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This article will present some findings from a project funded by the Health Development Agency on the relationship between social capital, gender and health. The project involved a case study analysis of a socially deprived community in the north west of England and was carried out between November 1999 and March 2001. Findings suggested that the role of participation in voluntary organisations was crucial in the development of social capital for some community members and yet exclusionary for others.

Volunteering and the concept of social capital

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The concept of volunteering is highly contested (Lukka and Ellis, 2001). It derives historically from a middle-class notion of 'helping others' less fortunate than oneself within the context of service provision via formal organisations. Public perceptions of the volunteer include being female, older, religious, affluent, middle aged, well meaning or sometimes interfering (Thomas and Finch, 1990). Such narrow definitions tend to exclude the more informal activities of those involved in various local and community settings. For example, it could be argued that neighbours, family and friends helping each other out are equally part of an

informal volunteering network (Lukka and Ellis, 2001). On this basis, young people, men and people of working-class origins could all be included as volunteers. Within this wider notion, the motivation for volunteering may be based on mutuality and proximity to others in a deprived environment.

Thus, people's reasons for volunteering may be less to do with altruistic 'do-gooding' and more about caring for known others (Newman, 2001), capacity building, sharing and empowerment in difficult social and emotional situations. As such, volunteering within and amongst socially

excluded groups offers people the opportunity to improve their own lives while developing social and networking skills and building confidence (Ellis and O'Brien, 2001).

Hence the notion of volunteering may have strong links to social capital with its integral emphasis on mutual co-operation, reciprocity, trust and networking. Perhaps the most popular notion of social capital within recent public debate was identified by Putnam (1993). Within Putnam's work, social capital has been defined as the:

features of social organisation, such as networks, norms, and trust, that facilitate co-ordination and co-operation for mutual benefit (Putnam, 1995, page 67).

A community or neighbourhood described as being rich in social capital has been characterised as a socially cohesive, co-operative and caring community in which people work together for mutual benefit. As such, social capital has been seen as:

...both a glue that bonds society together and a lubricant that permits the smooth running of society's interactions (both interpersonal and among people,

groups, and organisations) (Smith, 1997, page 170).

Conversely, a community poor in social capital might be described as one where people become isolated, suspicious of others and reluctant to participate in social, economic and political life. Indeed, a community lacking in social capital is one characterised by the breakdown of the social fabric that binds people together within their communities.

Although it has been criticised as an ambiguous American concept defined and operationalised in different ways (Wall et al, 1998), social capital may be a useful heuristic device which brings together diverse factors to explain community cohesion and participation. Indeed, the development of the concept of social capital within a British context is only just beginning, with recent works by Cooper et al (1999), Campbell et al (1999) and Sixsmith et al (2001, 2002). These studies indicate that creating and maintaining social capital within deprived communities involves much informal 'voluntary' work, in the sense of people helping each other out. Work by Sixsmith et al (2001) showed that this informal social working is structured by both

gender and age. Furthermore, Sixsmith et al's study found that some working-class people did participate in formal volunteering within their local community context. This article reports on these findings, suggesting that such people conceptualised their contributions to community life not as 'voluntary work' but as a natural progression from their community roles. Moreover, the work explores the benefits and difficulties experienced in maintaining links with professional voluntary workers, and indicates that an understanding of formal volunteering requires an appreciation of the informal social networking processes going on in the local community.

Methodology

The study employed a multi-methods approach within a predominately white, working-class council estate on the outskirts of Bolton. This area was characterised by high crime rates, including drug-related activities and vandalism, and by social and economic disadvantage. The project involved in-depth, semi-structured interviews with community residents: 13 young men, 11 older men, 11 younger women and 11 older women. In addition, four focus groups structured by age and gender (31 community participants) were also

conducted. These interviews focused on experiences of health within the community context as well as the negotiation of trust and reciprocity in family, friendship and participation in community-based social networks. Moreover, a stakeholder analysis was conducted in which a number of organisations based in the community were identified. Many of these organisations were contacted and key members interviewed in their own offices or homes using a semi-structured interview schedule. Representatives from 17 community-based statutory and voluntary organisations took part in the study, including organisations concerned with community welfare, education, leisure, housing and health, as well as political/religious organisations and cultural organisations. The interview schedule contained questions relating to: organisational aims with respect to community development; the role of organisations in promoting health in the community; and community relations and community volunteer/professional relationships. This article is based on data derived from the participant interviews and focus groups as well as the organisational interviews described above. The research process was guided by the British Psychological Society ethical

guidelines and code of conduct (1993, 1995). In accordance with ethical guidelines on privacy and anonymity, the quotations used in the text have been left anonymous.

