Care, Values and Support in Local Self-help Groups

F i o n a   W i l l i a m s

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This article examines 'care' and 'values' in local self-help groups and voluntary organis-ations which mobilise around partnering and parenting. It finds that a shared identity based upon common experiences of misrecognition and stigma is the most significant element of involvement. This provides the basis for new knowledge, for challenging professional practice, and for alternative practices of care and support based on trust, reciprocity and mutual respect. However, sometimes it also contributes to forms of social closure. The article sets these findings in the context of New Labour policy on voluntary organisations, participation, and parenting and partnering.

Introduction

This article takes 'care' outside of the context of friends and family and focuses on the practices and values of local self-help groups and voluntary organisations. It is based on part of the empirical data produced for CAVA's project on 'Collective Voices in Parenting and Partnering'.[1] The overall aim of this was to assess the claims, perspectives and challenges articulated, collectively and publicly, by organisations and groups whose activities focus upon aspects of parenting and partnering. Besides the local groups reported here we also interviewed key people involved in national voluntary organisations (including the five main children's charities), advocacy groups and campaign/pressure groups and national trade unions.[2] The article sets out to answer two questions:

- On what basis do 'parenting and partnering groups' mobilise at the local level?
- What do their activities and claims tell us about the nature and values of care and support?

This is developed in three parts: the first sets out the relevant political and theoretical context; the second examines the significance of a shared identification based upon common, often adverse, experiences. The concluding discussion suggests the implications of the study for the political and theoretical context.

The political context

The subject of this study taps into a number of intersecting political debates: the changing place of voluntary organisations (Home Office, 1998a); attempts at local democratic renewal, encouraging volunteering, and public participation (Social Exclusion Unit, 1998, 2000; Blunkett, 2003) the interest in sustainable communities (ODPM, 2004); and New Labour's policies on parenting and partnering (Home Office, 1998b; DfES, 2003).

The broad context is one in which New Labour's 'National Compact', introduced in 1998, acknowledged the importance of voluntary organisations not only as providers of services, but as advocacy and campaigning movements and, through this, as advisers on policy at local and national levels. The Compact explicitly said that the role of voluntary organizations was 'to campaign, to comment on government policy, and to challenge that policy' (Home Office, 1998a: 9.1). In academic terms this changing status of the voluntary sector placed it within the study of democracy and civil society rather than simply part of social policy provision. Our interest, then, is in whether larger and smaller voluntary organisations *are* challenging government policies – in this case around parenting and partnering – and what sort of power they have to voice these challenges. One criticism that has been made, for example, suggests that in the 'partnership' between the voluntary and statutory sectors, power tends to be loaded with the statutory sector by virtue of its hold over agenda-setting and policy development (Taylor, 2000; Newman, 2001). However, there have also been other influences on the way the voluntary sector has developed politically. Williams (1999) and Deakin (2000) see the post-'68 social movements as influencing the emergence of self-help initiatives and campaigns around welfare service provision. The subsequent development of some of these organisations as service providers, and the entry of political activists of the 1960s and 1970s into public and voluntary sector employment provided a route for discourses of user-control and participation to be carried into these sectors.

The emphasis on building cohesive and participating communities links to the other frame for our study which is New Labour's policies around parenting and partnering. The development of these policies does not yield itself easily to simple description (for more discussion see Williams 2004a, b and Williams and Roseneil, 2004). On the one hand, policy documents around communities and volunteering appeal to traditional conceptions of stable, responsible families as the cornerstone of strong communities which in turn are the basis for a tough-but-tolerant, unified and economically efficient nation. This echoes the much quoted *Supporting Families*, New Labour's blueprint for family policy, in which strong and stable families preferably have two married parents (Home Office, 1998b). On the other hand, some of New Labour's partnering discourses have been progressive: Section 28 of the Local Government Act was repealed in 2003, the age of consent for gay men was equalized with that of heterosexuals in 2001, measures to allow lesbians and gay men to jointly adopt were introduced in 2003, and proposals for civil partnerships are being discussed in Parliament in 2004.

