

SELF-HELP GROUPS IN THE SOUTH AFRICAN CONTEXT

A DEVELOPMENTAL PERSPECTIVE

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DECLARATION OF ORIGINALITY

I hereby declare that the whole of this thesis, unless specifically indicated to the contrary in the text, is my own original work.

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ABSTRACT

The purpose of this study was to explore the possibility of linking the formal social service delivery system, represented by professional social work services, with the informal system, represented by self-help/mutual aid groups. The developmental research model described by Thomas (1978a, 1978b, 1981, 1985b) was selected as appropriate to the goal of moving beyond the acquisition of knowledge to that of the application of knowledge by practising social workers for the benefit of clients.

In the first part of the study the historical and social factors which contributed to the development of the self-help movement in South Africa were explored. The second part of the study focused on the knowledge, attitudes and practices of Durban social workers in relation to self-help groups and established the feasibility of the proposed development. A 75,6% response was received from a questionnaire distributed to all qualified social workers in the Durban area. One hundred and sixteen social workers (51%) who indicated that they were willing to participate further in the investigation were then interviewed. Through the questionnaire and the interview, social workers became cognizant of self-help groups, the nature of their services and the range of possible roles and relationships with them.

Mutual aid/self-help groups were found to be part of a strong historical and cultural tradition in South Africa. Many groups had developed as a response to the inadequacies of state welfare services. Social development and change functions coexisted with the service and citizen participation attributes of groups established in post-industrial economies. The social workers were found to have generally positive attitudes to self-help groups and to be engaged in a variety of activities in interacting with them.

The conclusion demonstrates that the findings have implications: first, for social welfare policy, particularly in relation to the issue of privatisation; secondly, for social work practice, in that the linking of formal and informal services would be feasible and that the need exists for collaborative interaction between the two; thirdly for social work education which needs to combine theory-building with the application of theory in practice.

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CHAPTER 1

INTRODUCTION

In broad terms this study was concerned with the delivery of social services in South Africa. However, its primary interest lay in exploring the possibility of linking the formal social service delivery system, represented by professional social work services, with the informal system, represented by self-help/mutual aid groups.¹ Social workers were selected as the professional group most directly concerned with social service delivery and therefore most likely to interface with another service delivery system such as the self-help/mutual aid system.

The self-help/mutual aid movement has gained wide recognition internationally and there has been discussion of the value of self-help groups as a component of the helping services. While South African welfare services are a unique product of the country's history, the welfare system is also in many respects similar to those of many Western countries (McKendrick, 1987a). Despite this no similar recognition of self-help groups had occurred in the South African literature. This indicated a need to explore the topic in the South African context. The purpose was twofold: first, to gain an overview of self-help/mutual aid in South Africa generally; second, to examine social workers' knowledge of existing self-help groups, their attitudes to, and relationships with these groups. This information was seen as the first step in assessing the possible use of self-help groups in the South African welfare service delivery system.

The study focussed on examining the cultural, historical and social development of self-help groups in the South African context and determining whether their development was similar to the rest of the world or unique to the South African situation. In order to do this the following topics were explored: (a) the historical origins of self-help groups in South Africa compared with international developments; (b) the areas in which groups functioned and the needs they met; (c) the relationship between self-help groups and professional social workers; and (d) social workers' views of the way self-help groups could be used in service provision.

BACKGROUND TO THE STUDY

Formal welfare services developed as a response to social change and the inability of the family and other informal systems to meet needs. The social work profession is closely linked with the social welfare institution. Its task according to Schwartz (1961), is to "mediate the process through which the individual and . . . society reach out for each other through a mutual need for self-fulfillment" (p. 151). Consequently, social workers are concerned with the nature and range of available services and the delivery of those services to clients. People need social resources in order to develop and function effectively. With their social mandate to assist people in restoring, maintaining or enhancing their social functioning, social workers are concerned with resources at all levels. They are involved in the creation of new services and resources to meet consumers' needs, the maintenance and enhancement of existing resources, and linking people with these resources (Lister, 1987).

According to Mencher (1967) increased urbanisation has resulted in a need for increased and improved services. This view is based on the two main consequences of increased urbanisation: reduction of primary group support systems and changing perceptions of what constitutes adequate care. Urbanization is a particularly relevant issue in developing countries such as South Africa. The "homelands" policy, the system of migrant labour and the restriction for Africans of entry to cities have contributed to the breakdown of family networks and support systems (Tshabalala, 1986). Social services in South Africa are fragmented and racially segregated, with state welfare services for whites being more sophisticated both qualitatively and quantitatively (Hare & McKendrick, 1976; McKendrick, 1987a). The need for an improvement in the quality of social work services had also been established by the Auret committee (*Report of the Committee of Inquiry into Separate Legislation for the Social Work Profession*, 1976, para. 9.40, p. 104).

Social work is not the only source of welfare service delivery. Sauber (1983) describes the provision of what he calls "human services" (p. 1) as a central focus of society's concern with human welfare. He includes the fields of mental health,

social welfare, health, education, and criminal justice in the range of human welfare needs which require service provision. There are a number of formal systems employing a variety of professional people who are involved in providing these services. Gilbert and Specht (1974) refer to service providers as "distributors" (p. 108) of service. They point out that these distributors may be "individual professionals, professional groups, public and private agencies, and voluntary associations acting separately or in concert to provide services in private offices, settlement houses, employment centers, welfare departments, multi-service centers and so forth" (p. 108).

In terms of this description, and the role played by self-help groups in other countries in meeting people's human service needs, they may legitimately be seen as important distributors of service. Benefits in linking systems and exchanging resources have been identified. These include: expanding the services available, increasing accessibility of services, satisfying individual needs for support and at the same time, increasing a psychological sense of community (Jeger, Slotnick, & Schure, 1982; Tyler, 1976). The intention of this study then, was to bring self-help groups into the conscious awareness of practising social workers thus creating links between service distributors, expanding the service delivery system and benefitting consumers in the process.

According to Gilbert and Specht (1974), the relationships, connections and exchanges among the various systems which deliver or supply social services and between the suppliers and users of the services is an important consideration in service delivery. They also note the fragmentation, lack of accountability and frequent inaccessibility of social services. An ideal system, therefore, would be one in which services are integrated, accountable and accessible. An attempt was made in this study to assess existing relationships between social work and self-help services and to determine whether links could be strengthened in an attempt to come closer to the ideal.

Social work and the self-help movement are both involved in service delivery. They also share an interest in social change and reform. Historically, social work was concerned with the needs of the individual and at the same time with structural constraints and social problems which contributed to the distress of the individual but required reform and social action (Germain 1983; Meyer, 1983). This interest has been part of the social work tradition although it has had varying emphasis at different times in the profession's development. Many self-help groups have similarly directed their efforts toward advocacy and social change (Gartner & Riessman, 1984b; Katz & Bender, 1976b; Killilea, 1976). However, as indicated below, there is some controversy regarding their targets of change. They have been interpreted in the literature as a social movement (Killilea, 1976). In Cameron's (1966) terms "the main characteristic of a social movement is that it seeks to change the culture or change the social structure or redistribute the power of control within a society" (p. 8). In contrast, Toch (1966) while acknowledging their inclusion as a social movement, sees their change goal as individually directed. In his terms, therefore, self-help groups are movements "which collectively promote individual change" (p. 71). Withorn (1980) warns that this may be a limit built into self-help as an activity, but acknowledges that self-help groups deal with problems which always have a political as well as a personal component.

An emerging call in the social work literature has been for increased awareness and use of the range of informal help, including self-help/mutual aid groups, which continues to exist outside the boundaries of formal services (e.g. Baker, 1977; Caplan & Killilea, 1976; Collins & Pancoast, 1976; Froland, Pancoast, Chapman & Kimboko, 1981a, 1981b; Kurtz, Mann, & Chambon, 1987; Litwak, 1985; Meyer, 1983).

The case for an increased awareness rests on:

1. The view that mental health needs cannot be met nor social problems resolved by professionals alone.

2. An increasing interest in individuals' assuming more responsibility for their own well-being.
3. The shift in social work theory to an ecosystems perspective and its consequent emphasis on transactions between systems.
4. Research on the importance of social support in improving and maintaining health and, closely linked with this, the effectiveness of both natural and devised social networks in promoting community mental health (Ell, 1984; Turkat, 1980).
5. Limitations on governmental financial resources and changes in social policy.

These issues merit further consideration. They are discussed in the section below entitled "Context of the Study".

The focus of attention in this study is on the help offered by people with similar problems through a process of self-help/mutual aid. Froland (1982) quoted evidence from general population surveys of helping patterns which indicated that community of interest or identity tended to be more important than community of location in the provision of support. For this reason, help provided through self-help groups and mutual-aid networks based on shared concerns are an important element in the provision of effective service (Gladstone, 1979).

The terms "self-help" and "mutual-aid" require some explanation. Although as has been noted above, they are frequently used synonymously in the current literature, this has not always been the case. They derive from historical philosophical differences epitomised in the works of Smiles (1910) and Kropotkin (1902). *Self-Help* written by Samuel Smiles in 1859 described the achievement of prosperity and status as being dependent on individual self-help, for help from outside was "enfeebling" (p. 1) and assistance from the state was "negative and restrictive" (p. 2). He did, in the preface to the 1866 edition, note that "the duty of helping one's self in the highest sense involves the helping of one's neighbours" (quoted by Gosden, 1973, p. 2). Where Smiles reflected Victorian middle class individualism and capitalist values, Peter Kropotkin's book, published in 1902 and entitled *Mutual Aid*,

derived from a different political and social background. Kropotkin was an atheist and an anarchist and argued that mutuality was part of the essential human nature through which a community's social and economic ties were strengthened. These two philosophical approaches highlight the relationship between individualism and co-operation and the emergence of two models of self-help. One which advocates self-help as a way for individuals and small groups to cope with their own problems in a difficult world, and the other which sees self-help as the correct way for communities to organize themselves in order to meet mutual goals and to achieve a state of social equilibrium. Currently the self-help/mutual aid movement reflects both viewpoints and draws on both traditions.

There is some disagreement in the literature about defining self-help groups as part of the range of informal services. Froland et al. (1981a) included self-help groups with other informal sources of help such as family members, trusted friends, neighbours and volunteers. Pinker (1979) concurred with their definition and described formal services as part of the social institution of welfare, while all "aspects of social welfare which are entirely or largely the spontaneous activities of ordinary citizens, either in groups or as individuals" (p. 46) constitute the informal system. Offer (1985), however, stressed that the term "informal welfare" should not be used to describe the help provided by voluntary organizations or mutual help groups. He saw the crucial defining principle as one of organization. Any group which is organized must, he said, be formal. This view is closer to that taken by Lieberman (1979). He differentiated self-help groups from what are commonly called "informal networks" (p. 118) because they had structure and boundaries. Neither of these arguments is convincing since there is tremendous diversity in the help offered by family, friends and neighbourhood helpers, self-help groups and organized welfare (Gottlieb, 1981).

Katz and Bender's (1976b) concept was more integrative. They included self-help groups in the range of voluntary organizations. At the same time they viewed them as being rooted in the natural helping and mutual aid which the family and clan

provided for their members. Self-help groups serve as a link between family, friends and the wider community and function as a formalized form of natural helping. Based on this concept a tripartite typology was constructed in order to differentiate and compare the various helping systems and sources of assistance. Professional help is viewed here as representing the formal service system, self-help groups represent the informal and family members and friends are classified as part of the natural helping system.

Hatch and Hinton (1986) described self-help groups as "a new component in the spectrum of social and health care and one that calls for a reappraisal of conventional assumptions about the relative roles of lay people and professionals" (p. 2). The relationship between mutual-aid groups and professional helpers is an issue which has been the focus of attention for many writers and researchers. Interest in the relationship between professionals and self-help groups has been emphasized as an important area of research (Baker, 1977; Borkman, 1976; Gartner & Riessman, 1977, 1984a; Jertson, 1975; Killilea, 1976; Toseland & Hacker, 1985). Katz (1981) wrote:

The question of the possible, proper, or desirable relationships of self-help groups to professionals in the human service fields - whether the latter are practicing privately or in institutions/ agencies - is one of the most often discussed, crucial and vexing posed by the reemergence of self-help groups. (p. 145)

Reference has been made to: (a) an anti-professional stance as a motivating force in the origin of self-help groups; (b) independence from professionals in the control of the group; and (c) negative ongoing relationships between professionals and self-help groups. Levy (1979) for example, considered that unless the initiative and responsibility for the origin, sanction and control of groups was vested in group members, the group could not be considered a self-help group. Traunstein and Steinman (1973) in their exploratory study of self-help organizations in an American city, and in their comparative rural study (Steinman & Traunstein, 1976) included a

minimum of half the governing or policy-making body of the organization being composed of people experiencing the problem, as one of the operational criteria of definition. Back and Taylor (1976), and Riessman (1982) referred to groups' distrust of and tension with professionals. Other authors contested the idea of anti-professionalism and referred to various helping professionals initiating groups and establishing supportive relationships with existing groups (Borman, 1979; Gartner & Riessman, 1984a; Toseland & Hacker, 1982).

There have been a number of calls for a thorough analysis of the nature of the relationship and the role of professionals in initiating and interacting with groups (Baker, 1977; Borman, 1976; Gartner & Riessman, 1977; Jertson, 1975; Killilea, 1976). According to Killilea (1976) authors who emphasized the independence of groups from professionals and formal institutions used "rhetoric of almost mythic proportions" (p. 81). In comparing the descriptive literature on the topic with findings in empirical studies it became obvious that the anticipated negative attitudes of professionals towards self-help groups were not in fact experienced.

South Africa is different - historically, culturally and economically - from the settings which have been described in the literature on the topic of self-help groups. Thus, in this exploration of self-help in the South African context, an attempt was made to compare the local phenomenon with international experience in terms of its nature, historical origins and relevance to the social service delivery system. If self-help/mutual aid was found to be functional, and historically and culturally relevant, then the relationship between professional social workers and self-help groups needed to be considered. If relationships existed and were found to be positive there would be a rationale for linking the two systems.

RESEARCH APPROACH TO THE STUDY

In any research endeavour the initial impetus is based on the need to explore and gather information in a particular area of concern. In this project the concern was with the potential consumers of social work services, the range of problems with which social workers were expected to contend, the consequent demands on their

time and the difficulties associated with service delivery. An interest in moving beyond the goal of knowledge development to include a consideration of the ways in which the knowledge acquired could be used by practising social workers for the benefit of clients led to a change in focus. This shift in focus required an alternate research paradigm which would emphasize the need to generate new approaches to services and service delivery. A number of research approaches using a variety of names and terms, have this as their objective. They include developmental research, social research and development (social R&D) programmatic research, problem-solving research, experimental social innovation, model-building research, and evaluation research (Bloom & Fischer, 1982; Briar, 1980; Epstein & Tripodi, 1977; Fairweather, 1967; Jayaratne & Levy, 1979; Mullen, 1978; Reid, 1979, 1980; Rothman, 1974, 1980; Thomas, 1978a, 1978b, 1981, 1985). However, as Thomas (1987) notes, there is neither a single established name or model. All are concerned with some aspect of developing human service interventions rather than "the conventional social science model of research, in which the objective is to make contributions to the knowledge of human behavior" (Thomas, 1987, p. 382). Their shared focus on some aspect of development links them under the umbrella of "developmental research".

The selection of a developmental research approach was based on a concern with social technology and interventional innovation. In the practice of social work, social technology includes "all the technical means by which social work objectives are achieved" (Thomas, 1985, p. 484). Thomas (1978a, 1978b, 1981) provided an excellent description of the paradigm which is based on the following rationale:

1. Social work uses social technology to accomplish its objectives.
2. In order to solve the problems presented, new forms of social technology are constantly required.
3. The research methodologies of the behavioural sciences are not designed to develop new technologies.

4. The developmental researcher collects data in various ways from a variety of sources and uses these to generate innovative interventions.
5. Developmental research is particularly relevant for social work since its methods are directed towards the analysis, development and evaluation of the technical means through which social work's objectives are achieved.

Thomas's (1978a, 1978b, 1981, 1985) developmental research model has been employed in this study and the terminology used is consistent with his model. The study focused on the social service system which Thomas (1985b) classified as one of the principal types of social technology.

The model described by Thomas (1978a, 1978b, 1981, 1985a, 1985b) comprised five phases, each achieved through a number of operational steps:

Analysis Phase involving five operational steps:

- (1) problem analysis and identification
- (2) state- of-the-art review
- (3) feasibility study
- (4) selection of technological objectives
- (5) selection of information sources.

Development Phase involving three operational steps:

- (6) the gathering and evaluation of information
- (7) designing of social technology
- (8) technological realization.

Evaluation Phase which is concerned with trial and field implementation of the new product and assessment of outcome through four operational steps:

- (9) trial use

- (10) collection of evaluative data
- (11) evaluation of social technology
- (12) redesign as necessary and repeat of steps in the Development and Evaluation Phases.

Diffusion Phase in which innovations which have been positively evaluated and are considered worthy of use are disseminated to potential users through two operational steps:

- (13) preparation of diffusion media
- (14) dissemination of product information.

Adoption Phase consisting of implementation by users.

Thomas (1987) noted that it is most unusual for any one developmental effort to cover all the phases from beginning to end. More usually, and as is the case in this project, the developmental endeavour is confined to limited aspects of the process although it does include several related phases. Table 3.2 (Chapter 3), which is reproduced here for clarification, illustrates the application of Thomas’s developmental research model to the current research design. The procedures followed conform to the first seven operational steps listed. A broken line is used in the table to indicate the remaining phases of the model.

Table 3.2

Application of Developmental Research Model to Current Research Design

DEVELOPMENTAL RESEARCH MODEL (Thomas, 1978a, 1978b, 1981)		SELF-HELP GROUP RESEARCH
PHASES	OPERATIONAL STEPS	DURBAN STUDY PROCEDURES
		Part One
ANALYSIS	(1) Problem analysis and identification	Analysis of current conditions
	(2) State-of-the-art review	Collection of data on existence of self-help groups General overview: - broad review of literature - monitoring of mass media - letters to press, national councils and regional welfare boards Durban specific procedures: - personal contact - review of welfare resources directory - attendance at workshops and conferences
	(3) Feasibility study	Part Two <u>Survey:</u> Contacting social workers employed in Durban area Distributing questionnaire to all social workers Collecting data on current usage of self-help groups.
	(4) Selection of technological objectives	Service delivery system - the use of self-help groups by social workers
	(5) Selection of information sources	Social workers who had returned the questionnaire and agreed to participate in the next phase of the project
DEVELOPMENT	(6) Gathering and evaluation of information	<u>Research Interview:</u> Assessing social workers' knowledge of, attitudes to, and relationships with self-help groups Consideration of role of self-help groups in service provision and the future use of self-help groups by social workers. <u>Research Findings:</u> Presenting findings in this report
	(7) Design of social technology	Conclusions and recommendations of this report
.....		
EVALUATION DIFFUSION ADOPTION		

These seven operational steps are used as a framework for explaining the procedures used in this research. The main source of information used is Thomas's (1978a, 1978b, 1981, 1985a, 1985b) writing on the topic. Support from other authors has been incorporated where necessary.

Analysis Phase

Operational step (1): Problem analysis and identification

Using this model, the research begins with establishing the existence of some human problem which requires the development of human service technology. This analysis precedes the decision to continue with the research effort and forms the basis for the direction of the developmental process.

The focus of concern here was first, the need for increased and improved services. This is considered a product of the two main consequences of increased urbanisation: reduction of primary group support systems and changing perceptions of what constitutes adequate care (Mencher, 1967).

As has been noted in describing the background to the study, urbanization is a particularly relevant issue in developing countries such as South Africa. The "homelands" policy, the system of migrant labour and the restriction of entry to cities by Africans have contributed to the breakdown of family networks and support systems (Tshabalala, 1986). Hare and McKendrick (1976) pointed out that social services in South Africa are fragmented and racially segregated with state welfare services for whites being more sophisticated both qualitatively and quantitatively. The Auret Committee (Department of Social Welfare and Pensions, 1976, para. 9.40, p. 104) established the need for an improvement in the quality of social work services.

Various authors had reported favourably on the effectiveness of self-help groups and their potential role in the helping services (Katz & Bender, 1976b; Levy, 1978; Robinson & Henry, 1977). This directed attention to the possibilities for enhancing service delivery through collaborative interaction with self-help groups.

Operational Step (2): State-of-the-art review

Thomas (1981) suggested that this step should include a review and evaluation of existing social technology through assessment of literature sources, discussion with knowledgeable informants, or attendance at conferences or workshops where new developments were presented. In this study, the first priority was to establish the existence of the self-help/mutual aid movement, and then to identify and describe existing self-help groups and their areas of operation. The approaches used followed the suggestions made by Thomas and included a review of literature, letters appealing for information, monitoring of popular information media, personal contact with knowledgeable people, use of welfare resource directories and attendance at workshops and conferences.

In surveying the development of self-help/mutual aid in South Africa, information was sought first in books and articles on the history of welfare services in this country, and in reports of social work and social welfare conferences. Although these publications mentioned the importance of mutual aid in the Family or Pioneer period (Potgieter, 1973) their emphasis was on the development of formal services. It was therefore necessary to turn to sources outside of social work, and as can be seen from the findings discussed in Chapter 4, these were found in anthropological, sociological, historical and political studies.

Operational Step (3): Feasibility study

Thomas described a feasibility study as a fact-finding enquiry to establish the technological, economic, and organizational feasibility of the intended development.

The information should be obtained from those with appropriate expertise in the field. In this case social workers were the potential users of the new product (which was defined as possible linking of social workers with self-help groups in service delivery). They were also in a position to report on current usage, to assess whether the developmental effort was worthwhile and to identify possible difficulties. The purpose then, was to establish whether a developmental effort aimed at the linking of self-help groups with social work practitioners was worth pursuing. A positive response was a primary requirement for the development of appropriate objectives which in turn would form the basis for technological innovation in the field.

A questionnaire was selected as the most appropriate tool for this aspect of the research endeavour. Saxe and Fine (1979) described an initial survey to collect preliminary data, followed by further examination in the field, as the best means of identifying areas requiring special attention.

Operational Step (4): Selection of technological objectives

This involves the selection of a specific aspect of social technology for further investigation. Thomas (1981) noted that the "technological objective in developmental research is analogous to the research problem or hypothesis to be developed" (p. 600).

In this project the focus was on the technology associated with service delivery which also had implications for social policy. The specific aspect selected was the development of ways of enhancing existing relationships with self-help groups, and establishing further links.

Operational Step (5): Selection of information sources

Thomas (1978b) drew attention to the need within the developmental model to select the most appropriate sources of information in order to generate new technology. A variety of sources may be used including social work practice itself.

In any developmental effort the most appropriate sources of information should be sought. In this case, the social workers who had responded to the initial questionnaire and indicated their willingness to participate in further investigations, were selected for the Developmental phase of the project. They were to provide information about their current knowledge of, their attitudes towards, and the nature of their relationships with, self-help groups. These data would be used to inform the developmental effort and would also be relevant in informing social policy development.

Development Phase

Operational Step (6): Gathering and evaluation of information

This operational step encompassed two aspects: the gathering of information and the processing and presentation of that information. The purpose of the information-gathering phase in the developmental model is to stimulate innovation. It was, therefore, considered important that the social workers who would implement suggested changes should also be involved in each stage of the process.

Information was obtained through the medium of personal interviews with a self-selected sample of social workers. The processing and presentation of that information constitutes part of the results described and discussed in Chapter 5.

Both quantitative and qualitative research methods were required. Smith (1986) listed six circumstances in which the two approaches could be productively combined. The current study conformed to the following four:

1. When a description of the events themselves, the meaning of the events to the participants, and an understanding of the context in which they occurred, is required.

2. When the results of a study using structured procedures of data collection may confirm or extend propositions described in a naturalistic study.
3. When the use of different measures reduces the bias inherent in any one perspective.
4. When the design of multiple studies can be mutually informative. A quantitative study may be informed by the ways the participants define terms and the contextual variations (including the agency, the nature of the work, the relationship between people, the training and personal qualities of the worker), while a qualitative study is informed about what to examine.

The decision to use interviews was based on the centrality of the interview in social work practice. It allowed the interviewer to obtain qualitative information and clarify any confusion which existed. The interview is generally viewed as the major tool of social work and because it is used so frequently and consistently is a method with which social workers feel comfortable (Gochros, 1981). Gorden (1980) noted its value in collecting valid and reliable data, particularly in learning people's beliefs, attitudes and values. The face-to-face nature of the interview itself was used to ensure that the social workers who would implement suggested changes, were also involved in each stage of the process. Some time was therefore spent developing rapport and ensuring that the interview was an interactive process.

Table 1.1 relates the general advantages of the interview method with this study.

Table 1.1

Advantages of the Interview as a Method of Data Collection in Durban Study

ADVANTAGES (Gochros,1985; Gorden,1980)	APPLICATION TO DURBAN STUDY
Provision of immediate, accurate and complete information	Topic was complex and personal contact motivated full discussion.
Naturalness and spontaneity	Interview is a familiar milieu for social workers - non-threatening and unlikely to arouse anxiety.
Consistency of interpretation	Researcher devised interview schedule and conducted all interviews. This facilitated discussion of conceptual issues and interpretation of first questionnaire.
High response rate	Interviewer worked systematically through questions and clarified misunderstandings. Respondents enjoyed break in everyday routine and opportunity to participate in development research.
Flexibility	Use of probes allowed focus on specific areas and exploration of responses to open-ended questions. Questions which were not applicable to a particular respondent could be excluded.
Observation and control over environment	Interviews were conducted with the designated respondent in respondent's office, ensuring privacy, comfort, familiarity and easy access to case files.

Operational Step (7): Designing of social technology

The purpose of this step is the utilization of the knowledge acquired. Rothman (1978, p. 117) referred to this as a "translation" or "conversion" of research findings into principles of action. The conclusions and recommendations in Chapter 5 comprise this endeavour.

CONTEXT OF THE STUDY

Social workers have been advised to increase their awareness (and consequent use) of the range of informal services. Various factors which have contributed to this call for increased awareness are discussed below. The discussion begins with a general consideration of the issues and continues with specific reference to the South African context.

Professionals Cannot Meet All Mental Health Needs

Philosophically, welfare provision may be approached in two ways. The first views services as the right of the individual. In this approach the state accepts primary responsibility for the welfare of its citizens. It therefore provides needed services which are implemented by professionals, including social workers. Wilensky and Lebaux (1958) term this an institutional approach, which they contrast with a residual system. The latter operates when the "normal" resources, such as the individual, the family, and the community, break down. Service is then provided as a privilege only to those who qualify for it.

These two approaches are based on different moral and ideological assumptions. The institutional approach is a universalist model which rests its moral claim on the ethics of co-operation and mutual aid. The residual system is founded on assumptions about the self-evident virtues of competition and self-help. In both cases psychological assumptions are made about the attitudes of individuals towards welfare provision and about their social expectations of welfare (Pinker, 1971). This affects social policy and thus the way in which welfare services are provided, the role of social workers and their attitudes towards practice.

The institutional approach is typical of modern, industrial societies which, according to Froland, Pancoast and Parker (1983), have common factors. These are listed here and are used as the basis for comparison with the South African situation.

They are economic, political, social and democratic, social welfare, and professional social work elements which combine to form a sympathetic context for the development of new forms of self-help. Consequently, these are societies which are particularly responsive to the development of new forms of self-help. Economically, such countries "have mature, industrialized economies that have experienced a declining growth in gross national product, relatively high inflation, and rising unemployment in recent years" (Froland et al., 1983, p. 13). Their governments are stable and democratic and they support such democratic values as free association and citizen participation. Most of the countries described have a large middle class and middle class values predominate. They are also mainly urban societies. Their social welfare systems, as noted above, are institutional and are based on an equitable distribution of services to which citizens are entitled. Social welfare services are delivered by professionals who undergo special training and belong to professional associations.

In comparing South Africa with these societies, common factors and differences are found. In economic terms South Africa has a mixed economy with some degree of industrialization. Its economy is not, however as mature or established as for example, those of Britain, America and West Germany. It has, however, experienced high inflation, rising unemployment and a low per capita income growth rate (Wilson & Ramphele, 1989). Politically, South Africa does not have a democratically elected government and democratic practices such as freedom of speech and association are limited. The social situation in South Africa is one of discrepancies between the "haves" (who are generally white) and the "have-nots" (who are mainly black). While there is a growing middle class, most Africans, who constitute the majority of the population, are living in poverty (Wilson & Ramphele, 1989). The social welfare system in South Africa is a residual one. The main responsibility for personal welfare rests with the individual, the family and the community, and the government has rejected all the principles of a welfare state. In terms of professional social work, South Africa, like the industrial societies described, has professional social workers who are registered with a professional council and whose functions are protected by statute.

The differences identified indicate that while the conditions described by Froland, et al. (1983) may be conducive to the development of self-help groups, they are not prerequisites for their formation. The reality is that groups form in industrialized countries where there is a democratic tradition, perhaps because people have freedom of association and participation and the opportunity to oppose existing institutionalised services. However, they also form in countries like South Africa with its developing economy, its openly espoused residual system of welfare, and its constraints on individual and organizational participation. The stimuli in these circumstances may be ascribed to necessity, long-standing cultural traditions of mutual aid, and to the need for services which are not being provided by the state.

Questioning of the institutional role of the state in welfare provision has been accompanied by calls for increased citizen participation, increased voluntarism, and the need to place services closer to those served (Froland et al., 1983). Berger and Neuhaus (1977) argued that one of the most debilitating results of modernization is a feeling of powerlessness in the face of controlling institutions. They used the term "mediating structures" (p. 2) to describe those institutions standing between the people in their private lives, and the large institutions of public life. Included as mediating structures were the church, the family, the neighbourhood and voluntary associations. D'Augelli (1983) proposed that self-help and mutual support groups could be added to this list. In England, the *Barclay Report* (1982) on the roles and tasks of social workers and the *Wolfenden Report* (1978) on the future of voluntary organizations recognized that the substantial role played by informal caregiving had been neglected. Both these Reports urged social workers to take more account of informal welfare, to undertake more systematic evaluations of existing relationships between the formal and informal systems and to develop skills which would facilitate their linking of clients with the informal system.

At the same time convincing rationales have been provided recommending development of a system of helping which integrates the services offered by both the

formal and informal sectors and utilises the support available in a community. This theme of joint effort has been called "welfare pluralism" (Hatch & Mocroft, 1983, p. 2) and the "mixed economy of welfare" (Davies, cited in Hatch & Mocroft, 1983, p. 2). Froland et al. (1981a), citing evidence from Moroney and from Parker, noted:

that no one source of care - public, private, or voluntary - can by itself adequately meet the needs of dependent populations; that scarce resources will not support an indefinite expansion of public commitments; and that neither large scale public retrenchment nor public takeover constitutes a feasible course of action. Finding ways to share the responsibility for care between the public and private sectors and between family and state has become a more desirable goal to many. (p. 18)

Assumption of Greater Individual Responsibility for Well-being

Froland et al. (1983) link the idea that all needs cannot be met nor all problems solved by institutional (and therefore professional) services with the increasing value shift towards individual self-help and notions of self-responsibility. This in turn can be linked with a continuing emphasis on citizen participation and consumerism. Germain (1980) summed this up as: "the growing pressure on the part of people everywhere to have a greater say in matters bearing on their own lives and destinies" (p. 484).

The client as an active partner in the therapeutic relationship has been a topic of concern in social work thinking for some time (Gottlieb & Stanley, 1967; Maluccio, 1979; Mayer & Timms, 1970; Perlman, 1975). The emphasis on participation is ethically central to social work thinking and is expressed in the traditional social work value of client self-determination. This is used to involve clients in the helping transaction and so to empower them (Mizrahi and Abramson, 1985). Kahn (1973) described the goals of participation as individually therapeutic (providing the individual with a feeling of self confidence and independence); sociotherapeutic

(reducing alienation and enhancing interaction and group membership); or political (redistributing power and resources). In community work practice, community participation may be a goal in its own right or a means towards other ends.

A participatory model requires recognition of the interdependence between social workers and clients and of the need for input from both parties if one person's resources are to contribute to the interests of another (Lenrow & Burch, 1981). Sarason and Lorentz (1979) analysed resource-exchange networks and explained that network participants had to redefine themselves as resources in order to contribute to and utilise the resources of others. There is also, according to Rehr (1983) a need to "safeguard the client's participation through sharing knowledge and information, so that decision-making can be a mutual effort, and participation in carrying out therapy is seen as part of self-help" (p. 33).

Emphasis of Ecosystems Perspective on Transactions between Systems

The idea that coping in, and mastery of social situations may be achieved through the joint product of personal and social resources, is congruent with the shift in social work theory to an ecological perspective. Carol Meyer (1983) described the early 1970's as a time when there was a new conceptualisation of social work practice. This was an attempt to integrate knowledge in general systems theory, ego psychology, and ecology with an awareness of rapid social change and new and complex demands being made on the profession. The result was a broader application of social work skills, the use of systems concepts to connect multiple variables, and an emphasis on a situational, interactional context for practice. The combination of general systems theory and ecology into an ecosystems perspective offers social workers a framework within which various practice models can be used.

The ecosystems perspective has been criticized for its abstract nature and consequent lack of specificity in guiding practice (Brower, 1988). However it has been extremely influential in practice and is on three counts particularly relevant to this study. First, it ensures that the social work practitioner's attention is drawn to the full range of systems with which every individual interacts, and focuses attention on the interface between systems. It thus expands the social worker's awareness of the interconnectedness of the social environment and individual, group and community functioning. The emphasis of the perspective on the interface between systems has particular application to a discussion on self-help groups as it focuses attention on self-help groups as an environmental context in which people operate, as well as a system within the larger social welfare system. Secondly, in any intervention the range of resources available is limited. This has a dual consequence. The ecosystems perspective provides a theoretical justification for a concern with informal helping systems as part of the total resource system. It allows the social worker to draw on the full range of resources, blending them to achieve the maximum impact and "inventing" new interventions as necessary (Rosenfeld, cited in Greif & Lynch, 1983, p. 67). It also draws attention to the social worker's responsibility to develop new resources and expand existing ones. Thirdly, it focuses the social worker's attention on the social work task of making the environment and the individual more responsive to each other. In South Africa, where social institutions restrict people's access to resources and limit their options in every sphere of life because of their classification as members of a particular population group, it is essential that social workers include a commitment to social change as part of their professional role.

In summary, the ecosystems perspective, which is viewed as the currently prevailing theoretical model (Brower, 1988; Lowe, 1988), has had an effect on the conceptualisation and practice of social work. In the context of this study, it justifies an interest in self-help groups as (a) part of the range of systems which exist, as (b) part of the resources which are available to meet people's needs, as (c) a new intervention, and (d) a way of changing society.

The Importance of Social Support

One of the important consequences of the ecosystems perspective is its direction of attention to reciprocal and adaptive transactions among people and their social environments. Mastery of a situation is achieved through the joint product of personal and social resources (Caplan, 1981). An element which has been found to enhance people's ability to function effectively and adaptively in their environments is social support (Cassel, 1974; Gottlieb, 1981; Whittaker & Garbarino, 1983). Ell (1984) defined social support as "the emotional support, advice, guidance, and appraisal, as well as the material aid and services, that people obtain from their social relationships" (p. 134).

Social support is not a new concept in social work practice. Specht (1986) noted the extensive, half-century old "social work literature on the practice of social group work and community organization that deals with some of the phenomena that are currently described as social support and social networks " (p. 220). In the social work literature the term "support" may describe the type of service offered, or a technique used to implement the aims of social work (Brill, 1978). Roberts and Nee (1970) covered both kinds of support when they wrote that people who are chronically "low-functioning" need some form of constant, though not necessarily intensive, support as a kind of lifeline, and that the "modifying" and "supportive" techniques used in social casework should be seen as the core of the method (p. 305). Others have referred more specifically to the technical aspects of support. Loewenberg (1977) and Schwartz and Goldiamond (1975), for example, saw professional helpers providing emotional support through encouraging and reinforcing inherent abilities, while according to Haines (1975) support is an enabling technique used to stimulate self-help (in the sense of individual self responsibility).

Gottlieb (1981) reviewed the research and literature on the topic of social support over the previous forty years. He identified two related and interlocking themes.

The first was the relationship between the social environment and individual health established by early ecological investigations. An important outcome of this extensive ecological research, was the idea that peoples' relationship with their social environments has a critical effect on their health and that supportive relationships with other people can have a buffering effect in stressful situations. The second theme was the recommended use of a range of helping resources, including lay and informal resources, in providing a comprehensive mental health service. This has featured prominently in the community mental health literature, and incorporates neighbours, voluntary helpers and members of mutual help associations who share a common problem into the helping system. The integration of these two historical themes is the basis of current approaches to the concept of social support.

Research on the effectiveness of both natural and devised social networks in promoting community mental health has been closely linked with the issue of social support (Ell, 1984; Turkat, 1980). Killilea (1982) referred to the distinction between social support (function) and social network (structure). Social networks consist of people and relationships and are viewed as sources of direct help and of linkage to other resources (Collins & Pancoast, 1976). Networks in which support systems may be found include families, neighbourhood helping networks, mutual help groups composed of those who have themselves experienced the particular problem, and community institutions which have other primary functions, such as schools and churches (Killilea 1982). According to Swenson (1979) peoples' social networks function as mutual aid systems, providing both instrumental support and nurturance. The former involves assistance in performing a task and can include provision of goods, services, money, information, or skills. The latter refers to emotional support such as listening, giving encouragement or advice. This is true of self-help groups where members offer each other instrumental and nurturing support. At the same time self-help groups also serve as supportive networks for their members.

Much of the work on the value of support systems has considered the individual in his or her personal network and examined issues such as social ties and the structure

of networks (Ell, 1984; Granovetter, 1973). However, provision of support by professionals has been shown to enhance recovery, adaptation and treatment compliance (Ell, 1984). Tietjen (1980) observed that both social networks and social services can function as support systems, each having its particular advantages and disadvantages. She considered finding the "right mix of formal and informal support" (p. 19) to be the crucial task.

Social support is thus seen as an area of common interest and shared domain for social workers and self-help groups. It is particularly relevant in a study such as this which considers the relationship between professional social workers and self-help groups and the possibility of including self-help groups in the formal social service delivery system.

CHANGES IN SOCIAL POLICY AND FINANCIAL LIMITATIONS

The final factor to be considered in understanding the need to research self-help groups in the South African welfare context, is social policy. According to Sainsbury (1977) the term "social policy" can be used to describe "an argument or process of thinking which offers reasons for establishing and using social institutions as means of ensuring that certain aspects of social life develop in a particular direction" (p. xxi). Social policy is not only concerned with the rationale or process of thinking, it is also concerned with the provision of services to meet human needs (Hill & Bramley, 1986).

The "argument" or "process of thinking" in the South African context, has been based on the philosophy of the National Party which has been the government of South Africa since 1948, and which, as Hare and McKendrick (1976) noted, came to power on its policy of apartheid. Their policy was described in a Department of Information publication as:

A formula for political and social "separateness" . . . for the different population groups, to ensure the maintenance, protection and consolidation of the White race as the bearer of Christian civilization in South Africa, and to enable it to fulfill its function of responsible trusteeship to guide the other groups towards eventual freedom in a peaceful manner (cited by De Kock, 1971, p. 43).

The effect of this standpoint on the delivery of welfare services is shown in, for example, the linking of the terms "community" and "various population groups" by the Department of Social Welfare and Pensions (Circular No. 65 of 1978). The same government Circular also noted that "the ideal still remains to establish and maintain separate welfare organizations for the various population groups at national, as well as regional and local levels" (paragraph 2). This view was entrenched in the *Republic of South Africa Constitution Act* (No. 110 of 1983) which established racially separate departments for social service delivery.

The "argument" or "process" of thinking specific to the provision of welfare service is summarised in the opening paragraph of *Care: Welfare Services for South Africa's Peoples* (Department of Information, undated, unpaginated): "South Africa is basically a free-enterprise state. Ill-considered and unqualified spoon-feeding is not encouraged. This is in line with the will of a people sprung from self-reliant independent, yet compassionate stock". According to the same publication "the leading principle of all welfare services in South Africa is that of self-respect through self-help."

This statement introduces the concept of self-help as it is viewed officially in South Africa. It accords with Smiles's (1910) approach and emphasises the individual's responsibility for self-improvement which will benefit mainly that individual. Thus, through the individual's own efforts, it may be possible to avoid the need for charity or any formally provided social service. The accrued benefit may be to the individual or a group of which s/he is a member and in which active participation of all the members has achieved the desired result - independence, self-reliance, and the opportunity of articulating their own needs.

The National Community Development Strategy (Fourie, 1983) re-inforced this view of self-help. It emphasized community involvement and participation, and community responsibility and initiative through self-help programmes. While this process of thinking has been part of the rhetoric of community development it has had problems associated with it (Fitzgerald, 1980; Lund, 1982). Dearlove (1974) has called it "the self-help myth" (p. 26) and it consists of the idea that anyone who tries hard enough can achieve economic independence, make his/her fortune, achieve change and influence government. In fact, the poor are powerless and lack the information, confidence or knowledge to achieve this self-reliance. This is particularly true in a developing country where people are vulnerable as a result of social change, urbanisation and industrialisation (McKendrick, 1988). The danger inherent in this kind of self-help philosophy was recognized in a statement by Professor Dewar of the Institute of Urban and Regional Planning. He was commenting on the shift in policy towards an emphasis on self-help housing and warned that it could create a situation "where the poorest of society were trapped into a permanently disadvantaged position" (*Warning on Housing*, 1983, p. 4). It has also been recognised by some community organizations who have associated the self-help emphasis with "the perpetuation of injustice and discrimination" (Lund, 1982, p. 16) as they see black organizations being encouraged to meet their own needs while facilities for whites are provided by the formal sector.

Social policy is also concerned with the provision of services to meet human needs. At the one extreme the state may be the only provider of services, at the other private business may sell the service to clients as privatised welfare. This is an ideal type description for as Walker (1984) notes, social services are generally provided by both public and private institutions and not only by one or the other. The policy of privatisation developed at a time when opposition to the welfare state had increased in many industrial countries which were contending with economic stagnation, inflation and unemployment and were less able to afford the cost of social services (Spiro & Yuchtman-Yaar, 1983). It was suggested that institutional expenditure on welfare harmed individualism and competitiveness and thus weakened a capitalist

economy, and that personal liberty (which had been constrained by the welfare state) could be increased by restoring the function of welfare service provision to the family and private enterprise (Rose, 1985). A policy of privatisation could accommodate this ideological stance and at the same time ensure that services would be developed and delivered through non-government welfare organizations. With the worldwide trend towards a reduction in government spending on social services there has been a greater awareness of the possible use of self-help groups in service provision. Schilling, Schinke and Weatherly (1988) view this as a pragmatic, but limited response to conservative government policy. Whittaker and Moroney (1988) and Katz (1988) both argue for the distinctive contributions of both public services and the services provided by self-help groups.

Service provision in South Africa has historically reflected the dual role of the state and private initiative in a relationship of partnership (Department of Social Welfare and Pensions, 1954). Each has had its own particular contribution to make but the state has been viewed as the senior partner (Hare & McKendrick, 1976). The voluntary agencies were allocated responsibility for developing new services. They were not, however, to undertake services which undermined the "traditional institutions" of the country and new services were not to be in areas covered by state-sponsored programmes or to overlap with existing services (Department of Social Welfare and Pensions, 1954). In practice this has meant that the state departments concerned with health and welfare have delivered social work services relating to probation, parole, aftercare and rehabilitation of adult and juvenile offenders as well as statutory services. Other state departments which are involved in the delivery of social services are the Departments of Defence, Post and Telecommunications, Prison Services and the South African Transport Services. Hospital services have been provided by social workers in the employ of the various provinces and community work has been undertaken by local authorities. A wide variety of voluntary agencies have been established. The principal fields of service in which these agencies have operated have been the care of the aged, alcoholism and drug dependence, child and family welfare, crime prevention, mental health and physical disability (Hare & McKendrick, 1976).

Despite the emphasis on partnership, a great deal of control is exercised by the state through legislation and the welfare structure. Legislation includes the *Fund-raising Act* (No 107 of 1978) which regulates organizations allowed to collect money from the public; and the *National Welfare Act* (No 100 of 1978) which provides for registration of welfare organizations and allows the state to specify which welfare programmes would be appropriately conducted by community based welfare organisations. The welfare structure fragments services on racial grounds and controls them through the appointment of local welfare committees, regional welfare boards and national advisory councils; the issue of departmental circulars which prescribe the way in which policy should be implemented; the subsidy system previously based on "approved" social work posts and now on "approved" social work programmes. This control has been extended by linking local welfare committees with the security structure (Hansen, 1988).