Analysis

A thematic analysis (Charmaz, 1995, 2003) of the individual community participant and organisational interviews was undertaken. This highlighted a number of important themes related to how social capital was constituted through community participation and voluntary work.

Informal volunteering, masculinity and femininity

Gender played a significant role in people's decision to volunteer and in determining the kind of activities they felt prepared to take part in. In general, women took pleasure in volunteering as it helped them to structure their time:

I threw myself into this community. I enjoy doing it [volunteering] and I get self-satisfaction out of it and it gives me summat to do (Mary).

Women were much more likely to volunteer to work with children and older people, reflecting their perceptions of their social roles as mothers and wives. In this sense, the traditional notion of women as

care givers was not only taken for granted by the women but also encouraged them to see themselves as effective volunteers, in some cases taking responsibility for large numbers of children:

The idea is, this centre [name of institution], that children under five have to be supervised by an adult. Over five, we have ... volunteers that have training with kids, that have done courses and are mums themselves. You know, that will watch the kids. It's not just one person in the whole centre, you're talking three [volunteers] up there to observe a room ... we have 68 children in here each day of the week. Then you've got the parents and anybody else who volunteers (Lucy).

On the one hand, their gendered perspective gave the women the impetus to do voluntary work across a range of familiar caring and domestic activities. This was evident when one woman described her and her friend's voluntary work and training:

INTERVIEWER: *[Name] is a volunteer as well.*

SUE (COMMUNITY VOLUNTEER): *Cook, bottle washer, first aider. We both went away on this course to do first aid. Because, like I say, we*

get kids in and you have to be qualified first aiders.

On the other hand, they tended to devalue their contribution as being simply women's unpaid, domestic-related activity:

Err, no no ... there's nothing goin' on apart from once a month at [name] church, they've got a thing on for the kids. Apart from that, there is nothing (Rebecca, community resident).

Despite participating in various activities organised within the locality and at the community centre, the following resident underplayed the value of her involvement:

Yeah, it's true. We're doing it all between us, there's no groups. A certain amount of mothers, not them all, in the summer we usually get together and go the park or do something and one mum'll feed them, but we've nothing (Anita, community volunteer).

In cases such as these, informally organised gatherings where people worked together for mutual benefit were not viewed as volunteering, and so were not seen as contributing to an area rich in mutual self support.

Moreover, the women were highly focused on community centres as the locus of community life, which they perceived as female spaces. Such spaces were seen by both male and female residents as the almost exclusive terrain of female activity. Men who did use the community centre were not viewed as central contributors to the work of the centre, rather as 'appendages' to their wives.

INTERVIEWER: *Do many men go to the community centre?*

MARGE (COMMUNITY VOLUNTEER): *One man sometimes comes.*

INTERVIEWER: *Who's that?*

MARGE: *I don't know.*

INTERVIEWER: *Is he local?*

MARGE: *Must be, because 'is wife comes, you know, and I don't know 'er either.*

INTERVIEWER: *There were two blokes there yesterday.*

MARGE: *Yeah, there was John, you see, and Richard.*

Working together within the community centres provided a unique opportunity for women to develop contacts and to extend their social networks beyond their immediate family and friends, thus building the bonds of social capital. The following quotes illustrate the diverse meanings which community

centre participation and mutual support held for the women:

It's a change of scenery. I mean, I do get fed up sitting in them four walls and running around after the kids (Sylvia, community resident, young women's focus group).

It's like a support group for depressed women, women who have had problems in the past, battered wives, stuff like that. And they all get together and you can talk about things like having problems with your child, getting him off the bottle, then they'll all give you advice. You know, and you try it out and go back next week and say, 'Well, that didn't work, some help you were.' Then they will give you other ideas (Sylvia, community resident, young women's focus group).

Just, um, a big part of me life, otherwise I'd just be sat in, bored you know, with a baby - and it gets me out 'cos there's only me and me daughter who live here, d'you know. There's not a lot of conversation when there's only me an' her, with her only being young, so I get out an' 'ave other conversations with other mothers (Julie, community resident, young women's focus group).