Perhaps the most coherent strand of parenting policy is that which is described as following a 'social investment' model (Dobrowolsky, 2002; Lister, 2003; Fawcett *et al.*, 2004). One of the dominant characteristics of this model is the state's investment in the child as citizen-worker-of-the-future, achieved through anti-poverty and education measures in which a notion of partnership of the state with parents, business and the voluntary sector, is central to an overall aim of maintaining competitiveness in the global economy. This approach can be seen clearly in the 2003 Green Paper, *Every Child Matters* (DfES, 2003) which marked the creation of the Ministry for Young People, Children and Families. Its child-centred approach of universal prevention and early intervention (rather than just targeted protection for the poor or pathologised) is framed within the goal of ending child poverty and enabling every child to reach their potential (Williams, 2004b). Education is presented as the basis to employability, and employability as the insurance against poverty and the basis to economic competitiveness. It is also the organizing

principle for the reform of children's services since schools are to be the location for new multidisciplinary services for child protection. In this scenario parental responsibilities involve providing for children by being in paid work and ensuring that their children are educated and well-behaved. The disciplinary side of this approach has, for example, given courts the powers to make parenting and child safety orders enforcing parental obligations in relation to children's behaviour (the 1999 Crime and Disorder Act). The support side involves assistance for working parents as well as attempts to give children greater say through the Children and Young People's Unit. However, the balance tends to be tilted towards the disciplinary end, and towards children as future investments rather than present citizens.

The study

The sample

We interviewed representatives (usually the organisers) from 18 local groups drawn from the 'CAVA localities' whose activities focused upon aspects of parenting and/or partnering. These included the more informal groups run '*by*' 'parents' and 'partners', as much as those organised '*for*' 'parents' and 'partners'. It should be added that Sure Start programme areas were being set up in the period in which we were doing the interviews so Sure Start groups are not represented in this sample. The groups were engaged in a range of support activities – self-help, advocacy, help lines, counselling, lobbying, skills development, training, public awareness and campaign work and fundraising. They varied from small self-help groups of about six members with no funding, to larger organisations running various projects with relatively secure funding from different sources such as the National Lottery or local Social Services. Parenting was more of an explicit mobilising issue than partnering, although these often overlapped. They focused upon issues such as having a child with educational or behavioural difficulties, drugs dependency, single parents, gay and lesbian parenting, post-natal depression, provision for working parents in rural areas, bereavement, domestic violence, and divorce and separation. There were a couple of groups for whom parenting and partnering were central to the issues they dealt with, although they were not their main focus.

Whether groups had paid workers, secure funding and campaign experience, or whether they were entirely voluntary and focused upon informal self-help activities, a *shared identity based upon common experiences* was the central mobilising principle. So strong was this that some of the organisers of groups, in spite of being trained or even paid professionals, presented themselves as sharing the identity and experiences of people in the group (only three did not). Here the organiser of the bereaved parents' group explains:

> Well, we have a little poster on which we say it's a self-help group for bereaved parents run by bereaved parents. I see myself there as only just another of the bereaved parents. Iris and I did do a short course run by CRUISE in bereavement counselling but we don't pretend to be, or never have pretended that we are skilled in any way. We are there as bereaved parents just to sort of compare notes . . . I mean our first baby was a cot death, he died about – he'd have been 27 this October . . . So I'm there primarily as a bereaved parent but also as a . . . don't know how to put it, more healed bereaved parent than some of them, which enables me to take on things and help them, hopefully, without it hurting me as much.

The identity that was shared varied from being very specific, such as having a child with ADD (Attention Deficiency Disorder), to being more generic, such as being in an Asian women's group or a women's health group. These identities were, nevertheless, pivotal to the way groups constructed their grievances, their claims, and their activities. There were four main ways in which this worked.

1. Shared experiences and identity as a defence against overwhelming individualised feelings of misrecognition

Here, a member of a group for parents whose children have drug dependency problems explains how she got involved:

> Once he'd gone in rehab it gave me chance to focus on the problems that I'd gone through as a parent having no support just, you know, suffering on my own because of the stigma you can't talk to other people about it; the shame, the stigma, you know, the community judges and juries and what have you, you keep it quiet 'cos you feel it's a shame on you, although you've brought your kids up right you feel that you haven't, you know, that's how society makes you feel. Drug addicts are the lowest of the low and the parents must be to blame basically. We all know how it is. So, you know, I suffered for ten years . . .

As well as experiencing isolation, many parents felt acutely that they did not fit the family ideal and were therefore viewed as *bad parents*, and this was the most difficult to deal with, especially if it was reinforced by teachers or health professionals. A bad parent implies an irresponsible parent, and there was a sense of indignation by parents who managed to maintain a level of coping and surviving who felt that their behaviour was far from irresponsible. For many women, fear of having their child removed underlay difficulties with post-natal depression, or other mental health problems. Some groups felt particularly disempowered by discourses of social exclusion which linked their particular experience with other indicators of deprivation as the organiser of a group for divorced and separated people explains:

> Well, for example, how do you define family? You see, I think that's one of the very big issues and to say that . . . I mean I consider that I have a family. I don't have a husband but I have a family and I don't see it as any less functional than people who are married and in the formal sense a family. And I think until people realise there are alternative ways of defining the word family, I think that's a really important one because people still do feel stigma. People still are throwing all sorts in the one parent family dustbin, which I on the whole – I mean I'm a single parent but I don't . . . I on whole don't react to – however, one day in school this was trotted out again, 'oh, the troublemakers, you know, its all this divorce'.