In March 1985 an interdepartmental working group appointed by the Cabinet Committee for Social Affairs to investigate the welfare policy of the Republic of South Africa, produced its report (*Report on an Investigation into the Present Welfare Policy in the Republic of South Africa*, Department of Constitutional Development and Planning, 1985, hereafter referred to as the Report) which was then distributed for comments. Privatisation of welfare services was advocated and mutual aid groups were included in the range of private services which would help relieve the government of its responsibility to finance or provide welfare services. Although "self-help programmes" had been mentioned as part of the National Community Development Strategy (Fourie, 1983) this was the first official recommendation on mutual aid groups. It is therefore quoted in full:

235. The aim of mutual aid groups is a service on the completely local level, launched by the community, offered free of charge, which is limited, depending on circumstances, to the immediate surroundings or can serve a wider field. Such groups may be established and run by a welfare organisation or may be a service rendered by local churches.

236. What is of especial importance in mutual aid groups, is the responsibility taken by people on the local and the community level in a spontaneous way to help provide for the needs of others in the same community. This creates an atmosphere of "caring" and promotes the growth and the stability of the community because, as a result of the service they render, certain values are pursued in the activities of these groups. Because these groups function on a completely local level they form part of the substructure of a stable and healthy community life.

237. Examples of mutual aid groups already in existence are: Alcoholics Anonymous, Al-Anon, Alateen, the Christelike Alkoholiste Diens of the Nederduitse Gereformeerde Church [sic] and the Christelike Alkoholiste Bond of the N.G. Sendingkerk, all of which play an important role in the treatment and the rehabilitation of alcoholics and the maintenacne of temperance among alcoholics.

238. Church congregations with their particular infrastructure have great potential for the exploitation and optimal use of mutual aid groups.

239. Mutual aid groups should be actively encouraged and recognition should be given to the important role that they can play in the broader social field.

240. The various fields of service should be examined systematiclly to determine which services can become the concern of a mutual aid group.

As has been noted, this was the first time mutual aid/self-help groups had been specifically included in South African welfare planning. A new welfare policy was approved by the Cabinet in 1987 and made available in written form in April 1988 as *Social Welfare Policy and Structures of the Republic of South Africa* (Department of National Health and Population Development, 1988). Although it makes no mention of mutual aid or self-help the tenet of privatisation is retained. In the Press

statement made by the Minister of National Health and Population Development (Media Statement, 18 April, 1988) which accompanied the publication of the new welfare policy, the principle of partnership between the state and the private sector was reconfirmed. However, the state defined its role as an enabling one which gives it "an overarching responsibility, but [it] is not the primary supplier of welfare services or in the first place responsible for the financing of welfare services" (p. 4). This indicates a shift from the traditional policy of joint responsibility for welfare on the part of the state and private welfare organizations and is consistent with the policy objective that social welfare services should be privatised "to the highest possible degree" (Department of National Health and Population Development, 1988, p. 5). The policy clearly bases itself on the principles expressed in the Report. It therefore seems logical to assume that the statements made in the Report concerning mutual aid/self-help groups represent government thinking in this area. Accordingly, the recommendations made in the Report are discussed below.

The first clause quoted above (Clause 235) begins by emphasising the role of the community in generating groups and the responsibility of the community in meeting the needs of community members. The term "community" is a problematic one. Communities are not obviously differentiated entities, and their boundaries and purposes may not be clearly defined or universally accepted. Rothman (1987) outlined five categories into which various authors' views of communities could be divided: (a) structural, which included geographic, political-legal, social stratification and power concerns; (b) social-psychological, which referred to common interests and emphasized social factors such as norms, customs and behaviour; (c) people and territory, which uses demographic and ecological data; (d) functional and action process, which covers a shared concern, function or process which requires action; and (e) social systems which describes communities as organizations of social relations which enable people to participate in necessary survival and growth functions. Room (1979) pointed out that the idea of community "implies the existence of a network of reciprocal social relationships, which among other things ensure mutual aid and give those who experience it a sense of well-being" (p. 105).

The Report does not define "community" in this section. However, in reiterating government policy regarding racial separation it confirms the traditional interpretation that the shared feature which creates the "community" is race. This is an extremely limited and limiting definition. It is based on artificially created groups and takes no cognizance of shared cultural factors such as language and religion. A further problem with this definition of community lies in the destruction of social relationships and networks in established communities due to forced resettlement and in order to achieve the goal of separate development (Lund & Van Harte, 1980).

Paragraph 235, having stated that mutual aid groups would be launched by the community, then notes that on-going responsibility for the group could be allocated to a welfare organization or local church. Selznick warned of the dangers inherent in this, for "even without deliberate intent to exploit, the organizational needs of the sponsoring agency normally have taken priority over the preferences of the association membership even while there is formal commitment to the autonomy of the association" (quoted by Helm, 1977, p. 126). According to Bryant (1972), this process of co-optation may prevent community based groups from promoting their collective interest, acting as pressure groups, changing the structure, or dealing with the "political impotence or powerlessness" (p. 206) which frequently characterizes them.

The Report in no way acknowledges the mutuality of experience which is such an essential characteristic of self-help/mutual aid groups. In contrast, the wording of paragraph 236 seems to equate the functioning of self-help groups with volunteers who provide a service to meet the needs of others (albeit members of their community). However, without a shared concern or community of interest self-help/mutual aid loses a distinctive characteristic.

The final paragraph of this section of the Report indicates that just as the fields of service of the voluntary sector have been demarcated and controlled by the state, so

will a similar approach be taken with mutual aid groups. As noted above, government control is an important aspect of South African welfare policy. A variety of limits are placed on private welfare organizations, the most important being the separation of services on racial grounds. Comaroff (1979) noted the stringent controls imposed by the *Fund Raising Act* (No 107 of 1978) on recruitment of volunteers. It is quite possible that similar constraints could be applied to mutual aid groups, restricting their spontaneity, informality and area of operation.

The recognition in the Report of the existence of self-help groups in South Africa appears to be a progressive step. The South African government has, like the President's Commission on Mental Health in America (Borman & Lieberman, 1979) accepted the role that the informal sector can play in meeting individual needs. However, unlike the American statement which saw self-help groups as an additional resource and did not recommend the withholding of formal institutional services (Borman & Lieberman, 1979), the South African Report's main intention is the reduction of the central government's share of welfare service provision (Department of Constitutional Development and Planning, 1985, para. 259).

In discussing the South African statements regarding the use of self-help/mutual aid groups, it is the implementation and detail of the recommendations which is being questioned. In the course of this study the research developed from the premise that a sharing of responsibility between the formal and informal systems is important. It was the nature of the relationship and the details of its implementation which were therefore the focus of the investigation.

PURPOSE AND VALUE OF THE STUDY

In assessing the value of this study three issues will be considered: theory building, practice and social policy. The contribution of the study in each area is discussed below.

The fundamental purpose of this study was to explore the possibility of expanding the South African social service delivery system to include self-help groups. The viability of such an endeavour must be based on an assessment of present conditions including the current use made of self-help groups by social workers and their attitudes towards such groups. Enhancement of existing relationships, the expansion of existing roles, and the stimulation of further interaction with self-help groups were seen as developmental goals. The research process began consequently with an attempt to understand the status quo. This required in the first instance information which established the existence of self-help groups. Based on this knowledge an exploration of the historical and cultural factors which had contributed to the self-help movement in this country could begin. The second part of the study which directed attention to the knowledge, attitudes and practices of Durban social workers in relation to self-help groups was aimed at establishing the feasibility of the proposed development.

Through this process of exploration it was anticipated that social workers involved in the study would become consciously aware of self-help groups and their possible usefulness in the delivery of services. The study thus provided a dual opportunity for research. Firstly, knowledge could be acquired about self-help groups and about social workers' attitudes to and interaction with them. Secondly, during the process, social workers could be made aware of such groups and the range of services they offered, the ways in which social workers could relate with them and the roles social workers could undertake. Through this enhanced awareness the climate for the envisaged technological development, namely the inclusion of self-help groups in the service delivery system, could be established.

The use of Thomas's (1978a, 1978b, 1981, 1985a, 1985b) developmental research model facilitated these goals. Firstly, it allowed the researcher the opportunity to begin by assessing what existed. This not only grounded the research in an historical framework, it provided an historical and cultural rationale for the development of

an inclusive model of service delivery. In terms of the ecosystems perspective it is essential that social workers be aware of the context in which they practice. This aspect of the research was, therefore, in accordance with the theory which informed it. It also contributed to the development of an understanding of the self-help phenomenon in South Africa. Helm (1986) referred to specific changes which were required in educational curricula if indigenization of social work was to be addressed. One of these was the importance of an accurate history so that social workers could understand the effects of historical events on present-day South Africa.

Secondly, it provided a medium through which information could be gathered and at the same time be used to improve the situation of social work practitioners and their clients. As in the action research paradigm, Thomas's developmental research model uses knowledge for action rather than purely for reflection (Cherns, 1969; Heller, 1970; Rapoport, 1970). This is consistent with the nature of social work as a practice discipline. It is ethically compatible with the social work value of client self-determination. It also accords with the practice principle of client participation in the social work process and accountability to the consumer.

A burgeoning international body of literature described professional interest in the self-help/mutual aid movement and recommended that the relationship between helping professionals and self-help groups be investigated. No similar literature existed in South Africa. The use of social work models developed in the West and transferred to other countries has been questioned generally (Burgess, 1983; Clarkson, 1976; Hardiman & Midgley, 1982) as well as by South African authors (Helm, 1986; Small, 1985; Stewart, 1985). The study was seen then as an opportunity to target current international interests and assess their relevance for an indigenous practice model.

The primary value of this study is considered to lie in its dual commitment to improving practice and to enhancing the delivery of service. Social workers and clients are expected to benefit from the research findings. It is anticipated that the

social workers who were involved will benefit, too, from the research process. The research interview provided an opportunity to reflect on their practice, to explore the possibility of interacting with self-help groups, and to be included as active participants contributing their own experiences to the body of knowledge which was being assembled. It also initiated awareness and discussion on the topic of self-help groups among social workers in Durban. This study serves as a conceptual model which can be tested in other geographic areas. It comprises an essential preliminary stage necessary for the subsequent steps in the developmental process, namely, implementation and evaluation (Thomas, 1985a).

There is at present no unified theory of social work practice and most social workers assume an eclectic approach towards theory (Hardiker & Barker, 1981; Jayaratne, 1978; Loewenberg, 1984; Sheldon, 1978). According to Papell and Rothman (1980) eclecticism is a logical stance for a profession as diverse as social work. Nevertheless, if eclecticism is to be coherent and controlled it requires some integrating framework. Hence the agreement that theory development is crucial for strengthening and improving practice, the effectiveness of service delivery, and education for practice (Bartlett, 1970; Brennan, 1973; Butrym, 1976; Goldstein, 1973; Hardiker & Barker, 1981;). Polansky (1986) noted that for social workers a theory is useful only to the extent that it provides guidance for better and more effective practice.

The value of ecological theory as an organizing framework has been recognized by many writers and practitioners in various fields of practice (Meyer, 1983). Examples include child welfare (Hartman, 1979; Laird, 1979) mental health (Goldstein, 1979, 1983) groupwork (Balgopal & Vassil, 1983) and work with families (Aponte, 1979).

The contribution of ecological theory is in directing attention towards "improving the transactions between people and environments in order to enhance adaptive capacities *and* improve environments for all who function within them" (Germain, 1979, p. 17). In this project the use of ecological theory shifted attention from a preoccupation with formal helping to the possibilities inherent in informal helping, specifically through the use of self-help groups.

This study focused on the development of self-help groups in South Africa as well as on the interactions and transactions between social workers and self-help groups. In an attempt to construct a holistic view of the current situation and to consider future development, it was necessary to ascertain whether social workers would be open to the inclusion of self-help groups in the service delivery system. Collins and Pancoast (1976) noted the danger that social workers would become so absorbed in providing and organizing formal services that they would ignore all the helping activities which went on in the private arena. Was this true of South African social workers? Are there inherent contradictions between social work services and self-help groups which would prevent their interacting? Could self-help groups be used systematically without co-opting them into the formal system? These questions in turn generated questions regarding factors which might be influential. Did social workers' sense of "professionalism" affect their attitudes towards self-help groups and the use made of them? What influence did social work education have? Was a favourable agency policy influential? An attempt was made to deal with these issues in the Durban study.

The results of this study make some contribution to a specifically South African practice theory. The research design which emphasized the qualitative and drew on the experiences of practitioners ensured that the findings would conform to Evans' (1976) description of a "practice theory" (p. 193). The results also confirm the utility of the ecosystems perspective as a guide to practitioners which encourages a holistic and integrated approach to practice and more particularly which accommodates the inclusion of self-help groups in the social service delivery system.

However, it is in the area of practice itself that this study is considered most relevant. Social workers are in the business of service delivery. Any potential enhancement of the resources available or the delivery of those resources to the public must be seen as valuable. Technological development which would provide for the expansion of resources in society and simultaneously draw social workers' attention to some of the benefits inherent in mutual aid and self-help is considered necessary. Whittaker (1983) argues that the key to improving the quality of services

"lies in the ability creatively to combine professional and lay helping resources in an overall service strategy" (p. 39). He also contends that voluntary associations are needed to increase the options open to clients and that they have a major role to play in the human services. The widening of service options is viewed as particularly necessary in the South African context where the help provided by social welfare is restricted to those who qualify for it and where there is an enormous differential in the benefits and sophistication of welfare services available to whites compared with benefits and services for blacks.

This study sets the stage for changes in the practice of social work. First, it draws self-help groups into the welfare service arena. Secondly, it points to the differences between professional services and informal services. Thirdly, it attracts the attention of social workers to the range of possible services such groups provide and the client populations served. Fourthly, it delineates potential roles for social workers interacting with self-help groups. This is consistent with the intentions of the study since one of the points of departure was a concern with the range of problems with which social workers were expected to contend, the consequent demands on their time and the difficulties associated with service delivery.

The results of the study point to a need to broaden the current practice of social work. Awareness of the nature of self-help groups and the ways in which informal services differ from professional services can help social workers provide a more effective service. This is based on what Lenrow (1978) called discontinuities between professional and "folk" helping which interfere with effective helping. They are essentially to do with the way in which professional services are offered. Thus increased awareness of the nature of informal helping should help professionals deal with such criticisms. Expanding the range of roles taken by social workers should enhance the service offered to clients, but should also shift the responsibility for being the primary provider of help from the professional social worker. A social worker may then act as co-ordinator, link person or "case manager" (Turkat, 1980, p. 105).

In the South African multi-cultural context, an awareness of cross-cultural issues is essential. Helm (1986) has called for social work education which focuses on development and the problems of socio-cultural dislocation in our changing society. According to Tshabalala (1986) and Maforah (1987) the importance of working with informal support systems is based on African culture. Both these writers recommend that cultural practices be recognized and that models of service delivery be modified accordingly. This study's attempt to gather information about the self-help tradition across a wide spectrum of cultures in South Africa contributes to the necessary cross-cultural knowledge on which action should be based. The potential use of self-help groups by people who have been socio-culturally dislocated was also considered relevant.

It is obvious that social work practice and social work education are closely related. When one considers modification of social work practice one must also consider the concomitant modification of social work education. While one can argue that curriculum changes need to reflect changes in practice, the curriculum may also be the most accessible way to change social work practice. Ramasar (1987) contends that social work educators have to prepare social workers for roles, settings, and positions different from current practice. The curriculum should therefore not only reflect what is, but also what should be, and what should be must in turn be a response to wider social needs. If the appropriateness and relevance of the integration of self-help groups into the social service delivery system in South Africa is established, then the curriculum should be one of the media through which the technological development is implemented. Consequently, one of the areas to be considered in the implementation and evaluation phases would be the exercise of an appropriate training model.

According to Gil (1973), social policies determine the distribution of resources and shape the quality of life. They also influence and are influenced by beliefs, values, customs and tradition. The relevance of the self-help tradition in South Africa was therefore viewed as a significant area of interest for this study. In a country like

South Africa where the government in power represents a minority of the population, it is important that social policy should not reflect the culture and traditions of the ruling group, but should have a more universal foundation. It was also considered important that social policy should be developed from a position of knowledge. As no similar research had been carried out in South Africa, and in view of the government's move towards privatisation of welfare services, an investigation into the historical development and tradition of self-help and attitudes towards self-help groups would be of use to policy makers.

On a different organisational level, voluntary agencies play a prominent role in the provision of welfare services in South Africa. These agencies are currently concerned with the development of programmes which should demonstrate their efficacy in order to attract government funding. This project, which attempts to broaden the base of resources available to social workers in agencies, should also provide agency management with a source of information to be utilised in programme design. The study also has implications for agency policy regarding the use of self-help groups by social workers.

At the time of writing, social policy in South Africa was in a stage of flux. The detailed statements and recommendations made in the 1985 *Report on an Investigation into the Present Welfare Policy in the Republic of South Africa*, (Department of Constitutional Development and Planning, 1985) did not appear in the new national welfare policy document accepted by the Cabinet in 1987. The Chief Director of the Social Welfare Department of National Health and Population Development made it clear that this new welfare policy was not seen as a finished product and that planning for "an adequate and acceptable welfare system for the future" was an ongoing process (Anderson, 1988, p. 17). This research is thus seen as a timely contribution to the debate on social policy.

In summary, this study focused on the use which could be made of self-help groups in the delivery of social services to the client. To ensure its relevance and

appropriateness to the South African context it was grounded in the South African historical and socio-cultural tradition. Its developmental purpose ensured that the knowledge gained was not for the sake of knowledge alone, but had a concrete goal. Its emphasis was on the need to generate new approaches to services and service delivery through the development of social technology aimed at interventional innovation. It was seen as of potential benefit first, to social workers as the primary agents of the welfare service delivery system; secondly, to clients who could more fully participate in as well as gain from the envisaged development; and thirdly, to the social service delivery system itself. Its primary contribution was in the area of practice although it also had theoretical and policy implications.

CLARIFICATION OF TERMS

Most of the terms used are in general usage or are ordinarily accepted in social work literature. However, some have particular implications in the South African context, and some are used in a specific sense in this presentation. They are listed here to ensure clarity:

African - Maylam (1986) has noted the problems associated with the term "African". It is used here to describe people who belong to the Nguni, Sotho, Venda and Lemba language families which were identified in the preliminary classification of the tribes of South Africa made in 1935 (van Warmelo, 1974). When referring collectively to the African, so-called "coloured", and Indian sections of the South African population, the term "black" has been used in accordance with popular usage in these communities.

Agency - this includes both voluntary social welfare agencies and state departments which provide welfare services.

Development phase - used here in accordance with Thomas's (1978a, 1978b, 1981, 1985a, 1985b) usage. In this project two of its three operational steps were undertaken: first, the gathering of information through the medium of a personal

interview with a self-selected sample of social workers, and the processing and evaluation of this information; secondly, the utilization of the knowledge acquired through the translation of the research findings into principles of action, which Thomas called the design of social technology. The third operational step - technological realization - was not possible within the parameters of this study.

Feasibility study - one of the operational steps in the Analysis Phase of Thomas's (1978a, 1978b, 1981, 1985) developmental research model. It refers to a fact-finding enquiry to establish the technological, economic, and organizational feasibility of the intended development. In this case it was carried out through the distribution of a questionnaire to all social workers employed in the Durban area.

Self-help group - used interchangeably here with the term "mutual-aid group" and based on Katz and Bender's (1976b) description. The term describes voluntary, small groups formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or problem, and achieving personal or social change.

Social worker - a person with professional qualifications who would be recognised for registration as a social worker in terms of the *Social Work Act* (No. 110 of 1978).

State-of-the-art review - one of the operational steps in the analysis phase of Thomas's (1978a, 1978b, 1981, 1985a, 1985b) developmental research model. It refers to an investigation of current conditions as an essential preparatory step to the development of new technology. In this study, in accordance with Thomas's suggestions, it involved a review of published and unpublished literature, personal observation, discussion with knowledgeable informants, and attendance at workshops and conferences on the subject. A broad review of anthropological, sociological, historical and political sources was undertaken. Information about South African self-help groups was required as well as about groups which operated specifically in the Durban area. The collection of descriptive data was accomplished through monitoring the mass media, writing letters to the press, national councils

and regional welfare boards. Attendance at workshops and conferences, personal discussions with community groups and the review of welfare resource directories facilitated information gathering concerning Durban groups.

LIMITATIONS OF THE STUDY

In this study, a growing international interest - the rise of self-help groups and their relationship with professional helpers - was examined in the South African context. While the focus on South Africa was the *raison d'être* for the study, the focus on self-help in the South African situation has its own inherent limitations. The concept of self-help groups is based on a philosophy of individual responsibility, group participation and mutual aid. It draws on people's capacity to help themselves and to extend that help to others in similar situations. Its disadvantage in the South African context lies in the South African situation itself. As has been noted, South Africa is a country of great contrasts between the "haves" and the "have-nots". Welfare provision mirrors this division, with whites receiving more and better services than blacks (McKendrick, 1987a). Recognition that the concept of self-help is positive and that self-help groups have something to offer consumers may be an innate liability if it creates a situation where the poorest and most disadvantaged members of society are forced to draw on their very limited resources to meet their own needs for help. In its Report on welfare planning (Department of Constitutional Development and Planning, 1985) the South African government made it clear that its main intention in recognising the value of self-help groups is to reduce the central government's share of welfare service provision. The danger exists that the findings of this study could be exploited and ultimately damage those in the greatest need if they are used to justify the South African government's neglect of its responsibility to all the people of this country. It is important, therefore, to state that although self-help groups may complement existing services or provide different kinds of service, they should not be seen as a substitute for formal services.

The selection of self-help groups as the aspect of informal helping services to be studied is a further limiting factor. The interest in including informal services in the range of available services is an inclusive interest. Recommendations made in this field indicate that the inclusion of all forms of informal helping would be beneficial. It was not possible in a study of this nature to cover the entire spectrum of informal services. The selection of self-help groups as the subject of study was based on the level of interest outside of South Africa as evidenced in the proliferation of literature. The use made of volunteers by the social workers interviewed was included as a basis of comparison.

The decision to confine the study to one component of the informal service spectrum, namely self-help groups, was also a way of avoiding the confusion in the terms used by different authors in defining informal help. It was considered essential that the selected subject should be clearly delineated so that similar confusion was not perpetuated.

A shortcoming of this study arose from the concentration on the Durban area. Although attempts have been made to compare the demographic characteristics of the Durban social workers with those of social workers in South Africa at large, it is recognised that the conclusions reached cannot necessarily be generalised to other areas. The object of the research however, in accordance with the general purpose of developmental research, was to attempt to devise an interventive approach (the inclusion of self-help groups by practising social workers) based on an empirical assessment. Once the approach had been implemented and evaluated its wider application could be considered. This study provided the basic information on which the development would rest. It could also constitute a conceptual framework which could be tested in other geographic areas and communities. The next step in the developmental process would be to consider the issues raised here on a countrywide basis. While implementation on a local level is considered valid, the theoretical, practice and social policy implications favour a national approach.

It was also not possible in this study to make contact with self-help groups and assess their views on the subject. Thomas (1987), the author of the research model used, commented in the Encyclopedia of Social Work that it was unusual for any particular developmental effort to complete the entire developmental process. More usually, it would be restricted to one particular aspect of the process or to several related phases. This study conformed to Thomas's description of the usual. It focused on social workers as the main sources of information, and confined itself to the first two phases of the model without proceeding into the areas of technological realization, evaluation, diffusion and adoption.

PRESENTATION OF THE STUDY

Chapter 1 introduces the study. It provides a rationale for an interest in the self-help/mutual aid movement and its relationship with social workers in the social service delivery system, and for the use of Thomas's (1978a, 1978b, 1981, 1985a, 1985b) developmental research model. It contextualises the topic in a South African setting and deals with issues which impinge on the subject.

The Literature Review which comprises Chapter 2 is divided into three sections. The first considers the historical development, nature and characteristics of self-help groups. The second deals with similar concerns in relation to social work. The third section explores the relationship between formal and informal helping systems. The first two sections were viewed as essential for understanding the basic characteristics of the two systems and as the underlying knowledge base for the investigation into the existence of the self-help phenomenon in South Africa. The third section was more directly related to the feasibility study and the Development Phase of the project and was used in the design of the data collection instruments.

Chapter 3 focuses on the methodology used. The various research activities are discussed within the framework of Thomas's developmental research model. The project focused on the first two phases of the model, namely Analysis and Development. The first seven operational steps were undertaken and are described here.

The findings have been divided into two chapters. In Chapter 4 the results of what Thomas (1981) called a "state-of-the-art review" (p. 597) are presented. The presentation and discussion are different from the way in which results are usually presented in the social sciences. They are more closely allied to an historical analysis than to the presentation of empirical findings. This was necessary as the purpose of this part of the research effort is to establish an understanding of what exists as an essential preparatory step to the development of new technology. According to Stuart (1981) historical research may be used to explain the past, aid in understanding the present and suggest something of the future. It was therefore entirely appropriate that part of the analysis of existing conditions included a study of historical evidence. This chapter establishes the existence of self-help/mutual aid in South Africa, explains its nature, development and relevance.

Chapter 5 deals with the information collected from social workers in Durban. It describes two research endeavours. The first was an enquiry into social workers' current usage of self-help groups. Data were collected through a questionnaire distributed to all employed, qualified social workers in Durban whose work was social work related. In terms of Thomas's developmental research model this was the third operational step - the feasibility study. The second research effort described in this chapter, was the gathering and evaluation of information through a personal interview with a self-selected group of social workers. In Thomas's (1981) terms this was the first step of the Development Phase.

The final chapter considers the conclusions reached and their implications for theory, policy and practice. This is in accordance with the goal of this operational step, namely, the translation of research findings into principles of action.

Notes

1. Although it has been suggested that "mutual-help," "mutual-aid" or "mutual-support" groups may be more accurate descriptions than "self-help" groups, (Silverman, 1980), all these terms have been widely used in the literature and are used synonymously in this study.

CHAPTER 2

LITERATURE REVIEW

Drawing on the ecological perspective which focuses attention on the total situation, this review of the literature describes both self-help groups and the profession of social work. Its general purpose was to provide a broad understanding of current thinking and research. At the same time it had two specific goals. Firstly, it placed the investigation of the South African experience into a more general and wider experience. Secondly, it provided a context for a comparative discussion of similarities and differences and possible modes of interaction between professional social workers and self-help groups.

The review has been divided into three sections. In the first the historical development, nature and characteristics of self-help groups is explored. A similar approach was adopted in the second section which deals with social work practice. The final section considers the relationship between formal and informal helping systems. The first two sections provide information about the two systems primarily concerned with the developmental goal. The third is concerned with the interface between these two systems. Literature on the topic of the relationship between professional social workers and self-help groups, the attitudes of professionals to self-help groups and possible roles for professionals in self-help groups has therefore been outlined.

Descriptive literature and empirical studies have been reviewed. A pervading theme emerged in the writings about self-help groups. This was the discrepancy between what is written about these groups in the descriptive literature, and the findings in empirical studies. In the descriptive literature there was generally adherence to the idea of anti-professionalism on the part of groups and tension between professionals and groups. Conversely, in empirical studies there was little support for this antagonism. Thus, on the basis of empirical literature reviewed, the developmental goal of collaboration between social workers and self-help groups was considered feasible.

SECTION 1: SELF-HELP GROUPS

HISTORICAL DEVELOPMENT OF SELF-HELP GROUPS

The English and American historical roots of modern self-help groups have been well documented (Barish, 1971; Froland et al., 1983; Katz & Bender, 1976a, 1976b, 1976a; Withorn, 1980). In England and America the beginnings of mutual aid were linked to the development of co-operative food gathering and the maintenance of group safety in primitive societies. In the middle ages people depended on their family and village networks while the craft guilds provided help for their members. Modernisation stimulated the development of friendly societies, consumer co-operatives, trade unions and immigrant associations. Withorn (1980) noted that self-help did not develop as a "better, more humane, alternative means of support; originally it was the only means of support" (p. 21). At the same time as organized welfare services were developing, mutual aid persisted as a form of help to those in need. Mutual aid had been a long-standing feature of English society, and many groups, societies, associations and clubs existed. Friendly Societies provided specific benefits such as security in sickness, a lump sum payment, funeral benefits and social clubs for members. However, as agitation for greater public responsibility for social needs increased, many of the functions of self-help groups were taken over by statutory services. As the welfare establishment grew, and particularly with the development of the welfare state and social security, self-help changed from its earlier focus on economic provision to a concern with the specific needs of people with a variety of personal problems. Gartner and Riessman (1984) noted that there has been a increase in membership of self-help groups in America as well as an expansion in the range of problems addressed. According to Richardson and Goodman (1983) there have been similar developments in England.

ORIGINS OF SELF-HELP GROUPS

It is difficult to generalise about the origins of specific self-help groups as these may be idiosyncratic. However, several attempts have been made to describe the factors which have affected the initiation of self-help groups generally. It should be noted that there is no clear-cut theory concerning the origin of self-help groups. However

several themes have emerged which are outlined in this review. These include the following issues: dissatisfaction with existing services; negative feelings about professional services; the benefits provided by self-help groups; and socio-environmental changes which have stimulated the development of groups. Finally, Wollert and Barron's (1983) summary of significant variables is presented.

One of the ways in which researchers have attempted to establish the origin of self-help groups was from the groups' own accounts. Robinson & Henry (1977) found that the reasons offered by groups in England were: (a) dissatisfaction with existing services and facilities; (b) the perceived benefits of mutual aid; and (c) the role of the media in publicizing the shared problem. They noted that these themes were weighted differently by the various groups, but that the failure of existing services to provide a satisfactory service was given the most support. This source of dissatisfaction may be placed in a functionalist framework in which the development of new social institutions can be attributed to the failure of existing institutions to meet important needs. Alternatively, services may already be provided but be considered inadequate. Thus the form rather than function became the stimulus (Back & Taylor, 1976; Steinman & Traunstein, 1976; Tracy & Gussow, 1976).

The strong theme of anti-professionalism in the literature may also be linked with dissatisfaction with existing services. There has been extensive support for the motivational force of the anti-professional stance assumed by many groups. Gartner (1976), quoting Margaret Mead, suggested that there was "a revolt of all the people who are being done good to" (p. 22). This, he said, would end the era "of great numbers of professional people who knew best and did good" (p. 22).

Wollert and Barron (1983) related anti-professionalism to personal values which directed potential members toward self-help groups. Other authors have viewed it as an explicit criticism of professionalism and an expression of distrust of professionals (Back & Taylor, 1976; Gartner & Riessman, 1977). The source of this negative view of professionals may lie in what Riessman (1982) called "the self-help ethos" (p. 42) characterized by informality, populism (evidenced in the anti-expert

tension), and help as a provision rather than a commodity. An alternative explanation, proposed by Emrick, Lassen and Edwards (1977) in their review of research, was that there were too few professionals to meet the demands for service or that they have not always used the most efficient and appropriate therapeutic strategies.

The perceived benefits of mutual aid have been recognised by many writers in the field. It has been suggested that the value of self-help may derive from a search for a "community" of ideas and feelings; the need to meet individual requirements for affiliation and active participation; or in response to feelings of alienation (Mowrer, 1964; Tyler, 1976; Vattano, 1972). Groups offered the individual the opportunity to satisfy a need for support. At the same time self-esteem may be raised through acquiring knowledge and a sense of control (Schwartz, 1975).

Awareness of a shared problem and of attempts being made to deal with the problem was obviously important in understanding the growth of specific groups as well as the proliferation of self-help groups generally. Publicity may be provided through the public media, and in publications devoted specifically to the promotion of the self-help movement. Examples of the latter included *Self-help Reporter* published as a newsletter of the National Self-help Clearinghouse, New York, newsletters distributed by individual self-help groups, and various directories of self-help mutual aid groups.

Caplan (1974) suggested that the development of specific types of self-help groups derived from the following socio-environmental changes :

1. Technological advances in medical care which prolonged life; increased the number of people living (thus increasing the number of people requiring assistance with social, psychological and emotional problems); and improved the physical functioning of the chronically ill. Simultaneous with these advances were discrimination in the employment opportunities available, and social isolation. In order to deal with these issues, people banded together in groups to support one another and learn new skills.

2. The rising level of citizen education and democratic consciousness reflected in the development of consciousness-raising and advocacy groups.
3. Legal reforms (for example, the divorce laws) have facilitated rapid changes in personal status. The consequent need to learn new roles and role-appropriate behaviours was another motivational source for the development of groups.
4. This century has seen a number of historical and natural disasters such as the Nazi holocaust, hijacking, displacement of large groups of people, and famine. Frequently the usual social welfare support systems have failed to function in such situations and self-help groups have responded.

Wollert and Barron (1983, pp. 105-108) presented a comprehensive summary of variables considered significant by themselves and other researchers. Despite their focus on the American context their summary covered a broad range of factors considered generally conducive to the development of self-help groups. This summary can be utilised as an indicator of conditions which could predict the formation of groups in other contexts.

These authors noted that multiple factors operating at several levels must be considered, and suggested four main source variables which are presented in Table 2.1.

Table 2.1

Factors Conducive to the Development of Self-help Groups
(Wollert & Barron, 1983)

FACTORS	CHARACTERISTICS
System or context which supports creation of self-help groups	Reduced capacity of traditional support sources Weak governmental support for formal, comprehensive health and welfare services Inability of public and private sectors to provide effective service Opportunity for freedom of speech and assembly Sufficient standard of living to move beyond material needs
Values and beliefs which direct potential members to self-help groups	Traditional values which include a belief in self-reliance rather than professional or formal help Emergent values which emphasize consumer participation Broadened range of concerns identified as issues or problems
Expected benefits of joining self-help groups which motivate prospective members	Material benefits Information and guidance in overcoming social isolation Building an accepting social network
Reinforcing developments	Members' perception of their self-help experience as important and effective Experience and confidence gained through participation Resources being available for group development Community acceptance and awareness of the self-help approach as legitimate Governmental support for the development and utilization of self-help groups.

THE NATURE AND CHARACTERISTICS OF SELF-HELP GROUPS

The term "self-help" has been widely and loosely used and has had different interpretations in different countries (Pancoast, Parker, & Froland, 1983). In their studies of self-help groups, authors such as Levy (1979) and Steinman and Traunstein (1976) have specified essential criteria, the absence of which would exclude the group from classification as a mutual aid self-help group. However, while this exclusion was appropriate in operationalizing characteristics for the direct study of self-help groups, this review of the literature on the nature and characteristics of self-help groups was concerned with more general parameters. This allowed a wider focus on the use made of groups and their place in the broad context of welfare service provision.

It has been suggested that definitions tend to impose artificial limits and may be self-fulfilling (Robinson & Henry, 1977). Furthermore, the mutual aid self-help movement is not a unitary form, but as Katz (1981) observed, "self-help organizations embody an extraordinary variety of types, purposes, structural and ideological features, tap a wide variety of motives, and appeal to a vast range of numbers" (p. 135). Katz and Bender (1976b) developed a descriptive definition which attempted to include this wide variety. It has had substantial support from other writers and was quoted extensively in the literature. The definition has been quoted here in full as it provided a base from which to launch a discussion of the nature of self-help groups.

Self-help groups are voluntary, small group structures for mutual aid and the accomplishment of a special purpose. They are usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disrupting problem, and bringing about desired social and/or personal change. The initiators and members of such groups perceive that their needs are not, or cannot be, met by or through existing institutions. Self-help groups emphasize face-to-face social interactions and the assumption of personal responsibility by members. They often provide material assistance, as well as emotional support; they are frequently "cause"-oriented, and promulgate an ideology or values through which members may attain an enhanced sense of personal identity. (p. 9)

Killilea (1976) reviewed interpretations of mutual help organizations in the literature. She described groups in terms of global perspectives and also listed seven characteristics of groups:

1. The common experience of members
2. Mutual help and support
3. The "helper principle" (Riessman, 1965)
4. Differential association

5. Collective willpower and belief
6. The importance of information
7. Constructive action towards shared goals

These characteristics have been utilised as a framework for organizing the literature reviewed. This organizational structure allowed for a discussion of the nature of self-help groups, the purpose being to describe rather than to define or categorize. Although a variety of terminology and conceptual schema were used by other authors, these characteristics encompassed most of the descriptive topics suggested. Individual comments have been fitted into Killilea's structure with recognition given to the terms used and the theoretical frame of reference. There has been a varying emphasis on the importance of different characteristics and not all writers in the field necessarily subscribe to all those listed. The order in which these characteristics were discussed was derived from the number of authors supporting each one. Each characteristic and the authors who endorsed it have been listed in Appendix A.

The Common Experience of Members

In the literature reviewed there was widespread acceptance of the belief that the sharing of a common problem, condition, situation or experience was an important characteristic of mutual aid self-help groups. It was mentioned by 44 of the authors listed in Appendix A. Biklen (1983) saw this as the *raison d'être* for the establishment of such groups.

There were, however, some who had reservations about this. Richardson(1983) claimed that by describing self-help groups as small, spontaneously formed, of wholly like-minded people who participated fully in the group's activities, researchers were unnecessarily excluding a large portion of groups who saw themselves as providing mutual help and were seen in this light by others, but did

not have all these characteristics. She suggested that groups could include those who did not have any personal involvement in the problem but were sympathetic to the cause or issue. Baker(1977) while acknowledging the characteristic, noted that the common experience may not be directly related to the individual, but may affect a relative. Steinman and Traunstein(1976), however, in specifying the criteria for defining what they called "self-help organizations", decided that at least half of the members had to share a condition defined as problematic or stigmatizing by the larger community.

Borkman(1976, 1984) described the knowledge gained from personal experience as experiential. She contrasted this with: (a) the knowledge acquired by experts through reasoning, observation or reflection on the information of others, and (b) folk or lay information which referred to ideas handed down from generation to generation or adopted from various scientific or journalistic sources by the lay public. The concrete, specific and commonsensical nature of experiential knowledge based on the experiences of group members was proposed as the factor which distinguished self-help groups from other human service organizations or informal helping systems. Researchers in England confirmed that clients assumed that only those who had a similar experience could possibly comprehend what it was like (Mayer & Timms, 1970).

The shared situation was seen as the pivot for the development of trusting relationships characterized by tolerance, acceptance, high levels of self-disclosure and sharing within the group (Lavoie,1981). Silverman and Murrow (1976)reported on a study of members of the La Leche League in which the total sample commented on their feelings of acceptance by the group.

Rodolfa and Hungerford (1982) noted that it was the commonality of members' experiences which facilitated behavioural changes and the development of coping capacities. Members who had "succeeded" became role models, sources of hope and helping resources for others in the group (Borkman, 1976).

The conclusion drawn from this review was that shared experience must be seen as a primary characteristic of mutual aid groups. It was found to be relevant to the membership of the group, its functioning and process.

Mutual help and support

This was the second most widely accepted characteristic and was referred to by 38 of the authors listed in Appendix A. In clarifying the use of the term it was found to include:

1. Emotional and material help (Biklen, 1983; Katz & Bender, 1976b)
2. Fellowship, crisis assistance and mutual aid (Powell, 1975)
3. Support, encouragement and information (Silverman & Murrow, 1976)
4. Mutual sharing, advice-giving, and the pooling of group resources and information (Withorn, 1980).

Baker (1977) viewed mutuality as a "normative expectation and major reason for the existence of the group" (p. 143). This was a characteristic frequently used by groups to define their objectives (Hatfield, 1981; Robinson & Henry, 1977). Richardson (1983) in her study of self-help groups in England reported that a number of respondents had not felt able to provide mutual aid to other group members because they were too involved in coping with their own problems. However, they felt that they were able to offer "mutual emotional support" (p. 21).

Using Borkman's (1976) experiential knowledge concept referred to above, the unique nature of the support based on their common experience which group members offered to each other, could be seen. The development of experiential knowledge which was the basis of such support took place within self-help groups through a process of validation of members' experience by those who had similar experiences. Just as the common experience was seen as an active ingredient in the process of the groups, so the mutual help and support offered to each other by members as a commitment and responsibility created an interdependent fellowship network (Borman, 1975, 1979).

Mutual help and support was not, however, a unique characteristic of self-help/mutual aid groups. Schwartz (1975) pointed out that membership of groups (not only self-help groups) generally helped to satisfy psychosocial needs for support, self esteem, knowledge, group identification and social interaction. It has also been referred to in the discussion dealing with the differences and similarities between informal and formal helping services.

Constructive Action towards Shared Goals

This was the third most frequently supported descriptive feature (endorsed by 28 of the authors reviewed). It concerned the idea that groups are action oriented and that members achieved their common purpose through active participation.

As mentioned in each of the previous categories, purpose and process are both served through active involvement. Katz (1965) referred to it as a way of "overcoming isolation, defeatism and passivity and bringing about constructive personal, interpersonal and group change" (p. 71). Participation has also been described as empowering (Riessman, 1976, 1985; Gartner & Riessman, 1977); consciousness-raising (Biklen, 1983) and promoting individual responsibility in actively coping (Rodolfa & Hungerford, 1982).

Activities may be directed towards the individual, the group, the community and/or social institutions. For the individual, these could include behaviour change, the exchange of information and shared experiences. Group-directed activities included recruiting members and organizing group meetings.

Advocacy was an important aspect of activities directed towards community or social change, and had wide acceptance in the literature (Dumont, 1974; Durman, 1976; Hatfield, 1981; Richardson, 1983; Riessman, 1976, 1985; Romeder, 1981; Shearer, 1981). It was linked with the nature of the condition or experience of the members which caused the group to be formed in the first place. Steinman and

Traunstein (1976) emphasized the issue of a shared condition which was socially defined as stigmatizing and the involvement of group members in achieving changed social attitudes.

Schensul and Schensul (1982) argued strongly against the idea that mutual-aid support groups and social advocacy groups should all be classified into a single "self-help" movement on the grounds that self-help groups focus their responsibility for change on the individual within the supportive group system. Social advocacy groups in contrast, try to pressure the wider political and social system into changing. This argument placed limits on the range and scope of many of the activities in which self-help groups were involved, and demanded an either/or stance. Instead, there needs to be an acknowledgement of the view that individual activities may emphasise adaptation to social norms or adaptive rehabilitative coping, and that neither of these activities has to be mutually exclusive of more radical social change strategies. The adjustment of the individual may be seen as a short term goal, with the change of social institutions or public attitudes being a long-term aim. Furthermore, adaptive co-operative strategies such as negotiation and conciliation may be combined with the more active approaches of confrontation and advocacy (Cohen, 1982).

In order to ensure that self-help groups remained functional and purposeful in the long term, Sidel and Sidel (1976) prescribed that : (a) their activities be community directed, (b) an awareness of structural as well as individual problem aetiology be developed, and (c) groups join together to produce change in society.

Collective Willpower and Belief

This characteristic referred to the tendency of the members of self-help groups to look to others in the group for validation of their feelings and attitudes. It became a powerful process through which members utilised their experiential knowledge to provide a sense of committedness, conviction, validity and authority (Borkman, 1976). By citing examples of positive experiences they personified those examples (Killilea, 1976).

This did not mean that there must be total congruence in individual belief systems. However, a sense of community and belonging was engendered by being part of a group. This may be particularly true when the group was to a greater or lesser extent "different" from the wider society. The identification with specific issues may, (and this may be a conscious activity in some groups), have shaped a common belief system among members.

Processes in small groups are comparable, whatever the nature of the group (Toseland & Rivas, 1984). In a review of empirical research on behaviour change in therapeutic groups, Bednar and Kaul (1978) pointed to the dependence of psychological growth on social learning processes such as "interpersonal feedback and consensual validation" (p. 770). Bandura (1977) referred to self-efficacy (the expectation that the required behaviour could be successfully performed) as a pre-requisite to goal achievement. Collective willpower and belief become the mechanisms through which the group is empowered to provide a sense of self-efficacy for individual members.

This characteristic affected individual group members and the group as a whole, for it enhanced a feeling of community and commitment to a cause. Barish (1971) referred to this as "missionary zeal" (p. 1167) and viewed it as both a characteristic and operational technique. Biklen (1983) noted that the main similarity between political change and personal change self-help groups is their affirmation of group identity. Members of outwardly directed groups through developing and expressing their belief in, and acceptance of, group values may also achieve personal change.