However, such strong bonding ties tended to constrain women within the community centre context while at the same time excluding men and

contact with other people beyond the immediate community. This resulted in an intimate but closed atmosphere not conducive to outsider perspectives, ideas or attitudes. This point was made by one health visitor when referring to young mothers whose knowledge of child rearing was restricted to their known intimate circle and did not include more up to date health care-based advice.

Well, they [local women] tend to come to services. I think they do come to friends and family, but often their friends and family are in as equally the same mess (health visitor).

Men were much less likely to see themselves in a voluntary role than women. They tended to conceptualise their contribution to the voluntary sector not as a sustained commitment over time, but as discrete tasks undertaken as favours to the women involved.

Well, you can 'elp each other and everything like that. Like, I did me odd jobs and that and I do a lot for, there's all the girls that are by themselves round 'ere, an' I showed you a letter early on, where a little note, 'Roy, er, can you just come and do this bit of a job for me?' or do this bit of a job and I go around. They're all single girls. Now most of the time I don't say, 'I want some money for it' or anything like that. What I might do

is say, 'Throw me 20 fags', does me. Doesn't bother me like, you know. I can go to somebody's 'ouse and just do summat for them like. I've gorra bit of a job for doing next, couple of curtain tie backs want put up, and a bit of a trim on floor (Roy, community volunteer).

Here, notions of masculinity, work and identity were integrated in constructing voluntary tasks as 'work' very much linked to their identities as working men. The men linked into the social capital developed and sustained by the women in their lives, and were much less able to establish their own social networks through which social capital could be created. One problem here was that they felt alienated from the socio-physical environment by the perceived feminisation of the local community centres.

Implications of formal volunteering: positives and negatives

Volunteering within formal organisations often gave women and those few men who were involved a sense of pride and importance within the community. Their community work symbolised their pride in their local area and made them visible and distinct from other community members:

Things happen if you work together ... some ideas I've put into practice and they've worked. But it's not just

me - it's the community. Last Christmas we made £500 odd at the Christmas fair. We worked hard for the kids. It were brilliant ... some people can't wait but they can see things getting done now (Margaret, community volunteer).

On a personal level, being known to a wide variety of local people and gaining the respect of professionals bolstered self-esteem:

I feel we get respect off the 'ousing because they support us as well. We gerrit off Careline and we also gerrit off the police because they come to our meetings as well. And also Youth Services at New Overdale, we gerrit off them ... I have great respect for these [professional] people and I feel they give it me back ... and they do help us and it's all thanks to, or the biggest part of the thanks goes to them for being patient and understanding what our needs are (Mary, community volunteer)

Moreover, the volunteers acquired a degree of self-confidence and a sense of purpose that went beyond the immediate family and friendship circles. People were well aware of the personal benefits of voluntary work:

Well, for the Millennium Volunteers, that's for me, that, and nobody else. It's something to put on my CV. Whilst I've been, you know, whilst I've

had this baby, I've not been sitting around, not been sat at home doing nothing, I've been out, I've been doing this Millennium Volunteers (Julie, community volunteer).

This public expression of community spirit could offset deeply felt personal stresses related to family life. Women in particular turned to voluntary work in an effort to forget their own personal traumas:

MARY: Yeah, but even me eldest daughter's been in prison and some of me other sons have. There's only two out of my nine that I can say is all right, which is Lawrence and Anthony.

INTERVIEWER: None of your children know where you live? How does that make you feel as a mum?

MARY: Very hurt, angry, upset ... I don't know. Can't go any more, can I? This is why I throw meself into this community. I do it because I enjoy doin' it and I get self-satisfaction out of it, plus it gives me summat to do ... I get a lot out of it ... because I feel I'm doing something. All right, we don't get the support we should get, but them few that come in, twice a week, appreciate what we doing for 'em and this is why I do enjoy doin' it. I mean, I've 40 grandchildren. I've 38, Dave's got two, but on the 'ole, I love me grandkids ...