Sharing experiences and claiming a common identity provided both a cushion against personal difficulties and a social understanding for internalised feelings of stigma or disrespect. It also provided a sense of belonging in that you could talk to others who had been through your experience and a basis for feeling empowered and part of the outside world. This was what family and friends or professional help often could not provide. The claim that often emerged from this was a desire for *recognition on their own terms*. This meant less judgemental policies and attitudes and greater tolerance of difficulties and differences.

2. Shared experience and identity as a legitimate basis for challenging what was seen as inappropriate or high-handed professional practice and knowledge

Being an 'expert-by-experience' was also important. As mentioned above, this often meant denying one's own training and emphasising common experiences. As a volunteer from the post-natal depression group explains:

> I mean I have the medical knowledge but . . . I don't feel that that medical knowledge needs to come into the group, you know. It's just a few questions sometimes that are asked but yeah, I mean looking at the person holistically I think is good and obviously adds to their own family life. I mean it can all contribute to the way they're feeling.

In spite of the fact that many of the group organisers we interviewed stressed that they shared a particular experience with members of their group, it was also noticeable that most talked of the group as 'they' rather than 'we' (as in the quotation above). They placed themselves alongside their group members but also at a quasi-professional distance. Importantly, however, this was qualitatively different from a 'professional–user' relationship. Many interviewees, whether they were service providers or organised self-help or advocacy groups, gave accounts of insensitive professional practice – a head teacher who consistently refused to recognise a child's impairment and put it down to the child 'not being able to sit still', or prisons that failed to place drug-dependent prisoners in drug-free wings, or housing departments that thought that domestic violence did not happen in rural areas, or teachers who labelled children from lone parent families, or professionals who assumed Asian people had more family support. One claim to emerge from this was for provision that was 'holistic' and for services that were 'integrated'.

3. Shared experience and identity was also the basis for an alternative practice of care and support

Informality, trust and reciprocity were what people valued about the groups they were in. In the more longstanding groups these had been built up through commitment over time and in regular meetings. People also emphasised the need to be non-judgemental and to *respect* people's different views of their experiences. In the ADD group (parents with a child with Attention Deficiency Disorder) parents adopted different approaches to their children's treatment – some used the drug Ritalin, others more therapeutic approaches, but what was important was that people respected each other's decisions. Although mutual respect for the different ways people had of coping with things was valued, this could sometimes be difficult. The organiser of the group for parents who had suffered the death of a child recounted the following:

> I mean we even had one mum came whose son had been a joy rider and who'd then been killed and, you know, the two or three coming whose children have been killed on the road felt, you know, very mixed about that. They, you know, because of people like him who'd killed their children but yet, here was this lady who was just like themselves and a bereaved mum, and so they were able to sort of share their feelings with her and try and help her, and I thought that was real progress really.

Another aspect of the groups' activities was information-sharing usually based on experience, but also derived from the internet or the national organisations they belonged to. In this respect, many of these groups were acting as the vectors and providers of information, and the creators of grounded and new knowledges. When asked what she

felt was important about belonging to a group for parents of twins and multiples, this mother said:

> Sharing information. Real key points with twins and multiples, you know, it's the issues of facing, being a parent and facing, you know, that you're, the health visitor, the doctor, the school entry procedure where you know very little about it but you suspect that they know even less when it comes to issues that are specific to families with multiples.

It was noticeable that some of those groups that were established service providers (such as the women's health group and the Asian women's group) had members whose lives were more affected by poverty and deprivation and often a lifetime of dealing with overbearing interventions from professionals. They often used a different language to talk about group processes, emphasising confidence building and self-esteem.

4. Shared experience and identity as a form of social closure

In spite of the fact that most of the groups felt that they were composed of people 'from all walks of life', usually measured in terms of educational qualifications or jobs, there were some notable absences. The very informality and commitment to developing a shared identity that was often the basis for the most intense, unique and empowering support sometimes unwittingly contributed to forms of social closure. Most apparent was the lack of involvement of racialised minority groups in the smaller, more informal and less networked groups which were fairly uniformly white and mainly female. This was the case in localities with high and low multi-ethnic populations. In so far as it was explained, it was in terms of different cultures being seen as operating side by side. For example, the organiser of the bereavement parents' group explained that she was aware that infant mortality was high amongst the Asian communities in the town where they organised, and so one might expect a greater need for a bereavement group. Indeed, at one time a group of Asian mothers had come along to the meetings, running their own prayer group before joining the meeting. Their attendance had dropped off, because, she thought, their families did not want them attending, and now a professional Asian doctor runs a support service for individual women who are referred to her by health professionals. As she concluded, 'So, you know, we've got like the two cultures running along side by side in [A-town]'. However, it was also clear from the organiser of the Asian Women's support group that she was oversubscribed and felt that professionals were offloading cases on to her rather than giving them access to treatment or services. Her view of 'culture' was more complex, too, in that she felt that some of the mental health problems that the women had in her groups derived from the way culture, biography and personality interlinked. However, where groups had became involved in wider networks, or started applying for funding, they had often been required to address their group's perceived exclusivity.