Differential Association

According to Killilea (1976) this term was based on Sutherland's theory of differential association and general symbolic interactionist theory. It referred to the re-inforcement of self concepts of normality which served to assist individuals' separation from their previous deviant identities. Cressey (1965) described the principles for changing behaviour by changing the group context. The application of

these principles was suggested as a way of encouraging criminals to develop law-abiding values and norms through experiencing membership of groups which subscribed to these acceptable values. Despite the poor results of rehabilitation programmes with criminals, the idea was applied to the functioning of members of a weight-loss group, and it was found that members' interaction within the group continually reinforced their sense of a "normal" identity (Killilea, 1976). It also reinforced feelings of competence and self respect (Sidel & Sidel, 1976).

Various authors have considered the mechanisms which may explain the principle. Ablon (1981) suggested that group members learn to perceive fellow-sufferers objectively, leading to a cognitive restructuring of their own self-image. Rodolfa and Hungerford (1982) described the process in social psychological terms. Group membership provided the opportunity to identify with a new reference group which offered firstly, a different purpose and opportunity and secondly, the acquisition of new and adaptive thought and behaviour patterns. According to Douglas (1983) reference groups provided a sense of normality which conformed to the standards and values of the group. This process was facilitated by the shared experience of members which created a common reference and willingness to accept and be accepted.

Powell (1975) also accepted the notion of self-help groups as supportive reference communities. He mentioned the feelings of alienation, isolation and separation from family and friends which could be overcome through affiliation with others in the same situation. Musgrove (1977) commented from the point of view of socialization theory on the extent to which maintaining a previous identity, or finding a new one, was dependent on the "support and perhaps the collusion of 'significant others' in one's immediate, contemporary world" (p. 18).

In the context of this study, and its focus on the relationship between professional social workers and self-help groups, it was of interest to consider the nature of the labels of deviance. The burden of being defined as "deviant" has been comprehensively discussed by Goffman (1968). Social work, with its dual commitment to individual adjustment to society, and reform and change in society, may be influenced in its view of clients by prevailing social stereotypes of

stigmatizing conditions. Steinman and Traunstein (1976) suggested that clients, in order to receive services, had to accept the deviant label applied to them by human service professionals, and that the main thrust of the self-help movement was therefore to redefine deviance by acting autonomously in diagnosing and treating the condition. In a study of 48 urban and 19 rural self-help organizations, Steinman and Traunstein (1976) found that in both geographic areas, the self-help organizations redefined their members' problematic condition, thus relieving them of the deviant label. Spiegel (1982) on the other hand, saw self-help groups emerging after the common problem or stigma had been "detoxified" (p. 103). Trice and Roman (1970), described the successful process carried out by Alcoholics Anonymous as one of "delabeling and relabeling" (p. 538) in which a stigmatized label was replaced by a socially acceptable one. This was achieved through the efforts of mutual aid organizations which encouraged members to return to norms accepted by the community and created a more socially acceptable stereotype.

There did appear to be consensus in the literature on the idea that at the very least, self-help groups provided an accepting community whose members shared an attribute which differed in some way from the norm in the outside world.

The "Helper" Principle

In an article entitled *The "Helper" Therapy Principle*, Riessman (1965) suggested that the helper may derive the greatest benefit from the helping experience. Benefits may be a result of an improved self-image based on helping another (Brager, 1965); greater commitment to an argument through advocating it (King & Janis, 1956); and according to Pearl, identification with and commitment to an objective through involvement in it (cited in Riessman, 1965).

It has been suggested that a variety of benefits accrue to the helper. These include: (a) an increased level of interpersonal competence, (b) a sense of equality, (c) direct personal learning, (d) social approval, (e) decreased dependency of the helper, (f) the opportunity to view his or her problem at a distance, (g) a feeling of social usefulness, and (h) the development of personal strength (Gartner & Riessman, 1977; Skovholt, 1974).

Riessman (1982) in discussing "the self-help ethos" (p. 42) identified its most important dimension in terms of the nature of the help provided. It was not a commodity to be bought or sold. Instead, it derived from the need people have to show their concern and be involved in giving to and caring for others.

The work of humanist/existentialists such as Mullan and Sanguiliano and Rogers has been cited in noting that professional therapists may also gain personal strength from helping others (Emrick, Lassen & Edwards, 1977). Gartner and Riessman (1977) quoted Kelly's experimental study in which the degree of involvement of students in face-to-face helping relationships, correlated positively with a positive change in self-concept. Caplan (1976) applied the principle and its benefits to members of natural as well as formed groups.

Benefits have also been linked with the concept of altruism. Borman (1982) referred to the altruistic experience involved in giving help, support or guidance to others. According to Maguire (1981) the helper felt better as a result of this altruistic experience.

The principle was derived from role theory which suggested that a person playing a role was likely to meet the expectations and requirements of that role. By assuming coping skills, attitudes and behaviours in relation to a particular problem, the individual actually acquired them. According to Weiss (1976) the helper could benefit not only through assuming a therapeutic role, but also through contributing to an organization in administrative or planning roles.

Riessman (1965) noted that although much of the evidence for the principle was anecdotal, there was some empirical evidence in the work of King and Janis (1956) and Volkman and Cressey (1963). Gartner and Riessman (1977) cited further evidence in the work of Frederickson, Fremouw and Harmatz, and Rabinowitz and Zimmerlin. Studies of specific mutual-aid groups have identified the helper therapy principle as a factor in explaining the positive changes in active members of groups compared with less actively involved members (Trainor, 1982; Videka-Sherman, 1982).

Trainor (1982) examined the application of the principle in a self-help group for ostomy patients. Her findings indicated that there was a significant relationship between acceptance of the condition and functioning as a helper by visiting others with a similar problem. In Videka-Sherman's (1982) study of the effects of participation in a self-help group for bereaved parents, she identified "altruism" and the activity of helping other group members as an important component of personal change and growth. A study of self-help groups in England, found that members joined in part because they wanted to help others. They reported that this had been a principal benefit of participation (Richardson, 1983).

In summing up the evidence for the strength and application of the principle, Riessman (1965) suggested that social workers should consider the possibilities of and use to which such role reversal could be put in transforming "recipients of help" into "dispensers of help" (p. 28). As Sidel and Sidel (1976) pointed out, opportunities for helping tended to be limited in modern, structured and bureaucratized society. Self-help groups, in offering the possibility of being helper and helped, become an important source of satisfaction for participants.

Importance of Information

According to Gambrill (1983), giving information was frequently an essential component of dealing with problems constructively, and insight could be viewed, in part, as information. In the context of self-help, information may be directed at increased intrapsychic understanding or insight (Barish, 1971). If the information-giving aspect of self-help groups was aimed at developing an understanding of participants' behaviour and how it affected and was affected by others, it might be a beginning step towards acting or feeling differently. The sharing of personal insights in self-help groups offered other group members an opportunity to evaluate and compare their own functioning and to learn from each others's experiences and understanding. Powell (1975) noted that groups provided information which was relevant to reinforcing a new healthier and more normal self concept. This, in turn, linked information giving with the provision of a new identity through differential association.

Another goal of information-giving was to increase the factual understanding of the problem both by members of the general public (Barish, 1971) and group members (Robinson & Henry, 1977). The provision of information was the first aspect of coping with the practicalities of a problem and included information on "techniques, procedures and members' rights" (Robinson & Henry, 1977, p. 82). The information provided might concern specific aspects learned through experience which then provides concrete direction for group members. In a case study of members of the La Leche League, there was unanimous agreement that the information obtained through the group was an essential aspect of their successful breast feeding experience and this information was not available from other sources (Silverman & Murrow, 1976). This focus on information needing to be provided by self-help groups, as it was either not available from the formal care system, or not provided by that system, was mentioned by authors in relation to various problem situations. These included alcoholism (Bailey, 1965); situations of loss transition (Gottlieb, 1982); former schizophrenia patients and their relatives (Hatfield, 1981); and groups aimed at repairing the mental health of members (Politser & Pattison, 1976).

Information giving may be part of the total group process or the main purpose of the group. Robinson and Henry (1977) cited a group formed in England for people with urinary infections. The group had neither members nor meetings but dealt with queries about infection by referring the questioner to recommended literature on the topic.

This section of the literature review has focused on developmental and descriptive aspects of the literature on self-help groups. An attempt was made to integrate as much detailed information, both discursive and empirically based, as possible into the framework of typical characteristics of self-help groups proposed by Killilea (1976). Each category was considered separately although the overlap between categories was noted. It must be emphasized that the intention of this descriptive

approach was intended to provide the reader with a general understanding of the self-help phenomenon as a foundation for the empirical study carried out. It was further aimed at ensuring that a broad and inclusive picture, rather than limited and exclusive definitions, was provided.

In using Killilea's (1976) framework it has been possible to include most of the characteristics of self-help groups mentioned by writers on the topic. Killilea does not, however, discuss the issues of populism and anti-professionalism mentioned by a number of authors on self-help groups as both characteristic and developmental factors. These aspects have been discussed in relation to the origin of self-help groups.

SECTION 2: SOCIAL WORK PRACTICE

SOCIAL WORK IN HISTORICAL CONTEXT

The current role and functions of the social work profession derive from historical and theoretical developments which influenced its position in the structure of the welfare institution. Its origins lie in the 19th century Charity Organization Societies and Settlement House movements in England and America. ✓

Social welfare policies and services providing for the care of the poor or handicapped have existed in different forms for centuries. Initially, those in need were looked after by the family, kin, caste, tribe or clan. The wealthier, and those in high positions were expected to bear the larger share of care needed for the destitute. Up to the 16th century, four sources of organized help were available: the church, monasteries, craft guilds and private foundations. The Elizabethan Poor Laws, promulgated in England in 1601, established a comprehensive social welfare system and influenced similar laws in the United States and South Africa. By the second half of the 19th century there was an increasing dissatisfaction with the

operation of the Poor Laws. Some of this feeling was expressed in a rise in philanthropic activity. A number of organizations and voluntary societies were established, and it appeared to many that charity, properly organized, was a more acceptable solution than reform of the social system.

The Charity Organization movement began in 1869 to try to co-ordinate charitable organizations in London and to establish some general principles to guide their work. Although many of the principles had developed prior to 1869, their aim was to codify these techniques and "transmit them from one worker to another . . . [thus laying] . . . the foundation for a profession of social work with its own discipline and its own code of ethics" (Woodroffe, 1962, p. 47)

Both the social casework method, with its focus on the needs of the individual, and the community organization method, which located the problem in society and emphasized reform and social action, developed from the Charity Organization movement. As a product of this mid-Victorian world where poverty implied moral degradation and hence a danger to the stability of the social system, social work had a dual function. It was to suppress discontent, thus discouraging social revolution, and to "cure" individuals of the ills of pauperism and degradation. It was suggested that the mutual aid tradition of the family which had assured survival prior to industrialisation be utilised as the means for achieving these goals (Woodroffe, 1962).

The origins of social group work are also to be found in this period. Its roots can be traced to the Settlement movement which linked socially concerned people from the upper and middle classes with the working class. The Settlement idea was transferred from England to America and the concept was broadened to include all aspects of neighbourhood and community welfare, social reform, better service provision and remedial legislation. Groups were viewed as a powerful tool for compensating for the isolation and loss of individual control which resulted from industrialisation and urbanisation.

Alissi (1982) discussed the early activist roles of social group workers and their commitment to the principles of citizen involvement, democratic participation and association, and cultural pluralism. The small voluntary social group was described as "the natural vehicle through which the welfare of both the individual and society could be simultaneously enhanced" (Alissi, 1982, p. 9).

Although the Charity Organization Society and Settlements began in England, their metamorphosis into modern social work took place mainly in the United States. Methodology was channelled into three parts: (a) service to individuals and families (described in 1917 by Mary Richmond in *Social Diagnosis*) and known as social casework; (b) service to groups (with its own theory described by Grace Coyle in her 1930 publication *Social Process in Organized Groups*) and known as social groupwork; and (c) community organisation which was initially concerned with the co-ordination of services.

There is some discrepancy of opinion concerning the focus of early social work activities. Woodroffe (1962), for example, described a duality of focus which "prompted social workers to think not only in terms of adjusting the individual to his environment, but of mobilizing the community's resources to ensure the well-being of all citizens" (p. 205). Lee and Swenson (1986) referred to a differing emphasis between the Settlement movement and the Charity Organization Society. The former concentrated on reform and mutual aid, while the latter saw the individual as responsible for his or her problems. This divergence of focus has remained a long-standing area of concern in the practice of social work.

Historically, many men and women employed by charitable institutions in America and in England in the 1890's, regarded their work as a profession, comparing it with the traditionally accepted professions of law, medicine and theology (Woodroffe, 1962). In 1915, Abraham Flexner addressed the National Conference of Charities and Correction on the question *Is Social Work a Profession?* and concluded that

social work did not meet the criteria, particularly the need for a systematic body of knowledge and theory which could be taught to aspiring professionals. This conclusion was reached despite the fact that training through lectures and practical work had begun in England in 1890 and that by 1915 a number of schools of social work existed in America as well as an association of schools of social work and of social workers. Developments in social work in America, following Flexner's rejection of its claims to be a profession, were aimed at achieving this desired recognition. Humphreys and Dinerman (1984) noted that professional status and social recognition were not considered possible while social workers were "stigmatized as the 'servers' of the poor" (p. 184). There was a reduction of interest in social reform and increasing interest in counseling and working with people with a higher social standing. Thus the movement of social work towards achieving full professional status had an impact on the nature of its activities and particularly the split between helping the individual and changing social structures. As Lubove (1965) observed: "Professionalization - the machinery of altruism - has adapted far more successfully to a limited individual and group service process than to the distinctive social work functions of liaison and resource mobilization" (p. 221).

The issue of professional status remains a contentious one. Anderson and Martin, (1982) noted that professionalism was often viewed as an essential aspect of effective service delivery. Webb (1984) on the other hand, warned that although the need for professionalization has generally been taken for granted in social work, it may not be a benign or beneficial process. This view was supported by Brown (cited by Hopp & Pinderhughes, 1987) who saw professionalism as a cause of the separation and distancing of social workers from their clients.

Professionalization of social work services was not the only area of concern in considering effective service delivery. It has also been claimed that the bureaucratic structure of social service organizations was detrimental. Most social work services are available within an organizational context and social work has been referred to as "the first profession born within a bureaucratic mold" (Steinman and Traunstein,

1976, p. 349). This, despite claims that a bureaucracy imposes excessive rules and procedures and overemphasizes hierarchical authority and control, all of which inhibit effective service delivery (Anderson & Martin, 1982; Green, 1966; Wasserman, 1971). Other authors (Blau & Scott, 1962; Finch, 1976; Toren, 1969) suggested that many professional and bureaucratic principles actually overlap. Anderson and Martin's (1982) multi-dimensional study reported a complex relationship between bureaucracy and professionalism in the social services.

In view of the anti-professionalism described by some authors in tracing the origins of self-help groups it was obviously relevant to consider both bureaucracy and professionalism in an investigation such as this. The comments made here serve as an introduction to the later discussion, comparing service provision by formal and informal helping systems.

NATURE AND CHARACTERISTICS OF SOCIAL WORK PRACTICE

The purpose of social work relates to the need "to promote or restore mutually beneficial interaction between individuals and society in order to improve the quality of life for everyone" (Minahan, 1981, p. 6). Practice has been affected by developments in knowledge in the social and biological sciences which have increasingly drawn attention to the important role of social, economic and environmental factors and the need to view the individual in the total context of functioning (Sanders, Kurren & Fischer, 1982).

Historically, social work practice has tended to be method specific. This has exacerbated the split between the dual focus of concern with helping the individual and changing social structures. The early disease metaphor adopted by the Charity Organisation Society was reflected in the tendency towards interpreting dysfunction as a consequence of individual pathology. However, by the time Mary Richmond published *What is Social Casework?* in 1922, she had accepted the importance of the concept of environment, and was concerned with the interaction between person

and environment, although in a somewhat limited form, in that she retained the medical/disease model and relegated environmental work to the status of "indirect treatment" (Germain, 1983; Grinnell, Kyte & Bostwick, 1981). In contrast, the settlement movement (from which social group work developed) was less inclined to deal with poverty as a purely individual phenomenon and tried to use the power of the group to achieve both individual and socio-economic change.

In 1929, the American Association of Social Workers summarized the findings of the four Milford Conferences on the nature of casework. They included service and material provision and referrals to community resources, and reinforced a scientific orientation and the medical metaphor. The idea of personal defect was replaced by that of maladjustment, but the focus remained one of personal change (Morales & Sheafor, 1983).

Social work has, since its early days, been concerned with developing a scientific base for practice, and has consequently been very responsive to theoretical developments in the behavioural and social sciences. Psychoanalytic ideas had a dramatic effect on social casework and were enthusiastically described by Virginia Robinson who noted that with the use of Freudian concepts, "environmental pressures and obstacles became less and less significant and important" (quoted by Germain, 1983, p. 34). Robinson (1930) also supported the split between the treatment and reform approaches. While acknowledging that social reform was necessary, she did not see it as part of social casework which offered individual therapy rather than a concern with social welfare.

During the 1930's major differences in approach centred on the diagnostic versus the functional schools of social casework. The former emphasized client need established through scientific social study and diagnosis. The latter, in attempting to differentiate casework from therapy, used agency function and simultaneously rejected a focus on individual needs or the scientific method (Germain, 1983). This conflict continued through the next two decades, with the diagnostic school

attempting to develop a system of classification of problems and appropriate treatments in order to substantiate claims to being scientific.

Despite their differences, Whittaker (1983) noted that the leading casework theoreticians (he mentioned Hamilton, 1956; Perlman, 1957; Hollis, 1972) all recognized the importance of environmental helping and the need to view the client as a person-in-situation. Their problem lay in the difficulty of trying to conceptualise the whole person and the whole situation and their lack of adequate theoretical constructs for integrating the two (Grinnell et al, 1981). According to Bartlett (1970), it was the failure to bring together the idea of person and environment that blocked integrative thinking in social work for so long.

The relationship between developing theories and their social context must also be considered. The last two decades have been periods of tremendous, often turbulent, change and increasing social complexity. This was reflected in Bisno's (1984) review of the literature of contemporary social work practice. While it might be argued that these are trends applicable to social work practice in America, the development of the profession in terms of training opportunities and the proliferation of literature in that country, has ensured that the American influence in social work is a powerful and spreading force. Bisno (1984) also referred to trends in the English literature, and saw his analysis reflecting developments in the English speaking world. While many may appear contradictory, they do indicate the variety and scope of social work practice. These are some of the trends he noted (pp. 48-49):

1. A search for unity
2. An increased emphasis on the social and socio-psychological
3. A proliferation of methodologies and techniques and an interest in expanding the repertoire of professional skills
4. The emergence of empirically based practice
5. A broadening of social work roles, for example, broker and advocate
6. Increased interest in practice in non-traditional settings

7. Increased attention to organizational characteristics and interorganizational relationships
8. Intensified interest in social action, community organization and social policy, with an emphasis on social reform
9. The emergence of a clinical social work movement
10. Heightened recognition and appreciation of self-help and volunteer groups, the social worker's relationship with them and a related emphasis on the client as a consumer with various rights.

Part of the search for unity has been seen in an increasing tendency towards an approach which integrates the practice methods (casework, groupwork and community work). This has been variously called a "holistic," "unitary," or "generalist" perspective of social work practice (Bartlett, 1970; Goldstein, 1973; Pincus & Minahan, 1973; Siporin, 1975). It focuses on the commonalities in social work practice and attempts to provide a conceptual framework which encompasses the breadth of practice. Sheafor and Landon (1987), in a review of the development of a generalist perspective, noted that the use of this perspective directs the social worker to assess all aspects of a situation - clients, as well the various internal and external factors affecting them. The object of this wide inclusion of factors for consideration is to increase awareness of greater possibilities for intervention.

The social work profession, as in other professions, has no unified theory of practice. The knowledge base of social work derived from social science and behavioural theories, practical experience and values and ideology (Curnock & Hardiker, 1979). However, as Welch (1987) noted, the majority of approaches to integrated practice take cognizance of the traditional social work emphasis on person-in-situation, and are interactional in nature. Siporin (1975) pointed out that an interactional approach was the most useful and appropriate in encouraging an awareness of the interface between the individual and the environment. There has been an increased utilisation of the concept of interactions between people and systems in the social environment (Baer & Federico, 1978; Bartlett, 1970; Gordon, 1969). Despite the

different emphases and highly diverse areas of operation within the profession, there was an increasing commitment to social work intervention aimed at the interaction of individual and environment, rather than either changing the individual or changing the environment (Compton & Galaway, 1984).

A number of interactional models have emerged, but what appeared to be the most productive at this time was the eco-systems perspective which blended general systems theory and human ecology (Welch, 1987). Systems theory has enabled social workers to specify their domain as the interface between systems and to describe their focus on person-in-situation as a transactional one. Ecology is a science which is concerned with "the study of complex reciprocal and adaptive transactions among organisms and their environments" (Greif & Lynch, 1983, p. 36). Through the combination of systems theory and ecology, concepts are being developed which offer greater understanding of the social environment in which all human beings function, and the opportunity to use multiple practice approaches without being tied to specific models of intervention. The use of this perspective has thus removed the emphasis from methodology to a focus on the entire situational context. Social work's concern then, is with the interface "that is causing the societal institution, agency, family, individual or group disjuncture" (Greif & Lynch, 1983, p. 56) and the unit of attention may be any or all of these.

The eco-systems perspective has also been widely accepted as a tool for mediating the re-integration of the treatment and reform traditions by using a concept of transactions between people and their social environments (for example, Auerswald, 1968; Baer & Federico, 1978; Bronfenbrenner, 1979; Garbarino, 1983; Germain, 1973; Grief & Lynch, 1983; Maluccio, 1981; Meyer, 1979; Siporin, 1975; Whittaker, 1983). As Germain and Gitterman (1987) noted: "In relying on transactional ideas, the ecological perspective suggests that neither the people served nor their environments can be fully understood except in relationship to each other" (p. 493). It should be noted that the eco-systems perspective, while contributing to the development of social work theory, and being the framework most relevant to a

discussion of self-help groups, has not been unanimously accepted as an advance toward the goal of a unified theory. Bisno (1984) for example, in criticizing Germain and Gitterman's (1980) life model of practice, which he equated with the ecological perspective despite its identity as a practice model (Meyer, 1983), commented that it was a useful contribution. However, he did not see it as a major innovation or reconceptualisation.

There are five main areas of practice which are affected by the use of the eco-systems perspective :

1. **Definition of the problem:** Problems are redefined as "problems in living" or as evidence of a poor fit between people and their environments - more specifically, as a consequence of a mismatch between individuals' internal resources or attributes and the external resources of their environmental contexts.
2. **Assessment:** This requires a consideration of all the elements impinging on the situation - a shift from linear thinking about cause and effect to a more multi-dimensional approach focusing on the interface between the person and environment.
3. **Intervention:** Strategies are not determined by the perspective, but by the problem formulation and may be drawn from a variety of practice models depending on whether the target for change is on the personal, family, group or community, or institutional level. The social environmental focus is reflected in the use of concepts such as social support, natural helping networks, community support systems, and the professional use of self-help activities. Siporin (1987) noted that much social work effort is directed towards mediating between people in need and the range of resources available to them. This may include the development of personal resources, helping to correct and improve social resource delivery systems, and the development of new resource systems.

4. **Client - Worker Roles:** Clients are viewed as partners in the helping process and as "resources rather than as carriers of pathology" (Maluccio, 1981, p. 14)
5. **Client - Worker Relationship:** The relationship should be characterised by encouragement of client autonomy, reduction of the authority and power of the worker (Hartman, 1979a), mutuality and reciprocity (Germain, 1979).

This section has outlined the development of the social work profession. The nature of social work practice and the move towards a unitary perspective has been described. An interactional focus and more specifically, the ecosystems perspective, was identified as an approach which facilitated an integration of the profession's historical duality of focus and a more unitary methodological approach and the development of a theoretical base which reflected current issues and concerns.

The specific implications for practice were outlined. The most pertinent consequence for the relationship between social workers and self-help groups was the emphasis placed on the environmental context in which the problem was found. As Whittaker (1983) saw it, the perspective allowed social workers to build "more supportive, helpful, and nurturing environments for clients through environmental helping and increasing their competence in dealing with the environment" (p. 36). The emphasis placed on the interface between systems had particular application to a discussion on self-help groups. It focused attention on self-help groups as an environmental context in which people operate, as well as a system within the larger social welfare system, and thus a natural area of interest for the professional social worker.

SECTION 3: THE RELATIONSHIP BETWEEN FORMAL AND INFORMAL HELPING SYSTEMS

This section introduces the concept of a continuum of care. This continuum ranges from the informal natural helping provided by family, friends or neighbours, which, according to Gourash, (1978) remains the primary reference point for individuals seeking and obtaining help, through to the formal help given by the social welfare

institution. The continuum concept was useful as an analytical tool. However, as Froland (1980) noted, there are "discontinuities" (p. 572) between formal and informal helping and they should not be viewed as a continuous entity .

Self-help organizations, which Caplan (1976) described as created social units, represented the informal helping system. They were seen as rooted in the natural helping forces, but they provided a link between family and friends and the wider community and function as a formalized form of natural helping (Katz and Bender, 1976b).

Helping was considered in the widest sense. The various helping systems, formal, informal and natural helping systems were compared in relation to their organizational structures, sources of power, roles of service providers and roles of participants. Despite their differences they were seen to share a common purpose.

The developmental focus of this study rested on the argument that social workers have a responsibility, defined by their purpose and social mandate, to develop the resources people need for their wellbeing. In order to do this they need to be aware of the full range of helping systems, including self-help groups and mutual-aid networks and their potential role in service delivery. The extension of available resources through integration of informal helping requires knowledge and action. Professional social workers have been identified as having a key role in developing and sustaining the working linkages between the formal and informal systems (Graycar, 1983).

In order to address the prospect of such linkages, possible modes of interaction were explored. Five alternative modes were considered. These were: conflict, competition, cooptation, coexistence, and collaboration (Froland et al., 1981a). ¹ Advantages and disadvantages of each were outlined. On the basis of the literature reviewed, collaboration was viewed as the most productive and effective of these.

Attitudes, based on beliefs, influence the positive or negative quality of the individual's behaviour towards an object (Davidson & Thomson, 1980). The attitudes of social workers were therefore of importance if social workers were to

interact collaboratively with self-help groups. In reviewing the literature on self-help groups, generally negative attitudes were attributed to professional helpers. However, these negative views were not supported in empirical studies which included a survey of professional attitudes. As has been noted, there was a discrepancy between the views of authors writing descriptively on the topic of self-help and those who based their opinions on empirical studies.

The final area of discussion in this section dealing with the interface between the formal and informal helping systems, contemplated possible roles for professionals in self-help groups. These were divided into organizational development services, consultive services, ² ongoing service roles, and clearinghouse services after Wollert and Barron's (1983) framework. The legitimacy of these activities within the parameters of the professional social work role was established through linking them with the objectives of social welfare activity delineated by Teare and McPheeters (1970).

FORMAL AND INFORMAL HELPING

Two major human characteristics underlie the need for help services. The first is a fairly prolonged infancy and childhood which necessitates dependence on others to meet physical, survival and attachment needs. The second is that our personal and social identity is a product both of inborn characteristics and of behaviours, values and attitudes learned through interaction with others. This interactional view is not new, although as Magnusson and Allen (1983) pointed out, it has had "surprisingly little impact until recently on sophisticated theorizing and empirical research" (p. 1). It has been used in developmental research by, among others, Hunt (1981), Lerner (1978), Sameroff (1975), and Ulvund (1980).

Prolonged dependence and the need for human interaction were (and in many instances still are) met by the family, kin, tribe or clan. However, as societies became more complex, industrialized, urbanized and bureaucratic, the family and broader kinship networks gave up many of their former functions, which were

assumed by more formal organizations. The social welfare institution is one aspect of the formal resource system, and is concerned with what C. Wright Mills (1974) identified as "the personal troubles of milieu" and "the public issues of social structure" (p. 31). It constitutes the formalized expression of society's concern "to prevent, alleviate, or contribute to the solution of recognized social problems or to improve the well-being of individuals, groups, or communities" (Pumphrey, 1971, p. 1446).

Historically, the development of the social work profession and the development of the social welfare institution were closely linked. Developing social welfare resources and helping the community to use them was a traditional aspect of the community organization and the community development functions of the social worker. Thus the history of social work (outlined in Section 2 above) was very much the history of formal social welfare services.

Garbarino (1983) distinguished between "created" help and "discovered" help (p. 18). He described formal help as being created by the state, the church or private organizations which established services to meet human needs which would otherwise be unmet. Informal helping was less deliberate and formed part of the social fabric. As Garbarino (1983) pointed out "the task for the professional is typically to discover what exists already" (p. 18). In the social work literature, natural or informal helping was seen primarily in contrast to professional or formal helping except by those practice theorists who saw the group as a mutual aid system (Gelfand, 1972).

It is possible to distinguish between what Lenrow (1978, p. 271) called "long-term social exchange" and "aid to strangers in distress". The former described an exchange which was mutually beneficial over long periods of time, and was characteristic of people in enduring social networks. It involved reciprocal obligations and common purposes. The latter referred to an interaction in which one participant had greater power and used it in the service of what was perceived as the other participant's interest. In this form, there was no prospect of

reciprocation by the person being helped. Miller (1985) considered reciprocity and power as two important aspects of the approach to caregiving. She referred to helping as a social process composed of three elements: giving, receiving, and repaying, and noted that there must be a belief that all three elements are present for participants in the exchange to achieve a sense of well-being. Power was seen as the reverse of reciprocity, with the recipient being totally passive, and, as part of the condition for being helped, believing in the authority of the helper.

The typology of formal organizations developed by Blau and Scott (1962, pp. 45-57) used the dimensions of power and the identity of the beneficiary to distinguish between organizations. This is represented in Table 2.2.

Table 2.2
Typology of Formal Organizations
(Blau & Scott, 1962)

Type of organization	Governed by	Prime beneficiary
Business	Owner	Owner
Commonweal	Voter	Voter
Mutual benefit	Member	Member
Human service	Community	Client

It is clear from this table that in terms of power and benefit, Blau and Scott (1962) considered the prime beneficiaries in human service organizations powerless to influence the policies by which they are served. In contrast, members of self-help groups may both govern and benefit from the services of those organizations. However, this is not necessarily an accurate perception of human service organizations. The development of the welfare rights movement and the acknowledgement in some countries of the patient/client as a consumer, has altered this view (Reeder, 1972; Rehr, 1983).

A number of authors have differentiated between formal and informal helping systems while recognising that the division is not clear-cut and that there is overlap between the systems (Collins & Pancoast, 1976; Froland, 1980, 1982; Froland et al., 1981a, 1981b; Hoch & Hemmens, 1987). These authors included self-help groups and natural helpers in the category of informal helping networks. Powell (1987) however, identified three helping systems on the continuum of care: (a) the formal system in which help is provided by professional helpers; (b) the informal system which refers to self-help/mutual aid groups; and (c) natural or community helping networks represented by family, friends, neighbours and colleagues. In this analysis it was considered important to differentiate between informal and natural helping and the categories defined by Powell (1987) have been used. The focus, however, remained on the formal and informal systems and characteristics of the natural helping system were included only as a basis for comparison.

A variety of criteria has been used to examine the differences between the various helping systems. In combining the criteria suggested by Froland (1980, 1982), and Powell (1987) the work of other writers in the field has been integrated. The categories thus established were:

1. Structure
2. Power
3. Role of the service provider
4. Role of the participant
5. Responsibility
6. The helping relationship
7. The nature of the help
8. Authority
9. Accountability

Structure

The term "structure" refers to the internal differentiation and patterning of relationships by which the organization sets limits and boundaries for performance by allocating responsibilities, control over resources, and related matters (Thompson, 1967). Organizations which have a centralised or hierarchical structure have been described as bureaucratic - a term which Perrow (1979) pointed out has acquired a pejorative connotation. Formal service organizations (whether statutory or private) are frequently bureaucratic structures. However, Hasenfeld (1983) has noted that styles of leadership and authority in human service organizations are more complex and ambiguous than in other organizations. Whatever the reality of the structure in individual organizations, formal services have been viewed as bureaucratically structured and this has been seen as a negative characteristic and a stimulus for the development of self-help groups (Gartner & Riessman, 1977; Traunstein & Steinman, 1973).

The services provided by self-help/mutual aid groups involve the exchange of help among people who share a common problem or predicament. These mutual help exchanges have frequently been "regularized into formal organizations" (Silverman, 1987, p. 171). As Blau and Scott (1962) noted, members control the resources of these organizations and make the policy decisions for them. There is great individual variety, with some groups starting as small informal associations and then formalising their structure into national associations with locally affiliated branches. Others remain small and limit their membership to ensure maximum participation of their members. Groups may also form alliances with established national organizations although such affiliations may lead to some loss of autonomy (Tracy & Gussow, 1976). In comparison, Powell (1987) described natural or community networks as unstructured and having no organizational base. While the latter is true, the "unstructured" label does not take into account the hierarchical structure of such natural groups as the family.

Power

Powell (1987) described power in the helping context as "the ability to help" (p. 120). In the formal system this is based on the technical knowledge and expertise of the professional helper. In the self-help organization it derives from personal experience of the problem and success in coping with it. In the natural system different helpers are selected for different problems, what Warren (1982) called "problem-anchored helping networks" (p. 5). People with social power, such as teachers, doctors and ministers, may be called on while in other circumstances family, friends and neighbours provide help. These helpers derive their power from relationships of mutual trust (Hoch & Hemmens, 1987).

Borkman (1976) noted that professional helpers tend to be more accepting of technical rather than experiential knowledge. Informal and natural helpers, on the other hand, share needs and experiences within their helping networks. These contrasts may be complementary or may create tension with regard to: (a) the status of the professional as the "expert", (b) the definition of problems and suggested solutions such as the need to train non-professional helpers, (c) a supervisory rather than a collaborative relationship between representatives of the two systems, and (d) credibility or acceptance of a member of a formal system in particular communities or cultures. In practice there is frequently an interface between technical and experiential knowledge.

Role of the service provider

Powell (1987) described the helping role of professional helpers in the formal system as an explicit primary activity for which they were paid. The help offered by natural helpers he saw as secondary and indirect. Their primary roles included activities such as teaching, providing health care, religious guidance and so on. At the same time, their helping may be an intrinsic or natural part of their primary role activities. In self-help groups, helping was not members' primary activity in the

sense of being an occupation. Self-help group members were, as in the case of informal helpers, unpaid. However, in Powell's (1987) view the self-help system paralleled the professional system in that its explicit goal was to help those in similar predicaments with direct, specialized personal assistance.

Role of the help seeker

The role of the help seeker was a further category of difference between the helping systems. Powell (1987) considered this in relation to perceived mutuality and self-direction or autonomy. In the professional system clients are seen as beneficiaries of the help offered. This attitude exists despite a popular current emphasis on the client as a partner in the helping process and knowledge of the benefits accruing to the helper in the process of helping (Maluccio, 1981; Riessman, 1965). Autonomy or self-direction in the therapeutic situation implies that those seeking help define their own goals and decide on the means of achieving them. Powell (1987) interpreted this as different from the widely accepted social work value of client self-determination: the difference lying in the emphasis on the selection of means of achieving a goal. This choice tended to be the domain of the professional helper.

Responsibility

Froland (1980) differentiated between the ethical and legal standards for the formal and informal systems' assumption of responsibility. This included the informal system's emphasis on personal autonomy, self-reliance and a spontaneous response to meeting members' needs. In contrast, the formal system depended on a professional assessment of client needs and the responsibility to the client. Dilemmas may arise in collaborating with self-help groups. For example, there may be difficulties in relation to confidentiality when the professional is working with clients as individuals and with the self-help groups of which those clients are members. The responsibility of the third system, natural helping networks, rests on social, familial or legal commitments.

Helping relationships

In the formal helping system the relationship between the helper and the helpee is created to meet a specific need. This also applies to the relationships between members of self-help groups. D'Augelli (1983) pointed out that created relationships provided an opportunity for the development of new helping roles, skills and values.

In natural helping, on the other hand, helping relationships are embedded in ongoing networks which exist for other reasons. These may be, for example, kinship, residential, club or church memberships. Froiland et al. (1981a) saw embedded relationships as long-term relationships which involved a commitment of time, responsibility and concern. They are more likely to be meeting basic needs, are not dependent on agency resources and are sensitive to the needs of the individual.

Nature of help

Similarities and differences have been identified in the nature of the help provided by formal and informal helping systems. Lenrow and Burch (1981) noted that aspects of both long-term social exchange and aid to strangers in distress could be found in both forms of helping. They referred to interdependence between participants in the helping process as the common feature. This implied that in any helping situation both helper and helpee had to contribute something of themselves to the helping process. In Gottlieb's (1982) study of 18 Canadian self-help groups, group members saw little conflict between professional methods of helping and the mutual help method.

Both systems have recognized the importance of support networks and social support for psychological well-being and health status (Ell, 1984; Garbarino, 1983; Schilling et al., 1988). The differences lay in the source and nature of the support. In the case of self-help groups, members provided mutual support for each other based on their shared experiences. In the professional system, social workers have been concerned with enlarging clients' social networks and facilitating relationships within existing personal networks, thus utilising the support services of the natural helping system (Selby, 1956, 1979).

The provision of information was an area of helping common to the formal, informal and natural helping systems. While the formal system was itself considered an important source of information for self-help groups (Silverman, 1987) a number of authors noted that the groups provided specific information about the shared problem or situation which was not available from other sources (Gottlieb, 1982; Hatfield, 1981; Politser & Pattison, 1976; Silverman & Murrow, 1976). Natural helpers such as family and friends were important sources of advice and information about formal or informal services (Froland et al., 1981a).

Authority

Martin Rein (1970) suggested that authority may derive from expertise, bureaucratic position, consumer preference, and professional values. Natural helpers' authority arises from factors such as social position, trust and respect. Social workers are authorized as representatives of state or private organizations, or as professionally mandated private practitioners. The organizations which employ social workers are complex, bureaucratically structured, and difficult to hold accountable to the consumer. Mutual aid groups, conversely, encourage members to perceive themselves as equal in status, to reject bureaucracy and allow consumer representation (Todres, 1982). There is shared authority based on trust in the

motivation of others and group members' collective knowledge is explored for mutual gain (Lewis, 1982). Organizational conflicts such as the bureaucratic process may cause people to identify with one or other system and to feel alienated from the other.

These views seemed to reflect the ideological stance taken by many writers on the subject of self-help groups. In practice, while there may be equal status among members, leadership (as in all small groups) is a critical issue. Hamilton (1981) for example, in her study of self-help groups for parents who abuse their children, found that a primary leader with a strong on-going commitment was essential to the founding and continuity of the group. At the same time, she emphasized the importance of democratic leadership. However, this emphasis should not be seen as unique to self-help groups. Research into group dynamics has established the effect of different leadership styles on the group and a democratic style is known to encourage group decision-making, member choice and group cohesion (Lippitt & White, 1972; Johnson & Johnson, 1975).

Accountability

Part of the formal system of accountability is the bureaucratic system itself. This tends to encourage the provision of services based on objective criteria rather than with "individualization, spontaneity, and passion" (Biklen, 1983, p. 202). According to Blau & Scott (1962) professionals are accountable to their clients whose best interests they are expected to pursue; society at large, which mandates the service; employing agencies; and professional bodies. Self-help groups see themselves as accountable to their members.

Table 2.3 summarises the differences in each of these areas.

Table 2.3
Comparison of the Characteristics of Three Helping Systems

CHARACTERISTIC	HELPING SYSTEM		
	FORMAL - PROFESSIONAL	INFORMAL - SELF-HELP GROUPS	NATURAL - NETWORKS
STRUCTURE	Hierarchy	Organized peer leadership	No organizational base
POWER	Technical knowledge	Experiential knowledge	Social position
ROLE OF SERVICE PROVIDER	Explicit, paid, primary	Explicit, unpaid, secondary	Indirect, unpaid, secondary
ROLE OF PARTICIPANT	Low mutuality and self-direction	High mutuality and self-direction	High mutuality and self-direction
RESPONSIBILITY	Professional assessment responsibility to client	Personal autonomy, self-reliance, spontaneous response	Social, familial or legal
HELPING RELATIONSHIPS	Created	Created	Embedded
NATURE OF HELP	Long-term social exchange, and aid to strangers	Long-term social exchange, and aid to strangers	Long-term social exchange
AUTHORITY	Representative of social institutions	Shared authority based on trust and collective knowledge	Social position, respect
ACCOUNTABILITY	Society, profession and employer	Members	Person being helped

It was obvious that there were differences between these helping systems. Many of these differences reflected the ideological view of self-help groups as "antibureaucratic, antiprofessional, anti-intellectual, and competitive with conventional human service organizations" (Traunstein, 1984, p. 622). However, in comparing the helping systems on the listed criteria, further evidence emerged

which pointed to a discrepancy between the ideology of self-help and findings in empirical studies. Despite their differences, there is much overlap and blurring of boundaries and the self-help movement's activities and services are closely related to those of formal agencies (Lewis, 1982).

THE INTERFACE BETWEEN SELF-HELP GROUPS AND PROFESSIONAL SOCIAL WORKERS : MODES OF INTERACTION

The concept of interface was important in this context as it recognized that professional services and self-help groups were separate but related to each other. It was used by Baker (1977) to refer to the area of contact between one system and another. This interactional perspective is inherent in an eco-systems approach, and places the social worker in a network of potential helping relationships with people, groups and organizations (Whittington, 1983).

Using the structure proposed by Froland et al. (1981a) it was possible to identify five alternative modes of interaction. These interactive modes were used to structure the following review. The opinions and findings of other authors were incorporated into this framework. In discussing these possible interactive modes the impression which emerged was that there was a great deal of rhetoric about the positive nature of self-help and the negative attempts of professionals to usurp the independence of these groups. As has been mentioned above, these comments must be viewed with caution. Contrary to the myths about self-help, many self-help groups were developed by professionals in the mental health field and there was little factual evidence of negative relationships (Gartner & Riessman, 1984; Lieberman & Borman, 1979).

The five alternative modes of interaction proposed by Froland et al. (1981a) were:

1. Conflict
2. Competition
3. Cooptation
4. Coexistence
5. Collaboration

Conflict

Froland et al. (1981a) suggested that conflict resulted when there were discrepancies between public and private assessments of responsibilities and appropriateness of care offered. Jeger, Slotnick and Schure (1982) cited Katz's endorsement of the conflict approach in which he described self-help groups and professionals needing each other as opposites rather than complements, with each achieving "vitality through opposition to the other" (p. 219). This seems to predict an expectation of conflict which according to Spiegel (1982) has rarely been confirmed. In fact, Jeger et al. (1982) themselves have suggested that "conflict-ridden interfaces may be the first step to collaboration in many instances" (p. 220).

Adherents of the conflict mode base their view on the essential nature of self-help/mutual aid which they see as so different from professional help that there can be no possible area of interface. Furthermore, as Withorn (1980) noted, in defining an activity as self-help, one is referring to the activities of people linked in some way with "the problem", not with outside experts or professionals. However, as has been noted, this view does not reflect reality as many similarities and areas of overlap between self-help and professional help have been identified.

Potential areas of conflict between the formal and informal systems include basic differences in what Abrams (1978) referred to as their "cultures". The formal system wants the reliability of formal rules and procedures and the informal the privacy of unspoken rules and spontaneous activity. Professionalism can also be viewed as a strategy of job control which enables the professional to define and take charge of a situation (Whittington, 1983).

Other possible areas of conflict listed by Froland et al. (1981a) were norms of exchange, conceptions of problems and solutions, and beliefs about authority and responsibility. Robinson and Henry (1977) referred to conflict resulting from the movement of many self-help groups towards advocacy and social action. This led to

a questioning of the respective domains of public and private responsibility. This form of conflict was seen in women's health groups which aimed at changing the nature of the conventional health services and led to the undermining of the power of health professionals.

Competition

In some situations "there is a common perception of need but different assessments of the responsibility or the capacity of available alternatives to provide care" (Froland et al., 1981a, p. 27). This results in a competitive mode of interaction.

There was support in the literature for the idea of tension and competition between the formal services and mutual help groups (Silverman, 1982a, 1982b; Spiegel, 1982). It was also suggested that competition was a healthy way to promote innovation or provide alternative options for care (Froland et al., 1981a).

The notion of agencies actively negotiating with other members of the local service delivery network to establish their own domain was used by Austin (1981). Assessment of clients as "desirable" was one of the methods used by agencies to protect their domain, and overlapping claims or a shortage of desirable clients was a source of competition. The idea of formal and informal services competing for clients, or at least, serving the same population, was supported in research carried out at the Policy Studies Institute, London, on behalf of the Department of Health and Social Security. Among the group members studied, two thirds or more had received help simultaneously from other sources such as professional services and informal networks (Richardson, 1983).