Mary underlined the role of volunteering in helping her to

develop her own social networks. However, the effort of sustaining voluntary activity sometimes became a burden for women who were already stretched in terms of their personal and emotional resources. High expectations of the potential achievements of voluntary work often contrasted with the realities of inadequate resources, poor communication skills and family commitments producing high levels of stress and an inability to cope with the multiple demands of everyday life. It was at this point that effective and experienced volunteers relinquished their voluntary work as expectations and realities collided and organisations failed to support volunteers through these situations of conflict. This was the case for Mary, a long-term community volunteer. She had been closely involved in organising fundraising and community events, but she resigned her chairmanship of a local committee following heated disagreements with other residents, committee members and professional organisations. Mary felt that her point of view was not being listened to and that her experience (as a community member) was being undermined by more professional perspectives on community needs. Her trust in others had been betrayed by their refusal to listen and she felt vulnerable to local criticism. Clearly the strains of being an active volunteer can be overwhelming and

cause personal distress, making the task of developing social capital beyond the immediate social circle through contact with professionals and wider social networks difficult to sustain.

Empowerment, community participation and health-enhancing communities

The links between community participation and empowerment were complex and demonstrated strong gender influences. Men in particular felt they could do little to improve their community and described this feeling in terms of disempowerment, leaving responsibility for change in the hands of professionals: As said:

Nothing will change round here, it's all promises (Tim, young men's focus group).

Some women, in contrast, displayed a sense of empowerment and commitment, of having a personal stake in their community. They were more enthusiastic in their struggles to improve their communities. This was not necessarily because of feelings of altruism, but was more an expression of their greater sense of ownership of their locality and their wish to enhance the environment for their children's future:

I have a good one [community], yeah, because everybody joins in together on it on the street. And we do help each other out when necessary and rely on a lot of people on this street. In an emergency, if I had to leave my kids with somebody, I know they are goin' to be safe. Plus we've got the centre to help us (Sylvia, community resident).

Organisations tended not to involve residents in helping to create a better environment. Ideas for community improvement seemed to be imposed from the organisational viewpoint, with little real attempt to consult community residents. Indeed, community volunteers expressed some disillusionment with the ability of professionals to listen to their point of view and to devise appropriate improvement plans for the community:

You lot just seem to band together, and you justify what each other does. 'Cos they know what they are talking about and we don't know what we are talking about - that's the impression we get, as though we're stupid (Margaret, community volunteer).

I think the council spend the money on all the wrong things. They have put a basketball court up there but nobody plays basketball (Bert, older

men's focus group).

This was especially the case concerning health care provision in the community. Although volunteers were acutely aware of community health problems, organisations did not encourage them to see health as part of their voluntary role and so residents did not feel empowered to change their situation. This meant that both volunteers and professionals colluded in the belief that health was a medical matter for health professionals. As a result, neither community volunteers nor health professionals encouraged the development of health-enhancing communities, whereby community residents are empowered to improve their health and environmental conditions (for example, by working together in supportive networks and groups) and to perceive health in its widest social context.

Inclusion and exclusion: negotiating social capital in voluntary contexts

Social capital was built and maintained by community residents, especially women, through participation in informal gendered networks of friends and family (i.e. bonding capital). It was also created by volunteers, in settings such as the local community centre. This provided an excellent location for promoting the development of social support, showing that social networks were rooted in a spatial

context - but also that the process of networking was played out in an inclusionary and exclusionary fashion. In general, men and drug addicts were effectively excluded from membership and were therefore unable to gain access to social capital within the community centre. This meant that, in times of need, vulnerable groups could not gain much-needed support.

INTERVIEWER: *What I wanted to ask you, er, was, I remember you tellin' me about problems you had with the druggies comin' in. I just wondered if you would tell me that again?*

YOUTH WORKER: *They're totally excluded.*

INTERVIEWER: *Right, who excluded them?*

YOUTH WORKER: *The young people. Because they know that the people who are on drugs and heavily into heroin will come in here, they'll case the joint, 'Right, we'll get so much for that, we'll get so much for that'. And even though it's alarmed, or it will be alarmed, they will still get in.*

Community volunteers also had problems in terms of communication. Two separate discourses appeared to frame communication between volunteers and professionals. On the one hand, professionals emphasised time management and used jargon

specific to their profession. By contrast, volunteers had a more flexible approach to working practices and framed volunteer relationships in a highly personalised fashion. Although this personal style was effective in communicating with family and friends, it was not always appropriate in the context of more formal professional relationships. Hence when volunteers attempted to share with professionals the type of confidences they usually exchanged within their family and friendship networks, they perceived the professionals as being distant when they failed to reciprocate these intimacies; this could cause some friction and misunderstandings. Attempts to negotiate with professionals often left volunteers with a sense of disempowerment and disappointment, which could be extremely demotivating. Volunteers would then retreat once again into the familiar world of their family and friends, inhibited from reaching out and exploring the new worlds to which professionals might have given them access. As a result, bridging ties between the worlds of volunteers, community residents and professionals were difficult to develop and maintain.