The non-involvement of men was also striking. Again, for some this was seen in terms of fixed gender differences: 'men don't talk'. For others, men's involvement was more a reflection of men's changing emotional and practical investments in parenting and partnering, and where such involvement was high, or where it was threatened, then men did become involved. The lack of groups for children and siblings was also noticeable.

Concluding discussion

Returning to the political context raised at the beginning of the article, a number of observations emerge from our interviews. First, in terms of access to funding and political

voice, we found that funding was shaped by local and national priorities, therefore those issues which could fit within a *crime and community safety* agenda (domestic violence, drugs use) or a *health inequalities* agenda (teenage pregnancy, exercise and diet) had better access to funds. Groups who have political roots and are well networked also seemed to be more successful, and more aware of how to 'play' this. It was easier, for example, for a gay and lesbian group to set up a project around homophobia (community safety issue) than around support for lesbian mothers. In addition, structures and strategies of local political participation often serve to dissipate the efforts of all but the most experienced and networked local activists. In some areas, where consultation with the community is organised on a geographical basis (neighbourhoods) this dilutes those, like many of our groups, who organise as 'communities of identity'.

The frame in which parenting issues are cast at the local level is one of targeted rather than universal provision. Groups emphasised the importance of universal infrastructural provision, especially around childcare, after school care, transport and counselling. It was within such provision, rather than outside it, that they wanted their specific needs met. The Green Paper *Every Child Matters* (DfES, 2003) aims to shift this and this may well provide a focus for the claims of smaller groups. However, as noted earlier, the emphasis in the Green Paper is based on educational opportunities and the future employability of children. Many of the groups we came across felt stigmatised precisely because their children did not fit the normative ideal of being educated, disciplined and self-responsible. Furthermore, this was compounded by a government parenting discourse which focuses more on parental deficits than on support. However, support, as many groups pointed out, has to be the right sort of support – to be non-judgemental and non-stigmatising, to be framed in the values they saw as important – trust, reciprocity, informality and mutual respect – and to encompass the diversity of parenting and partnering experiences. They wanted to be valued for the commitments they carry out rather then feel anxious that they are failing, and to be seen as creators of knowledge, information and support rather than passive receivers.

The ways of organising in many of the groups had clear echoes of the social movements of the 1960s and 1970s. They tended not to be hierarchical, to focus on shared experience and identity, to demand respect and recognition and to challenge professional power. At the same time, many who organised the groups had no direct experience of earlier social movements. This suggests that these traditions, together with the organisation of therapeutic programmes associated with addiction rehabilitation, have permeated small group organisations fairly widely. It also confirms the importance of respect and recognition as a mobilising principle (see Honneth, 1995; Fraser, 1995; Williams, 1999).

This small picture of local voluntary groups suggests that the context for understanding forms of reciprocity, support and care at local level may have changed since Philip Abrams and colleagues started to map changes in localised non-familial relationships of reciprocity, beneficence and self-help in studies done in the late 1970s and early 1980s (Department of Health, 1989). Using the term 'neighbourhood care' they noted the change over the post-war period in motivation for informal extra-familial care and support from one based upon the vicissitudes of insecurity, isolation and hardship to one based upon choice, mutual interest and reciprocity. The scope of this article is much narrower and not about neighbourhoods, but it gives some indication of the ways in which the shift noted by Abrams and colleagues may have moved again. It is true that support in these groups was based on reciprocity and mutual interest, but importantly it was also based

on seeking respect and knowledge to counter forms of adversity based upon stigma and misrecognition.

Notes

1 The empirical research for Strand 5 was undertaken jointly by Sasha Roseneil, Greg Martin and Fiona Williams. Most of the interviews referred to in this paper were carried out by Greg Martin in the CAVA 'localities – Bradford, Burnley, Calderdale, Craven and Leeds. The methodology for the selection of the localities is described in the notes to the introduction to the Themed Section.

2 For an analysis of the national voluntary organisations see Williams and Roseneil, 2004.

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