A number of studies of the relationship between professionals and self-help groups confirmed a competitive mode of interaction in that both systems directed their services to the same group of clients. Gottlieb (1982) found that 62% of his sample of members of 18 self-help groups in Canada had consulted a professional person in the past for a similar problem, and 29% were currently receiving professional assistance. The findings reported by Borman and Lieberman (1979), citing studies

done with members of groups for child abusers and epileptics, who were also users of professional services, also supported the contention that mutual-aid groups competed with professionals for the same client population. Durman's (1976) view, that people most likely to form and benefit from self-help groups were also most likely to avail themselves of professional services, may explain this competition for clientele.

Traunstein and Steinman's (1973) findings extended the concept of competition beyond a mere contest for clients. They studied a medium-sized American city (population 135 000) and identified 110 self-help organizations. There was a low degree of utilization of professional services by the self-help organizations. The 37% of self-help organizations which willingly utilized professional services did so on their own terms. The self-help organizations in this study challenged the professionals' claim to exclusive domain over treatment, established their service networks as partial alternatives to bureaucratic-professional service delivery systems, and supplemented or replaced professional therapeutic intervention with peer counselling.

Dewar (1976) also supported the claim that it was not merely a competition for the same clients, but in many instances the same service was provided by the group as had previously been provided by the professional helper. In a study of members of Parents Anonymous (a self-help group for parents who have abused their children), Powell (1975) found that 22 of the 30 respondents had already experienced or actively considered professional service. The theme that emerged was that Parents Anonymous and professional help were perceived as parallel and mutually reinforcing. Existing similarities, or the reduction of differences (suggested by some as a way of correcting the negative features of the formal services), have also been viewed as a source of increased tension (Parker et al., 1983; Spiegel, 1982; Todres, 1982).

In Kurtz, Mann, and Chambon's (1987) study of social workers in mental health agencies, fewer referrals were made to groups whose territory of service competed with the agency's domain. This was attributed to support for the theory proposed by Molnar and Rogers (1979) that domain similarity may result in reduced interaction as organizations contend for the same funds, clients and authority.

Cooptation

According to Froland et al. (1981a), cooptation was not usually intentional. It may emerge as a consequence of collaborative efforts. Gartner and Riessman (1977) referred to it as an attempt to dominate and socialize self-help groups to professional norms, turning them into "appendages of traditional agencies" (p. 128). It has been viewed as a real danger in the relationship between professional human service agencies and self-help groups (Bakker & Karel, 1983; Illich, 1981; Katz & Bender, 1976b; Robinson & Henry, 1977).

Cooptation is not an inevitable consequence of interaction between the two systems (Toseland & Hacker, 1982). Deneke (1983) noted that social workers who cooperated frequently with self-help groups seemed to be less orientated towards professional control and the status quo of the formal system.

Silverman (1982b) ascribed the tension between formal agencies and mutual help groups to the historical experience of attempted cooptation by professionals. Riessman (1982), despite the earlier fears he and Gartner had expressed in *Self-Help in the Human Services* (Gartner & Riessman, 1977), has more recently described the fear of cooptation as misplaced because "the inherent character of the self-help ethos, . . . makes it very difficult, if not impossible to co-opt" (p. 43).

Two aspects of cooptation as a mode of interaction should be considered: first, a takeover of leadership and/or control of the group by professionals; and secondly, the subsuming of groups into the institutional welfare structure. The first aspect was considered a danger to the essential nature of self-help groups (Katz, 1977). According to Gartner and Riessman (1977) it would detract from groups' "spontaneity, vitality, innovativeness, small group character and flexibility" (p. 129). Silverman (1974) commented on the professional tendency to take over the leadership and primary helping role in mutual aid groups. A number of possible factors which may motivate professionals to assume control of a group have been identified. These include: self-interest, to protect the power and autonomy of

professionals (Haug & Sussman, 1969; Robinson & Henry, 1977); a belief that the client (group member) is "ignorant and uninformed" (Haug & Sussman, 1969, p. 159) and that the self-help programme would be more effective if structured and supervised by professionals.

The second possibility, the absorption of groups into the welfare structure, could be viewed positively. It would provide the benefits of an institutional service (such as universalism) to the user, and direct financial support to the groups themselves. It would also reduce conflict and confrontation between the formal and informal service. However, as Bender (1979) noted, "the system then continues on, inhumane as ever, supposedly incrementally improving itself. However, self-help groups would have been deftly co-opted into the very system that gave rise to such groups in the first place" (p. 7).

Katz (1981) considered this issue from the point of view of the groups. He cited a study of a residentially based self-help programme for alcoholics in which professionalization and bureaucratization were viewed as "serious threats to the effectiveness of developing self-help groups" (p. 142). Community-based groups which attempt to change formal services may find themselves providing the service themselves, or by accepting funding or recognition from the formal system may lose their independence or compromise their credibility as advocates for change. In Richardson's (1983) study in England, group members criticized the relationship between themselves and local authority officials as they felt it inhibited their effective operation as a pressure group. In some instances research interviewers in this study found it difficult to distinguish whose opinion or need was being expressed and they quoted a local administrator who said that he tried to get the group's support "for services his department wanted to see expanded" (p. 217).

Froland et al. (1981a) did not see cooptation as an intentional mode of interaction but rather as a possible outcome of collaboration. An example of this was seen in a study by Mantell, Alexander and Kleiman (1976). In referring to the benefits of

collaboration for both systems they described the limited roles which could be assigned to group members and the responsibility of the professional to provide support and supervision. They concluded by classifying the patient-counselor as "a useful member of the health-care team in its delivery of counselling services" (p. 232). It is therefore considered important that professionals develop an awareness of the possibility of cooptation occurring despite the existence of an alternative interactive mode (Gartner & Riessman, 1984).

Coexistence

Froland et al. (1981a) described coexistence - which they saw as a choice not to interact - as the most characteristic relationship between the formal and informal sectors. Although professionals may recognize the value of the services offered, not only by mutual aid groups, but also by families and other informal support networks, few attempts are made to connect these. If one considers the relationship between social work agencies and mutual help groups as a continuum, coexistence could be placed at one end, representing an absence of relationship with cooptation, representing the merging of both organizations, at the other extreme.

A variety of explanations was offered for the adoption of this mode of interaction. Katz and Bender (1976b) explained the choice not to relate with each other as an outcome of the rejection of professional services which gave rise to self-help groups in the first place. Tracy and Gussow (1976) proposed that it was due to the operation of self-help groups in areas in which professionals were not interested. It has also been suggested that the aims of informal support are not part of public policy and therefore outside the domain of professional interest (Durman, 1976).

There is some discrepancy between designating this the characteristic relationship, in view of the interest taken by professionals in self-help groups. This interest is evidenced in the burgeoning literature produced by professionals. It has been argued that this was not a genuine interest but merely a consequence of

professionals jumping on the bandwagon of a newly discovered field of practice (Parker et al., 1983). However, according to Lieberman & Borman (1979), there is an historical record of professional involvement in the formation and sponsorship of self-help groups.

Lack of contact with self-help groups would preclude formal agencies from many possible benefits. These include the specific experiential knowledge and expertise of group members in relation to the nature of the problem, and the use of the group as a special resource (Hatch & Hinton, 1986; Powell, 1979).

Collaboration

Collaboration embodies the idea of different systems combining in an active exchange of resources. This exchange may involve information, people, material and financial resources (Baker, 1977). If the relationship functioned optimally, the two systems would complement each other. A number of authors have referred to the professional and mutual aid systems having their own area of expertise and making unique contributions to helping (Spiegel, 1982; Vinokur-Kaplan, 1978;).

The concept of complementarity emphasises the differences between systems which have been described. It also highlights some of the advantages to the formal system of collaborating with the informal. Pilisuk and Minkler (1985), for example, noted that self-help groups met specialized needs which the formal system had neither the energy nor financial resources to tackle. Self-help groups could also provide more in-depth knowledge about community needs and how best to reach target populations (Hermalin et al., 1979). Awareness and recognition of differences in areas such as purpose, roles and skills, was seen as the key to collaboration between professionals and self-help groups allowing both systems to achieve their joint purpose of helping clients (Meyer, 1985; Todres, 1982).

A variety of typical strategies and relationships may be found in the collaborative mode of interaction. Froland et al., (1981a) referred to a collegial partnership and Cutler (1979) to informal working relationships. The essential characteristics were

mutual respect and co-operation based on the recognition of similar goals and valid roles (Katz, 1981; Levy, 1976; Sarason, 1974) and co-ordination strategies which result in a harmonious relationship without reducing the autonomy of the component organizations (Rein, 1970).

Collaboration has advantages for both systems and a reciprocal relationship fulfils the requirement of the mode that both parties contribute to and benefit from the exchange. An example of this reciprocity was quoted by Silverman (1977) in her description of the referral of group members to formal services for medical screening. The health team, in turn, were able to refer patients to the group for support and assistance.

There is some empirical evidence that co-operation and co-ordination can be achieved as part of a collaborative relationship between professional helping systems and self-help groups (Toseland & Hacker, 1982). Clinical psychologists, Wollert, Knight and Levy (1980), suggested that collaboration could be mutually beneficial and productive, but that difficulties continued to exist because no model was available to guide such relationships. They noted the negative conclusions of Kleiman et al. (1976) and suggested that the poor outcome reported was not due to the fact of the collaboration but rather to the nature of the collaboration. They studied a group of cancer patients, their spouses, and health care professionals, and contrasted the nature of the contacts between professionals and the self-help group. The former were "often hurried, focused on the professional, were evaluative, and were characterized by an assertion of the professional's superior status" (p. 136). In comparison, their own relationship with a group was "long term, nonevaluative, group centred, and characterized by a respect for the group's right to accept or reject our input" (p. 136). They attributed their successful collaboration to these favourable behaviours. Based on their experience they developed three essential guidelines for effective collaboration:

1. Adequate knowledge of the way in which self-help groups operate - this should include understanding self-help patterns and different types of self-help groups.

2. Active relationship building which should convey respect for the group's specific domain and expertise. This would indicate that professionals can learn from the experiential knowledge of group members. It would also minimise status differential through informal contact and sharing information.
3. An appropriate consultation model: assistance should be offered only when it is wanted by group members, and the role of professional should be clarified as friend of the group, rather than therapist, member or leader.

Some of the qualities which would be needed to accomplish active relationship building were patience, commitment, persistence, the ability to compromise, and mutual respect (Borman, 1982). However, it was not only the lack of an appropriate model which has inhibited effective collaboration between the formal and informal systems. The nature of professional training has also been identified as a factor in preventing the establishment of relationships of partnership and equality (Hatfield, 1981; Kleiman et al., 1976). According to Lenrow and Burch (1981) this was due to its emphasis on professional knowledge and a view of clients as recipients of help. Current thinking seemed to indicate that if these beliefs were rejected, collaborative practice would be possible. As has been shown, the adoption of an eco-systems perspective and interactional practice models would provide an appropriate theoretical frame of reference.

On the basis of the literature reviewed, collaboration was seen as the interactional mode of choice. Its advantages included: integration of the knowledge and experience of group members into the professional knowledge base (Mallory, 1984); the development of high levels of trust which improved the quality and quantity of data collected in a research project (Rappaport et al., 1985); more effective groups (Toseland & Hacker, 1982); complementarity of the two systems (Baker, 1977); and more comprehensive and effective services (Pilisuk & Minkler, 1985; Powell, 1979). According to Jeger et al. (1982), this mode of interaction would lead to enhanced expertise and ultimately to new roles for both professionals and self-help groups.

ATTITUDES OF SOCIAL WORKERS TOWARDS SELF-HELP GROUPS

Attitudes are a function of beliefs which are acquired on the basis of life experiences and represent the cognitive element of the person's attitude. The affective component of the belief influences the person's attitude and consequent behaviour positively or negatively (Davidson & Thomson, 1980).

In the literature on this topic there was frequently little differentiation between the various helping professionals. Attitudes of social workers and other helping professionals to self-help groups varied considerably yet were generally viewed as negative (Durman, 1976; Huey, 1977; Katz, 1976; Lavoie, 1983). Some of the factors mentioned were: a lack of information, distrust, a resistance to utilizing groups or making referrals (Claflin, 1976); an inability to imagine self-help groups operating without assistance from the formal sector (Glendinning, 1978); and a fear of deprofessionalization (Bozzini, cited in Lavoie, 1983). Lavoie (1983) noted that attitudes may range from complete rejection to help in establishing groups. Dumont (1974), on the other hand, expressed the totally negative view that "by and large, the acknowledgement of the self-help movement in professional journals is absent, indifferent, or hostile, not unlike the perception by professionals in general" (p. 63).

Riessman, speaking at a workshop in 1979 (cited by Coplon & Strull, 1983, p. 260) described two categories of negative attitude which contributed to a lack of communication or collaboration. The first he called the "old line" defence. It involved a rejection of self-help groups because of the professional's belief that they did not know what they were doing and could be destructive. The second, which he called "a new resistance", developed as a defence against professionals' feeling that they were expendable. This was the attitude that mutual aid groups were pure and able to function on their own without "contamination" from professional intervention. Both the new resistance and the old line contributed to a lack of collaborative interaction between professionals and self-help groups. Coplon and Strull (1983) questioned the basis for professionals' feeling defensive and their consequent negative attitudes.

A number of reasons have been proposed for these attitudes. These include: the need of professionals to maintain a superior expert position; differences in perspective about the comparative value of the help offered by each system; the emphasis by professionals on objectivity and detachment and professional discomfort with personal involvement; and the professional's perception of the need for credentials in order to work with people who have problems (Huey, 1977; Silverman, 1982b). According to Katz (1976) professionals may see self-help as promoting dependency and not allowing members to develop social competence and autonomy. It has been suggested that the expression of these negative attitudes leads to professionals wanting to regulate or control groups and thus employing a coercive mode of interaction (Lenrow & Burch, 1981).

It appeared that these descriptive comments were another expression of the mythology about self-help groups. There was no support for these descriptions of antagonistic and distrustful attitudes in empirical studies by Levy (1978), Todres (1982) and Toseland and Hacker (1985). Their findings indicated that most social workers held positive views of self-help groups, and their behaviour (e.g. referring clients to self-help groups, acting as consultants to groups) was consistent with their attitudes. It could be argued that these positive attitudes reflected a difference between social workers and other helping professionals. While this may apply to the study by Toseland and Hacker (1985), both Levy (1978) and Todres (1982) included other helping professionals. Levy (1978) addressed his questionnaire to mental health agencies. All mental health professionals were represented among those completing the questionnaire, although social workers predominated. Todres' (1982) sample comprised psychiatrists, physicians, psychologists, nurses and social workers. No differentiation on professional grounds was made in the findings.

If professionals are to be constructively (i.e. collaboratively) involved with the self-help movement, it seems essential that they believe in the value of self-help and the ability of members to organize their own services (Brimelow & Wilson, 1982; Silverman, 1978, 1980, 1982a, 1982b). This implies a philosophical component

which relates to a commitment to principles of self-determination, self-reliance and mutual aid; an ideological attitude towards training and knowledge which accepts the value of experiential knowledge (Froland et al., 1981a, 1981b); and an acceptance of the users of a service as active participants in a joint enterprise (Tietjen, 1980).

POSSIBLE ROLES FOR PROFESSIONALS IN SELF-HELP GROUPS

There is widespread support for the idea that social workers can play a variety of roles in self-help groups (Baker, 1977; Caplan, 1974; Silverman, 1980; Toseland & Hacker, 1982, 1985; Wollert & Barron, 1983).

Wollert and Barron (1983) divided service roles into four areas:

1. Organizational development services
2. Consultive services
3. Ongoing service roles
4. Clearinghouse services.

These categories have been used as a framework for a discussion of specific tasks and activities which have been, or could be carried out by professional helpers. It must be noted, however, that although roles may be discussed as if they exist as separate entities, they in fact frequently overlap (Gartner & Riessman, 1977).

A summary of the activities suggested as appropriate in each category and the support for these in the literature precedes the discussion in each area. In order to emphasise the relevance of these roles for social workers the self-help related activities have been linked with nine major objectives of social welfare activity identified by Teare and McPheeters (1970, pp. 19 -21). These were:

1. Detection - detecting and identifying individuals or groups in need or at risk, or contributing environmental conditions.

2. Linkage or Connection - linking people with existing services and linking different elements of the service system.
3. Advocacy - working for the rights of individuals, removing obstacles which prevent people (or groups) receiving the benefits or using the resources they need.
4. Mobilization - mobilizing existing groups, or creating new groups or organizations to deal with problem situations.
5. Instruction-Education - providing information and teaching facts and skills.
6. Behaviour change and modification - changing the behaviour, habits and perceptions of individuals or groups.
7. Information processing - collecting, classifying and analysing data.
8. Administration - planning and management of an organization, service or welfare programme.
9. Continuing care - providing supportive service to those who cannot function independently.

Organizational development services

This category included all the roles and functions associated with the initial development stage of the group. It was viewed by some as a controversial area for professionals. However, as indicated in Table 2.4, it has been endorsed as an acceptable professional role by a number of authors, and five social welfare service objectives can be related to this category of activity with self-help groups.

Table 2.4

**Summary of Activities, Literature Support and Social Welfare Service Objectives
associated with Organizational Development Services**

Activities	Literature support	Social welfare service objectives:
Initial development - for example: helping to decide on goals and formulate agendas	Baker, 1977; Bakker & Karel, 1983; Borman, 1979; Coplon & Strull, 1983;	Detection Linkage Advocacy
Founding a group	Froland et al., 1981a;	Mobilization
Initial impetus followed by withdrawal	Gartner & Riessman, 1977;	Information processing
Development of auxiliary programmes - for example:	Jertson, 1975; Mowrer & Vattano, 1976; Remine, Rice & Ross, 1984; Silverman, 1980; Toseland & Hacker, 1982, 1985.	
for relatives of group members		
support networks and sponsorship		
Community outreach and publicity		
Group legitimization		
Formalizing the ideology of the self- help group		

Toseland and Hacker (1985), in their study of social workers' use of self-help groups, reported that 38% of their sample had assisted in the initiation of a group. In the same authors' (Toseland & Hacker, 1982) study of 44 self-help groups, they found that 56% of the groups had been started by professionals. Remine, Rice and Ross (1984) directed their research towards agencies' involvement and found that 32% of the 315 groups contacted had been organized under agency auspices. Borman (1979) concluded from empirical research into the origins of ten self-help groups that professionals had played a key role in the establishment of six, and an instrumental part at various stages of the development of the remaining four. However, Katz (1981) criticized Borman's conclusions as overgeneralized from limited and selective data, although he did acknowledge that professionals might be consulted or provide resources in the early stages of development of some groups.

Other dissenting opinions came from Tracy and Gussow's (1976) study of groups concerned with medical problems of organic illness and physical disability, in which they noted that "without exception the prime movers in the establishment of self-help health groups have been patients" (p. 390). Both Levy (1978), and Traunstein and Steinman (1973), excluded professionals from the definitional criteria used in their respective studies, although Levy (1978) did not exclude groups which were initiated by professionals but then taken over by group members as the group became functional. This idea of initial impetus being provided by a professional who then withdrew and allowed group members to develop independently was supported by Coplon and Strull (1983) and Bakker and Karel (1983).

Most of the literature on this form of involvement with self-help groups referred to professional helpers' relationships rather than any particular profession. Interestingly, Toseland and Hacker (1982) found in their sample that social workers were the professional group who had most frequently initiated self-help groups.

It has been suggested that the activities of professionals in self-help groups will depend in the first instance on the specific nature of the group (Gartner & Riessman, 1977; Silverman, 1980). For example, in many health-related groups the professional may establish the group and then maintain an ongoing supervisory and consultive relationship. This approach would be different in mental health groups, such as for former patients of mental institutions, where the initiation of the group would be followed by a deliberate withdrawal from any supervisory roles (Gartner & Riessman 1977). Silverman (1980) differentiated between agency sponsored mutual help groups and what she referred to as "independent mutual help organization[s]" (p. 52). In the former, the social worker would function in a familiar capacity as expert, leader or professional helper. In the latter, the primary

function would be to ensure that members' capabilities were fully utilized so that they could take charge of the organization. Achievement of this would depend on the attitudes of the individual social worker, as well as the readiness of the agency to permit such autonomy under its auspices.

The second factor which affected the activities of professionals was the stage of the group's development (Coplon & Strull, 1983). Coplon and Strull (1983) used the stages of group development proposed by Garland, Jones & Kolodny (1976) as a framework for determining appropriate roles for professionals. Organizational development activities would, on this basis, have to be appropriate for groups in the initial phase of the preaffiliation stage of group development.

A number of activities have been included in organizational development services. These are listed in Table 2.4. Most are self-explanatory, but group legitimization and formalizing the ideology of a self-help group, require some clarification.

According to Silverman (1974) one of the main advantages of including professionals in mutual aid organizations was the credibility and legitimacy they provided. Wollert and Barron (1983) also noted that legitimization may be served by a professional providing "a focal point for organizational efforts" (p. 109). The group would thus utilize the status and acceptance of the professional or agency, particularly where negative community reactions may challenge the establishment of the group. Maguire (1981) differentiated between credibility in the community which derived from positive comments by professionals, and acceptance and credibility in the professional community. In order to achieve the latter, professionals could provide education and information about the existence of groups and their positive achievements through their local professional organizations.

Antze (1976) used the term "ideology" to refer to the shared beliefs used by the group to motivate their activities and the behaviour change they required from members. Ideology was considered important for the individual and for the

organization in that it characterized the group, facilitated the establishment of new branches and communication with outside agencies. Professionals could take responsibility for formalizing the beliefs and ideologies of self-help groups (Mowrer & Vattano, 1976).

Consultive services

Consultation usually involves the provision of information by an outside expert to an individual or organization which does not have the expertise necessary to resolve the problem (Kadushin, 1977). It may also meet other needs such as for physical and financial resources, referral of members with special problems, and provision of moral support to the group leaders (Lavoie, 1984). This category of service deals with ongoing group interactions, and may be time limited or intermittent. Some of the activities involved may overlap with the organizational development category described above.

Table 2.5

Summary of Activities, Literature Support and Social Welfare Service Objectives associated with Consultive Services

Activities	Literature support	Social welfare service objectives
Consultation with existing group on a time-limited or intermittent basis - may have organizational or case focus Advice Linking groups with resources Education of indigenous leaders Teaching particular skills Evaluation - includes research on methods and effectiveness Conceptualization of group's experience	Budman, 1975; Caplan, 1970; Coplon & Strull, 1983; Froland et al. 1981a; Gottlieb, 1982; Harris, 1981; Katz, 1970; Lavoie, 1984; Lieberman & Borman, 1979; Maguire, 1981; Miller, 1985; Rappaport et al., 1985; Remine et al., 1984; Silverman, 1982a, 1982b; Spiegel, 1977; Toseland & Hacker, 1985; Torjman, 1980; Vattano, 1972; Wollert and Barron, 1983; Wollert et al., 1980.	Linkage Mobilization Instruction-education Information processing

The sharing of formal knowledge and professional expertise has commonly been considered a meeting point for professionals and self-help group members. Evidence of this was provided first, in the literature cited in Table 2.5, and secondly, in Miller's (1985) review of 96 articles which appeared in the journal *Social Work* between 1960 and 1983 on the topic of professional use of lay resources. In this review the dominant role category established was that of consultant and adviser.

Recognition of the need for professional knowledge was accepted by a number of groups in the health field who required information about a particular disease or disorder. These included a mental health group organized around a shared problem of stress (Budman, 1975); a group of stutterers (Borkman, 1976); and a group for the families of patients with heart disease (Harris, 1981).

Activities appropriate to this role category included: enhancing groups' understanding and knowledge of resources, and linking them with other groups and organizations (Silverman, 1982a, 1982b); training indigenous leaders (Remine et al., 1984); educating members in particular skills such as cardiopulmonary resuscitation for a group of heart attack victims (Maguire, 1981), or listening skills for a bereavement programme (Silverman, 1974); and enhancing self confidence for a group of relatives and friends of the mentally ill (Torjman, 1980).

Assessment and remediation of a group's deficiencies or programme deficits was found to be a more controversial area of consultation. It involved evaluation and placed the professional in the position of an expert with the right to judge the activities of the group. Wollert et al. (1984) contended that this assessment would inevitably find the group's activities to be different from the professional's and therefore "wrong" (p. 136), and that this stance would antagonize members and generally be unproductive. There have, nevertheless, been instances of groups

requesting professional evaluation based on research about the group and its activities (e.g. Mended Hearts described by Bond et al., 1979; GROW described by Rappaport et al., 1985). The success of these efforts depended on the co-operative, collaborative style of interaction.

Another form of evaluation, recommended by Torjman (1980), was the objective analysis of group process which enabled the consultant to conceptualize group programmes and activities into a theoretical framework and evaluate the effectiveness of the methods used. This provided the feedback necessary for further development. It also enabled the organization to be presented to the public in a coherent form. This differed from the legitimization role mentioned in the first category, as it was based on evaluative research performed by the professional, rather than on the ideological beliefs of the group (Vattano, 1972).

Consultation may be interpreted as an extension of professional influence and expertise. It was considered important, therefore, that the consultation role for professionals be limited to ensure that groups retained their uniqueness (Katz, 1970). Wollert et al., (1980) noted that the status differential should be minimized to avoid conflict and the consultant should reinforce the autonomy of the consultee by providing information which empowered group members to help each other directly.

Caplan (1970) suggested that an appropriate relationship was fundamental to any aspect of consultation. He proposed a model consisting of five essential aspects:

1. The consultee must invite the consultant to become involved.
2. Consultants must recognize that they will be judged in accordance with the consultee's values.
3. The relationship must be that of colleagues.

4. The consultee should have the right to decide how the consultant's contribution will be used.
5. The consultant should be a temporary and peripheral member of the consultee system and have no authority or executive power

As noted in Table 2.5, four social welfare service objectives could be related to this category of service. These were the activities associated with linkage, mobilization, instruction-education, and information processing.

Ongoing Service Roles

The essential characteristic of roles in this category lay in their ongoing nature: they provided continuity for many groups, particularly when peer leadership changed (Remine et al., 1984; Toseland & Hacker, 1982). This did not necessarily mean that the continuity was provided through professional leadership of the group, but rather through general backup and support (Gottlieb, 1982). This might include the provision of concrete resources, such as paper and postage (Coplon & Strull, 1983), a meeting place, secretarial services and refreshments for members (Silverman, 1980). Richardson's (1983) study of English self-help groups confirmed the groups' acceptance of professionals having an ongoing role in four main areas (all of which could be included in general backup and support) : publicizing the group's existence; referring potential members; financial grants and general help with functioning more efficiently; liaising with community workers who could develop new groups and help existing groups to mobilize their resources more effectively.

These functions were all compatible with the organizational consultant role recommended by Wollert et al. (1980), as they facilitated peer leadership and control. In this regard, Coplon and Strull (1983) noted that where professionals functioned as group leaders, they were (despite their professional credentials) in the group as participants who shared their problems as peers.

Table 2.6

**Summary of Activities, Literature Support and Social Welfare Service Objectives
associated with Ongoing Service Roles**

Activities	Literature support	Social welfare service objectives
Sponsorship	Bakker & Karel, 1983;	Linkage
Referral source	Coplon & Strull, 1983;	Advocacy
Member/participant	Coulton, 1981; Froland et al.,	Mobilization
Ongoing support - for example:	1981a; Gottlieb, 1982;	Instruction-education
recruiting, backup service	Jertson, 1975; Maguire, 1981;	Behaviour change and
Support for group leaders	Remine al., 1984; Toseland	modification
Group leadership/facilitation	& Hacker, 1982; Wollert &	Information processing
Organizational consultation	Barron, 1983; Wollert et al.,	Administration
Advocacy/mediation	1980.	Continuing care.

Professional leadership of self-help groups was the most contentious issue discussed in the literature. The term itself had different connotations. Wollert and Barron (1983) described a role hierarchy based on an increasing degree of professional involvement ranging from sponsorship activities through more active facilitation and finally, assumption of the primary leadership role in the group. Other authors such as Remine et al. (1984), and Toseland and Hacker (1982, 1985), did not differentiate the separate elements of this hierarchy. In the survey of member agencies of Family Service America carried out by Remine et al., the role of group facilitator, which involved acting as a "catalyst, respecting, recognizing, defining, supporting, utilizing and preserving participant initiative and group autonomy" (p. 76) was, according to the respondents, most frequently carried out by professionals acting as leaders within self-help groups. Toseland and Hacker (1982, 1985) described leadership as facilitating interaction among group members, providing supportive services which enabled the groups to continue functioning, and

recruiting new members. In discussing the difficulties related to professionals assuming leadership, it was the concept of primary or direct leadership proposed by Wollert and Barron (1983) that was used.

Direct leadership appeared to produce most conflict in professional/group relationships (Coplon & Strull, 1983). For example, Wollert et al. (1980) reported on the consequent alienation of group members and undermining of group process. Remine et al. (1984) noted the lack of a precise definition of what the role involved, particularly in relation to the clinical change component compared with more concrete, practical issues. In Gottlieb's (1982) study of the views of members of self-help groups on appropriate roles for professionals, professional leadership or co-leadership was ranked sixth out of seven possibilities, and more indirect roles, such as consultant or referral agent were preferred. There was some disagreement about whether professionals should in fact act as leaders of self-help groups. It has been suggested that the role be systematically excluded (Vattano, 1972), or at least minimized (Schwartz 1975).

There have also been reports of innovative and collaborative leadership efforts. Bakker and Karel (1983) cited the work of Bremer-Schulte and of Trojen. The former established a therapeutic pair - the patient/group member as caretaker, the professional as caregiver - to act as co-leaders of the group. As the patient co-leader developed expertise, professional involvement decreased. An advice service for German students, was developed by Trojen and the initial very active professional leadership role was gradually reduced to a consultative role. The resulting self-directed group formed a new support system which relieved an overcrowded professional agency. These experiences may be used as examples of professional activities as well as endorsing the general support and encouragement of indigenous peer group leaders by professionals (Maguire, 1981).

Referral of clients to self-help groups was the most frequently mentioned ongoing activity reported in studies of the interface between professional helpers and self-

help groups (Hermalin et al., 1979; Kurtz et al., 1987; Levy, 1978; Remine et al., 1984; Todres, 1982; Toseland & Hacker, 1985). Gottlieb (1985) however, on the basis of the findings of two studies, concluded that professionals rarely initiated referrals to self-help groups. Toseland and Hacker (1985) reported that workers practicing in medical, family and mental health settings made the most use of self-help groups. Kurtz (1985) found a variation in referrals based on the nature of the problem presented to the professional. For example, 88% of a sample of professionals treating alcoholics referred their clients to Alcoholics Anonymous. However in surveys of the referral activities of mental health professionals by Hermalin et al. (1979) and Levy (1978), 57% and 48% of their samples respectively referred to mutual aid groups.

Referral was viewed as one of the linking functions of the professional. According to Kurtz et al. (1987) the frequency, quality and effectiveness of referrals depended on knowledge and mutual appreciation of the other organization. Rodolfa and Hungerford (1982) confirmed the link between beneficial participation in a group and positive attitudes towards the group leader by the referring professional. They also recommended that professionals who referred clients to self-help groups should be aware of the characteristics of the group in areas such as emotional tone and success rates.

Linkage opportunities were enhanced by a reciprocal referral system where social workers referred clients to, and accepted referrals from self-help groups (Borman & Lieberman, 1979). However, in their study of the relationship between self-help groups and a formal health care delivery system, Hermalin et al. (1979) found that only 34% of the 74 participating clinicians had ever seen a client referred by a self-help group. They also established that 57% of the same group of clinicians had made referrals to self-help groups. In Levy's (1978) study 48% of the agencies made referrals to self-help groups. Participants in this study noted that few groups reciprocally referred their members.

Linking clients with self-help groups could be related to the support function provided by social workers according to Coulton (1981). Gottlieb (1985) reinforced the connection between providing social support through referring people to self-help groups.

According to Remine et al. (1984) referral was a "low level service, . . . [with] set procedures demanding little effort from an agency or its staff" (p. 87). Furthermore, it did not generally imply endorsement of the group and together with recognition of the existence of groups, constituted a traditional approach to interacting with groups (Jertson, 1975). Rodolfa and Hungerford (1982), however, saw appropriate referral to self-help groups as the key factor in the value of these groups. They proposed that referring clients to self-help groups involved a responsibility on the part of professionals to understand the nature of self-help. They also recommended that professionals should screen both clients and self-help groups.

Advocacy and mediation activities have also been included in this category. Wollert and Barron (1983) proposed that the professional act as an advocate/mediator when crises needed to be resolved. They pointed out that there have been reports of conflict in collaborative attempts between professionals and self-help groups. A professional with expertise in the area of self-help could assist in negotiating solutions to such conflicts. This would require observation of the group and its members so that the nature of the conflict could be identified, alternatives clarified, compromises negotiated, and if necessary, a recommendation submitted. This also accorded with the advocacy and mobilization objectives mentioned by Teare and McPheeters (1970).

Clearinghouse services

The promotion of the concept of self-help, broad support to self-help groups, and the facilitation of community access to groups, were all part of the services provided by self-help clearinghouses. Specific tasks were associated with accomplishment of these aims. These were outlined by Borck and Aronowitz (1982):

1. Compiling information and making it available
2. Developing systems for referral
3. Giving technical assistance
4. Developing skills
5. Community education
6. Research.

Table 2.7

**Summary of Activities, Literature Support and Social Welfare Service Objectives
associated with Clearinghouse Services**

Activities	Literature support:	Social welfare service objectives:
Support for idea of self-help Facilitation of communication and access: Compiling information directories Publicizing information Referral Technical assistance Skill development Community education Research	Bakker & Karel, 1983; Coplon & Strull, 1983; Coulton, 1981; Froland et al., 1981a; Gottlieb, 1982; Jertson, 1975; Maguire, 1981; Remine et al., 1984 Toseland & Hacker, 1982; Wollert & Barron, 1983; Wollert et al., 1980.	Linkage; Advocacy; Mobilization; Instruction-education; Information processing; Administration; Continuing care.

A knowledge of existing community services and positive relationships with both self-help groups and other community organizations would be required to facilitate co-ordination and effective information collection. Distribution of this information could be done through the compilation of a directory of resources, a telephone information and referral service, media publicity and the linking of groups with each other.

Referrals by individual professionals have been discussed above. Gottlieb (1985) pointed out that referrals could be increased and enhanced through increased communication between the two systems. Thus the development of a referrals system as part of a clearinghouse service would facilitate referral activities.

Technical assistance included functions such as finding speakers, publicizing a group's activities, and providing a meeting place or the necessary financial resources. Clearinghouse services could, typically, also involve helping new group leaders organize and plan a new group's activities.

Education about self-help generally, as well as skill development for members or professionals involved in such groups may be provided through workshops or classes. Community education included facilitating communication between self-help groups as well as educating the community about the concept. This might be achieved in a variety of ways: through co-ordination of self-help conferences; participation in panel discussions; and publicity in newspaper articles, radio or television programmes.

Wollert and Barron (1983) suggested that group members should be willing to co-operate in research efforts in exchange for other services provided by the clearinghouse. Research findings should be translated into publicly accessible forms, such as books and journal articles, which then also serve to disseminate information (Silverman, 1974).

Many of these activities have been mentioned in relation to other role categories. They were however also relevant here because the clearinghouse operated as an umbrella organization which provided these services for all self-help groups and was not confined to specific areas related to the field of practice of an individual agency.

Silverman (1974) suggested that professionals were in the ideal situation to fulfil the tasks associated with self-help clearinghouses, since their ability to identify themes and generalise from them was developed by professional training. Furthermore, this would enable them to study helping processes, assess their effectiveness, design helping systems and help establish social policies (Rappaport et al., 1985). They (or their agencies or organizations) had the stability, commitment of finances, status and prestige to establish and maintain such services.

This section has considered "helping" in the widest sense. The nature of formal, informal and natural helping systems were compared. The differences between the various helping systems were considered in relation to their organizational structures, sources of power, roles of service providers, roles of participants, the nature of responsibility, the helping relationship, the help offered, authority, and accountability. Despite their differences they were seen to be commonly united in their helping goal.

It was noted that an awareness of informal helping systems (and particularly of self-help groups and mutual-aid networks) and their potential contribution to meeting human needs was required if they were to be included in the range of available helping resources. Professional social workers were identified as having a key role in developing and sustaining the working linkages between the formal and informal systems.

In spite of the concern in the literature for the anti-professional elements which motivated the development of self-help groups, it was clear that active roles could be played by social workers in such groups. The studies reviewed here confirmed the existence of a variety of interactive relationships and roles. The addition of the social service objectives described by Teare and McPheeters (1970) provided a further opportunity to show how professional roles in self-help groups could be integrated into a framework of accepted professional activity and that these roles were in fact compatible and acceptable.

A wide range of activities have been identified as appropriate for social workers (and other helping professionals) in interacting with self-help groups. These activities were grouped into: developmental, consultive, ongoing or clearinghouse categories.

The most important element in any of these endeavours was the attitude of the professional person which was expressed in the nature of the interaction and relationship established with the self-help group. What was important was the expression of an attitude of acceptance and respect for the autonomy and abilities of group members through a co-operative relationship and a collaborative form of interaction.

Notes

1. The spelling used is consistent with that used by Froland et al. (1981a).
2. Although the usual spelling is "consultative", the form "consultive" has been used consistently in accordance with Wollert and Barron's (1983) usage.

CHAPTER 3

METHODOLOGY

RESEARCH DESIGN

This study was designed to meet two needs. Firstly, to establish the historical and cultural significance of mutual aid groups in the South African context, and secondly, to explore the possible linking of social workers with self-help groups as a way of expanding the welfare service delivery system.

In order to move beyond the acquisition of knowledge and to consider the ways in which what was learnt could be used by practising social workers, Thomas’s (1978a, 1978b, 1981, 1985a, 1985b) developmental research model was selected. It accommodated a focus on the development of a new approach to social technology, in this case, the system of service delivery.

Table 3.1 shows the main goals and the nature of the data required.

Table 3.1

Overview of the Research Project in Relation to its Aims

AIMS	NATURE OF DATA REQUIRED
Overview of self-help/mutual aid in the South African context	Establishing existence of self-help/mutual aid in South Africa. Describing nature and purpose of existing groups.
Knowledge of self-help groups in the Durban area	Describing nature, purpose and activities of groups in Durban.
Knowledge about social workers practising in the Durban area and their knowledge, use of, and attitudes towards, self-help groups	Describing the social workers, their methods of practice, previous contact with self-help groups, opinion of the utility of self-help groups in practice. Assessing nature of current workloads and methods of practice. Exploring current knowledge and use of self-help groups by Durban social workers, and factors which may affect these. Examining attitudes towards future use of self-help groups.

The application of Thomas's developmental research model to the current research design is shown in Table 3.2. This study focused on the Analysis and Development phases of the model in which current conditions are analysed and used as the basis for the creation of a technological innovation. The procedures followed conform to the first seven operational steps listed. A broken line is used in the table to indicate the remaining phases of the model, namely, Evaluation, Diffusion and Adoption.

According to Thomas (1987) it is seldom likely that one developmental effort will be able to cover all phases of the model. Furthermore, an important part of the next phase requires evaluation of the innovation created and it is possible that evaluation may be biased if it is carried out by the developers of the innovation (Reid, 1987). Consistent with these provisos the accomplishments of this study are an essential prelude to the final phases of the model. The conclusions discussed in the final chapter indicate the possible directions to be taken in furthering this development. The transition from the design of social technology through its realization, evaluation, diffusion and adoption was outside of the scope of this study.

As can be seen from Table 3.2, the study procedures were divided into two parts. Part One comprised the first two operational steps of the Analysis Phase: problem analysis and identification, and a state-of-the-art review. Through these steps it was possible to achieve an overview of self-help/mutual aid in South Africa. Detailed information was obtained about self-help groups operating in the Durban area. Results of Part One constituted the knowledge base from which Part Two derived.

The remaining three operational steps in the Analysis Phase (feasibility study, selection of technological objectives, selection of information sources) and the two operational steps in the Development Phase (gathering and evaluation of information, design of social technology) were undertaken in Part Two. To accomplish their objectives, all practising social workers in the Durban area were contacted, and a questionnaire distributed to them. Those respondents who had indicated their interest in participating further in the study were then interviewed by the researcher. Discussion was wide-ranging and covered demographic data describing the respondents, their workloads, nature of practice, knowledge and use of self-help groups and attitudes towards future use. The data collected were used to assess the possibility of achieving the ultimate developmental goal of broadening the social service delivery system by linking social workers with self-help groups.

Table 3.2

Application of Developmental Research Model to Current Research Design

DEVELOPMENTAL RESEARCH MODEL (Thomas, 1978a, 1978b, 1981)		SELF-HELP GROUP RESEARCH
PHASES	OPERATIONAL STEPS	DURBAN STUDY PROCEDURES
		Part One
ANALYSIS	(1) Problem analysis and identification	Analysis of current conditions
	(2) State-of-the-art review	Collection of data on existence of self-help groups General overview: - broad review of literature - monitoring of mass media - letters to press, national councils and regional welfare boards Durban specific procedures: - personal contact - review of welfare resources directory - attendance at workshops and conferences
	(3) Feasibility study	Part Two <u>Survey:</u> Contacting social workers employed in Durban area Distributing questionnaire to all social workers Collecting data on current usage of self-help groups.
	(4) Selection of technological objectives	Service delivery system - the use of self-help groups by social workers
	(5) Selection of information sources	Social workers who had returned the questionnaire and agreed to participate in the next phase of the project
DEVELOPMENT	(6) Gathering and evaluation of information	<u>Research Interview:</u> Assessing social workers' knowledge of, attitudes to, and relationships with self-help groups Consideration of role of self-help groups in service provision and the future use of self-help groups by social workers. <u>Research Findings:</u> Presenting findings in this report
	(7) Design of social technology	Conclusions and recommendations of this report
.....		
EVALUATION DIFFUSION ADOPTION		

SUBJECTS

The research population consisted of all employed, qualified social workers in Durban whose work was social work related. This included qualified social workers who were employed in settings other than welfare organizations such as industrial and commercial personnel departments.

Three sources of information were used in an attempt to ensure comprehensive contact with social workers:

1. Lists of all social workers who were members of the three professional associations (Social Workers' Association, Society for Social Workers, South African Black Social Workers' Association) were obtained. The lists proved to be out of date, did not always list the place of employment, and were not fully representative as membership of a professional association is not compulsory nor is it a pre-requisite for employment.
2. Discussions with the chairperson of each of the Associations led to information about the place of employment of those social workers who were personally known to them. This was particularly helpful in the case of social workers who were employed in non-traditional settings. As a result of this information, contact was made with six of the eight social workers employed as personnel officers.
3. The directors of all organizations employing qualified social workers were contacted by telephone. This served: (a) to introduce the researcher and the project to the senior administrative person, (b) to ascertain the number of qualified social workers employed, (c) to obtain official permission to contact the social workers, and (d) to ensure the contact person's co-operation in distributing and collecting the questionnaires. Personal telephone contact was made with social workers employed in commercial and industrial settings and in situations where only one social worker was employed.

Two hundred and ninety-nine questionnaires were distributed to 62 places of employment. Places of employment were categorized in terms of their structure and primary functions. Four categories were established: public or state agencies whose primary function was welfare; public agencies which provided welfare services as a secondary function; private primary welfare organizations; and private secondary settings.

Table 3.3 reflects the number of organizations in each category, and the number of social workers employed.

Table 3.3

Nature of Employment of Social Workers contacted

Employment Category	Organizations		Employees	
	Number	Percent	Number	Percent
<u>Public</u>				
Primary	4	6.4	39	13.0
Secondary	12	19.4	46	15.4
<u>Private</u>				
Primary	20	32.3	182	60.9
Secondary	26	41.9	32	10.7
Totals	<u>62</u>	<u>100.0</u>	<u>299</u>	<u>100.0</u>

Two hundred and twenty six completed questionnaires were returned (a 75.6% response). These respondents were divided into four groups according to their indication of previous contact with self-help groups and their willingness to participate in the follow-up interview. Group A (N 82) had some previous contact and agreed to further participation; Group B (N 34) had no previous contact and agreed to participate further; Group C (N 54) had some previous contact and refused to participate further; and Group D (N 56) had no previous contact and refused any further participation. The total number of respondents in Groups A and B who agreed to participate in the interview phase of the study was 116 (51% of the 226 respondents).

