Day Centre					
Volunteers					

10. Do you think that the amount of liaison between Social Workers and volunteers is:

not enough	about right	too much

11. Do you think that the amount of contact between Social Workers and voluntary organisations such as Age Concern is:

not enough	about right	too much

12. Do you think the amount of our budget given to such groups (i.e. the actual figure is £23,351 - $\frac{1}{3}$ of a $\frac{1}{2}$ %) is:

not enough	about right	too much

13. Do you think that the number of Community Development Officer posts in the Department, (i.e. one for each area) is:

not enough	about right	too much

14. Do you have a social work qualification?

Yes	No

15. In your training (whether in-service or qualifying) was there any input about: (if yes give some indication of length and syllabus, also mention any courses on the subject you have attended).

Community work?

Work done by voluntary organisations?

Working with volunteers?

16. Of the following list of tasks please indicate which you see as being appropriate for Social Workers, which for volunteers.

	Solely/ predom- inantly by vol- unteers	Either	Solely/ predom- inantly by vol- unteers
Support to carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting with handicapped person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking person to shops/social contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overcoming social isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacting doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running groups/day centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liaison with Housing/DHSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Which are the greatest needs which elderly people in general have?

18. How could these best be met and by whom?

19. Any general comments on the use of volunteers and voluntary groups in work with elderly people?

Thank you for your help!