Conclusions

This study has analysed the notion of voluntary work to emphasise the

importance of both informal and formal volunteering, as argued by Lukka and Ellis (2001). Although previously the focus had been on middle-class participation in formal groups, the members of this working class community were strongly committed to informal volunteering. Interestingly, although both men and women helped each other informally in times of need, it was the women in the study who tended to be involved in the social process of volunteering - even though they sometimes undervalued this as an extension of their caring status as women and mothers. On the other hand, the men perceived informal helping as work related and valued it in terms of their working identity. However, this meant that they tended not to get socially involved with those they were helping, maintaining their distance.

In past research, the motivations for volunteering have been identified in terms of altruism and 'do-gooding'. This research revealed a complex set of motivations, including many personal and social benefits of participation. In this socially deprived community, volunteers spoke of their desire to improve their own and others' lives in the present and to improve the future of their children. Being a volunteer brought many positive experiences into their lives: enjoyment, pride, self-respect, confidence,

empowerment to bring about change, and a welcome release from the stresses of their own problems. Although such benefits have been noted in past research (Newman, 2001), the negative side of volunteering has been relatively neglected. This research showed that volunteering could bring with it a range of adverse personal and social consequences. Criticism from the local community, backbiting and in-fighting were all part of the wider experience of volunteering, along with a personal sense of responsibility that was coupled with a lack of power to effect adequate changes. Such frustrations could lead to emotional exhaustion and the decision to withdraw from community life, resulting in a constriction of social networks and a diminished stock of social capital.

Moreover, in this research the relationship between the volunteer and the professional was sometimes characterised by an absence of trust. Reciprocity between the two was often absent because of misconceptions about communication styles. Thus the potential for the development of bridging ties between volunteer and professional was present, but did not become a reality. Putnam (2000) has argued that bridging ties are important for the introduction of new ideas and opportunities into a

community. In this case, however, a more constrained social capital built around strong bonding ties made the formation of links with outsiders more difficult to sustain. Moreover, when health professionals imposed their medical role within the community setting, volunteers were deterred from actively developing social networks organised around health issues since they saw this as falling within the remit of health professionals.

Perhaps one of the most interesting findings of this research concerns inclusion/exclusion and the notion of gendered space. For these working-class men, community space - especially the community centre - was perceived as lying in the feminine domain. Volunteering in such a context constituted a threat to their masculine identities, whilst for the women volunteering was an extension of their gendered caring roles. Thus volunteering has a spatial dimension, which has not been acknowledged in existing research

Implications for social policy and the voluntary sector

A number of recommendations arise from the findings that have practical and social policy implications for the voluntary sector. Firstly, settings such as community centres have been shown to play a key role in the

creation and development of social capital, but at present their appeal is limited to female activities. They should therefore be redesigned to enhance masculine concepts of volunteering based around notions of work.

Secondly, individuals who volunteer to work in a community setting need to be seen as part of a specific social context. Thus they will be motivated by specific expectations and will be drawing on their own existing stocks of social capital: a unique set of personal networks and skills that will help them to undertake tasks and to negotiate an appropriate role within the chosen organisation. These motivations, capabilities and ways of working need to be acknowledged if volunteers are to operate successfully. Furthermore, organisations have to be aware of the nature of the interface between voluntary and professional forms of communication, and of the potential conflicts that may arise if there is confusion over roles and appropriate language.

Volunteering to work within and amongst socially excluded groups presents particular challenges for the volunteer and professional. as Ellis and O'Brien argue (2001). Volunteers flourish best in an environment where they feel empowered to bring about change for the benefit of their communities, and where they themselves can develop their confidence and skills. The voluntary

organisation could help them to build their own social capital by increasing their confidence and giving them training in negotiation skills. The importance of encouraging volunteers to acquire transferable skills has been recognised in recent government initiatives to train and accredit volunteers in the community for capacity building within the voluntary sector. These initiatives include the Certificate in Community Volunteering (Asdan, 2003) and emphasise the acquisition of core skills in a context of lifelong learning. They have been recognised by the government as a means of regenerating communities and can be supported by funding through the Single Regeneration Budget and the European Social Fund.

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