A comparison was made between the gender and race characteristics of the sample interviewed and those of all social workers registered at the time with the Council for Social and Associated Workers (Hurford, 1985, p.276).¹ This is shown in Table 3.4

Table 3.4

Comparison of Race and Gender Variables in Survey Sample with National Register of Social Workers
(expressed as percentages of total number)

Race	Registered Social Workers N = 5145			Durban sample N = 226		
	Male	Female	Totals	Male	Female	Totals
African	1.8	8.4	10.2	5.7	12.4	18.1
Coloured	1.1	7.2	8.3	0.9	6.2	7.1
Indian	0.4	3.7	4.1	4.0	23.9	27.9
White	8.0	69.4	77.4	5.3	41.6	46.9
Totals	11.3	88.7	100.0	15.9	84.1	100.0

As indicated in Table 3.4, the sample population resembled the national register in relation to the gender variable. There was not the same correlation with the race variable due to the residential distribution of the various population groups in South Africa. This is particularly noticeable in relation to Indian social workers who represented 4.1% of the national total of registered social workers and 27.9% of the local sample.

RESEARCH PROCEDURES

The procedures used were determined by the aims of the study and the structure of Thomas's developmental research model. The first step of the research effort was to analyse current conditions in order to identify problem areas. Based on this analysis the next step was to review what already existed in the field of self-help. This involved exploring the field of self-help/mutual aid in the South African context generally and the Durban area specifically. The third step in Thomas's model is the feasibility study. Information from social workers in the Durban area concerning their current knowledge of, and attitudes to, self-help groups, and the use they made of these groups was necessary for this study.

The procedures used are shown in Table 3.5 and discussed below within the framework of the operational steps defined by Thomas.

Table 3.5

Procedures used to attain the Aims of the Research Project

OPERATIONAL STEPS IN DEVELOPMENTAL MODEL AND AIMS OF PROJECT	NATURE OF DATA REQUIRED	PROCEDURES
State-of-the-art Review Overview of self-help/mutual aid in the South African context	Establishing existence of self-help/mutual aid in South Africa	Broad review of literature - anthropological, sociological historical and political studies
	Describing nature and purpose of existing groups	Collection of descriptive data through: - Monitoring of mass media - Letters to press, national councils and regional welfare boards
Knowledge of self-help groups in the Durban area	Describing nature purpose and activities of groups in Durban	Collection of information through: - Attendance at workshops and conferences - Personal contact with community groups - Review of welfare resource directories
Feasibility Study Knowledge about social workers practising in the Durban area and their knowledge, use of, and attitudes towards, self-help groups	Describing the social workers, their methods of practice, previous contact with self-help groups, opinion of the utility of self-help groups in practice.	Questionnaires distributed to all employed social workers in the Durban area
Gathering and Processing Information from selected Information Sources Detailed information about social workers, their workloads, methods of practice, current relationships with self-help groups.	Assessing nature of current workloads and methods of practice Exploring current knowledge and use of self-help groups by Durban social workers, and factors which may affect these	Personal interview with self-selected sample of employed social workers
Information about the possible role of self-help groups in service provision and future use of self-help groups by social workers.	Examining attitudes towards future use of self-help groups	

Analysis Phase

The Analysis phase involved five operational steps as outlined in Table 3.2:

Operational Step (1): Problem analysis and identification

An analysis of current conditions was undertaken to establish the area of investigation and the need for technological innovation.

Operational Step (2): State-of-the-art review

Literature Review

In surveying the development of self-help/mutual aid in South Africa, information was sought first in books and articles on the history of welfare services in this country, and in reports of social work and social welfare conferences, as well as in anthropological, sociological, historical and political studies.

Letters Appealing for Information

In order to ensure that the enquiry be as wide-ranging and exhaustive as possible, a letter for publication was addressed to the editor of all newspapers registered in the geographical index of newspapers in South Africa and South West Africa (*Promodata 84*, 1984, pp. 17-18). A total of 157 letters was sent. (Appendix B shows the format of this letter in English and Afrikaans).

Information concerning self-help groups was requested from readers. One hundred and eighty-six responses were received. In acknowledging each reply, a response form requesting details of the organization and a stamped addressed envelope was enclosed for return to the researcher. Many of the groups mentioned by respondents did not, in fact, meet the descriptive criteria outlined in Chapter 1. Copies of a letter explaining the nature of the investigation, a response form and a stamped addressed envelope were also forwarded to the secretary of each regional welfare board, and to all National Councils.

Monitoring Popular Information Media

The media (including the press, radio and television) were identified as important stimuli in the development of self-help groups. Newspapers and popular magazines were monitored and proved to be a helpful source of information about groups. Articles about specific problems and relevant resources, as well as resource lists were found in nationally distributed family magazines such as *Fair Lady* and *Your Family*. Marina Petropoulos (1980), author of a popular child care handbook, provided a list of various community resources for problems parents might encounter, and included self-help groups among these. Advertisements soliciting members or providing details of group meetings in the classified columns of daily newspapers were investigated. Efforts to establish groups and information on their activities reported in the press, on the radio, and in television programmes were followed up.

The more specific information required for the Durban study was based on data obtained through the following strategies:

Personal Contact

Personal contacts with community groups and with organizations which functioned as co-ordinating bodies for self-help groups were utilized. The relevant co-ordinating organizations in the Durban area were the South African Inherited Disorders Association (SAIDA) and the Cancer Association.

Welfare Resource Directories

A welfare resource directory is available for the Durban area. This was consulted and organizations which either described themselves as self-help groups, or appeared to meet the operational definition, were listed. Telephonic contact was made with local associations in order to clarify their purpose and the nature of their operation.

Attendance at Workshops and Conferences

Attendance at workshops and conferences provided an opportunity for contact with professionals and members of self-help groups. Information about existing self-help groups in the Durban area as well as details of professional collaboration with such groups, was obtained.

Operational Step (3): Feasibility Study

As information should be obtained from those who have the appropriate expertise in the field, social workers were selected as the source of information.

The feasibility study consisted of two activities: making contact with social workers in the Durban area, and distributing a questionnaire which would provide the required data.

Operational Step (4): Selection of Technological Objectives

In this project the focus was on the technology associated with service delivery which also had implications for social policy. The specific aspect selected was the development of ways of enhancing existing relationships with self-help groups, and establishing further links.

Operational Step (5): Selection of Information Sources

In any developmental effort the most appropriate sources of information should be sought. In this case, the social workers who had responded to the initial questionnaire and indicated their willingness to participate in further investigations, were selected for the Developmental phase of the project. They were to provide information about their current knowledge of, their attitudes towards, and the nature of their relationships with, self-help groups.

Development Phase

Two operational steps in the Development Phase were undertaken.

Operational step (6): Gathering and processing of information

This operational step encompassed two aspects: the gathering of information and the processing and presentation of that information. Information was obtained through the medium of a personal interview with a self-selected sample of social workers. The processing and presentation of that information constitutes part of the results described and discussed in Chapter 5.

Operational step (7): Design of social technology

The purpose of this step is the utilization of the knowledge acquired. Rothman (1978, p. 117) referred to this as a "translation" or "conversion" of research findings into principles of action. The conclusions and recommendations in Chapter 6 will comprise the technology of such action.

METHODS OF DATA COLLECTION

The research design required both quantitative and qualitative research methods. Quantitative data included concrete information about self-help groups, social workers' current knowledge and use of self-help groups and demographic characteristics of the sample. Qualitative data were needed for describing complex social processes, such as relationships with self-help groups and their historical and cultural significance. Data collected formed the base for developing the ways in which existing relationships could be enhanced and further links established. These data were also required for informing social policy development. Consistent with Smith's (1986) view that each form of data collection has strengths as well as weaknesses the use of both quantitative and qualitative methods in this study was viewed as a complementary rather than competitive approach.

DATA COLLECTION INSTRUMENTS

The Questionnaire

A short self-administered questionnaire (see Appendix C) was constructed and tested on qualified social workers teaching in the social work department at the University of Natal. Its general purpose was to introduce the subject of self-help/mutual aid as an area of interest for practising social workers. The responses could then be used to assess the feasibility of an investigation into future utilisation of self-help groups in social work practice.

The questionnaire consisted of fourteen questions. The first six related to the length of respondents' past professional experience and to current employment, and the following two covered demographic information. The next five required information about past experience with self-help groups, and the respondents' opinion of the usefulness of such groups in their field of practice. The final question asked whether the respondent was prepared to participate in the next part of the study.

Two questions specifically mentioned referral as the literature had indicated this as the most prevalent form of contact. In addition, respondents were given an opportunity to describe other forms of contact. Responses tended to relate more to referral, and few respondents provided information about other forms of contact. Many respondents who had referred clients and had experienced some other form of contact reported only on the referrals. It was apparent that the question was open to differing interpretation. This aspect was pursued in greater detail in the interview.

The questionnaire was kept as brief as possible and printed on both sides of a single sheet, to encourage people to complete it. A covering letter introducing the topic, soliciting co-operation and providing practical details concerning the procedure for returning the questionnaire, and the completion date, was attached to each

questionnaire. Copies of the questionnaire, the covering letter, and an addressed envelope, were personally delivered to each agency for distribution to all social workers employed there. Questionnaires were delivered individually to social workers employed in commercial or industrial settings. The return procedure involved placing completed questionnaires in a pre-addressed envelope, sealing and returning it to the agency director for collection by the researcher. In cases where a single social worker was employed, a stamped addressed envelope was enclosed.

The Interview

The interview was selected as the data collection method of choice in the Developmental phase of the project.

The interview schedule (see Appendix D) combined closed-ended questions, aimed at the collection of demographic data, with open-ended questions which were used to elicit opinions and broaden the discussion. The effect of the latter was to incline the interview towards the more qualitative form of a purposeful conversation. The extensive use of open-ended questions had dual benefits: firstly, they were helpful in assisting the development of rapport and a co-operative relationship between the researcher and the respondents and secondly, respondents did not feel confined by a rigid schedule and were able to indicate their own priorities and interests. This resulted in an opportunity to exchange information and ideas as part of the developmental process. As has been mentioned, the interview provided an opportunity to clarify misconceptions concerning self-help groups or ambiguities which had emerged in the initial questionnaire. The interview was also seen as a means of increasing worker awareness of self-help groups. It was anticipated that the opportunity for a detailed and active discussion of the topic would raise the consciousness of social workers and increase the likelihood of their using such groups in practice. The interview was thus a source of information and, at the same time, an early stage of the developmental effort aimed at generating and in some cases increasing contact with self-help groups.

The interview schedule was divided into three sections. Section A was discussed with all participants, Section B with participants who reported no previous contact with self-help groups, and Section C with those who had experienced previous contact with self-help groups. The topic areas for the interview which were discussed with all the participants and constituted Section A are listed below. Reference is made to the literature which supported exploration of these areas in order to justify the questions asked.

The Respondents

Questions were aimed at acquiring descriptive data about the respondents. These were mainly demographic questions concerning gender, race, the employing agency, year of qualification and number of years working as a social worker. These questions had been covered in the questionnaire and their repetition served as an introduction in establishing a relationship with the interviewee and as a way of checking the accuracy of the information provided in the questionnaire.

The decision to include a racial distribution was based on an assumption that black social workers would have had less previous contact with self-help groups than white social workers. There had not been any direct reference to race as a factor in membership of self-help groups. However, in the South African context, with its history of separation and differentiation on racial lines, it seemed possible that there might be fewer groups which were accessible to prospective black members.

Nature and Management of Work

Current practice was discussed in relation to the amount of direct contact social workers had with clients, size of caseloads, and the number of groups organized. These factors were used as indicators of work pressure and the consequent need for increasing the range and source of available services. The findings of the British Association of Social Workers (BASW) study on social workers and volunteers (Holmes & Maizels, 1978), had indicated that the size and composition of social workers' caseloads, the nature of the work involved, and caseload management were

important factors affecting the use made of volunteers. As both self-help groups and volunteers may be viewed as possible resources complementing the professional helping system, it was considered appropriate to investigate these issues. Caseload size was also relevant if self-help groups were to be seen as part of the system of service delivery and thus as a way of reducing workloads. Heavy caseloads have been a long-standing problem for South African social workers. Winckler (1969) referred to this as one of the difficulties in recruiting for the profession, while Shaw (1968) noted the work stress precipitated by a heavy caseload.

Social workers were asked about the amount of time spent in direct client contact. Since the utilization of self-help groups in social work service delivery is closely related to direct practice and thus to client contact, it was assumed that social workers who had direct contact with clients would be more likely to have had contact with self-help groups.

The issue of how social workers conceptualized supportive services, what constituted such services, and the number of clients requiring support, was considered relevant to a discussion of self-help groups. The literature had shown the importance of support in the intervention process (Hollis, 1972); the use of a created social network as a source of support for the socially isolated (Turkat, 1980); and the provision of mutual support as an inherent characteristic of self-help groups (Borman, 1975, 1979; Katz & Bender, 1976b; Powell, 1975). Kane (1980) had referred to its elusiveness and its subjective and objective components. Roberts and Nee (1970) noted that many social workers' caseloads were made up of people who needed some form of "constant, though not necessarily intensive, support as a kind of lifeline" (p. 306). An open-ended question was used to allow the respondents to be as inclusive as possible in their responses.

Schwartz (1961) defined the group as "an enterprise in mutual aid . . . a helping system in which the clients need each other as well as the worker" (p. 18). Others have also emphasized the importance of peer helping in groups (Abels & Abels, 1980; Alissi, 1982; Garvin, 1981; Gitterman, 1986). Recognition of this element in

the group intervention process by participating social workers was considered a possible argument against the use of self-help groups by these social workers. The rationale for this was based on the idea that the support and mutual aid of peers which is an important aspect of the help offered by self-help groups (Borman, 1975, 1979; Katz & Bender, 1976b; Powell, 1975; Withorn, 1980) was already available in the professionally organized group. Social workers would, therefore, see no need to refer clients to self-help groups.

Topics such as the nature of roles assumed by social workers in their groups, their view of their roles as active or passive, and the amount of responsibility they took in the groups were included. These discussions were used to explore the differences, if any, between professionally organized groups and self-help groups. They also were seen as indicators of possible blocks to collaboration with self-help groups.

Membership of Professional Associations

Various points had been made in the literature indicating that professionalization was a contentious issue in attitudes to self-help groups. Examples of motives informing disapproval included professionals' desire to protect their power and autonomy (Haug & Sussman, 1969; Robinson & Henry, 1977); a desire for the maintenance of a rigid boundary between clients and professionals (Caplan, 1974); the professional's wish to control the group (Silverman, 1974; Whittington, 1983); and the belief in a need for credentials to work with people who have problems (Huey, 1977). There is also a public approval granted to the professions which hold that certain work is exclusive to that profession. This monopoly is often based on the assumption that the work is too complex and important to be trusted to amateurs (Miller, 1977). Membership of a professional association and professional concerns were used to explore the topic of professionalization.

Social Work Education

This discussion provided an opportunity to reflect on whether knowledge about self-help groups originated during the training experience. Social work training is obviously a primary source of knowledge and is thus a potentially important source of information about self-help groups.

Relationship with Informal Service Systems

This section of the interview assessed attitudes towards and knowledge about informal service systems. The predominant focus was on self-help groups. However the use made of volunteers was included as a basis for comparison.

A number of measures were used to assess respondents' understanding of the nature of self-help groups and their attitudes towards them. These are listed with an indication of the rationale for their inclusion:

1. A Likert type scale was used to provide an index of the individual's attitude to the usefulness of self-help groups along a favourable-unfavourable dimension. Attitudes are learned predispositions to respond evaluatively and thus are most appropriately measured through an attitude scale (Davidson & Thomson, 1980).
2. An open-ended question was put concerning the differences between professional help and self-help. In order for the two systems to complement rather than encroach on each other's turf, recognition of legitimate differences is needed (Baker, 1977; Gottlieb, 1976).
3. A Likert-type scale offering a "strongly agree" to a "strongly disagree" range was used to assess reaction to the concept of lay participation in the therapeutic process. The topic was generated by the emphasis in the literature on the growing consumer movement and the benefits of consumer participation (Cohn, 1979; Grosser, 1979; Kahn, 1973).

4. An open-ended question required the respondent's opinion of self-help groups. A variety of views of self-help groups had been expressed. Goffman (1968) for example was critical of self-help groups which he described as "huddle-together ...clubs formed by the divorced, the aged, the obese, the physically handicapped, the ileostomied and colostomied" (p.34). Katz and Bender (1976b) viewed them much more positively as offering a new identity and opportunities for assertive adjustment.
5. Four sentences describing different views of self-help groups were suggested. Views were based on the literature reviewed (Katz, 1976, 1981; Killilea, 1976; Powell, 1975). The alternatives statements were:

Self-help groups are a community resource, to be used by the social worker as part of the range of services available to meet client needs (defined as a co-operative relationship).

Self-help groups are a therapeutic service, operating independently and autonomously (defined as a collegial relationship).

Self-help groups are an adjunct or ancillary to social work services, and should be under the supervision, direction or control of a professional person (defined as a co-optive relationship).

Self-help groups offer a similar service to that offered by social workers and clients could choose to join a self-help group as an alternative to professional service (defined as a competitive relationship).

Respondents were asked to choose the statement most closely resembling their perception. These views were linked with two possible modes of interaction. Analyses of these data were used to identify: (a) the potential for acceptance of self-help groups as part of the range of services available, (b) the possibility of collaborative interaction, and (c) the difficulties which might be encountered if a competitive mode prevailed.

Agency Policy

Since agencies may influence a practitioner's use of self-help groups by positive or negative policies towards links with these groups (Silverman, 1980), the existence and nature of agency policy towards self-help groups was explored.

Section B of the interview was directed at those social workers who had not had previous contact with self-help groups. It dealt with reasons for not using the groups, the possibility of future contact and possible roles, and areas of need which might be addressed by the formation of new self-help groups.

The third section of the interview, Section C, was for those social workers who had experienced previous contact. Its main concern was a detailed investigation of the nature of this contact. This included a discussion of referral procedures including the issue of client selection. Spiegel (1982) had noted that while several research projects had described the relationships between self-help groups and professionals, little had been done regarding referral patterns. In reviewing the literature on help-seeking, Gourash (1978) established that males, minorities, the aged, people with less than a high school education and the working and lower classes sought assistance from self-help groups and professional facilities less frequently than young, white, educated, middle class, female clients. This raised the question of client characteristics which social workers considered appropriate for referral to self-help groups. Social workers were also asked to analyse their caseloads and consider the utility of self-help groups for each problem area.

As in Section B, the issue of future use of self-help groups, future possible roles and future needs for which self-help groups would be appropriate were discussed.

DATA ANALYSIS AND ORGANIZATION

The developmental purpose of the research determined the way in which the data were organized and presented. As in qualitative research, the aim was to establish the essential nature of a social phenomenon. This understanding would then serve

as a basis for a new approach to service delivery. In this study the subjective experiences of practising social workers had to be described and understood. Reality, from a historical perspective and from the viewpoint of participants in the system, was the objective.

The data have been divided into two chapters. Chapter 4 deals with the information obtained from the literature search, the monitoring of mass media, letters to the press, national councils and regional welfare boards. This was part of the review of current conditions which Thomas (1981) called a "state-of-the-art review" (p.597). The background of self-help groups in South Africa was traced in order to establish their historical and cultural relevance. Various socio-environmental factors have been described as they form the context in which any proposed development would take place. The factors described by Wollert and Barron (1983) as conducive to the establishment of self-help groups were used as a framework for analysis of the historical findings.

Information concerning existing groups, their nature and focus was classified in terms of Katz and Bender's (1976b) concept of inner- and outer-focused groups. The inner-focused groups were categorized on Levy's (1976, 1979) typology.

The findings from the feasibility study (survey) and the Development Phase (research interview) are reported and discussed in Chapter 5. The findings are descriptive. Although much of the data have been presented in table form, this was for purposes of clarity and ease of reading, rather than to make statistical generalizations. Most of the data involved nominal measurement and was therefore inappropriate for bivariate correlational analysis. Where associations or relationships between factors were discussed these were based on cross-tabulation procedures. Percentage differences were calculated to determine the possibility of an association and chi-square was used as a measure of association.

Consistent with the developmental goal of linking social workers with self-help groups in the social service delivery system, an assessment of the nature of participants' interaction with self-help groups was needed. Not all the respondents had experienced a relationship with a self-help group and an attempt was made to

assess the respondents' potential mode of interaction. Social workers' views of self-help groups were categorized in terms of the nature of the relationship they represented. Five possible modes of interaction were described in the literature review (Froland et al, 1981a). These were conflict, competition, cooptation, coexistence and collaboration. For the purposes of this study these categories were collapsed into two: a collaborative mode and a competitive mode. Each relationship category was assigned either to a collaborative or competitive mode of interaction.

Table 3.6 shows these alternative views, the descriptive relationship and mode of interaction.

Table 3.6

Alternative Views of Self-help Groups, Relationship Categories and Possible Modes of Interaction

Descriptive Statement	Relationship	Interaction
Community Resource	Co-operative	Collaborative
Therapeutic Service	Collegial	Collaborative
Ancillary Service	Co-optive	Competitive
Alternative Service	Competitive	Competitive

Thus an acceptance of the value of self-help groups and a view of them as a useful resource, complementary to social work service, was taken to indicate a willingness to work co-operatively with them, and was categorised as a collaborative mode of interaction. The view of groups as providing a therapeutic service, operating autonomously but not competitively, was interpreted as representing a collegial relationship. This form of interaction also offered the potential for collaboration.

Choice of the third statement indicated a desire to control self-help groups, and represented the co-optive mode of interaction. This was closer to the competitive than the collaborative mode and was therefore assigned to that category. The view of self-help groups as an alternative to professional service meant that a choice existed between the two helping systems. If, as the overseas literature, suggested, the same population utilized self-help and professional services (Borman & Lieberman, 1979; Traunstein & Steinman, 1973) then this could be interpreted as conforming to a competitive mode.

The value of this classification was obviously limited by the self-report nature of the interchange. The reliability of the information was accordingly affected. It was, however, considered a valid exercise since the purpose of the investigation was to assess attitudes towards present and future relationships with self-help groups and to base recommendations for future development on these.

Notes

1. The South African Council for Social Work was known as the South African Council for Social and Associated Workers prior to the amendment of the name of Act No 78 of 1978 from *Social and Associated Workers Act* to the *Social Work Act* (Government Gazette No. 11860 of 12 May, 1989).

CHAPTER 4

RESULTS OF THE REVIEW OF CURRENT CONDITIONS

In this chapter the findings from the investigation into current conditions which Thomas (1981) called a "state-of-the-art review" (p. 597) are presented. This presentation does not follow the usual format of an empirical study in the social and behavioural sciences: instead the data are presented in an historical framework. According to Stuart (1981) historical research may be used to explain the past, aid in understanding the present and suggest something of the future. In this study historical evidence was sought to establish the existence of self-help/mutual aid in South Africa, to explain its nature and development, and assess its relevance and significance for the future.

The data were collected from a variety of sources. In accordance with Thomas's (1978b) suggestions these included a review of published and unpublished literature, personal observation, discussion with knowledgeable informants, attendance at workshops and conferences on the subject. A broad review of anthropological, sociological, historical and political sources was undertaken. Information about South African self-help groups was required as well as about groups which operated specifically in the Durban area. The collection of descriptive data involved monitoring the mass media, writing letters to the press, national councils and regional welfare boards. Attendance at workshops and conferences, discussions with community groups and the review of welfare resource directories facilitated information gathering concerning Durban groups.

South Africa has strong links in its social work and welfare service tradition with England and America (Cohen, 1984; Midgley, 1981; Theron, 1972). It was therefore considered possible that similarities to the English and American historical tradition might be found in the history of South African self-help.

In reviewing the English and American literature, (see Chapter 2), four historical themes were identified. First, basic human needs were initially met through mutual aid provided by the family, clan and community. Secondly, with the advent of industrialisation mutual aid associations became part of the urban context. Thirdly, immigration was a stimulus for the development of ethnic mutual aid groups. Finally, in modern times self-help groups developed as a service activity.

Findings in this phase of the study established similar trends in South Africa. These results and discussion are therefore presented under the following headings:

1. Family and community mutual aid
2. Mutual aid in an urban context
3. Associations based on ethnic identity
4. Self-help as a service activity

FAMILY AND COMMUNITY MUTUAL AID

Potgieter (1973) dated the historical development of welfare services in South Africa from the arrival of the first European settlers at the Cape of Good Hope in 1652. He called this the Family or Pioneer period. It was however, predated by the mutual aid support systems of the indigenous San (Bushman), Khoi (Hottentot), and Nguni population of the time. They were nomadic pastoralists and hunters who lived in small communities, as well as Nguni agriculturalists whose Iron Age ancestors, according to archaeological evidence, had occupied South Africa from 270 A.D., and who interacted peacefully with the Khoisan hunter - gatherers (Maylam, 1986).

The Dutch East India Company, which administered the European settlement in the 18th century, intended that the Dutch, French Huguenot, and German settlers would live in "intimate neighbourliness" (De Kiewiet, 1941, p. 8). Instead, the

settlers began to move away from Cape Town, expanding the frontiers of the colony. There was little organized communal life, as farms were vast and people were separated by large distances. Families provided for their own needs. No strong commercial tradition or labour-based economy developed, nor initially were there co-operative agricultural ventures.

The extended family system and a communal way of life which emphasized co-operation and sharing, was the basis for mutual aid among various Nguni tribes during this period. These were traditional Nguni helping patterns and as Tshabala (1986) noted were established long before contact with whites. Hilda Kuper (1947) in her study of the Swazi, referred to the lack of class structure in peasant societies and the help kin and neighbours gave each other in clearing fields, planting, harvesting, and building homesteads. While communal labour is not the equivalent of a self-help group, it contains many similar characteristics (Du Toit, 1982), and has been documented in studies of the Lovedu tribe (Krige & Krige, 1943), and the Pondo (Hunter 1961).

MUTUAL AID IN AN URBAN CONTEXT

In England and America economic need was linked with the development of co-operative associations. In farming areas this led to the formation of farmers' associations and agricultural co-operatives. In the newly developing urban areas, savings clubs, Friendly Societies, burial societies, religious groups, and occupational associations were formed, many of which in turn, became trade unions. Similar developments were noted in South Africa. Examples of these are described and an attempt has been made to indicate their relevance among the various South African population groups.

Farmers' Associations

In the latter half of the 19th century, farmers' associations, such as the Association of Wine Farmers in the Western Cape, were formed in South Africa. Their aim was

to work collectively to obtain a better market for their products. Davenport (1966) described this industry's first co-operative society as an attempt "to apply to itself the good Victorian virtue of self-help" (p. 16). Other examples of such efforts, included the South African Farmers' Protection Association established in 1878 in protest against an excise tax levied on colonial brandy. Not only white farmers participated in farmers' associations. By 1934 a Native Farmers' Association had been established in Pondoland to spread knowledge of scientific farming methods and to organize co-operative buying and selling (Hunter, 1961). Co-operative agricultural and credit societies which lent money to members for short periods also operated at this time.

Savings Clubs

Urbanisation in South Africa was accelerated by the development of secondary industry following the discovery of diamonds in 1870 and gold in 1886. The effect of industrialization, and the economic depression after a banking crisis in 1890, had devastating effects on the white Afrikaans settler who had formed a comparatively poor but stable and independent farming community up until then. Compelled by economic circumstance to leave their land, many Afrikaners drifted to the towns and cities. The depressed economic conditions generated a number of organized responses (O'Meara, 1975/76) including a fund known as the Helpmekaar (Mutual Aid), which collected donations and subscriptions "for the relief of distress and the furtherance of the education of poor children as well as adults by means of grants or loans on favourable terms" (De Kock, 1924, p. 470).

Du Toit (1982) commented on the effect of the drift to the cities of rural villagers and their frequent transformation into the urban poor whose need for help in subsistence was met through self-help groups. The most popular form of financial mutual aid for Africans moving to the towns was through rotating credit associations known in the Transvaal as *stokfel* and *mahodisano* (Brandel-Syrier, 1971; Kramer, undated; Kuper & Kaplan, 1944). Sums of money were circulated among their members and they sometimes gave assistance to family members (Hellman, 1937).

Some of these organizations sold alcohol and offered an opportunity to participate in parties and social activities. Membership was aimed at those "responsible for buying the basic subsistence items" (Du Toit, 1982, p. 128) and could include both men and women. Brandel-Syrier (1971) reported that certain groups supported each other. This support gave rise to a network of social ties stretching across individual townships and between the various townships on the Reef. In the Cape, similar associations were identified in the Langa township outside Cape Town (Wilson and Mafeje, 1963) and among Xhosa migrants in East London, where they were known as *umgalelo* clubs (Mayer & Mayer, 1971).

Another form of economic mutual aid in African communities, was provided through "Gift Clubs". These were used mainly by women as voluntary savings associations. They gave mutual financial assistance with the expenses for special events, such as a child's marriage. Money or goods would be available on loan for an extended period. Repayment was made on a specific occasion when more than could be afforded from current income was needed by the lender (Wilson, Kaplan, Maki, & Walton, 1952).

Recent research indicated that savings clubs continue to be utilised, both formally and informally, for projects which would be beyond the scope of the individual (Franks & Shane, 1989). In the Eastern Cape, for example, Franks and Shane (1989) noted that sixty-six million rand had been accumulated in savings clubs known as *amafella* (p. 111) from which members could borrow. In the Durban area a local newspaper reported an informal attempt at co-operative saving by a group of domestic workers in Kwa Mashu (an African township in the Durban area). Their efforts enabled them to build extensions to their houses which they would have been unable to afford individually (*Dream of Home*, 1983).¹

Friendly Societies

Co-operative savings associations like the English friendly societies of the 19th century developed in South Africa too. An Act promulgated in Natal in 1862 provided for the establishment of societies "for the mutual relief and maintenance of the said members, and of their wives and children, in sickness, old age, and infirmity,

and for the funeral and other expenses of the same " (Cadiz & Lyon, 1879, p. 391). By 1922, there were 85 benefit societies in South Africa, and 8600 recipients of sick benefits.

Co-operative Associations

Franklin (1949) described the purpose of a co-operative association as "an attempt on the part of its members to advance their material interests by co-operating to render for themselves some service of which they stand in need" (p. 465). He noted that different types of co-operative societies existed among all the various population groups in South Africa and were registered at the time under the *Co-operative Societies Act* (No 29 of 1939). Two main types of co-operative societies were identified among so-called "Non-Europeans" (Franklin, 1949, p. 465). These were co-operative trading societies and rural co-operative credit societies.

Other forms of co-operative associations were noted among working and middle-class coloureds living in Cape Town in the late 19th and early 20th centuries. Included were welfare, friendly, benefit and burial societies, as well as a small number of co-operative stores (Trapido, 1969/70). Patterson (1953) referred to an informal form of self-help in the system of *kanalawerk* (derived from the Malay word *kanala* meaning "please" and *kanalawerk* was done to please a friend). Coloured and Malay building artisans helped each other build their own homes over weekends, in the knowledge that similar assistance would be available to them when they needed it.

The value of co-operative associations was recognized on a formal level at the National Conference on Social Work in Johannesburg in 1936. C. H. Olivier, the Chief Probation Officer in Johannesburg, responding to the lack of community organizations to help families, reported on a programme which had been implemented in 1933 by the local Probation Association. Instead of providing financial relief to families in need, they had supplied constructive employment, and had started a small clothing factory run on co-operative principles which resulted in the members becoming "more socially minded" (*Report of National Conference*, 1937, p. 112).

The principle of co-operative associations continues to be closely linked with self-help. It can be seen in the *Zenzele* (Do it Yourself) clubs which operate in many African communities in South Africa today. Their projects vary from developing communal gardens to teaching handwork and craft skills, to holding social gatherings, and include marketing and farmers' co-operatives (Claassens, 1980).

Trade Unions

In England, the history of the labour movement moved first from a period of revolt and dissatisfaction to a second phase when workers accepted the capitalist system and tried to function within it to improve working conditions. The third phase in the development of labour was marked by the emergence of socialism which encouraged working class unity and the strengthening of the trade union movement (Cole, 1948). Katz and Bender (1976a) commented on the elements of mutual aid inherent in craft and trade unions and in the fraternal societies to which union members and their families could belong.

In South Africa, the first trade union is thought to have been established in Cape Town in the printing industry (the exact date is unknown) closely followed by the Carpenters' and Joiners' Society in 1881 (Gitsham & Trembath, 1926). According to Horrell (1969) these early craft unions were composed of white artisans. However Trapido (1969/70) noted the existence at that time of cab-owners' and cab-drivers' associations, and a fishermen's association among the coloured population of Cape Town.

The discovery of diamonds and gold attracted large numbers of people to Kimberly and the Witwatersrand, many of them European immigrants, who had experience of trade unions in their home countries. In fact, De Kiewiet (1941) described the English as "the first generation of gold-miners" (p. 211) who brought with them "the habits of the British workshop and the traditions of the British trade unions" (p. 212). There was a sharp differentiation between the imported skilled white

miners who supervised and acted as overseers, and the unskilled black labour force. This was reflected in membership of the early trade unions, which protected their members by excluding other groups.

African trade unions have not developed consistently in South Africa. The first union, the Industrial and Commercial Workers' Union (ICU), was established in 1920 for African skilled and unskilled, industrial, domestic and rural workers. From this time the growth or decline of the African trade union movement has responded to the political development of the country and particularly to the attitudes of the ruling Nationalist party towards black labour (Davenport, 1978). Although there were instances of strike activity by black migrant mine workers, culminating in a major strike in 1913 in which co-operative action by the workers led to some improvements in their living and working conditions, it was not until 1941 that the African Mineworkers' Union was established (Maylam, 1986). There was a rapid growth of African trade unionism during the 1940's and 1950's although they were forced to remain outside statutory labour structures.

Banton (1968), in discussing anthropological aspects of voluntary associations, noted the new pattern of relationships created in the sphere of economic activity by urban associations, particularly among male workers in industrial occupations. Initially, workers formed multipurpose societies. In order to organize effectively and advance the workers' interests, these tended to develop quite rapidly into trade unions. A similar transition was seen in the development of the South African Domestic Workers Association (SADWA). It was formed in 1981 as a result of the work of the Domestic Workers and Employers Project (DWEP). The latter had been started in 1970 as an association based on the ideas of self-help and mutual aid. Their activities included the teaching of domestic skills, and the providing of an opportunity for generally isolated domestic workers to meet. Members offered mutual support and fellowship through sharing their own skills and problems. Although mainly for female workers in a non-industrial occupation the same move towards unionization occurred. SADWA'S activities now focus on negotiation with employers on behalf of its members, and the prevention of exploitation.

In England and other western countries unions have moved to more bureaucratically organized service provision. While this is true of South Africa, political factors have also affected the development of the local trade union movement. Due to racially divisive and discriminatory policies, the trade unions have seen their role of protecting the interests of workers as most likely to be achieved through the acquisition of political power, and have focused their energies in this area. Coetzee (1976) noted that all the black trade unions had begun by concentrating on economic issues. However, because of their powerlessness against the racial prejudice of white workers, and the South African system which denied their members the vote, the right to move freely to urban areas and access to certain jobs and trades which were "reserved" for other race groups, they were forced into the political arena.

The economic focus could, however, be readily resumed when needed. Following a labour dispute at Sarmcol in Howick, Natal in 1985, the Metal and Allied Workers Union formed a Workers' Co-operative. The union used the co-operative to subsidise the food requirements of Sarmcol employees who had lost their jobs. It was at the same time an educational project which fostered community development in an underdeveloped region (Green, 1986).

Voluntary associations

Tribal life had been based on close mutual interdependence and common adherence to tribal tradition. Wilson (1971) suggested that the missionaries and the church "began the shift from a society based on kinship and locality to one in which association - the combination of individuals to pursue a common interest - is equally important" (p. 96). For Africans moving to newly developing urban areas the traditional support and mutual aid from kin was further limited. This loss of traditional supports was exacerbated by structural limitations imposed by the political policy which prevented Africans from becoming permanent urban dwellers.

Their families were expected to remain in the rural areas. Thus the voluntary associations which developed initially in the cities served as substitutes for traditional institutions, assisting members and providing what Kuper (1960) called "a circle of allies" (p. 94).

Origin of locality initially remained a factor in many urban African co-operative associations. The *abakhaya* or "home-boys" (people who came from the same village or district) groups described by Wilson and Mafeje (1963) took responsibility for their members in illness and death, as well as living communally in barracks, sharing food and helping each other adjust to a new lifestyle. However, "the more educated a man is, and the longer he spends in town, the more his associations depend upon like interest and personal friendship rather than upon coming from the same village and he tends to move out of the 'home-boy' club and join one in which the activity itself is the primary bond" (Wilson & Mafeje, 1963, p. 30). Many of these latter groups operated as mutual aid support systems. Included were church activities, sporting and social clubs, civic associations, political groups, burial societies, credit rings, mutual aid, savings or benevolent societies (Dubb, 1974).

Church Groups

According to Dubb (1974) the churches were the largest group of associations open to migrant and urban Africans. Activities extended beyond the religious to the social and many smaller groups such as a women's guild or mothers' union were formed. Some of the smaller sects formed alternative communities, occupying most of their members' leisure time. Pauw (1974) described a separation from the established church by the independence movement, and from 1914, the establishment of a number of separate groups now commonly called Zionists. Kiernan (1985) noted that membership continues to offer fellowship and mutual support through weekly (or more frequent) meetings where problems, "such as the birth of a child, the loss of a job, the incurring of funeral expenses or the imprisonment of a son" (p. 97) could be shared and become a collective

responsibility. Co-operative sharing, strongly held puritan values, and mutual support through the medium of the small group enables members to cope more effectively with the exigencies of urban poverty.

Burial Societies

In South Africa, an early form of association among urban Africans was the burial society, which assumed the kinship group's responsibilities in the event of death (Banton, 1968). There are accounts in the literature of "home-boys" grouping together to help people bury the dead (Hellman, 1948; Mayer & Mayer, 1971; Wilson & Mafeje, 1963). A number of more formally organized burial societies originated from these groups (Kramer, undated).

Burial societies are not unique to the African community and have been described as a common phenomenon as a result of "the fear of a pauper's burial . . . among the respectable and churchgoing working class in many countries" (Patterson, 1953, p. 158). Among the Afrikaans speaking white population, membership of the Afrikaanse Begrafnis Onderneming Beperk (AVBOB) was available. For the coloured community of Cape Town, various lodges, as well as a political group, the African People's Organisation, provided funeral benefits. In the Jewish community, which had grown after 1880 with the influx of Jews from Eastern Europe, the first helping associations established were the Jewish Helping Hand and Burial Society (Aronstam, 1969).

ASSOCIATIONS BASED ON ETHNIC IDENTITY

The self-help mutual aid tradition discussed up to this point has been mainly concerned with economic subsistence. Associations based on ethnic identity were different in that while they may have included elements of financial assistance, their main concern was to provide help and support to people based on some common factor associated with ethnicity.

Associations for Immigrants

In America a number of associations were established in the second half of the 19th century to help immigrants adjust to their new country. Many of these were mutual benefit societies (Ford, 1971; Handlin, 1973). As the enormous wave of predominantly peasant immigrants lacked outside supports they were forced to call on their own resources to organize self-help networks (Katz & Bender, 1976b).

Similar organizations found in South Africa were the 19th century *landsleit* groups of the Eastern European immigrant Jews (Saron & Hotz, 1955). As well as providing a meeting place for the new immigrant and economic assistance for the less well off, they also functioned as benefit societies in times of illness. Aid was available for those who wished to bring their families to South Africa, or to assist relatives in the old country.

A large immigrant group in South Africa were the indentured Indian labourers, mainly Hindus, who were brought to Natal from 1860 to work on the sugar plantations. They were followed by the so-called "passenger" Indians, who paid their own passage, were mainly traders, and were Muslim in their faith (Davenport, 1978). Kuper (1960) noted that "many of the functions of African associations in the town are fulfilled for Indians - as for tribal Africans - by kinship units" (p. 94). Nevertheless, Indian associations were established on the basis of a common religion and language, and provided an educational, religious and charitable focus for their constituents. Bradlow (1979) in describing the Indian settlers in the Cape colony before Union, referred to the security which new immigrants gained from remaining within the cultural confines of their own group:

At the grassroots level one finds the village societies such as the Anjuman Island and Nizam of Afghan associations which were founded by the Moslems almost from the time of the community's inception. Because of the individualistic observances of Hinduism, its

adherents had less social cohesiveness than the Moslems. Consequently they did not form these village societies which were comparable to the *Landsmanschaften* of the Jewish immigrants who arrived at about the same time as the Indians; societies founded by people from the same town or area in the "old country" through which the immigrants' transition into the new society was eased by maintaining earlier relationships and by mutual assistance. (p. 142)

At various times, immigrants from a wide variety of European countries have settled in South Africa. Ethnic associations have been established to assist these people in their adjustment, as well as to provide a cultural and social rallying point for them. Many of these associations continue to function today.

Self-help and Ethnic Identity

The population of South Africa comprises a wide variety of ethnic groups who share a common culture, including in most cases a common language, and have developed a sense of cultural group-identity as a consequence of a common historical experience (Taylor, 1977). According to Giliomee (1979) the term "ethnicity" refers to communal awareness or solidarity on a social identity level, and when this is activated by an outside factor it is given a political emphasis and transformed into nationalism. In South Africa group awareness and differentiation based on race has been a feature of the society since the settlement of whites in the Cape of Good Hope in 1652. The establishment of self-help organizations was identified as one of the ways to deal with "real or imagined threats to the political autonomy, the religious expression, the linguistic identity" or the continued existence of a "threatened" ethnic group (Du Toit, 1982, p. 130). In tracing the history of ethnic self-help organizations they were found in fact to have been a powerful force in the development of an ethnic identity in two South African ethnic groups, the Afrikaner and the African. Other groups making up the population of South Africa - coloured, Indian and English-speaking whites - have not been discussed in relation to their separate identities as there is no evidence of a relationship between self-help and their development of ethnic identity.

The Afrikaner

The original Dutch colonists of the Cape were joined by Belgian, German and French immigrants. They brought their own languages and customs, but adjusted well to their new society and assimilated with the Dutch descended population, which was mainly a rural community, living on the frontiers of the Colony. They were individualistic and independent people, who had disengaged themselves from Europe, developing into *Africaanders* (a term first used in 1707) and then into Afrikaners, with their own language and identity.

The Cape came under British rule in 1795 but it was only in the second occupation in 1806 that strong attempts were made to impose British culture and the English language on the colonists resulting in tension and ill-feeling. This was exacerbated by what was seen by the Afrikaner as too liberal a policy towards blacks, the replacement of Dutch by English as the official language, the decree of equality between whites and coloureds in 1828, and finally, the emancipation of slaves in 1834. The response of the frontier farmers was to remove themselves from the constraints of the Cape and migrate northwards in what became known as the Great Trek.

This conservative, religious, rural population contrasted sharply with the foreigners who arrived in South Africa to prospect for diamonds and gold. As De Kiewiet (1941) noted:

The natural disharmony between the old and the new economic groups, the one homogeneous, rural, and becalmed, the other cosmopolitan, urban, and aggressive, was intensified by the political and moral disagreements that divided English and Dutch. (p. 122)

The conflict (which could be called an outside factor), acted as a threat and unified the Afrikaners into an awareness of their ethnicity, and transformed it into a nationalistic force. The first Afrikaner ethnic associations were *boeren vereenigingen*

(farmers' associations) which also represented the interests of the politically subordinate Afrikaner farming community. Subsequently these groups developed a concern for the cultural rights and interests of the Afrikaner. The farming movement, begun essentially as a form of protection and mutual aid for farmers, became a vehicle for the development of Afrikaner solidarity (Davenport, 1966).

Many Afrikaners who were forced by economic circumstances to leave their land and move to the towns and cities received what Ford (1971) called a "frosty reception" (p. 260) from the mainly English urban élite, and had to compete with lower-paid blacks for the limited amount of unskilled work available. Ford (1971) compared the situation of the Afrikaner moving to the city with that of the Boston Irish. The Afrikaner, like the Irish, used politics as a base for self-help. "Poverty and discrimination, such as that encountered by Afrikaners and Irish, provide common grievances which elicit group responses, and when groups share a common ethnic, linguistic, religious or cultural bond, this group consciousness intensifies" (Ford, 1971, p. 262).

Early in 1918, a group called *Jong Suid Afrika* (Young South Africa) formed, and later the same year, changed its name to the *Afrikaner Broederbond* (Afrikaner Brotherhood). It was "an organisation in which Afrikaners could find each other in the midst of great confusion and disunity and be able to work together for the survival of the Afrikaner people in South Africa and the promotion of its interests" (Report of the Commission of Enquiry into Secret Organisations, quoted by O'Meara, 1975/76, p. 163). During the 1920's the *Bond* operated similarly to a masonic lodge. In 1929, it established the *Federasie van Afrikaanse Kultuurvereenigings* (FAK) (Federation of Afrikaans Cultural Organizations) to co-ordinate cultural activities. There are now over 400 Afrikaner organizations affiliated to the FAK, ranging from the Voortrekkers (a Boy Scout movement), the *Vrouefederasie* (Women's Federation) to the *Afrikaanse Handelsinstituut* (Afrikaans Chamber of Commerce). However, the range of influence of the *Broederbond* was extended from a semi-religious cultural function to an increasingly active role in nationalist politics (Du Toit, 1982).

There was no doubt about the self-help nature of the *Broederbond's* aims. According to Giliomee (1979), its members hoped to "assume collective responsibility for the entire Afrikaner nation" (p. 156), and this included the poor, the workers and businessmen. David Harrison (1981), in his study for the British Broadcasting Corporation, referred both to the self-help and political functions of the organization. "Nothing which can affect the well-being of the Afrikaner escapes the notice of the Broeders. They are concerned with everything from birth control to burial clubs, from religion to race relations" (p. 93). Economic power was viewed as a base for political power. The *Broederbond* was involved in the formation of a railway workers' union; the *Volkskas* (People's Chest), a savings bank for members, which started as a co-operative bank in 1934 and only registered in 1941 as a commercial bank; and the *Reddingsdaadbond* (Rescue Action Association), which financed Afrikaner businesses through self-help. Life and burial insurance came with membership of the *Reddingsdaadbond*, and by 1946 there were 65 000 members.

The *Broederbond* was, according to Du Toit (1982), most successful in the area of economic self-help for the Afrikaner. This provided the base for political aspirations which resulted in the Afrikaner governing the country, holding every important position and "the people and the language . . . progressing beyond all expectation" (Du Toit, 1982, p. 152). The self-help activities of the Afrikaner people have thus resulted in the emergence, and continued presence in contemporary South Africa of a culturally, politically and economically strong ethnic group.

The African

Du Toit (1982) described the Afrikaner as having experienced a long history of "threat, denial, and confrontation" (p. 158). The same description could be applied to the African people of South Africa. In the 19th century they lost their political independence to white domination, and were considered racially inferior and economically incompetent (De Kiewiet, 1941). They were also prevented from

moving freely to urban areas or openly competing on the labour market (Hellman, 1949). Historically they were not viewed by whites as an ethnically united group although Kuper (1971) saw this changing due to "urbanization, industrialization, Western education, and conversion to Christianity" (p. 433).

Just as Afrikaner ethnic identity was developed through the organized self-help efforts of the *Broederbond*, so the development of an African ethnic identity can be seen in (a) the early history of African political organizations, (b) the self-help activities advocated by the Black Consciousness Movement, and (c) the mobilisation of workers in the trade union movement. The relevance of trade unions to the development of self-help has been noted (Katz & Bender, 1976b) and mention has been made of the segregated nature and political activity of trade unions in the South African context. This section will, therefore, focus on the early political organizations and the Black Consciousness Movement.

Sources dealing with the development of an African ethnic identity tend to concentrate on African nationalism as a political force (Maylam, 1986; Kuper, 1971). However, the spotlight here is on the development of ethnic consciousness through self-help. Although the value of self-reliance and the need for co-operation was, in many instances, implicit in the structure and functioning of organizations, an attempt has been made to include only those organizations which explicitly included self-help/mutual aid in their aims.

Odendaal (1984) described some of the early political associations which developed in the late 19th and early 20th century. Many of these were locally based organizations which were the forerunner of more inclusive associations intended to unite African people. Examples of local groups included the Native Educational Association founded in 1879 in the Eastern Cape, and the *Imbumba Yama Nyama* (literally "hard, solid sinew" interpreted to mean an inseparable group or union), established in Port Elizabeth in 1882. One of the aims of the former was "to promote social morality and the general welfare of natives" (Odendaal, 1984, p. 7).

The latter was started "largely in response to the growth of the Afrikaner Bond which many Africans perceived to be a threat to their interests" (Odendaal, 1984, p. 8). Its aim was to achieve unity through fighting for national rights. This organization was a forerunner of the *Imbumba Eliliso Lomzi Ontsundu* (Union of Native Vigilance Associations) which, it was hoped, would develop into a strong national body to protect African interests along the lines of the Afrikaner Bond. Before Union in 1910, the South African Native Congress, a Cape based organization, started by Xhosas, expanded its activities to the Transvaal. Other African ethnic groups were included in an attempt to protect wider African interests.

Although many of the early African political organizations were based locally and were shortlived, their existence provided evidence of a long history of associations mainly concerned with political and social rights. In Odendaal's (1984) view:

They were symptomatic of an ever-increasing African interest in political affairs and organizations at grassroots level. This also manifested itself in numerous African voluntary organisations such as teachers' associations, social and sports clubs, temperance and debating societies, and organisations for the protection of African financial interests. (p. 62)

As was the case with the *Broederbond*, there was an awareness of the need to generate race pride and economic independence. An attempt was made in this direction with the establishment of the Ohlange Institute, the first African controlled industrial school. It was run on the lines of Booker T. Washington's Tuskegee Institute in the United States, and implemented his philosophy of race pride, industrial education and self-advancement. Another association with these aims was the African Brotherhood and Commercial Co-operation Society, founded in 1910, by Alfred Mangena "for the political protection, Commercial encouragement and Unification of the Dark Races of the subcontinent" (Rules and

Regulations quoted by Odendaal, 1984, p. 266). Mangena intended to achieve these goals through uniting Africans into a group which could provide funds for commercial and educational projects and for brotherly help among members.

The general effect of these associations was a more unified and co-ordinated African response to events, and the development of a sense of mutual identification. This in turn led to a tendency towards greater African unity. According to Maylam (1986), this tendency could be seen in the development of black consciousness or African nationalism and of African working-class movements.

Perhaps the most important forerunner to the modern Black Consciousness Movement was the South African Native Convention, organized in 1909 to co-ordinate African opinion on the draft constitution for a united South Africa. Within two years of Union the Convention had been superseded by the South African Native National Congress or, as it became known in the 1920's, the African National Congress (ANC). It listed among its objectives: "to educate Bantu people on their rights, duties and obligations to the state and to themselves individually and collectively; and to promote mutual help, a feeling of fellowship and a spirit of brotherhood among them" (Clause 5 of the Constitution of the African National Congress, quoted by Carter, 1962, p. 483).

Maylam (1986) has described the initial general tendency of the ANC towards a mild non-militant form of opposition to the government. An important influence in relation to the self-help theme, came from Garveyism. These were the ideas of a black American leader, Marcus Garvey, who emphasised the importance of African initiative and self-help to achieve liberation from white government and to deal with white paternalism. There have been a variety of ideologies among the leaders and members of the ANC over the years - communism, Africanism, pragmatism - but the common thread appears to have been an acceptance of the need to cultivate African pride, assertiveness and self-reliance (Maylam, 1986) and it is these elements which are relevant in this discussion of self-help in relation to ethnic associations.

The Black Consciousness Movement grew during the 1970's with the establishment of the Black People's Convention (BPC) which was formally launched in 1972. This was followed by the South African Students' Association (SASO), a black students' organization, and the Black Community Programmes (BCP). Maylam (1986) has mentioned the similarity between the ideas of the Africanists in the ANC and the proponents of black consciousness "who were concerned to promote African self-awareness, pride and self-reliance, and to break dependence on whites in the liberation struggle" (p. 193).

The aims of the BPC were most consistent with the self-help orientation and will therefore be the focus of this discussion. Its goals generally were to promote the liberation of blacks from physical and psychological oppression through the creation of a just society where religion and education would be relevant to black aspirations. The organization was also committed to the establishment and "promotion of black business on a cooperative basis, including the establishment of banks, co-operative buying and selling, and the flotation of companies" (Matiwana & Walters, 1986, p. 39).

Community projects were seen as the means to promote African pride and self-reliance through combating passivity and stimulating initiative. These forces would use the rationale of self-help to unite black people. This was self-help in the sense of a community helping itself rather than relying on aid from the state or outside sources and it has been a fundamental platform of the black consciousness movement. Examples of local community initiative included resistance to relocation, bus, rent and consumer boycotts, and more service-oriented projects such as self-help housing efforts.

Although the main theme of this discussion has been on the development of a national African rather than a tribal or sectional ethnicity, mention must be made of *Inkatha Yenkululeko Yesizwe* (the National Cultural Liberation Movement, but also the governing party of Kwa Zulu). It is the largest political organization in South

Africa's history with 700,000 paid up members (Brewer, 1985). In its role as the governing party of Kwa Zulu, it must obviously be concerned with the Zulus as an ethnic group, while in its role as a social movement in the wider political arena, its stated concern has been for a national unity. Brewer (1985) described its overall position as ambiguous. Yet this ambiguity was not reflected in the attitudes of members of *Inkatha* living in Kwa Mashu who, in Brewer's survey, rejected Zulu ethnicity and saw the development of black unity as the main issue facing *Inkatha*.

That the self-help tradition is part of the *Inkatha* ideology was confirmed by Dr Oscar Dhlomo when he wrote: "all Inkatha projects are in line with the movement's declared policy of self-help and self-reliance" (Dhlomo, 1984, p. 47). The Chief Minister of Kwa Zulu, Mangosotho Buthelezi, in an address to *Inkatha* in 1975, had referred to the cultural tradition which stressed the rights of the individual as a member of the group and, in support of his argument, quoted the traditional weeding parties, the loan of cattle by a wealthy man to his poorer neighbour and *stokfel* parties. He suggested that modern cooperative societies be established in black communities to ensure survival in a way that was part of the black cultural tradition. According to a report in a local newspaper, the *Inkatha* Women's Brigade has encouraged its 120,000 members to develop sewing skills, to form agricultural associations and to become aware of their own resources, as a practical manifestation of these self-help ideals (*Women unite*, 1982).¹

Tshabalala (1986) also referred to the issue of survival. He described mutual aid as a major survival component for blacks in the discriminatory policies adopted by the state in South Africa. The South African black experience has been compared with the situation of black extended families in the Southern states of America, who, according to Martin and Martin (1978) have depended on mutual co-operation as a way of surviving racial discrimination since the days of slavery.

The theme of this discussion has been on the role of self-help in the historical development of an ethnic identity. It was shown that the Afrikaner's strength as a group was very closely linked with the self-help activities of the *Broederbond*, while

in the African group, self-help was part of the traditional culture, and had also been used as a rallying point in the Black Consciousness Movement. The similarity between the situations of the Afrikaans speaking whites and the African group has been noted by Schlemmer (1976). He pointed out that both groups:

face or have faced threats and attacks upon their collective identity, dignity and sense of self worth . . . [and] partly as a result of the wounded identity referred to above, and partly shaped by external European and American ethnic ideologies respectively, have become self-conscious groups "for themselves". (p. 95)

SELF-HELP AS A SERVICE ACTIVITY

Organized welfare services have been an essential response to the complexities of urban life. Their aim is to meet or alleviate social needs and problems through the acceptance of public responsibility for them (Sainsbury, 1977). The South African welfare philosophy, based on a residual rather than institutional model (Wilensky & Lebaux, 1958), and with its racially differentiated services, certainly did not meet the social needs and problems of all its citizens. In response to unmet needs self-help developed as a service activity based on collective action and motivated by a sense of mutual responsibility and social and humanitarian, rather than economic, factors (Forder, 1975). Initially unstructured and very informal, these mutual helping efforts took on an organizational form in associations which formalized mutual assistance (Bender, 1982). These associations conform to the definitions of voluntary associations proposed by Sills (1968). They are organized groups, formed to further some common interest of their members, in which membership is voluntary and which exist independently of the state.

A wide range of voluntary organizations has been identified in both industrialized and less developed countries and has also been noted in preliterate societies, probably existing since neolithic times. According to Anderson and Anderson (1958) the growth of voluntary organizations is stimulated by accommodating

community cultural patterns and by accelerating urbanisation. Voluntary organizations foster development at different systems levels and have been found to help individuals

adjust to modernization and social change, while themselves serving as modernizing influences (Smith & Elkin, 1981). In less-developed countries (a category in which South Africa can be included), voluntary self-help associations have been shown to have a major impact on development (Agere, 1982; Aldrich, 1980; Orora & Spiegel, 1980).

Katz and Bender (1976b) differentiated between outer and inner focused self-help groups. The primary concern of the former lay outside "the immediate welfare of their members, mainly devoted to changing legislation or social policy" (p. 39). The latter provided opportunities for the personal growth of members, gave emotional and social support and concrete services. While few groups can be categorically assigned to one or other focus, and may become involved in both kinds of activities, it is a useful way of structuring this discussion of the historical development of service activity self-help associations.

This differentiation has therefore been used to present the findings in this area. The headings used are :

1. Community based self-help (which corresponds with the concept of outer-focused groups)
2. Self-help to meet personal needs (which corresponds with the concept of inner-focused groups).

Community based self-help

Although these groups are mainly concerned with wider social change, they offer their individual members support and mutual help in dealing with a shared problem. They share many of the characteristics of voluntary organizations but they also conform to the qualities described in the literature review as the nature of self-help groups.

Fitzgerald (1980) noted the historical tendency for members of human groups "to act collectively to improve the life-style of the group as a whole" (p. 26). Collective action may involve the formation of what have been called social advocacy groups (Katz & Bender, 1976b), community action groups (Calouste Gulbenkian Foundation, 1973), and grassroots associations (Perlman, 1976).

Such groups respond to a felt need or problem, and according to Smith and Anderson (1972) the action taken is a collective response to common or similar problems which have resulted in a common sense of deprivation. While the Calouste Gulbenkian Foundation Work Group (1973) referred to participants as "those who are regarded as poor or deprived" (p. 45), this seems unnecessarily limiting. A common sense of deprivation may be felt by classes and groups other than the poor. For this reason groups such as civic, residents' and ratepayers associations which in other respects conform to the parameters of this category of groups, have been included.

Self-help is an important aspect of community action. Smith and Elkin (1981) noted that "voluntary action, especially formally organized voluntary action, implies a form of self-help and an active participation of citizens with one another on issues and projects of common concern" (p. 154). Self-help has been described as a characteristic (Dunham, 1970), a goal, a programme, (Clinard, 1966) and a principle (Hollnsteiner, 1982) of urban community development, and the importance of active participation has been stressed.

The formation of both community groups and more formally organized voluntary associations in South Africa has been traced in the preceding historical discussion. Current examples can be found of all the types of voluntary associations considered characteristic of urban societies (Smith & Elkin, 1981). Matiwana and Walters (1986) in their study of community organizations in the Cape Town area established

nine categories of associations, although they noted that the categories were not mutually exclusive. Eight of their categories were considered relevant to a discussion of outer-focused groups. The ninth, which they called "special interest organizations" (p. 106), dealt with the needs of people who had a common disability problem or concern. These groups have been described here as inner-focused and will be discussed below. A summary of Matiwana and Walters's (1986) findings has been included in order to confirm the existence of self-help groups and to provide an overview of the range of groups. The self-help/mutual aid theme has been highlighted and the information supplemented from other sources.

Civic Associations

The first collective action taken by citizens of South Africa was organized in Cape Town by the Anti-Convict Association in 1849. A mass meeting was held to protest against the use of the Cape as a penal settlement. Cape Town residents were asked to withhold support or contact with the convicts or anyone associated with them, and when the convict ship the Neptune arrived in Table Bay, all shops were closed and no food or supplies were made available. Eventually the British government was forced to abandon its project (Immelman, 1955).

This early example of civic action illustrates the activities of such groups which are concerned with the general good of a community or neighbourhood. Typical foci of attention are issues such as rents, evictions, busfare increases, and the development of community facilities.

Purcell (1974) noted that the ratepayers' associations in Durban concentrated strictly on neighbourhood issues and were most successful in gaining support when they confined themselves to neighbourhood issues. This did not seem the case in the Cape Town organizations described by Matiwane and Walters (1986). Many of them had campaigned on national issues such as legislation, and encouraged bus and meat boycotts in response to price increases.

Theron (1981), in the foreword to *Outcast Cape Town* (Western, 1981), described the implementation of the *Group Areas Act* (No 36 of 1966, as amended) in Cape Town. Coloured (and other) communities were forced to move from areas in which they had lived for generations and the consequences were "deprivation, rootlessness and social instability" (Theron, 1981, p. xi). In order to deal with these problems Western (1981) suggested that communities needed consciously to develop groups which would provide a pivot for a new sense of community solidarity. He proposed the creation of citizen groups, initially organized around the need for vigilante action, and noted the activities of a group called the Peacemakers, part of the Hanover Park Residents' Protection Union. In a new housing area, Hanover Park, a very high crime incidence had been effectively reduced by the group's efforts. According to a report in the *Cape Times* the activities had stimulated "community spirit and . . . enabled people to get to know one another and take a greater interest in one another's welfare" (quoted by Western, 1981, p. 270).

Community Work Organizations

These organizations are concerned with social welfare and social change activities. Many employ community workers whose role is to stimulate the development of community groups. Most of the professionally staffed organizations aim at developing practical skills, and self-help programmes in which the community can participate, thus acquiring leadership skills, confidence, a sense of self-esteem and ultimately self-sufficiency. A typical example is Build a Better Society, (BABS) established in Cape Town in 1973 which began its activities with a small group of local residents who formed the Carmel Loving Care Crèche Group and by 1986 had 105 groups involved in welfare, civic action, health, pre-school, youth and adult programmes (de Villiers, 1985-1986). Producer and consumer co-operatives have also been established. Examples include the self-help project for the unemployed of Wentworth which was initiated by the University of Natal Community Project in 1977 (Berry, 1978), and the various health and home industry projects of the Black Community Programmes.

Cultural Organizations

The primary aim of these organizations is to promote the arts. However they are also concerned with developing individual skills, supporting democratic and co-operative activities, and in some instances have established self-help co-operatives. An increase in the number of cultural organizations started in the African townships between 1976 and 1979, aimed at the conservation, promotion and development of black culture, can be attributed to the Black Consciousness Movement.

Education, Research and Information Organizations

This category includes organizations which promote self-help through:

1. Programmes of vocational and technical training (e.g. the Organization for Rehabilitation through Training (ORT) which was established in 1929).
2. Establishing creches in the community and assisting and supporting the staff of these facilities (e.g. African Self-Help which was initially under the auspices of the Association of African and European Women but became a separate organization in 1949).
3. Adult education (e.g. Operation Upgrade, an adult literacy campaign which trains volunteers to teach illiterates).
4. Education on specific topics (e.g. Alateen which provides information on alcoholism to teenagers, particularly the children of alcoholic parents).
5. Awareness of civil rights (e.g. Civil Rights League which also works for civil rights and protests when they are infringed).

6. Cross-cultural contact (e.g. Kontak, an Afrikaans women's organization which tries to promote contact and communication between all groups in order to create mutual understanding).

Political Organizations

These associations are not political parties but their aims are broadly political in that they hope to achieve political and social change. A typical example is the Non-European Unity Movement (NEUM) which is concerned with the removal of all disabilities and restrictions based on race and colour.

Many of the political organizations mentioned in the discussion of ethnic associations also had more varied aims. The African People's Organization (APO), for example, was formed in 1902 to represent the political voice of the coloured people. Forty two branches had been established by 1910, and they represented their local members in matters such as ill-treatment by white foremen, providing funds for education and the formation of a coloured diamond prospectors' association (Trapido, 1969/70).

Resource Organizations

While many of the associations in this category provide education, research and information services, overlapping to an extent with the categories discussed above, they also provide resources related to a particular problem. Problems include divorce (the Divorce Workshop was formed to help members adjust to their divorced state); and child custody (Dads after Divorce Society provides information for fathers regarding their maintenance obligations and rights, acts as a support group for divorced fathers and as a pressure group in attempting to have the laws relating to custody changed).

Other associations in this category are specifically related to the nature of the South African social situation. The Human Awareness Programme has developed a group training programme aimed at promoting attitude change and combating personal

and institutional racism (Human Awareness Programme, 1983). The Detainees' Parents Support Committee was established to provide support and care for those in detention and their relatives, to promote public awareness of the welfare of detainees, and to work for the repeal of detention laws and the release of detainees (*Horror of Police Detentions*, 1982). A recent development has been the formation of a group of "mixed" couples (so-called because they are people who have been classified as belonging to different race groups according to the *Population Registration Act* (No 30 of 1950, as amended), and have married following the repeal of the *Prohibition of Mixed Marriages Act* (No 21 of 1968). This group was reported to have met to discuss mutual problems related to the government policy of eviction of "mixed couples" from white group areas. They plan to form an association to address the question of the *Group Areas Act* (No 36 of 1950, as amended) (*"Mixed" Couples Meet*, 1987).

Student and Youth Organizations

These associations unite students and youth on the basis of their studenthood (National Union of South African Students - NUSAS); religion (Muslim Students Association of South Africa); and ethnic identity (*Afrikaanse Studentebond*). Aims of groups in this category include the development of leadership qualities, increased social awareness, politicisation and mobilisation of youth, opposition to the apartheid system, and the promotion of a self-reliant community.

Women's Organizations

A number of women's groups have been formed. They provide social service and self-help functions and work for social action. The early Afrikaans women's organizations, such as the *Afrikaanse Christelike Vrouevereniging* which was founded in 1904, played an important part in the development of formal welfare services. The Federation of South African Women is more concerned with social change and aims "to struggle against apartheid, racism, sexism and capitalist exploitation"

(Matiwana and Walters, 1986, p. 111). The Women's Bureau of South Africa attempts to eliminate discrimination against women and to improve the socio-economic circumstances of all South African women. It has also served some of the clearinghouse functions described in the literature.

In an interview with the *Natal Mercury*, Ellen Kuzwayo said "It is terribly important for women to help themselves. It gives them a feeling of being people, and it also helps them to feel that they can control their lives to some extent" (Crwys-Williams, 1982, p. 6). This concern for the development of women, and the need to respond to the loss of children who died during the 1976 unrest in Soweto, resulted in the formation of the Maggie Magaba Trust and groups such as the Zamani Soweto Sisters. These groups provided mutual support for women grieving for the death of their children, and fellowship and understanding for those who had themselves been detained in terms of security legislation.

Self-help to meet Personal Needs

Self-help/mutual aid started by providing health and burial insurance and economic support, (and in many South African communities continues to provide these services). However it also developed services relating more specifically to the need for social supports for people experiencing a wide range of personal, emotional and often health related problems.

Typologies for classifying these groups have been proposed based on their relationship with public programmes (Durman, 1976); their primary focus (Katz & Bender, 1976b); the nature of the problem (Robinson & Henry, 1977); and their purpose and composition (Levy, 1976, 1979). It must be noted that while these constructs are useful ways of organizing information, self-help groups cannot be simply categorized because of their ephemeral nature and tendency to change form and focus frequently (Pilisuk & Parks, 1980).

Levy (1976, 1979) distinguished between four types of groups:

1. Behavioural control or conduct reorganization groups
2. Stress coping and support groups
3. Survival oriented groups
4. Personal growth and self-actualization groups.

These categories have been used as a framework for this discussion. In applying this typology to the South African situation it has been possible to demonstrate the existence of South African groups in each category as well as their social welfare related functions.

Behavioural control or conduct reorganization groups

These are composed of members who want to eliminate or control some problematic behaviour. Typical of such groups are the various "anonymous" groups, examples of which in South Africa, include groups for alcoholics, drug abusers, anorexia and bulimia sufferers and people with weight problems.

The development of Alcoholics Anonymous in South Africa illustrates very clearly the role of self-help as a service activity. Alcoholism had been a major social problem in the Cape during the nineteenth and early twentieth century and numerous temperance lodges had been established. The African Political Organization (APO), established in 1902, was the first important coloured political organization to emerge in South Africa (Odendaal, 1984), and was concerned with the temperance issue. "On many occasions there must have been uncertainty as to whether the temperance lodges were the APO in welfare guise or whether the APO was a temperance organisation in political form" (Trapido, 1969/70, p. 92).

Concern about the problem of alcoholism was mentioned at the National Conference on Social Work held in Johannesburg in 1936, when the secretary of the Council of the South African Temperance Alliance requested that organizations

concerned with social conditions co-ordinate their activities (*Report of National Conference*, 1937). In 1944, the Conference on Post-War Planning of social welfare work was informed that the problem required "a change in the personal conviction of individuals" (*Report of the South African National Conference*, 1944, p. 137). However, it was not until 1956 that the South African National Council on Alcoholism was established. Alcoholics Anonymous (AA) had established its first group in Johannesburg in October 1946, and this was soon followed by groups in Cape Town and Durban. It thus preceded the formal welfare organization by twelve years.

Stress coping and support groups

Members share a common status or predicament which entails some degree of stress. These groups attempt to ameliorate the stress through mutual support and the sharing of coping strategies and advice, but no attempt is made to change their members' status which is accepted as more or less permanent.

There are many situations which may engender stress and it is not possible to provide an exhaustive list of groups established in this category. Table 4.1 shows examples of stress generating experiences, problems or conditions, and the related South African group which has been formed. The stressful situations used in this table include :

Life cycle transitions such as the loss of a spouse: An example of a self-help group which focuses on this issue is the Widows Information Service. The group was established in Cape Town in 1962 under the auspices of the National Council of Women. It aims to provide information and emotional support and to work towards the prevention of exploitation, the improvement of housing and changes in legislation which affects widows.

Personal status changes such as following a divorce: A number of groups have been established to assist people to cope with the stress associated with a divorce. Typical examples are the Divorce Workshop and groups for single parents such as the Single Parents' Association and Parents without Partners.

Chronic conditions as a result of illness or accident (such as mastectomy following breast cancer, and spinal injury): Members of Reach for Recovery groups, established by the National Cancer Association, visit mastectomy patients in hospital and provide information and emotional support. A support group known as the Spinal Injury Self-help group offers members an opportunity to share their experiences, feelings and problems, and has also been involved in developing an information file for the use of people with spinal injuries.

Chronic conditions as result of an inherited disorder (such as Down's syndrome, brittle bones, cystic fibrosis, food allergies and intolerances, haemophilia and spina bifida): Groups for sufferers from these disorders and their families, have been established under the auspices of the Southern African Inherited Disorders Association (SAIDA) which was formed in Durban in 1973 (B. Kint, personal communication, May 3, 1987).²

Problems experienced by parents (such as the illness or death of a child, or a problematic situation associated with parenting): Groups include Candlelight groups for parents of children with cancer; the Compassionate Friends for bereaved parents; an organization for parents of hyperactive children; associations for foster and adoptive parents; the Multiple Births Association; Druganon, a group for families of drug addicts; and a group for parents whose children have emigrated to Israel.

Table 4.1
Examples of Stress Coping and Support Groups

S T R E S S I N D U C I N G SITUATIONS	EXAMPLES OF GROUPS FORMED
Life cycle transitions, e.g. the loss of a spouse	Widows' Information Service
Personal status change, e.g. after a divorce	Single Parents' Association Parents without Partners
Chronic conditions: as a result of illness	Reach for Recovery (for mastectomy patients)
as a result of an accident	Spinal Injury Self-help Group
as result of an inherited disorder	Down's Association; Brittle Bones Association; Cystic Fibrosis Association; Food Allergies and Intolerances Society; South African Haemophiliacs Foundation; Association for Spina Bifida and Hydrocephaly
Problems of parents : the illness of a child	Candlelight Groups (for parents of children with cancer)
the death of a child	Compassionate Friends
situations of particular need	Association for Parents of Hyperactive Children; Foster Parents Association; Adoptive Parents Association; Multiple Births Association; Parents of Children in Israel

Survival oriented groups

These consist of people who have been socially stigmatized or discriminated against. This may be because of their life-style, values, or on other grounds such as sex, sexual orientation, socioeconomic class or race. The focus of these groups is on helping members maintain or enhance their self-esteem through mutual support, consciousness-raising, and educational and political activities aimed at eliminating the grounds on which they have been stigmatized or discriminated against.

A number of South African organizations are represented in this category. Two examples are the Gay Association of South Africa (GASA) formed to unite homosexuals, to foster confidence and self-respect and to educate the public; and the Association of Retired Persons and Pensioners (ARPP) which negotiates financial concessions for pensioners, represents elderly people threatened with eviction, and encourages self-help and mutual support in employment.

Personal growth and self-actualization groups

Members share the common goal of enhanced effectiveness in all aspects of their lives. Levy (1979) noted that in contrast with other types of groups, there is no core problem which brings group members together, but a shared belief that together they can help each other improve the quality of their lives. In his study he included women's support groups and the La Leche League in this category.

Examples of similar groups in South Africa include the Association of Couples for Marriage Enrichment; Neighbourhood Groups for new mothers; branches of the international La Leche League; and an Association for Gifted Children.

SOUTH AFRICA AS A CONTEXT FOR THE DEVELOPMENT OF SELF-HELP GROUPS

Glaser and Sills (1966) noted that "every association obtains . . . its originating stimuli . . . from a larger social system" (p. 3). Self-help groups are no exception. Their origin, structure and nature are a product of the context in which they develop (Butcher, Collis, Glen & Sills, 1980; Perlman, 1976; Withorn, 1980). Further, as De Jongh (1954) pointed out at the International Conference on Social Welfare, both the capacity and need for self-help in individuals and groups are determined by the total life situation.

Factors which were considered conducive to the establishment of self-help groups were described by Wollert and Barron (1983) and summarised in Table 2.1 (Chapter 2). This table is reproduced here for ease of reference.

Table 2.1
Factors Conducive to the Development of Self-help Groups
(Wollert & Barron, 1983)

FACTORS	CHARACTERISTICS
System or context which supports creation of self-help groups	Reduced capacity of traditional support sources Weak governmental support for formal, comprehensive health and welfare services Inability of public and private sectors to provide effective service Opportunity for freedom of speech and assembly Sufficient standard of living to move beyond material needs
Values and beliefs which direct potential members to self-help groups	Traditional values which include a belief in self-reliance rather than professional or formal help Emergent values which emphasize consumer participation Broadened range of concerns identified as issues or problems
Expected benefits of joining self-help groups which motivate prospective members	Material benefits Information and guidance in overcoming social isolation Building an accepting social network
Reinforcing developments	Members' perception of their self-help experience as important and effective Experience and confidence gained through participation Resources being available for group development Community acceptance and awareness of the self-help approach as legitimate Governmental support for the development and utilization of self-help groups.

Wollert and Barron (1983) suggested that these conditions could be used as indicators to predict the formation of groups. In using these factors as an analytic framework for assessing the formation of self-help groups in the South African context it was found that all the factors were represented, but that not all the characteristics applied.

The first factor referred to was a system or context which supported the creation of self-help groups. One of the characteristics of such a context was the reduced capacity of traditional support sources. This was identified in the South African situation as a consequence of urbanisation and restrictive labour policies based on migratory labour and so-called influx control. Secondly, the residual nature of the South African welfare system with its rejection of the principle that the state should assume primary responsibility for the welfare of its citizens resulted in weak governmental support for formal comprehensive welfare services. The third characteristic was the inability of public and private sectors to generate adequate service delivery systems. This was evidenced in the growth in South Africa of groups providing mutual aid in an urban context, ethnic associations and self-help as a service activity. These three variables, according to Wollert and Barron (1983) "mediated pressures for the creation of additional human services resources or allowed for the elaboration of the self-help approach as it was adopted in response to these pressures" (p. 107).

The final two characteristics were also considered systemic or contextual variables but their effect was to allow for the elaboration of the self-help concept. Here Wollert and Barron (1983) referred to guarantees of freedom of speech and assembly and a standard of living which allowed people to move beyond material needs. Neither of these elements was found to exist in the South African context. The proclamation of a state of emergency in 1986 (*Proclamation R108*, 12 June, 1986), and its renewal in 1987 and 1988, limited the freedom of speech and assembly of individuals and organizations (*Race Relations Survey*, 1987/88). With regard to the need for a standard of living sufficient to allow the individual to move beyond material needs, South Africa is a country of striking inequalities. Wilson and Ramphela (1989) cited a 1978 analysis by De Lange and Van Seventer which established that South Africa's Gini coefficient (which measures inequality) was the highest for any of the 57 countries in the world for which data were available. In 1980, South African whites (who constituted 15% of the population) earned 65.9%

of the income while Africans (who comprised 73% of the people) earned just under 25%. At the same time the absolute number of people living in poverty in South Africa has been estimated at 15 million persons (Simkins, 1984). The consequence of these realities for the development of self-help groups is seen in the continuing emphasis among the African population on the need for groups which provide economic assistance. Although, as the research showed, self-help groups to meet personal needs (i.e. secondary as opposed to basic economic needs) have been established, there has not been the proliferation or diversity of groups reported on in, for example, the American literature.

The second set of factors listed by Wollert and Barron (1983) referred to the values and beliefs which direct potential members towards self-help groups. In South Africa a strong historical and cultural tradition of mutual aid was found. Some of the traditional values listed, such as religious fundamentalism, self-reliance and autonomy, could be identified in the various cultural and religious groups represented in South Africa. The emergent values and attitudes, such as consumer participation, an expanded range of issues and concerns and increased assertiveness, were not apparent in the South African experience.

The third category of motivating factors, the expected benefits of joining a group, were viewed as universal and relative to the nature of self-help groups rather than the external context. As no attempt was made to evaluate existing groups, no assessment of the benefits they offered their members could be made.

The final category involved conditions which acted as re-inforcers for the use of self-help groups. Some of these factors referred to re-inforcements based on group membership, and again, these were seen as inherent in the nature of the groups. Three factors, however, derived from external sources. The first was the availability of resources for the development of groups. In view of social work's role as a developer and provider of resources, the findings in this study should act as an important contribution to the development of self-help groups. There was a climate

of awareness and acceptance of the self-help approach in the community. This was seen in the use made of self-help/mutual aid in so many spheres of community activity, in the willingness of the media to publicise self-help groups and their activities, and in the growth of self-help groups to meet individual needs and problems. Finally, there has been explicit government support for the development and utilization of self-help groups, although it has not been without controversy.

In South Africa both the social development aspects commonly found in third world economies, and the service and citizen participation attributes of groups established in post-industrial economies were distinguished. Traditional community cultural patterns and the effects of urbanization were identified as two of the factors contributing to the growth of self-help groups.

While this study has not been concerned with research into the specific factors stimulating the development of particular self-help groups, it was considered important to provide some of the historical and contextual background in order to place the self-help phenomenon in a South African context. In doing this the literature on social movements, and Butcher et al.s' (1980) research with community groups in action, were pertinent. Their relevant findings are summarised briefly here and then related to the South African situation.

According to Toch (1966) a voluntary association with a "mission" is a social movement. Cameron (1966) noted that "the main characteristic of a social movement is that it seeks to change the culture or change the social structure or redistribute the power of control within a society" (p. 8). People bypassed established institutions and created informal organizations when they were frustrated or felt abandoned by conventional society. Organizations created in this way provided services which were otherwise not available and which enabled people "to protest indignities, to escape suffering, to relieve tension, to explain confusing events, or in some way to create a more tolerable way of life than is afforded by existing formal organizations" (Katz & Bender, 1976b, p. 25).

Based on their research with community groups Butcher et al. (1980) proposed the following conditions for group formation:

1. The initial stimulus is a "threat or shortcoming" (Butcher et al., 1980, p.181) in people's lives which may be a consequence of three kinds of public policy: (a) a specific, concrete decision by a local political authority, (b) a long term disposition of negligence in meeting needs, and (c) a policy to change the ways in which future policies will be made.
2. The original provocative factor (or factors) should be perceived as issues or needs of concern to consumers, sufferers or those who act on their behalf.
3. There is recognition of the value and achievements of organized action as a basis for the development of collective will, mobilisation of prospective members and an action-oriented knowledge base.
4. There may be promotional and facilitative inputs by existing voluntary organizations or social agencies.

With these two concerns in mind, this discussion deals with some of the broader socio-environmental issues without attempting to establish any direct causal relationships between these issues and specific organizations. As the historical trend towards urbanization and industrialization, and its effect on group development has been mentioned, this discussion will focus on more specific issues and factors considered relevant to what has been shown to be the most active period of group formation in South Africa, from 1970 to the present.

X South Africa has been described as a multi-racial and multi-cultural society, with a commercialized and industrialized economy, a high degree of urbanization, marked variations in the control of resources, and differentiated mainly by race, but also by

class. "It also involves a forcible racial stratification, the Whites, . . . maintaining a rigid form of political, economic and social discrimination over the Blacks" (Taylor, 1977, p. 102). Differentiation is effected through separation into ethnic groups and sub-groups, residential areas based on these ethnic classifications and enforced by the *Group Areas Act* (No 36 of 1966, as amended), and historically (and in many instances, currently) through separate voluntary organizations, separate schools, separate recreational and sporting facilities, and separate state departments.

The consequences of this policy on black communities has been documented over the years in the annual surveys of race relations compiled by the South African Institute of Race Relations. They include economic and social inequalities in employment, housing, education and social benefits, and health indicators such as infant mortality rates and malnutrition. The *Theron Commission Report* (van der Horst, 1976) detailed the effects on the coloured population, and noted the extensive social problems which had arisen mainly from socio-economic circumstances. The report also referred to the concept of chronic community poverty. This included implications not merely of economic inequality (of property, income, living standards) but also of social inequality - specifically a relationship of inferiority, dependence or exploitation (Francisco-la Grange, 1977; Hobsbawm, 1968; Joubert, 1977). Using Butcher et al.s' (1980) terms, there is thus, no doubt of a long term disposition of negligence in meeting needs.

Butcher et al.s' (1980) first proposition in the formation of community groups referred to a threat or shortcoming which created a crisis or issue liable to provoke a concerted response - the response being the formation of a group. During the 1960's, the South African economy expanded rapidly, followed by a recession in the early 1970's. By 1976, there was a growing industrial, political and economic instability in South Africa. Insecurity was generated by the economic crisis accentuated by political developments, including a rise in the world oil price in 1973 and the collapse of the colonial authority in Mozambique and Angola in 1974. The re-emergence of working class and mass political movements (many of which had

been suppressed by the state in 1963) was, according to Matiwana and Walters (1986), a response to the economic and political situation. Utilising Butcher et al.'s (1980) framework, people experienced a crisis as a consequence of specific political decisions, as well as long-term neglect of their perceived needs. Relevant organizations which developed as a consequence included African trade unions and the Black Consciousness Movement.

Turner (1969) considered a number of historical social movements and identified three major themes which have contemporary application. These were: a political humanitarian theme, a material-economic theme, and a psychological therapeutic theme. All three can be seen in the self-help movement in South Africa. The first, in the organizations established to achieve a more democratic and equitable distribution of power and resources (described in the civic and political action category of community groups); the second in the development of co-operatives, rotating credit societies and trade unions; and the third, in the service related self-help groups which meet individual needs. The Black Consciousness Movement should also be mentioned in relation to this third theme since it had dual aims of political change and the achievement of a sense of personal worth, an important aspect in this thematic category.

Checkoway (1985) quoted evidence of the benefits of participation in local organizations in such areas as increased feelings of confidence, power, social interaction, motivation for mutual aid and helping behaviour, all of which "contribute to organizational growth, leadership development, and capacity for solving problems" (p. 475). The tremendous need for community and resource development in South Africa has been indicated, and the positive benefits of participation in local organizations which enlarge opportunities and expand skills, can also be seen as particularly appropriate.

South Africa, with its dual economies, provides a context in which both the community development type groups with their material-economic theme of the developing world, and the alternative service groups with their psychological-therapeutic orientation co-exist.

The results of this part of the study have indicated some of the threats and shortcomings in the lives of South Africans which have stimulated the development of many of the outer-focused, community based, self-help groups. The social movement literature was used to describe the establishment of many of the inner-focused groups which are more concerned with specific social-psychological problems and themes. Many of these groups operate in areas where some services are provided through the formal sector (e.g. health and welfare services) and the proliferation of groups may be seen as result of a shift in values, a response to gaps in existing services, or an alternative to formal services. In all cases, the development of self-help groups is contextually and situationally linked.

The data in this part of the research endeavour were collected from a variety of sources. In a more traditionally designed study much of this material would have been considered part of the review of existing literature. However, in terms of Thomas's developmental model, a full analysis of existing conditions was required as a prerequisite for any developmental effort. Information was obtained both from the existing literature and from other sources. The analysis of existing literature was not confined to social work literature but drew on the writings of political scientists, anthropologists, economists and historians. Data concerning specific self-help groups were obtained from: the organizations themselves; the press, television and radio reports; answers to letters circulated to the editors of 157 South African newspapers and to national councils and regional welfare boards; welfare resource handbooks; and attendance at a conference and two workshops on the topic.

Traditional community cultural patterns and the effects of urbanization have been linked as the two factors contributing to the growth of voluntary organizations (Anderson & Anderson, 1959). This section has traced the elements of self-help as a cultural pattern evidenced in family mutual aid, among all the communities which make up the population of South Africa.

The reported data were concerned with the historical development of self-help associations in the economic sphere, in relation to the development of an ethnic identity, and in service provision. Not only was there a similar trend in the nature of the groups established in Western countries and those found in South Africa, but a similar historical pattern to both the American and British experience emerged. This was seen in the general trend in which early mutual aid efforts became coping mechanisms for survival followed by a proliferation of groups in both number and variety in the period after the second world war. The first of the problem or special need oriented self-help groups in all three countries was Alcoholics Anonymous. This was followed by something of a hiatus until the 1960's followed by a spurt of activity in America. In South Africa, as in Britain, the increase in activity was delayed until the 1970's (Richardson & Goodman, 1983).

The issue of ethnic identity was shown to have particular significance in the development of mutual aid/self-help in South Africa. For both the Afrikaner and the African, the history of self-help and mutual aid lay in the development of a nationalistic spirit which brought together social, economic and political issues, and political power for the former. There was a history of mutuality in their separate ethnic identities, rather than a growing together of a united nation joined in a spirit of co-operation.

South Africa provides an interesting forum for viewing the full range of mutual aid/self-help activities contrasting the social development aspects commonly found in Third World economies, with the service and citizen participation attributes of groups established in post-industrial economies. It was possible to identify activities in all the areas considered typical of voluntary associations, and in all categories of self-help groups delineated in Levy's (1976, 1979) typology, thus demonstrating that the self-help phenomenon is very much part of the South African cultural milieu, both historically and currently.

Notes

1. The format used is in accordance with that prescribed in the *Publication Manual of the American Psychological Association* (1983). Newspaper articles without the name of an author are referenced according to the first significant word in the title.
2. Personal communication with B. Kint, Chairperson of the South African Inherited Disorders Association, 3 May, 1987.

CHAPTER 5

RESULTS AND DISCUSSION: THE DURBAN STUDY

Findings presented here derive from the second part of the research study. This comprised (a) a survey of Durban social workers and (b) a research interview with a self-selected sample of social workers.

Table 3.2 illustrates the research procedures in relation to Thomas's (1978a, 1978b, 1981, 1985b) developmental research model. The section of this Table which deals with this second part of the research process is reproduced here for clarification.

Table 5.1 (Excerpt from Table 3.2)

Application of Developmental Research Model to Current Research Design

DEVELOPMENTAL RESEARCH MODEL (Thomas, 1978a, 1978b, 1981)		SELF-HELP GROUP RESEARCH
PHASES	OPERATIONAL STEPS	DURBAN STUDY PROCEDURES Part Two
ANALYSIS	(3) Feasibility study	<u>Survey:</u> Contacting social workers employed in Durban area Distributing questionnaire to all social workers Collecting data on current usage of self-help groups.
	(4) Selection of technological objectives	Service delivery system - the use of self-help groups by social workers
	(5) Selection of information sources	Social workers who had returned the questionnaire and agreed to participate in the next phase of the project
DEVELOPMENT	(6) Gathering and evaluation of information	<u>Research Interview:</u> Assessing social workers' knowledge of, attitudes to, and relationships with self-help groups Consideration of role of self-help groups in service provision and the future use of self-help groups by social workers. <u>Research Findings:</u> Presenting findings in this report

The survey results are described in the first section of this chapter. The data are presented without discussion as they formed the foundation for the areas covered in the interview.

In the second section of the chapter, findings from the interview are presented. Both quantitative and qualitative data are presented and discussed. Results from the literature reviewed and a detailed discussion of the findings in this study and their implications have been incorporated.

THE FEASIBILITY STUDY : SURVEY

Two hundred and twenty six completed questionnaires were returned (a 75,6% response). These respondents were divided into four groups according to their indication of previous contact with self-help groups and their willingness to participate in the follow-up interview. Group A (N 82) had some previous contact and agreed to further participation; Group B (N 34) had no previous contact and agreed to participate further; Group C (N 54) had some previous contact and refused to participate further; and Group D (N 56) had no previous contact and refused any further participation. The total number of respondents in Groups A and B who agreed to participate in the interview phase of the study was 116 (51% of the 226 respondents).

GENDER AND RACE GROUP VARIABLES

A detailed comparison of the gender and race variables in the survey sample with the national register of social workers has been shown in Table 3.4.

Table 5.2 shows the total and group distributions in relation to gender and Table 5.3 in relation to race groups.

Table 5.2
Distribution of Sample according to Gender

RESPONDENTS										
Gender	Group A		Group B		Group C		Group D		Totals	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Female	70	85,4	29	85,3	43	79,6	48	85,7	190	84,1
Male	12	14,6	5	14,7	11	20,4	8	14,3	36	15,9
Totals	82	100,0	34	100,0	54	100,0	56	100,0	226	100,0

Table 5.3
Distribution of Sample according to Race Group

RESPONDENTS										
Race Group	Group A		Group B		Group C		Group D		Totals	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
African	5	6,1	12	35,3	5	9,2	19	33,9	41	18,1
Coloured	6	7,3	2	5,9	7	13,0	1	1,8	16	7,1
Indian	7	20,7	10	29,4	17	31,5	19	33,9	63	27,9
White	54	65,9	10	29,4	25	46,3	17	30,4	106	46,9
Totals	82	100,0	34	100,0	54	100,0	56	100,0	226	100,0

As indicated in Table 5.3, whites predominated in both groups which reported previous contact with self-help groups (65,9% of Group A and 46,3% of Group C were white). There was a more even racial distribution in Groups B and D (the two groups which had not had previous contact with self-help groups).

The greater use of self-help groups made by white social workers may have been due to more knowledge of self-help groups, a positive attitude to such groups, or a greater variety of groups available for membership. This quantitative finding indicated an area to be pursued through the research interview.

NUMBER OF YEARS QUALIFIED AND EMPLOYED AS A SOCIAL WORKER

The data on the number of years qualified and employed as a social worker were grouped into three year intervals. The minimum period was less than one year and the maximum more than thirty years. Table 5.4 indicates the group and total distributions for the number of years qualified. The greatest concentration in all the groups was in the second category (qualified for between one and three years). Groups B and D which were the two groups with no previous contact with self-help groups had, as expected, the highest proportion of newly qualified respondents (less than one year). The cumulative percentage frequencies given in this table show the high proportion of respondents in all the groups who had been qualified for less than 10 years.

Table 5.5 shows a similar picture for the number of years employed as a social worker. It also indicates that more members of Groups A and C (28% and 24,2% respectively) had ten or more years experience compared with the 11,7% of Group B and 10,8% of Group D.

Table 5.4

**Distribution of Sample according to Number of Years
Qualified as a Social Worker**

RESPONDENTS												
Number of Years Qualified	Group A			Group B			Group C			Group D		
	Number	Percent	Cum. Freq. (%)	Number	Percent	Cum. Freq. (%)	Number	Percent	Cum. Freq. (%)	Number	Percent	Cum. Freq. (%)
Less than 1	3	3,7		5	14,7		4	7,4		10	17,8	
1 - 3	27	32,9		14	41,2		15	27,8		24	42,8	
4 - 6	14	17,1		7	20,6		14	25,9		10	17,8	
7 - 9	10	12,2	65,9	4	11,8	88,3	6	11,1	72,2	3	5,48	83,8
10 - 12	7	8,5		1	2,9		4	7,4		2	3,6	
13 - 15	3	3,7		2	5,9		2	3,7		2	3,6	
16 - 18	2	2,4		0	0,0		2	3,7		0	0,0	
19 - 21	5	6,1		0	0,0		2	3,7		1	1,8	
22 - 24	2	2,4		0	0,0		0	0,0		0	0,0	
25 - 27	1	1,2		0	0,0		2	3,7		0	0,0	
28 - 30	4	4,9		1	2,9		1	1,9		2	3,6	
More than 30	4	4,9	34,1	0	0,0	11,7	2	3,7	27,8	2	3,6	16,2
	82	100,0		34	100,0		54	100,0		56	100,0	

Table 5.5

**Distribution of Sample according to Number of Years
Employed as a Social Worker**

RESPONDENTS												
Number of Years Employed	Group A			Group B			Group C			Group D		
	Number	Percent	Cum. Freq. (%)	Number	Percent	Cum. Freq. (%)	Number	Percent	Cum. Freq. (%)	Number	Percent	Cum. Freq. (%)
Less than 1	4	4,9		5	14,7		4	7,4		12	21,4	
1 - 3	25	30,5		14	41,2		17	31,4		27	48,2	
4 - 6	17	20,7		7	20,6		12	22,2		7	12,5	
7 - 9	13	15,9	72,0	4	11,8	88,3	8	14,8	75,8	4	7,18	89,2
10 - 12	8	9,8		1	2,9		5	9,2		2	3,6	
13 - 15	2	2,4		2	5,9		0	0,0		3	5,4	
16 - 18	1	1,2		0	0,0		3	5,6		0	0,0	
19 - 21	5	6,1		0	0,0		1	1,9		0	0,0	
22 - 24	1	1,2		0	0,0		0	0,0		0	0,0	
25 - 27	2	2,4		0	0,0		3	5,6		0	0,0	
28 - 30	4	4,9		1	2,9		0	0,0		0	0,0	
More than 30	0	0,0	28,0	0	0,0	11,7	1	1,9	24,2	0	0,0	10,8
	82	100,0		34	100,0		54	100,0		56	100,0	

Of the respondents with more than ten years experience, 78,3% had had previous contact compared with 21,7% who had no previous contact. These relative figures are shown in Table 5.6.

Table 5.6
Years in Practice by Previous Contact with Self-help Groups

Years in Practice	CONTACT WITH GROUPS					
	Previous Contact		No Previous Contact		Row Total	
	Number	Percent	Number	Percent	Number	Percent
Less than 10 years	100	55,6	80	44,4	180	100,0
10 or more years	36	78,3	10	21,4	46	100,0
Total	136		90		226	

The length of time the respondents had been qualified and employed as social workers obviously affected the time span in which contact could have been made with self-help groups. As Table 5.6 indicates, a high percentage (89,9%) of the 90 respondents who reported no previous contact had less than ten years practice experience.

AREAS OF PRACTICE AND METHODS USED

Ten practice area categories were established from the data obtained:

Addictions - the care and treatment of alcohol or drug abusers

Aged - all forms of social work with the elderly, including residential care

Child and family - child- and family-focused welfare services, including residential care and child guidance services

Community - housing and other services aimed at enhancing the quality of life

Corrections - the prevention of crime and rehabilitation of offenders

Disabilities - care and rehabilitation of the physically disabled

Marriage guidance - services aimed at couple and family conflict

Medical - social work services provided for hospital patients, and those with health problems

Mental health - community mental health, services for the mentally ill, mentally handicapped and their families

Work - services offered by employers to their employees.

Table 5.7

Areas of Practice by Previous Contact with Self-help Groups

Field	Contact with Groups				Totals	
	Previous Contact		No Previous Contact			
	Number	Percent	Number	Percent	Number	Percent
Addictions	7	100,0	0	0,0	7	100,0
Aged	5	45,5	6	54,5	11	100,0
Child & Family	58	58,6	41	41,4	99	100,0
Community	11	78,6	3	21,4	14	100,0
Corrections	7	53,8	6	46,2	13	100,0
Disabilities	12	52,2	11	47,8	23	100,0
Marriage Guid.	8	100,0	0	0,0	8	100,0
Medical	8	57,1	6	42,9	14	100,0
Mental Health	9	56,25	7	43,75	16	100,0
Personnel	6	75,0	2	25,0	8	100,0
Totals	136		90		226	

The predominant category for all groups was Child and Family Welfare. Table 5.7 shows that all the respondents practising in the fields of Addictions and Marriage Guidance had experienced some previous contact with self-help groups.

Table 5.8
Practice Methods by Previous Contact with Self-help Groups

Practice Method	Contact with Groups				Totals	
	Previous Contact		No Previous Contact			
	Number	Percent	Number	Percent	Number	Percent
Casework	45	51,1	43	48,9	88	100,0
Groupwork	2	100,0	0	0,0	2	100,0
Community Work	16	80,0	4	20,0	20	100,0
Case & Groupwork	23	56,1	18	43,9	41	100,0
Case & Community	12	54,5	10	45,5	22	100,0
Group & Community	3	75,0	1	25,0	4	100,0
All Methods	31	70,5	13	29,5	44	100,0
Administration	4	80,0	1	20,0	5	100,0
Column Totals	136		90		226	

Five of the respondents (2,2%) were administrators and had no direct contact with clients.

Table 5.8 shows the detailed breakdown of the methods used. If the categories are combined to indicate the usage of each method, casework was the predominant direct practice method used. One hundred and ninety five responses included casework either as the only method or in combination with groupwork and/or community work. In comparison, 91 included groupwork as a method, and 90 community work.

Table 5.9 reflects the use of each method in relation to previous contact with self-help groups. The use of both groupwork and community work was found to be greater among those with previous contact than those without.

Table 5.9

Summary of Practice Methods by Contact with Self-help Groups

Method Used	Contact with Groups				Total Number of Responses	
	Previous Contact		No Previous Contact			
	Number	Percent	Number	Percent	Number	Percent
Casework	110	56,2	85	43,6	195	100,0
Groupwork	59	64,8	32	35,1	91	100,0
Community Work	62	68,9	28	31,1	90	100,0
					376	

NATURE OF PREVIOUS CONTACT WITH SELF-HELP GROUPS

Referral was found to be the commonest form of previous contact with self-help groups among the 136 respondents who reported previous contact (Groups A and C). Of the 136 respondents in these two groups:

- 107 (79%) had referred clients to self-help groups without any other form of contact;
- 14 (10%) had not referred clients but had experienced other forms of contact;
- 15 (11%) had both referred and experienced other forms of contact.

Estimates of the number of referrals made during the respondent's professional life varied from one to 900. Fourteen respondents used a descriptive phrase such as "few" or "many". Excluding these, and the 14 respondents who had not referred clients at all, a total of 5 306 referrals were reported by 108 social workers. Table 5.10 shows the distribution of referrals for each group.

Table 5.10

Frequency Distribution of Estimated Number of Referrals to Self-help Groups

Estimated Referrals	Respondents				Row Totals	
	Group A		Group C			
	Number	Percent	Number	Percent	Number	Percent
	1 - 10	29	53,7	25	46,3	54
11 - 20	14	70,0	6	30,0	20	100,0
21 - 30	2	50,0	2	50,0	4	100,0
31 - 40	3	100,0	0	0,0	3	100,0
41 - 50	6	66,7	3	33,3	9	100,0
51 - 90	No Respondents in this range					
91 - 100	6	100,0	0	0,0	6	100,0
101- 200	5	71,4	2	28,6	7	100,0
201- 300	1	50,0	1	50,0	2	100,0
301- 400	1	100,0	0	0,0	1	100,0
401- 500	1	100,0	0	0,0	1	100,0
501- 899	No Respondents in this range					
900	1	100,0	0	0,0	1	100,0
Totals	69		39		108	

It had been intended to categorize the replies to an open-ended question which asked for a brief specification of the nature of the contact with self-help groups using Wollert and Barron's (1983) role classification framework (summarised in Tables 2.4, 2.5, 2.6 and 2.7). However, responses to this question were given in general terms and lacked detail. Wider categories were needed to accommodate the responses.

Five categories were established: (a) initiation of groups, (b) observation of group activities, (c) consultation with groups, (d) involvement in the organization of groups, and (e) background support for groups. Comments which referred to forming or starting groups were included in category (a). Category (b) included statements such as "attendance at a group in order to gain information about its activities". Category (c) described those contacts which involved any form of liaison with a self-help group. Leadership and ongoing organizational roles were included in category (d), while the final category covered less active involvement.

Twenty five respondents reported contact with self-help groups other than through referral. Four respondents mentioned more than one category of activity. The categories are shown with the total number of responses in each category in Table 5.11.

Table 5.11

Frequency Distribution of Contact other than Referrals

Activities other than Referral	Responses
Initiated Groups	7
Observed Groups	4
Consulted with Groups	8
Organized Groups	2
Supported Groups	4
Initiated & Supported Groups	2
Consulted & Supported Groups	2
Total	29

The nature of current professional roles and relationships with self-help groups was a basic issue if the intervention innovations to be recommended concerned increased or altered use of self-help groups. A number of potential roles for professionals in self-help groups was identified in the literature. These potential roles were outlined, and their relevance to accepted social work roles indicated, in Table 2.4. This area was therefore pursued in greater detail in the interviews, and related findings are discussed under the heading of existing relationships with informal service systems.

THE UTILITY OF SELF-HELP GROUPS

Respondents were asked to comment on how useful they had found self-help groups to be in practice. The most favourable attitude was represented by the category "very useful". The majority of responses in this category were in Group A (49%) followed

by Group B (32%), Group C (22%) and Group D (12,5%). If the two categories, "useful" and "very useful" are combined, 149 (66%) of all respondents were positive about the utility of self-help groups in practice. Seventy-six percent of Group A responses, 71% of Group B, 70% of Group C and 45% of Group D were in these two categories.

Table 5.12

Opinions regarding the Utility of Self-help Groups in Practice

Opinions	RESPONDENTS									
	Group A		Group B		Group C		Group D		Totals	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Use	0	0,0	0	0,0	0	0,0	1	1,8	1	0,4
Limited Use	20	24,4	4	11,8	16	29,6	21	37,5	61	27,0
Useful	22	26,8	13	38,2	26	48,1	18	32,1	79	35,0
Very Useful	40	48,8	11	32,4	12	22,3	7	12,5	70	31,0
Unaware	0	0,0	6	17,6	0	0,0	9	16,1	15	6,6
Totals	82	100,0	34	100,0	54	100,0	56	100,0	226	100,0

One hundred and forty nine (66%) of the respondents saw the groups as "useful" or "very useful". Of these 71% were in the groups which reported previous contact. Sixty-one of all the respondents (27%) viewed groups as having a limited use. Of these, 59% had previous contact with groups and 41% had not. Only one respondent, a member of Group D (no previous contact with self-help groups) had a completely negative view.

In terms of these opinions regarding the utility of self-help groups the respondents expressed very positive attitudes. Ninety-three percent of them recognised a practice role for self-help groups. As this positive attitude may have been due to the tendency to provide responses perceived by the sample as desirable, it was pursued further in the interview.

THE DEVELOPMENT PHASE : RESEARCH INTERVIEW

Interviews were conducted with the 116 respondents who had agreed to participate in this phase. Eighty two of these (referred to as Group A in relation to the analysis of questionnaire findings) had reported previous contact with self-help groups. The remaining 34 (Group B) had not had contact.

Findings from the interview are discussed in relation to :

1. The respondents
2. The nature and management of their work
3. Existing relationships with informal service systems
4. Future use of self-help groups.

THE RESPONDENTS

Demographic information concerning race and gender, and descriptive details about the number of years qualified and in practice have already been presented in some detail in discussing the results of the survey and do not require repetition. They are provided in Table 5.13 in summary form.

Table 5.13
Summary of Demographic Variables in Interview Sample

Demographic Variables	Respondents (N = 116)	
	Number	Percentage
Gender		
Female	99	85,3%
Male	17	14,7%
Race		
African	17	14,7%
Coloured	8	6,9%
Indian	27	23,3%
White	64	55,1%
Years qualified		
- 6 years	70	60,3%
+ 6 years	46	39,7%
Years employed		
- 6 years	72	62,1%
+ 6 years	44	37,9%

Information concerning membership of a professional association is directly related to the respondents. It has, however, been included in the section dealing with "Existing Relationships with Informal Service Systems" as it considers the effect of membership of a professional association on contact with self-help groups.

THE NATURE AND MANAGEMENT OF THEIR WORK

The focus on the possible utilization of self-help groups as part of the total welfare service delivery system required an understanding of the nature of the present system of service delivery. This area of enquiry encompassed the respondents' context of operation including fields and methods of practice. The findings in this section are presented first as a general overview, and then in some detail according to the method of practice used.

The discussion concerning the use of the casework method includes the size and nature of the caseload, the use of referral (to self-help groups or volunteers) as a mode of caseload management, and the respondents' assessment of the need for supportive services. The discussion of group and community work has been combined as both use the group as the context for intervention. Topics included in this section are the number of groups in which participants had been involved over the past year, the purpose of the groups, roles taken by the respondents, and their perception of their contributions to these groups.

Direct client contact

One hundred and twelve interview participants used direct practice methods. They were asked to estimate the amount of time spent in contact with clients. Table 5.14 shows that the majority (68%) of the social workers spent 50% or more of their time in this way.

Table 5.14
Percentage of Time spent in Client Contact

Percentage of time	Respondents	
	Number	Percent
No client contact	4	3,4
Less than 50%	33	28,5
50 - 69%	42	36,2
70 - 100%	37	31,9
Total	116	

Practice method

Of the 112 social workers who were active in direct practice with clients, 40 described themselves as caseworkers, and 15 as community workers. Group work was not used

as a single method by any of the respondents and was only used in combination with casework. Table 5.15 shows the breakdown of methods used by all those interviewed. In presenting the use of each method a count was taken of the number of respondents who employed each of the methods. These categories were not mutually exclusive.

Table 5.15

Social Work Practice Methods used by Interview Participants

Method Used	Respondents	
	Number	Percent
Casework	40	34,5
Groupwork	0	0,0
Community work	15	12,9
Case & Groupwork	23	19,8
Case & Community work	13	11,2
Group & Community work	0	0,0
All methods	21	18,1
Administration	4	3,5
Total	116	

The methods used by social workers are to a large extent determined by their job description, their agency's and their own methodological and/or theoretical preferences. Table 5.16 gives a summary of methods used. In presenting the use of the various practice methods in summary form, the categories are not mutually exclusive. The percentages have been calculated on the total number of respondents, not the total number of responses. They show the proportion of the total respondents using each of the methods. Casework was thus the most commonly practiced method, used by 83,6% of the respondents, with 34,5% of the respondents using only this method. This was followed by community work (42,2% of respondents) and groupwork (37,9% of respondents). No respondent reported using only the groupwork method. Very few of the respondents (18,1%) used all methods of social work. This was consistent with the broader social work population polled in the questionnaire where of the 226 social workers contacted (representing 75,6% of all social workers practising in Durban at the time) 19,5% used all methods.

Table 5.16
Summary of Practice Methods used by Interview Participants

Method Used	Respondents	
	Number	Percent
Casework	97	83,6
Groupwork	44	37,9
Community work	49	42,2

The emphasis on casework is not unique to South Africa. Toseland and Siporin (1986) commented on the individual approach being the method of choice in most clinical settings. This may be due to a number of factors, including training emphases and the interests of the individual social workers (Swil, 1982). However, in South Africa it was also a reflection of the method of awarding a State subsidy to private welfare organizations, at the time. The motivation for a social work post to be financially subsidised by the State was based on the number and nature of cases being dealt with by an agency (see discussion on size of caseloads). This is, however, changing and future subsidies will be based on evaluated programmes (McKendrick, 1985).

Casework

Caseloads

Repondents who used the casework method were asked about the size of their caseloads and methods of caseload management. At the time, the state subsidy for agency based social work services was related solely to the number of individual cases carried by the social worker. The need for a post was established through a point allocation awarded according to the nature of the problem and a caseload minimum of 60 ¹ (Department of Social Welfare and Pensions, Consolidated Circular No. 33 of 1966, as amended by Circular No. 41 of 1980). Table 5.17 shows the caseload distribution with an indication of the number above and below the Departmental norm (norm represented by a broken line). Forty seven of the 97 respondents (48%) were within the Departmental norm. The remaining 52% were above the norm. Of these,

21 respondents (21,6%) had caseloads of more than double the norm, with nine of them reporting caseloads over 160.

Table 5.17

**The Size of Caseloads carried by Interview Participants
by Previous contact with Self-help Groups**

Number of Cases	Contact with Groups				Totals	
	Previous Contact		No Previous Contact			
	Number	Percent	Number	Percent	Number	Percent
1 - 20	9	13,4	1	3,3	10	10,3
21 - 40	17	25,4	4	13,3	21	21,6
41 - 60	13	19,4	3	10,0	16	16,5
61 - 80	10	14,9	6	20,0	16	16,5
81 - 100	6	9,0	2	6,7	8	8,3
101 - 120	1	1,5	4	13,3	5	5,2
More than 120	11	16,4	10	33,3	21	21,6
Totals	67	100,0	30	100,0	97	100,0

However, in considering caseload size in relation to previous contact with self-help groups, 73% (22) of the respondents in the no contact group had caseloads in the higher range (61 to more than 120) compared with 42% (28) of the previous contact group. Caseload size alone did not, therefore, have a bearing on the use made of self-help groups.

Current clients

The nature of client problems dealt with by this group of social workers was explored. Discussion focused on the range of client problems presented, the number of current clients who had been referred to self-help groups, and the possibilities for using self-help groups with any of their current clients.

Problems were grouped into 13 categories. A number of clients could have been placed in more than one category, but social workers were asked to use their assessment of the primary problem as the basis for categorization. Most of the categories are self-explanatory. However, the following categories require some explanation:

Aged - this referred to those clients whose difficulties were primarily due to their age;

Alcoholism - this was the only problem mentioned in the field of addictions.

Children - this included cases concerning children in need of care, children with behaviour or other problems, and children in childrens' homes. It excluded children who had been placed in adoption or foster care.

Individual problems - individual client-centred problems which were not covered by any of the other categories.

Table 5.18 shows the range of client problems, the number and percentage of respondents whose caseloads included clients in each category and the number and percentage of respondents where these categories were not represented.

Table 5.18

Problem areas in Respondents' Caseloads

Problem area	Respondents (N = 97)			
	Problem included in caseload		Problem not included in caseload	
	Number	Percent	Number	Percent
Adoption/Fostercare	28	28,9	69	71,1
Adult Offenders	9	9,3	88	90,7
Aged	11	11,3	86	88,7
Alcoholism	58	59,8	39	40,2
Children	45	46,4	52	53,6
Family conflict	58	59,8	39	40,2
Financial problems	7	7,2	90	92,8
Handicap(physical & mental)	45	46,4	52	53,6
Housing	11	11,3	86	88,7
Individual problems	25	25,8	72	74,2
Mental health	39	40,2	58	59,8
Physical illness	11	11,3	86	88,7
Single parents	6	6,2	91	93,8

As can be seen from Table 5.18, alcoholism, and family conflict were represented in almost 60% of the caseloads. This analysis of caseloads gave a much clearer picture of the nature of each respondents' work than the allocation to "areas of practice" which was made from questionnaire data. In comparing these problem categories with areas of practice, (Table 5.7) it is apparent that problems are not confined to particular areas but are more generally present in social work practice.

Clients Requiring Supportive Services

Social workers were asked to assess the number of clients in their caseloads whose primary need was for supportive services. Of the 97 who used the casework method, 88 (90,7%) had clients who required mainly supportive services. Table 5.19 indicates the percentage of clients in this category and their frequency of occurrence in respondents' caseloads.

Table 5.19
Percentage of Clients requiring mainly Supportive Services

Percentage of Clients	Respondents (N = 97)	
	Number	Percent
None	9	9,3
1 - 25	32	33,0
26 - 50	33	34,0
More than 51	23	23,7

In discussing what social workers classified as supportive services eight categories of action were established. These were not mutually exclusive as the choice of action depended on the needs of the individual client rather than the preference of the social worker. Table 5.20 presents the range of possibilities mentioned.

Table 5.20

The Nature of Supportive Services and the Frequency of Use made

Supportive Service Activities	Respondents Using Service Activity (N = 97)	
	Number	Percentage
Referral to community resources	62	63,9
More frequent contact	47	48,5
Referral to volunteers	30	30,9
Launching of a group	6	6,2
Less frequent contact	4	4,1
Referral to a self-help group	3	3,1
Referral to case-aide	1	1,0

It was apparent from this discussion that few of the social workers interviewed included self-help groups in their perspective of the range of possible supportive services. Although most of the support was in the form of referral to community resources (63,9%), this was to resources other than self-help groups (mainly to other welfare organizations). Referral to volunteers was a more widely accepted alternative (30.9%) than self-help group referral which was only mentioned by 3.1% of respondents. Thus, while the Durban social workers mentioned support most frequently in describing self-help groups, (see Table 5.27) their behaviour in using self-help groups was not consistent with this.

Referral to other welfare organizations for supportive services could be interpreted as a preference by social workers for making referrals to another professional. This explanation is supported by Toseland and Hacker's finding (1985) that more than half of the participants in their study preferred to refer a client to a group which reflected some form of professional input. None of their respondents preferred referring clients to groups which had no professional involvement.

Groupwork and Community Work

Seventy two of the interview sample had used community work or groupwork. Fifteen respondents used only the community work method, while the remaining 57 had used a combination of two or more direct practice methods. Of these 72 respondents 55 (76,4%) had made some use of self-help groups while 17 (23,6%) had not had previous contact.

Table 5.21
Number of Groups organized during the Previous Year

Number of Cases	Respondents (N = 72)				Totals
	Previous Contact		No Previous Contact		
	Number	Percent	Number	Percent	
Less than 10	28	50,9	10	58,8	38
0 - 20	12	21,8	6	35,3	18
21 - 30	4	7,3	0	0,0	4
More than 30	11	20,0	1	5,9	12
Totals	55	100,0	17	100,0	72

As indicated in Table 5.21, 38 (52,8%) of the 72 respondents using group and/or community work had been involved in less than ten groups during the previous year. Twenty two (30,5%) had organized between ten and 30 groups, and 12 (16,7%) had organized more than 30 groups.

The finding, reflected in Table 5.15, that respondents did not automatically link the community and group work methods was considered of some importance in this context. It has been suggested that social workers have recognized many of the advantages of a mutual-aid model in their own work (Schwartz, 1974; Shulman, 1984). Gelfand (1972) indicated that social workers had acknowledged the "helper-principle" (Riessman 1965) and consequently were increasingly aware of the importance of stimulating peer-helping processes in their groups. However it seemed that those respondents who practised community work did not conceptualize their activities as groupwork. This was in spite of the strong contribution of such groupwork principles as group dynamics theory to the practice of community work.

The Purposes of Groups organized by Social Workers

Both the community and groupwork methods use the group as the context for intervention. The nature of the work undertaken by respondents using these methods was therefore discussed in relation to the groups they had been involved in over the past year. The purpose of the groups and the roles taken by the social workers were clarified. Social workers were involved in groups with a variety of purposes. The categories were established after the interview and based on the primary purpose discussed in response to an open-ended question about group purpose. Examples are provided below:

Educational - groups established to educate members about a specific area of functioning or in relation to a specific problem. Examples included preparation for marriage, sex education, and information about epilepsy.

Therapeutic - groups established to achieve individual growth and behaviour change frequently through the development of insight. Examples included groups for alcoholics, ex-offenders and single parents.

Resource development - groups established to improve the quality of life by environmental improvement and resource development. Examples were related to specific needs identified by various communities and ranged from electricity installation, to the need for creche and after-school centres.

Support - groups through which members derived mutual support in relation to common problems. Examples given were of ex-patient groups, parents of handicapped children and foster parents.

Administrative - groups aimed at enhancing organizational effectiveness including public relations activities and fund-raising. Examples included developing local sub-committees in order to improve the service offered.

Practical skills - groups organized to develop individual members' practical skills. Activities included sewing, gardening, cooking and budgeting and were frequently related to financial problems.

Recreational - groups organized to provide recreational activities for members. Examples were youth groups, neighbourhood recreational groups and childrens' activity groups.

Social skills - groups aimed at enhancing the skills needed for effective social functioning. Examples included after-care groups for former mental patients, alcoholics and ex-offenders.

Table 5.22 presents the main purposes of groups organized by the 72 social workers using group/community work methods.

Table 5.22
Purposes of Groups organized over Previous Year

Group Purpose	Responses	
	Number	Percent
Educational	38	52,8
Therapeutic	38	52,8
Resource development	25	34,7
Support	21	29,2
Administrative	12	16,7
Practical skills	7	9,7
Recreational	4	5,6
Social Skills	2	2,8

The group purposes listed by the respondents are not unique to social work practice. Many of them are described as part of the inherent nature of self-help groups in the literature review. Levy (1976, 1979), in his typology of self-help groups, included these activities among the services offered to members. It is therefore feasible to suggest that self-help groups could meet many of the group needs currently met by social workers.

Roles taken by social workers

Respondents assumed a variety of roles in the groups which they organised in their professional capacities. The most common was active leadership of the group (62,5% of those using group and community work). Nine (12,5%) saw themselves as initially active and then becoming more passive, nine (12,5%) saw their role as one of background support for the group, and the remaining nine (12,5%) said that their role changed depending on the needs of the group. Sixty-five percent said that they felt responsible for the activities, focus and continued existence of groups with which they were involved, and would actively work towards maintaining a group's existence in the event of members' losing interest.

Those who used the community and groupwork methods were asked how they viewed their contribution to the group. Many listed more than one item. The following categories are therefore not mutually exclusive, but give an indication of the frequency of support by the sample.

Table 5.23 confirms the active role favoured by respondents. It also shows their emphasis on professional expertise as a positive element in group functioning. The very strong support for professional expertise as a major contribution (99%) is an indication of the difference in the approach of professional group and community workers from that of self-help groups. The self-help ethos, in contrast, emphasizes both the importance of experiential knowledge (Borkman, 1976; Haug, 1975), and mutuality - the giving and receiving of help (Riessman, 1965).

Another area of contrast was in the descriptions of the leadership role. Social workers saw leadership as an active organizational role rather than a facilitative democratic role. Self-help groups on the other hand, encourage democratic relationships between peers who share a common problem and a common social status (Katz, 1976).

Table 5.23
Contributions of Social Workers to Groups

Contribution		Respondent Support (N = 72)
Expertise -	knowledge and skill based on professional social work training:	40
	awareness of members' needs:	9
	interpretation of agency function:	7
	ability to negotiate with power sources:	15
	Total support	71 (98,6%)
Leadership -	initiating and motivating, organizing and structuring, devising the programme:	31
	defining and clarifying goals, formulating group policies, aims and strategies:	13
	Total support	44 (61,1%)
Education -	information giving, practical advice:	34
	Total support	34 (47,2%)
Enabling -	facilitating achievement of group goals:	15
	leadership development in members:	2
	encouraging individual participation and growth:	11
	Total support	28 (38,9%)
Support -	background supportive role and practical support (finance, transport, venue):	11
	Total support	11 (15,3%)

The benefits of participation in the process of giving help have been substantiated (Trainor, 1982). There have also been recommendations that client participation be increased and worker authority reduced (Hartman, 1979; Maluccio, 1981). It is possible to reconcile the two approaches. Silverman (1980) noted that the social worker's activities are central in determining whether the group provides a traditional therapeutic or a mutual aid experience for its members. In these results, however, there was little support for the use of a mutual aid/self-help approach. Contributions grouped under the label "enabling" were the closest to the values of participation and self-help/mutual aid emphasized in the practice literature. These were, however, only mentioned by 39% of the respondents. This, then, is an area where social workers' own practice could benefit from increased contact with self-help groups.

EXISTING RELATIONSHIPS WITH INFORMAL SERVICE SYSTEMS

Welfare agencies may use strategies which involve a number of helping networks. Froland et al (1981a, 1981b) referred to the linking of the formal service system with the individual client's personal network; volunteers, including lay, neighbourhood and community helpers; and mutual aid/self-help groups. The Durban study was concerned with respondents' existing relationships with informal service systems. If the information provided by respondents was to be used for developing and increasing contact with self-help groups, it was important to understand the quantity and quality of existing relationships. The use made of volunteers was included as a basis for comparison. Discussion of the use made of individual clients' personal networks was not pertinent to this study.

Volunteers

The sample was almost evenly divided in its use of volunteers - 61 (52,6%) using them and 55 (47,4%) not. Tasks allocated to volunteers were in the following categories:

Practical Tasks - providing transport, assisting with household chores, giving emergency messages in the community, (39 responses)

Supportive Tasks - regular visits or telephone calls, "befriending", routine visiting of clients in receipt of grants, (40 responses)

Special skills required - nursing, legal assistance, occupational skills, spiritual counselling (32 responses)

Therapeutic counselling - (one response)

Supportive, closely followed by practical services, were those most commonly performed by volunteers. However, as Table 5.20 indicates, referral to volunteers was limited to 30.9% of those respondents who had contact with clients requiring supportive services.

Self-help Groups

Knowledge of Self-help Groups

Toseland and Hacker (1985) noted the crucial importance of knowledge of self-help groups to their effective use in practice. Knowledge of self-help groups combined with a positive attitude was also considered influential on the frequency, quality and effectiveness of an exchange relationship (Kurtz, Mann & Chambon, 1987).

Knowledge was indicated by an ability to name the groups of which a respondent was aware. Ninety-six percent (111) of the respondents knew of one or more self-help groups. The maximum number of groups mentioned was six. Although 34 (29,3%) of them had not experienced any previous contact with a group, only five (4,3%) were unable to name any group. Table 5.24 shows the number of groups known. The information has been tabulated according to the respondents' previous contact with self-help groups.

Table 5.24
Number of Groups mentioned by Name by Respondents

Number of Groups Known	Respondents				Totals	
	Previous Contact		No Previous Contact			
	Number	Percent	Number	Percent	Number	Percent
None	0	0,0	5	14,7	5	4,3
One	18	21,9	9	26,5	27	23,3
Two	25	30,5	19	55,9	44	37,9
Three	24	29,3	1	2,9	25	21,6
Four	7	8,5	0	0,0	7	6,0
Five	3	3,7	0	0,0	3	2,6
Six	5	6,1	0	0,0	5	4,3
Totals	82		34		116	

As indicated in Table 5.24, 71 respondents could only name one or two groups. Forty respondents (34,5%) knew of three or more groups. Of these 39 had had previous contact with self-help groups. Forty eight percent of the social workers who reported having had contact with self-help groups were able to name three or more groups, compared with 3% of those who had not had previous contact. Although respondents were able to name 37 of the 69 groups known to the researcher to be operating in Durban at the time, no respondent was able to name more than six groups.²

Hermalin et al (1979) reported similarly low figures in their study (at least 63% of their sample could not identify more than one group). However, they noted that their results could have been affected by the request to respondents to provide the address of groups named. The findings in the Durban study contrasted with an American study where on average, respondents could name four self-help groups and 46% could name at least five groups (Toseland & Hacker, 1985).

Nature of Groups known to Respondents

Groups which were mentioned by name are listed in Table 5.25. Community-based groups tend to develop in specific localities and to operate on a more spontaneous and informal level than many of the other groups. They have, therefore, not been listed by name but have been combined into three categories: (a) groups aimed at environmental improvement (b) groups aimed at individual skill development and (c) groups functioning as economic co-operatives. In order to link the groups mentioned with the problem areas dealt with by social workers (see Table 5.18) each group has been classified according to its main focus. It should be noted that respondents did not mention all the groups functioning in the Durban area at this time (see Appendix E for detailed list). Table 5.25 indicates the groups mentioned, their main problem focus, the number of times each one was mentioned, and the number of respondents who reported that they had made use of the group.

Table 5.25

Self-help Groups known to Respondents and Contact with them

Focus and Group Name	Mentioned	Used
ADOPTION		
Adoptive Parents Association	3	1
AGED		
Athena Group	3	2
ALCOHOLISM		
AA	90	66
Alanon	17	11
Lulama Social Club	4	3
Christelike Alkoholieste Diens	1	0
CHILDREN/FAMILY		
Association for Gifted Children	2	1
La Leche League	2	0
Mothers of Twins	3	1
Housewives group	10	8
Railway women's group	1	1
FINANCIAL/EMPLOYMENT		
Burial society	1	1
Community (economic co-operatives)	7	4
Domestic Workers Employment Project	3	0
FOSTER CARE		
Foster Parents Association	7	4

Table 5.25 (Contd)

Self-help Groups known to Respondents and Contact with them

Focus and Group Name	Mentioned	Used
HOUSING		
Tenants' association	2	2
INDIVIDUAL PROBLEMS		
Community (skills)	12	4
Candlelight group	1	1
Gay Association of South Africa	1	0
DISABILITY/ILLNESS		
Brittle Bones Association	6	3
Cot Death Society	1	0
Cystic Fibrosis Association	2	0
Diabetics Association	2	0
Downs Group	9	6
Epileptic Group	2	1
Food Allergies Association	1	0
Little Peoples' Association	5	2
Lost Chord Club	4	1
Parents of Deaf Children	1	0
Parents of Handicapped Children	2	0
Phrenaid	6	3
Ostomy Association	4	2
Reach for Recovery	4	2
Renal Patients Group	1	1
SA Neuromuscular Action Group	4	3
SA Inherited Disorders Association	2	0
Spina Bifida Association	4	1
SINGLE PARENTS		
Parents without Partners	7	2
Single Parents Association	2	1
SOCIAL ACTION		
Community (area improvement)	24	14
TOTAL RESPONSES	263	152

Thirty-seven individual groups were mentioned and respondents had had contact with 26 of these. ² Alcoholics Anonymous (AA) was the most frequently mentioned and used. Seventy-eight percent of the respondents knew of AA, 57% had made use of the organization, and 13 respondents named only this group. ³

When respondents were questioned about the usefulness of self-help groups for particular problem areas the highest level of acceptance was in relation to alcoholism. Ninety-nine percent of the eighty two respondents comprising Group A, rated self-help

groups helpful in the treatment of alcoholism. Groups for foster and adoptive parents were supported by 89%; for the physically handicapped by 84%; and for the aged by 83% of the respondents. No problem area was supported by less than 50% of the respondents.

The high degree of knowledge and use of AA is understandable in view of the incidence of alcoholism as a problem area in workers' caseloads (see Table 5.18). It also conforms with findings in other studies. In Deneke's (1983) study, groups for alcoholics, and particularly AA, were mentioned by a comparable 72% of the respondents. A high percentage (95%) of the agencies polled by Levy (1978) utilized AA, and in Kurtz's (1985) study, 88% of a sample of professionals treating alcoholics referred their clients to AA.

Training as a source of information about self-help groups

Information about self-help groups was obtained during their social work training by 62 (53,5%) of the respondents. Thirty-four of these (54,8%) said that their lecturers had conveyed positive attitudes about self-help groups. Forty-six respondents (39.6%) had learnt of specific groups during their student field-work placements, and of these, 36 (78,2%) reported that supervisors had conveyed positive attitudes.

Learning about self-help groups during social work training did not influence the use of such groups in practice. Twenty (58,8%) of the 34 respondents who had no previous contact reported that they had learnt about groups during their training compared with 51,2% of those in Group A (who had previous contact). In the case of fieldwork training, 41,2% of the no contact group had learnt about self-help groups from their supervisors, compared with 34,5% of the previous contact group.

While the results here clearly indicated a lack of influence on the use made of self-help groups, this finding should be regarded as tentative, since social work education was not the focus of the enquiry. Respondents were asked to comment generally on the presence or absence of information about self-help groups and the nature of lecturers' and field-supervisors' attitudes during their training. The possible effects of specific courses providing knowledge about self-help groups was not considered.

Only one study was found which dealt with a specific course on self-help groups. Vinokur-Kaplan (1978) in her study of social work education and its influence on the use made of self-help groups described a course on self-help groups conducted at the School of Social Work, Tel Aviv University, Israel. Among the positive outcomes of the course she mentioned that participants had gained a greater awareness and understanding of self-help groups, their typical dynamics and processes and the roles social workers could take. Students' evaluations indicated a readiness to make use of groups as referral resources. These conclusions were based on self-report by the participants and did not include any follow-up information on actual use.

The Nature of Self-help Groups and Attitudes towards them

A number of measures were used to assess respondents' understanding of the nature of self-help groups and their attitudes towards them. Respondents were asked :

- to make a statement which represented their view of self-help groups
- to discuss the differences between professional help and self-help
- to suggest possible advantages and/or disadvantages in using self-help groups
- to rate their attitudes to the use of self-help groups on a Likert-type scale which offered five alternative attitude possibilities: extremely positive, mildly positive, mildly negative, extremely negative, no opinion
- to rate the usefulness of self-help groups in particular fields of practice.

The majority (95,7%) of respondents expressed positive attitudes to self-help groups. The suggestion that clients could derive therapeutic benefit from direct contact with untrained people who shared their problem was supported by 80,2% of those interviewed. Discussion of this topic elicited comments such as:

Because of their training social workers think that they are different from volunteers and members of self-help groups. They have to accept these people as colleagues rather than "untrained" and therefore unable to help. Historically social work is a profession which provides a service by the people for the people, not a profession for professionals.

Differences between Professional Help and Self-help

Comments concerning the differences between the help offered by professional social workers and self-help groups were divided into topic areas. These included both positive and negative issues. Content analysis of interviews revealed a total of 322 comments made regarding differences. Of these 252 were classified as positive and 70 as negative. The number of comments and the details included were a strong indication of the respondents' understanding of the subject.

Table 5.26 lists the various comments and the number of times each comment was made.

Table 5.26

Differences between Help offered by Social workers and Self-help Groups

Positive Comments	Topic	Negative Comments
	Resources	
Resources provided by groups are more innovative and constructive (5)		Different resources offer less access to information and expertise (4)
	Nature of Help	
Help is more natural - based on shared problems and peer interaction (45)		Focus is narrow, help is superficial and unreliable (14)
Help is more acceptable to clients, less stigma (16)		Untrained helpers lack knowledge and objectivity. (15)
Relationship is more supportive - more empathy and acceptance, more personal and intimate sharing (57)		No accountability or quality control. (7)
More successful - greater benefit to client (12)		
	Contact	
More frequent contact, no time limits, available at all times (8)		Contact unstructured, time not clearly defined or sufficiently limited (2)
	Problem Definition	
More accurate understanding of the problem which is differently defined (51)		Lack of accurate knowledge and understanding of the problem.

Table 5.26 (Contd)

Differences between Help offered by Social workers and Self-help Groups

Positive Comments	Topic	Negative Comments
	Structure	
Not bureaucratic or hierarchical, thus less rigid and inhibited - more community based (24)		Lack of structure, more informal, less purposeful. (10)
	Control	
Self-motivation encourages client independence; client in control (27)		Lack of professional responsibility for client well-being; don't reach out to clients (3)
	Client Benefit	
Helper principle operates, members develop specific skills e.g. negotiation, leadership (7)		
TOTAL : 252 positive comments		TOTAL : 70 negative comments

The support offered by self-help groups was the most frequently mentioned comment. This accords with the research on the value of social support as an important buffer against stress (DiMatteo & Hayes, 1981; Gottlieb, 1981; Pilisuk & Froland, 1978). It also accurately describes an important aspect of the nature of self-help groups. In reviewing the literature, "mutual support" was accepted as an integral component of what self-help groups offer members (Biklen, 1983; Borman, 1975, 1979; Katz & Bender, 1976b). Furthermore, the exchange with peers who have themselves experienced the problem offers a special form of support (Yoak & Chesler, 1985).

Awareness of the differences between professional help and self-help is an important step in establishing collaborative alliances (Meyer, 1985; Todres, 1982). Collaboration embodies the concept of complementarity - each system having its own area of expertise and making a unique contribution to helping (Spiegel, 1982; Vinokur-Kaplan, 1978). Finding this clear awareness and recognition of differences among the Durban social workers was considered a significant contribution to future co-operation between the formal and informal sectors.

Reasons for Using Self-help Groups - Their Advantages

The questionnaire findings had shown that a positive attitude towards the usefulness of self-help groups did not automatically result in the use of such groups. It was important therefore, to explore with the previous contact group (Group A) their reasons for making use of self-help groups, and with the no contact group (Group B) their reasons for not doing so.

Reasons given for making use of self-help groups represented the respondents' views of the advantages of these groups. The group of respondents who had experienced past contact with self-help groups (Group A - N 82) participated in this discussion. As can be seen from the number of times the various comments were offered, many participants referred to more than one topic. All the respondents offered at least one positive comment.

Responses could be grouped into five categories. These are listed below with an account of the number of times each was mentioned, and examples of the comments included in the category:

Practical benefits to clients - mentioned 78 times (95% support):

the practical and concrete help offered to members, the twenty-four hour availability of help, local branches of the group which increased accessibility;

Personal benefits to clients - mentioned 79 times (96% support):

increased client involvement and activity, decreased passivity and dependence, focus on specific problems, opportunity for self-improvement and development;

Special resource - mentioned 77 times (94% support):

more success in certain cases than professional help, opportunity for social action, provided service which was not available elsewhere, no selection procedure, less bureaucratic structure and "red tape"

Assistance to social workers - mentioned 73 times (89% support):

time-saving, supplementary to social work service, a useful resource, offered service to client who did not want or require professional service;

Belief in the idea of self-help - mentioned 78 times (95% support):

opportunity for contact with fellow-sufferers, support, identification, friendship and fellowship, enhanced communication through the shared problem, community based.

The topics mentioned were very similar to those discussed by social workers and other health and mental health professionals in overseas studies. Health professionals in Deneke's (1983) study also made many more positive than negative comments. They perceived as advantages: reduction of isolation through the linking of the client with fellow-sufferers (99%); the nature of the help offered (85%); and the importance of client responsibility and participation (94%). In Toseland and Hacker's (1985) study peer support was most frequently mentioned, (96% of their sample of 247 social workers) followed by practical benefits (85%), a sense of belonging (83%) and long term support (72%).

Hermalin et al (1979) questioned the staff of a health clinic on their reasons for co-operating with self-help groups. They mentioned the benefits professionals could offer the groups, the mutual gains that such interaction provided, and the benefit to clients.

The research undertaken by Remine, Rice and Ross (1984) included case studies of the experiences of seven Family Service Agencies. Their focus was more on the advantages to the agency than to clients or individual social workers. Benefits noted were: the opportunity for contact in the community, positive publicity for the agency, and the possibility of groups serving as a source of both clients and volunteers for the agency. Social workers could also benefit through their enhanced knowledge and understanding of special situations and populations. Finally, the authors noted that most agencies "admitted that in some situations self-help groups were the treatment of choice" (p. 79).

Disadvantages of Self-help Groups

The same group (n = 82) were asked to describe the disadvantages of self-help groups. Twenty-five different comments were listed with 37 combinations offered. Five respondents (6%) felt there were no disadvantages and one said that the advantages outweighed the disadvantages. Seventy seven (93,9%) respondents mentioned one or more disadvantage.

Comments were grouped into three categories. The first category related to the group process, the second to the structure of self-help groups, and the third to comments about the relationship of groups with social workers, and specifically the lack of professional involvement and expertise in the groups. These categories are listed below with an indication of the number of responses and a short description of the comments included in each category.

Group process - mentioned in 57 responses. Factors such as dependence on and overinvolvement in the group and a consequent pre-occupation with the handicap or problem were mentioned. Group activities were viewed as lacking in objectivity and direction, and possibly reinforcing the problem or behaviour.

Group structure - mentioned in 36 responses. Respondents were concerned about a lack of structure which it was suggested led to a lack of cohesion, purpose and direction and could be potentially destructive for members. Other comments in this category referred to the possibility of an elitist clique forming in the group, the active involvement only of the accepted leaders rather than the membership at large, and the ephemeral nature of many self-help groups.

Relationship with professionals - mentioned in 40 responses. The greatest support for any one comment was in this category. Nineteen respondents were of the opinion that groups suffered from a lack of professional expertise, objectivity, knowledge and skills. There was also support for the comment that groups may usurp the professional role and may confuse members with suggestions and advice that conflict with that offered by professionals.

The comments made were pertinent and reflected many of the issues raised in the description of essential characteristics of self-help groups (Chapter 2). They were also similar to the criticisms of self-help groups discussed by Gartner & Riessman (1977).

Disadvantages of self-help groups in the studies surveyed could be grouped into the same categories as those used here: group process, group structure and the relationship with professionals. Comments mentioned under the heading "group process" included a preoccupation with symptoms and the creation of a group

sub-culture (Toseland & Hacker, 1985); negative group characteristics and the dangers of "ghettoization" (Deneke, 1983, p.137); conflict between members and the need to identify with a problem (Remine et al, 1984). It was interesting that social workers should attribute to groups the very characteristics which have been used to criticize the formal social service delivery system. Steinman and Traunstein (1976), for example, stated that clients, in order to receive services, had to accept the deviant label applied to them by professionals. They saw the main thrust of the self-help movement as redefining deviance through acting autonomously and treating the condition.

A fundamental issue related to group structure was the transient nature of many groups. This observation was made by respondents in the agency case study who noted the fluid and transient nature of groups, and the possibility of cliques forming. They suggested that this could create problems for new members and limit the self-help group's potential for helping (Remine et al. 1984). Richardson (1983) commented on the lack of uniformity among groups and the consequent differences in their services.

In the third category, relationship with professionals, self-help groups were considered disadvantageous as they could bias members against professionals (Toseland & Hacker, 1985) and problems of autonomy and dependency could arise (Remine et al. 1984). Interestingly, in studies which asked self-help groups for their attitudes to professionals, these negative views were not confirmed (Powell, 1979; Richardson, 1983; Toseland & Hacker, 1982).

Reasons for Lack of Previous Contact with Self-help Groups

Their reasons for not having had any contact with self-help groups were discussed with the 34 respondents who comprised Group B. In some cases more than one answer was given. The most common reasons (mentioned by 61,8% of the group) referred to the respondents themselves. These included an unawareness of the existence of self-help groups and a lack of knowledge about suitable groups, the nature of their services or how to contact them. Six respondents referred to agency policy which discouraged contact. Five respondents said that there were no groups available in their field of practice or locality. One mentioned transport difficulties which made groups inaccessible to some clients.

As indicated in Table 5.3, Group B was comprised of 35,3% African, 5,9% coloured, 29,4% Indian, and 29,4% white, respondents. There was thus a higher proportion of black respondents (70,6%) in Group B than in Group A (34,1%). In pursuing the possibility of race affecting lack of contact with self-help groups, various reasons had been considered. These included a lack of knowledge of self-help groups, a negative attitude to such groups, or a lack of groups available for membership.

In analysing the responses a lack of knowledge of self-help groups was found to be most prevalent. Ten of the 24 black respondents in this group were unaware of groups in their field of practice. Seven of these were unable to name any self-help groups, while the other three mentioned groups which operated outside of Durban or which were unsuited to their practice. A further four respondents had no knowledge of the nature of the services provided by existing self-help groups or hadn't thought of using a group. However, respondents in this group did not lack an understanding of the nature of self-help groups. Twenty three (95,8%) of them offered accurate descriptive statements and pertinent comments, and only one was unable to offer any opinion of self-help groups.

There was little evidence of a negative attitude. Nineteen of these respondents (79,2%) were extremely positive; five (20,8%) expressed a positive attitude with some provisos such as "Helpful if properly directed" and "Could be useful if combined with professional service". One respondent expressed the conflict experienced by the community worker who subscribes to the principle of self-help but is aware of the social-structural limitations which operate, and said:

Groups do not establish themselves as a strongly motivated force operating from firm principles and establishing precedents. They are an ad hoc system of service delivery, dependent on charismatic leadership, and achieve a limited goal and then collapse. Illiterate, underdeveloped communities cannot deal with the negotiations required and are therefore limited in the goals they can achieve. Yet self-help groups are extremely useful in the field of community development as they are an ideal starting point for real community involvement. They are the point from which social work can begin. In underdeveloped communities they are needed for basic survival because there is no formal infrastructure of services.

The third possible explanation concerned a lack of suitable groups. In view of the government policy of racial separation of welfare services, and the consequent fragmentation of services (McKendrick, 1987), a lack of suitable groups could have been a result of racial discrimination. However, no respondents (black or white) mentioned a lack of suitable groups as a reason for not having contact, nor did any black respondents mention any aspect of racial separation. Two respondents noted a lack of accessibility which could be due to such factors as separate, and therefore, reduced, transport services. Only one of these two respondents, however, was black.

The reasons given for not using groups are consistent with findings in a number of studies. Deneke (1983) in West Germany found that lack of information about groups was the most commonly advanced reason for lack of use, followed closely by lack of familiarity with a group. Hermalin et al. (1979) and Powell (1979) in America, also identified lack of information as the primary factor for non-use among their respondents. This was, however, an area where this study differed from the findings in Toseland and Hacker's (1985) otherwise very comparable study of social workers in America. Their finding was that 49% of their respondents did not refer clients because the clients were considered inappropriate for referral, and that lack of information about self-help groups was a factor in only 24% of cases.

Membership of a Professional Association

Sixty-six respondents (56,9%) belonged to a professional association of social workers. Of these, 42 (63,6%) had had previous contact with self-help groups. Considering the two groups, (Group A which had previous contact with self-help groups and Group B which had not): Group A (n=82) was made up of 42 members (51,2%) and 40 non-members (48,8%); Group B (n=34) consisted of 24 (70,6%) who were members of a professional association, and 10 (29,4%) who were not.

In examining membership of a professional association and contact or lack of contact with self-help groups, a larger proportion of non-members reported some form of contact. There were in the interview sample 66 members of a professional association and 50 non-members. Sixty-three percent (42) of the members reported some form of contact with self-help groups, compared with 80% (40) of the non-members.

Membership of a professional association was thus associated with the use made of self-help groups. Table 5.27 shows the comparison between previous contact with self-help groups by members of a professional association ($n=66$) and non-members ($n=50$).

Table 5.27

**Membership of a Professional Association
by Previous contact with Self-help Groups**

Professional Association Membership	Previous Contact		No Previous Contact		Totals
	Number	Percent	Number	Percent	
Member	42	63,6	24	36,4	66
Non-Member	40	80,0	10	20,0	50
Totals	82		34		116

Chi square = 4,25; df = 1; α = 0,05

The row percentages show that 63,6% of the members and 80% of the non-members reported some form of contact with self-help groups. Statistical analysis indicated that this finding was significant at the 0,05 level.

In discussion of respondents' understanding of the functions of a professional association, four categories of response were identified: improved service conditions for members, greater power and influence through speaking with a united voice, the establishment of minimum educational qualifications, and control of standards of practice. The first two categories were considered representative of professional associations which aimed at protecting their members and improving working conditions. The latter two more closely represented the goal of improving the quality of service to consumers. Respondents were asked to rank their selection of functions in order of personal importance and their first two choices were considered. Table 5.28 reflects these.

Table 5.28
Most Important Functions of a Professional Association

	1st choice	2nd choice	Total	
			Number	Percent
Improved conditions	17	41	58	25,0
Power and influence	54	26	80	34,5
Minimum education	10	9	19	8,2
Control of practice	35	40	75	32,3
	—	—	—	—
Total responses	116	116	232	100,0

The strongest support was for increased power and influence, followed by control of standards of practice. The establishment of minimum educational standards for practice was the least supported category (8,2% of the total responses). The cumulative percentage support in the latter two categories was 40,5%. On the basis of these findings, it appears that respondents predominantly saw the function of a professional association as concern for the worker's well-being and the advancement of the profession.

Respondents were also asked to describe their most important professional concerns. These were grouped into four categories which are described through a typical statement and the amount of support indicated in Table 5.29.

Comments indicated some negative feelings about the profession. The most commonly held views were that social work is an undervalued profession (44,9%), and at the same time, that social workers do not pay enough attention to their own professional development (34,7%). Respondents recommended that professional associations should act to modify public understanding, improve the image and status of the profession and to a lesser extent, maintain and improve standards of training. These statements implied that increased professionalisation was the solution to the perceived problems.

Table 5.29
Professional Concerns and Support for them

Concern - Typical Statement	Mentioned	
	Number	Percent
Improve public understanding of the nature and value of social work Social work is an underrated service. Social workers are trained and should not be confused with volunteers.	75	44,9
Improve the image and status of social work Social workers do not do research, read, and evaluate their practice. The image of the typical social worker is negative. Social workers should command respect.	58	34,7
Maintain and improve standards of training and practice Need to develop understanding, knowledge and skills to provide better service.	17	10,2
Specific personal qualities are required Social workers need special personal qualities such as integrity, assertiveness, maturity and emotional stability.	17	10,2

In Katan's (1973) study of indigenous non-professionals in human service organizations, identification by professionals with the professional community was linked with a reluctance to allocate traditionally professional tasks to non-professionals. The relationship between membership of a professional association and use of self-help groups in this study supported this finding.

The respondents defined the most important functions of professional associations as concern for social workers' working conditions and the advancement of the profession. This view endorsed the idea that professionals support professional rather than social needs and the advancement of professionalism above social advancement (Reiff, 1969). According to Withorn (1984) professionalization may itself mitigate against an egalitarian philosophy and induce social workers to ally themselves with the profession rather than their clients. If this is so, membership of a professional association, and the view of an association's primary functions could indicate concern with professionalization and could be considered an explanation for the finding.

Current Referrals to Self-help Groups

The initial analysis of problem areas (Table 5.18) was used as the basis for a discussion of current caseload referrals to self-help groups (SHG). The figures for referrals to volunteers are provided as a basis for comparison, and are referred to in the discussion on the use made of volunteers. Seventy-six of the 82 respondents who had had contact with self-help groups reported that they had referred clients to a group.

Table 5.30

Cases in Current Caseloads according to Problem Areas, Referrals to Self-help Groups and Volunteers

Problem Area	Number of Cases	Numbers of Referrals	
		SHG	Volunteers
Adoption/Fostercare	624	0	0
Adult Offenders	51	0	0
Aged	125	2	3
Alcoholism	1241	28	4
Children	1331	0	0
Family conflict	1785	6	3
Financial problems	141	0	0
Handicap (physical & mental)	733	4	3
Housing	209	0	0
Individual problems	279	3	1
Mental health problems	472	3	4
Physical illness	221	1	0
Single parents	270	3	0
Total	7482	50	18

A group dealing with a specific problem must exist, and must be known to the social worker in order for there to be a referral to it. Groups were in principle available for all problem areas listed except "adult offenders". However as it was not possible in the time available to detail the specific needs of each client, one cannot conclude that all clients could potentially have been referred to self-help groups. It is, however, of interest to compare the volume of past referrals mentioned in the questionnaire responses (5306 referrals made by 108 social workers in Groups A and C) with the actual number (50) made by 76 social workers over a period of one year. If one calculates the average referral rate for Groups A and C according to their responses

to the questionnaire, each social worker would have referred 49 clients to self-help groups. The mean number of years in employment for these two groups was eight giving an annual rate of six referrals per social worker. If the same rate were applied to current referrals one would have expected a total of 456 referrals rather than the 50 referrals actually made. One respondent mentioned making 900 referrals which obviously biased the total. However, even if this response is disregarded 380 referrals would have been expected from the interview sample for the current period.

The number of referrals quoted in the interview is considered a more accurate reflection of reality, since it was based on a review of the worker's current caseload. Based then on these figures, the actual current use of self-help groups was very low, although it was almost three times that of referrals to volunteers.

Agency policy towards self-help groups

Discussions on the topic of agency policy towards self-help groups centred on: (a) the existence of a specific policy and its nature, and (b) reference to self-help groups in the agency's in-service training programme. Interview participants were drawn from 40 places of employment. These were divided according to their institutional affiliation and whether the provision of social work services was a primary or secondary function. The four categories used were: public primary; public secondary; private primary; and private secondary. Although the majority of employers (72,5%) in this study had not developed specific policies concerning the use of self-help groups, there was at least one example of an agency with a specific policy in each of the four categories. Seventy-six percent of the respondents stated that their employing agency had no formal policy regarding self-help groups. This was very similar to the 73% of respondents reported in the Toseland and Hacker (1985) study.

The distribution of employment categories, interview participants and specific policies concerning the use of self-help groups is indicated in Table 5.31.

Table 5.31

**Employment Categories of Interview Participants and the
Incidence and Nature of Policies concerning Self-help Groups**

Employment Category	Number of Organizations		Interview Participants		Agencies with specific policies			
	Number	Percent	Number	Percent	+ve	-ve	Mixed	Total Number of Agencies
Public								
Primary	4	10,0	15	12,9	0	3	0	3
Secondary	7	17,5	10	8,6	1	0	1	2
Private								
Primary	16	40,0	75	64,7	1	2	1	4
Secondary	13	32,5	16	13,8	2	0	0	2
Total	40	100,0	116	100,0	4	5	2	11

The highest proportion of interview participants were employed in private organizations whose primary purpose was the provision of welfare services.

Eleven of the 40 organizations represented (27,5%) were reported to have a specific policy. Of these, five discouraged and four encouraged the use of self-help groups. In the remaining two cases there was disagreement among the respondents concerning their employers' attitude to the use of groups. In the case of the employer in the public secondary service category, one employee indicated that the organization encouraged the use of self-help groups while two said that the same organization's policy discouraged use. There was mixed reaction in the private, primary category too. Two respondents referred to their employer's policy as encouraging and two to the same employer's policy as discouraging.

There was a total of 57 interviewees employed in the eleven organizations with a specific policy. Twenty-seven of them (47%) indicated that their employer had a specific policy - 13 reported a policy which encouraged, and 14 a policy which discouraged, use. Twenty of these respondents (74%) were from Group A and had

had contact with self-help groups, seven were from Group B. Six out of these seven respondents reported that their agency had a policy which discouraged the use of self-help groups.

Reasons given for policies which were said to discourage the use of self-help groups in the publicly funded organizations included:

Statutory nature of the work :

"A statutory case cannot be closed even when referred to a self-help group, and workers are too overloaded to monitor the client's progress in the group."

"Self-help groups are considered inappropriate for use in statutory work."

Bureaucratic structure :

"There is no opportunity for obtaining information about, or having contact with volunteers or self-help groups because of the bureaucratic, formal structure of the agency."

Attitudes to self-help groups :

"Negative attitudes of senior personnel result from the grass-roots initiative, social action focus and political connotation of many groups."

"Groups are only accepted as an expedient when, for example there is a shortage of services, but formal structured services are preferred."

Respondents employed in the private sector referred to the following issues which negatively affected their agencies' policies regarding the use of self-help groups:

Agency mandate :

"The agency is mandated to provide a direct service to the public rather than delegate that initiative to self-help groups."

Social welfare policy :

"The application of the subsidy system (which is based on the number and nature of cases carried by social workers) mitigates against referring clients to a self-help group."

Information about self-help groups :

"It is difficult to acquire accurate information about self-help groups."

Attitudes of management committees :

"Some management committees discourage referrals to volunteers or self-help groups in principle."

"Some management committees see self-help groups as a threat to professional autonomy."

The policy of routine referral of all clients to AA adopted by the South African National Council on Alcohol and Drug Abuse was seen as a very positive form of encouragement. Other policies considered favourable encouraged the formation of groups and offered facilities for groups to meet.

In-service training programmes were offered in 25 of the organizations represented. Self-help groups had been mentioned in two of these.

The bureaucratic form of the settings in which social workers are employed creates a hierarchy of authority which establishes rules (or policy) and expects obedience from its employees. This would explain a lack of co-operation with self-help groups by social workers in agencies with negative policies. However of the 20 social workers employed by agencies with a reportedly negative policy, only six were in the no-contact group. This contrasts with the 42% of respondents in Deneke's (1983) study who did not co-operate with self-help groups because it was not the policy in their agency. It also contradicts the importance placed on agency policy as an influence in the use made of self-help groups by Toseland and Hacker (1985).

Relationships with Self-help Groups

Current relationships with self-help groups were discussed. Issues covered the intensity of the relationship (determined by the frequency and nature of the contact) and the specific roles and tasks undertaken by the social worker.

Responses from the questionnaire to this topic were, as has been noted, somewhat vague and confused. Discussion of the issue made it possible to clarify the roles taken by social workers and the nature of their relationships with self-help groups. The roles taken and reported below, included both past and current relationships with self-help groups. Forty (48,8%) of the 82 social workers in Group A reported that they

had an ongoing current relationship with a self-help group. Of these, 23 (57,5%) reported a regular personal contact with a group, while the remaining 17 (42,5%) described their contact as relatively infrequent.

It is difficult to compare this finding with results in other studies. Terms such as "direct involvement" (Todres, 1982, p. 95), "cooperation" (Deneke, 1983, p. 137), "current involvement" (Toseland & Hacker, 1985, p. 235) are not operationally defined. If their equivalence is assumed, results are closely comparable. Todres (1982) reported the direct involvement of 43% of the respondents; Toseland and Hacker (1985) found that 60% of the sample had some current contact; Deneke (1983) stated that 24% of social workers cooperated frequently with self-help groups compared with 14% of physicians and 7% of psychologists.

The importance of this result is its negation of co-existence as the prevailing mode of interaction between the Durban social workers and self-help groups. According to Froland et al. (1981) co-existence, which was described as the choice not to interact, was the most characteristic relationship between the formal and informal sectors. The high degree of contact reported by social workers in this study does not support their contention.

Social workers' roles

Seventy-three (89%) had taken multiple roles in relation to self-help groups, either currently or in the past. Nine reported that they had referred clients to a group and had not taken any other roles.

Using the framework proposed by Wollert and Barron (1983), it was possible to allocate the various roles mentioned by the respondents to a particular category, noting that many of the roles and categories overlap. The categories were (a) organizational development services, (b) consultive services, (c) ongoing service roles and (d) clearinghouse services.

Organizational development services refer specifically to the initial development of a group. Roles include identifying a problem and deciding on the need to form a group. Fifty-seven (69,5%) of the respondents mentioned at least one activity related to this

category, although only 35 (42,7%) said they had actually formed a new group themselves.

Consultive services include consultation with an existing group, education of indigenous leaders and evaluation of group methods and effectiveness. Thirty-three respondents (40,2%) referred to their consultive educational roles; 27 (32,9%) specifically mentioned developing the skills and abilities of indigenous leaders; and one respondent reported an evaluative/research activity component.

The most contentious ongoing service role mentioned in the literature is the active leadership of a self-help group by a professional. Twenty seven respondents (32,9%) reported that they had been directly involved in leadership roles in groups, but had seen their roles as moderating and guiding activities. This enabled group members to retain their autonomy but gave the social workers a supervisory capacity in the group. The commonest ongoing service role was referral. Seventy-six (92,7%) of the respondents had referred clients to a self-help group. Although only 50 referrals had been reported from current caseloads, referral was the most frequently mentioned form of interaction with self-help groups. This confirmed the results reported in three studies which examined professional involvement with self-help groups (Remine, Rice & Ross, 1984; Todres, 1982; Toseland & Hacker, 1985).

Other roles mentioned in this category were recruitment of members (31 respondents, 37,8%), and advice and assistance with funding (24 respondents, 29,3%).

Clearinghouse services may include technical assistance such as publicizing a group's activities, providing a meeting place and financial assistance. These were mentioned in relation to background support, and were included by 35 respondents (42,7%). An important aspect of this category is the distribution of information about self-help groups on a community-wide level through the compilation of a directory of resources, media publicity and linking groups with each other. None of these activities was mentioned by respondents.

Attendance at meetings, advice and consultation, initiating groups, leading groups and speaking at meetings were commonly mentioned roles in the relevant studies (Deneke, 1983; Hermalin et al. 1979; Todres, 1982; Toseland & Hacker, 1985). The literature

on self-help groups which was reviewed in Chapter 2 proposed a wider variety of roles. However in questioning professionals about the actual roles adopted, a more limited range was apparent. The reasons for this limited range of roles was not explored.

Referral of Clients to Self-help Groups

The commonest form of contact with self-help groups in this, and overseas studies, was through client referral. Details of referral procedures and subsequent contact with referred clients were explored through open-ended questions with those respondents who had previous experience of, or a current relationship with, self-help groups.

Referral was used by 76 of the respondents - 65,5% of the total sample and 92,7% of the 82 respondents who reported any contact with self-help groups. No particular point in the contact between worker and client was considered an optimum time for referral. Seventy two respondents (94,7%) confirmed that they did not follow any regular procedure, but assessed each situation individually in relation to client needs. Thirty five percent had known clients who had referred themselves to a self-help group mainly because they were dissatisfied with the agency service, had heard about the group from friends and felt the group would meet their needs for support, independence and practical help. Mention was also made of the negative image of formal welfare services and the positive features of the group which included less stigma, greater accessibility, continuing contact and support.

Respondents were asked if they would prefer to select clients for referral to a group, or if all clients for whom a suitable group was available would be automatically referred. Seventy-one respondents (93,4%) said that they looked for certain characteristics which would make the client a more suitable participant in a group. A variety of selection criteria were mentioned including :

age, which it was suggested should be congruent with the group's members
intellectual capacity, which should indicate the client's ability to understand the nature of his/her problem
temperament, including the degree of sociability and aggressiveness, as this would influence group interaction
sense of responsibility and independence
willingness to participate in a group.

These positive client characteristics which social workers saw as important requirements before referral to a group were summed up in the following response:

Self-help groups are more successful with achievers - better educated, higher intelligence, higher social class - non-achievers need so much input for their inadequacies.

Comments were made regarding socio-economic factors which might be taken into account. Some respondents felt that groups were more appropriate for members of the lower middle class. Professional help, they suggested had a higher status than membership of a self-help group. These findings did not accord with Gourash's (1978) suggestion that clients who seek help from both professional helpers and self-help groups are more likely to be young, white, middle class, and female. Deneke (1983) reported that not more than 7% of the respondents considered attributes such as verbal capacity, middle class status, assertiveness or previous group experience. However the majority supported the characteristics of willingness to accept help and responsibility for participation as criteria for referral.

The Durban social workers also referred to their own assessment of the client's needs as a factor in selection for referral. Thus clients who had a need for support and the opportunity to identify with others sharing the problem, would be referred. There was recognition of the advantages of referring clients with particular problems to self-help groups. Alcoholism was mentioned specifically, with the recommendation that all alcoholics be referred automatically to AA. These findings conformed to two of the six client characteristics mentioned in the Toseland and Hacker (1985) study, namely, social isolation and specialized needs. No mention was made of the opportunity for clients to benefit from helping others with similar concerns, which was the most frequently cited observation in the American study. Durban respondents emphasized individual client needs but did not conceptualise these in terms of what the membership of the group might offer. Thus, although they were able to discuss the advantages of self-help groups in general terms, they did not relate these advantages to their own clients' needs. Practical and personal benefits to clients, the special resources offered by self-help groups, the assistance to social workers and the concept of self-help, although well-supported in general discussion were not raised in relation to referrals.

Referral procedures

All referrals made by this group of respondents (N=76) involved telling the client of the group's existence, discussing the nature of the group and its potential advantages and disadvantages for the client. Eighty-five percent of these respondents contacted the group on behalf of the client; 51% routinely maintained further contact with the group, while 34% said that this depended on client need.

Referring clients to a self-help group has been described as a "low level service" (Remine et al. 1984, p. 87) because it involves a set procedure which demands little effort from the social worker. Findings in the Durban study indicated that no routine procedure was followed and that there was some effort on the part of the social worker to personalize the referral and make it a part of the total therapeutic intervention. However, respondents' perceptions did not take into account that "all too often, those most in need of supportive networks are those least able to make effective contacts with network members" (Blythe, 1983, p. 122).

Rodolfa and Hungerford (1982) suggested that matching the group with potential members was the key factor in professional use of self-help groups. No mention was made by the respondents of screening the group to establish its suitability for the client. Unrealistic expectations of potential group members should be clarified and accurate information about the group provided (Hartley, Roback & Abramowitz, 1976; Lindemood, Wiley, Schmidt, & Rhein, 1979). This requires the social worker to acquire an intimate knowledge and understanding of groups to which referrals are made.

No attempt was made in this study to follow-up referrals to self-help groups and assess their effectiveness or outcome for clients. This is seen as an important area for future research.

Quality of interaction with self-help groups

Sixty respondents (51,7%) viewed groups as community resources; 19 (16,4%) as providing therapeutic services in their own right; 31 (26,7%) as adjuncts to professional services; and six (5,2%) as an alternative to professional social work services. In

accordance with the organizational structure described in Table 3.6, those viewing self-help groups as community resources or as providing therapeutic services in their own right were allocated to the collaborative interactional mode. Social workers who saw self-help groups as either adjuncts or alternatives to professional services were allocated to the competitive mode. On this basis, the views of the majority of respondents (68%) were commensurate with a collaborative mode of interaction.

The benefits of collaboration for both systems have been described in the literature review. There is considerable empirical evidence from overseas studies for the existence of collaborative alliances (Lieberman & Borman, 1979; Powell, 1979; Hatch & Hinton, 1986; Toseland & Hacker, 1982; Yoak & Chesler, 1985).

FUTURE USE OF SELF-HELP GROUPS

Social service delivery is an interactive system and it forms part of the technology which social workers use to achieve their objectives. This area of the investigation was directed at gauging the possibility of developing contacts and improving relationships with self-help groups as a way of enhancing the delivery of service.

One hundred and two of the 116 respondents (87,9%) saw a need for self-help groups to be established in the future to meet particular client needs. In many cases very specific suggestions were made regarding the purpose of future groups, while in others a more general focus was suggested. This conformed with Pilisuk and Minkler's (1985) conclusion that self-help groups are able to provide for specialized needs which the formal system had neither the energy nor financial resources to tackle.

Levy (1976, 1979) categorized groups according to composition and purposes into:

1. Behavioral control or conduct reorganization groups (A)
2. Stress coping and support groups (B)
3. Survival oriented groups (C)
4. Personal growth and self-actualization groups (D)

The majority of groups suggested by the Durban social workers were in the category of stress coping and support groups (category B). This was an unexpected result in

view of the lack of use made of self-help groups as a supportive service (see Table 5.19 and discussion following).

Table 5.32 uses Levy's (1976, 1979) classification within the framework of the specific client groups for whom suggestions were made.

Table 5.32
Suggestions for Future Self-help Group Development

Problem Area & Group Membership	Category (Levy, 1976, 1979)
ADOPTION/FOSTER CARE	
Foster parents	B
Adoptive parents	B
Adopted children	B
ADULT OFFENDERS	
Ex-offenders	C
Parolees	B
Wives and families of offenders	B
AGED	
Preparation for ageing	D
Pre-retirement	D
Elderly people	B
Elderly with psychiatric problems	B
People caring for elderly parents	B
ALCOHOLISM AND SUBSTANCE ABUSE	
Alanon and Alateen groups in specific localities	B
Substance abusers	A
Wives of substance abusers	B
Parents of substance abusers	B
Dagga users	A
BLIND	
Parents of blind children	B
CHILDREN	
General parenting	B
Parents of pre-school children	B
Parents of adolescents	B
Parents of problem children	B
Mothers of hyperactive children	B
Parents whose children have been statutorily removed	A
Parents of truants	B
Children's homes host families	B
Adolescents	B
Members of adolescent gangs	A
Truants	A
Abused children	B
Children released from statutory care	B

Table 5.32 (Contd)

Suggestions for Future Self-help Group Development

Problem Area & Group Membership	Category (Levy, 1976, 1979)
DISABILITY/HANDICAP	
Parents of handicapped children	B
Parents of mentally retarded children	B
Physically handicapped children	B
People with learning disabilities	B
Adult physically handicapped	B
Epileptics	B
FAMILY CONFLICT	
Couples with marital problems	A
Women with marital problems	B
Divorcees	B
Children of couples with marital problems	B
Spouse abuse	A
FINANCIAL PROBLEMS	
Maintenance grant recipients	B
Unemployed people	C
HEALTH PROBLEMS	
Chronic schizophrenics	B
Parasuicides	B
Child burn victims	B
Parents of schizophrenics	B
Families of the terminally ill	B
People with neurological disorders	C
Cardiac patient	B
HOUSING	
People needing accommodation	C
Deprived communities	C
INDIVIDUAL PROBLEMS	
Widows	B
Widows of policemen	B
Housewives	D
Women	D
Women working in industrial settings	B
SINGLE PARENTS	
Single parents	B
Unmarried mothers	B

Sixty-eight respondents (58,6%) were willing to be involved in some way in the future development of self-help groups in the areas identified. The most widely accepted role they saw themselves taking was one of background support and encouragement during the initiating and developmental stage of the group (43% of these 68

respondents). Seventeen respondents (25%) wished to initiate groups themselves, and 22 (32%) suggested taking an ongoing supportive role.

The Durban social workers' emphasis on support and encouragement at various stages of the group's development was an encouraging choice. It was consistent with the strong recommendations made by a number of authors who have pointed to the success of collaboration resting not in the collaboration itself but on the nature of the alliance (Kurtz, Mann & Chambon, 1987; Mallory, 1984; Silverman, 1980; Wilson, 1986; Wollert et al. 1980).

All interview participants were asked to comment on their future use of self-help groups. Ninety-one (78,5%) said that they planned to use such groups more often than they had in the past, 23 (19,8%) said there would be no change in the amount of their future use and two (1,7%) did not know to what extent they would use groups in the future. Thirty-one of the 34 respondents (91,2%) who had not had any previous contact with self-help groups planned to make use of such groups in the future. This strong commitment to future use of self-help groups by social workers who had no previous experience in this area was seen as a positive outcome of the study and an indication that the developmental goal could be achieved.

Notes

1. The Circular (No. 33 of 1966 as amended) noted that this number (60) should be subject to qualification as the nature of cases varied. They therefore allocated a value according to the nature of the case. A caseload was considered as a full work load only if the total value of the cases totalled 225 points. It was considered too complicated to use this value system in assessing caseloads for the purposes of this study. The Departmental norm of 60 was considered sufficient as an indication of the size of each worker's caseload.
2. This figure of 37 groups does not include the community groups (i.e. groups which were categorised as community economic co-operatives, community skills groups and community area improvement groups).
3. Alcoholics Anonymous, Reach for Recovery and the Downs Group had been mentioned by the researcher in the examples of self-help groups given to all participants.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

Four topics were identified in Chapter 1 as the focus of concern in this study. They were: (a) the historical origins of self-help groups in South Africa; (b) the areas in which groups functioned; (c) the relationship between self-help groups and professional social workers; and (d) social workers' views of the way self-help groups could be used in service provision. These areas are used as a structure for the conclusions reached in this chapter. The first two topics refer to self-help groups in the South African context and conclusions in these areas have been combined under that heading.

Recommendations have been based on the conclusions drawn. In terms of Thomas's (1978a, 1978b, 1981, 1985b) developmental research model, these recommendations represent the design of social technology which is part of the Developmental Phase of the model. Interpretative comments on the conclusions are speculative and could be used to generate hypotheses for future empirical investigation.

THE SOUTH AFRICAN CONTEXT

In order to understand self-help/mutual aid in South Africa its historical development was traced. Historical patterns similar to those in Britain and America emerged. Briefly, the roots of self-help groups were found in the mutual aid provided by families, clans and kin groups. With increasing urbanization and industrialization, the family was no longer the central resource for the individual. Although the State assumed some responsibility for the welfare of its citizens, private and voluntary initiative was also involved in providing services. Welfare and

economic needs in many communities were met through the church, voluntary associations, economic co-operatives, savings clubs, burial societies, and trade unions. Economic mutual aid associations were identified as a common response, especially among urban Africans, to the inadequacies of state welfare services. Mutual aid and self-help were thus identified as prominent historical themes in meeting welfare and economic needs.

The emergence of mutual aid as part of the helping and support traditions of all the major South African population groupings was important in the current socio-political climate. South Africa is a multi-cultural society in which ethnic group identity and cultural and racial differences are emphasized. The mutual aid tradition described above was, however, common to all and could provide a cross-cultural linking motif. It was further identified as a significant philosophical issue in the development of both African and Afrikaner nationalism.

The range of mutual aid/self-help activities reflected South Africa's economic nature as both a developed and developing country. Social development and change functions coexisted with the service and citizen participation attributes of groups established in post-industrial economies.

A broad spectrum of community or "outer-focused groups" (Katz & Bender, 1976b, p. 39) was identified. These included civic associations, community work, cultural, educational, research, information, political, resource, student and youth, and women's organizations. The social change orientation of many of these organizations was an inherent component of their approach to development. This was important in view of the essentially political process involved in the creation and improvement of welfare resources and the limitations placed on African political organizations since the 1950's. Butcher et al. (1980) stated that community development groups are frequently formed as a response to life's "threats and shortcomings" (p. 181). The South African socio-political structure, with its forcible separation and stratification on racial grounds, creates such an environment.

Further, every effort is made to separate the welfare and political systems and to prevent the politicisation of the welfare system. This division is illogical and frustrating for, as McKendrick (1987a) noted, "the causes of many of the social problems which people experience lie in a political system that determines opportunities and limitations according to race" (p. 39).

The South African socio-political system thus creates a context in which community groups, with the dual focus of political activism and change and mutual aid and support, flourish. Groups such as the Detainees' Parents Support Group were created to deal with a problem (namely, detention without trial) which itself is a function of the South African socio-political environment. They have been categorized as a resource organization with a strong politically activist stance and outward-focus. At the same time the opportunity for association, support and mutual aid which they offer to people sharing the problem is an important component of their activities. They provide a typical example of the dual purpose, community-based service category of self-help groups.

"Inner-focused" (Katz & Bender, 1976b, p. 39) problem groups or special-need groups proliferated in South Africa, as in Britain and America, in the 1960's and 1970's. Examples of behavioural control or conduct reorganization groups, stress coping and support groups, survival groups, and personal growth and self-actualization groups (Levy, 1976, 1979) were found. Many of these were nationally organized, operating on a local level in the main urban centres.

The formation of self-help groups to meet needs not met by the formal sector is not unique to South Africa (Caplan, 1974). However, the specific nature of the South African context was considered influential in their development. Relevant factors included: the residual and selective nature of the South African welfare system, the racial fragmentation and inequality of services, and the policy of privatisation which removes responsibility for meeting welfare needs from the state. The linking of self-help/mutual aid with the policy of privatisation was seen to have particular

problems in relation to the development and utilization of self-help groups. Groups may be viewed as a way for the state to abdicate its responsibility to provide for the welfare of its citizens and as an expression of the political ideology of separate development.

The existence of this broad spectrum of self-help groups and their historical development and relevance across cultures, indicated that their inclusion in the range of available welfare service would be acceptable to the South African population. The government has, in its Report (Department of Constitutional Development and Planning, 1985), acknowledged their role and importance. However the recommendations made in this Report are biased by inaccurate perceptions of the nature of self-help groups generally, and of their historical and cultural tradition in South Africa. The Report describes these groups as locally-based and initiated by communities. While this may be true in some cases many groups formed as a response to the needs of a community of interest rather than local geographic community needs. Groups which provide services only for local communities re-inforce the racial fragmentation of service provision since local residence is restricted by the *Group Areas Act* (Number 36 of 1966, as amended) and thus geographic communities are racially defined. The Report also specifies particular fields of service as appropriate for the development of self-help groups. This conflicts with the generally unstructured beginnings of self-help groups, many of which develop informally around the needs, interests and/or problems of one or more individuals. It also limits the potential of self-help groups to develop in response to such individual needs. According to the Report, ongoing responsibility for self-help groups should be allocated to welfare or church organizations and self-help groups should be controlled in the same way as private welfare and fund-raising bodies. Both of these recommendations fail to recognize the essential nature of self-help groups and would, if put into effect, curtail the autonomy of these groups.

The government's recommendations concerning self-help groups are only part of the larger policy of privatisation. They are seen as a way of reducing the role of the central government in the provision of welfare services and enhancing the intended

privatisation of services. However, in view of the inappropriateness of privatisation of welfare services in the South African context, and the possible resistance to utilizing self-help groups because of their perceived link with present political policy, it would be more suitable to see self-help groups as part of a continuum of service extending from the formal to the informal. This would create a framework which recognized self-help groups in the range of services available, but in no way withheld formal institutional services. It would also protect the independence and autonomy of self-help groups.

THE RELATIONSHIP BETWEEN SELF-HELP GROUPS AND PROFESSIONAL SOCIAL WORKERS

Literature on the nature of social work practice indicated that social work practice should no longer be viewed from a narrow method-based perspective. Instead, there has been an emerging commitment to an holistic assessment and the selection of an intervention approach appropriate to the situation. The conflict between South African social policy and this trend in social work practice was reflected in the subsidy formula used to fund social welfare services at the time of the investigation.¹ Agencies were (and continue to be) financed by racially-divided government departments with some variation in the subsidy policy among the departments. For example, the basis for justifying a subsidized post in a social work agency financed by the Department of Health Services and Welfare: Administration House of Assembly (the department dealing with "white" clients) was dependent on the number and nature of cases carried by each social worker. Group or community work methods were not given similar financial recognition whereas in the Department administered by the House of Representatives (serving so-called "coloured" clients) these methods were recognised. This may have been one of the reasons for the limited number of respondents (18%) who used all methods of practice. It may also have been a reflection of agency policy, the worker's job description, individual worker's preferences or their theoretical inclinations. The limited number of social workers using all methods was seen as a reflection of method-centred education and practice rather than the more favoured integrated approach.

Social work practice today has been characterised by an increasing diversity. New practice trends which have emerged from the theoretical perspective of ecosystems theory have led to changes in definition of the problem, foci of assessment, intervention strategies, client-worker roles and relationships. Using this perspective, concepts such as social support, natural helping networks and the professional use of self-help activities, are included in intervention strategies. Clients are viewed as partners in the helping process and the relationship is seen as encouraging client autonomy and reducing the authority and power of the worker (Bisno, 1984; Hartman, 1979b; Maluccio, 1981).

These practice trends did not emerge in the assessment of current social work practice in Durban. Nor was there any evidence of the use of a mutual-aid model in professional practice. Three possible explanations for the absence of the practice trends described above will be advanced. The first relates to the relevance of these issues in the South African context; the second to professional training; and the third, to the conceptualisation of social work practice in South Africa.

It could be argued that international trends and issues are not necessarily relevant to South African social work practice. There has certainly been concern about the transferability of social work technology from developed to developing countries (Lowe, 1985; Midgley, 1981). However, the most important premise on which the identified practice trends rest was the use of an ecological perspective with its emphasis on interaction between the individual and the contextual environment. Although it was not named as an ecosystems approach, McKendrick (1987c) clearly saw this as the contemporary focus in direct practice in South Africa. He referred to it as an approach which directed attention to "people in transaction with their environments" (p. 46). Furthermore, as McKendrick (1987b) noted, "With this perspective, social work can be viewed as simultaneously attending inward to the individual and outwardly to their significant environments, with the stress upon the promotion of effective transactions between the two" (p. 191). The essential elements of practice using this perspective have been described in the literature review. They are summarised here for convenience:

1. Recognition of the complementarity of person-in-environment and the need to strengthen each component.
2. Effective helping requires a dual focus on individual and environment.
3. Helping may take many forms and be on several systems levels, but its goal remains one of promoting social functioning through enhancing the individual's skills in coping with the environment.
4. Social support is an integrated component of the total helping strategy.
5. Both professional and informal helping efforts form part of an overall helping service.

On the basis then, that person-in-environment is the currently accepted perspective in South African social work, its practice implications (which are the trends under discussion) cannot be considered irrelevant.

The second possible explanation may lie in the education and training of South African social workers. Nineteen universities and two colleges offer basic social work education. Thirteen of these institutions were represented in the interview sample. Social work education begins at an undergraduate level and students receive a generic education which is intended to prepare them for intervention with individuals, families, groups, communities and organizations (McKendrick, 1987b). Knowledge, practice skills, and the acquisition of appropriate values are seen as the main thrust of the curriculum and each of these is considered:

Knowledge is heavily dependent on American and British writing as evidenced in the most recent South African social work text, *Introduction to Social Work in South Africa* (McKendrick, 1987), which makes extensive use of the traditional sources of

social work literature. As noted above, the ecosystems perspective has been widely accepted internationally and is the basic premise of a number of textbooks prescribed by local universities. It was also the foundation for a chapter on integrated practice in the South African text mentioned above (Welch, 1987).

The majority of the respondents (60%) had been trained during the previous six years. However, there is no reason to suppose that any of the social workers had not heard of an integrated approach since as Hoffman (1978) noted in the local social work journal, the theoretical concepts of a generalist systems approach had been formulated in the writings of practitioners and academics from the late 1950's.

Skills must derive from knowledge if social workers are to be educated rather than merely trained. No articles dealing specifically with a curriculum for practice skills were found in the main South African journal, *Social Work/Maatskaplike Werk* over a ten year period. However, in perusing practice related articles, it became evident that skills were viewed as part of the total curriculum and as an educational responsibility (see for example, Carew, 1978; Hoffman, 1978).

Values - McKendrick (1987b) identified eight values to which South African educational centres subscribed and which they tried to develop in their students. Two of these value statements were considered particularly germane to the topic under discussion. Implicit in both was an acceptance of consumer participation and reduction of worker authority. All sixteen of the training institutions studied supported them. They referred to the need:

To encourage self-help as a means to growth in self-confidence and in ability to assume responsibility [and]

To use this [professional] relationship to help clients (individuals, groups and communities) to become more free and self-reliant rather than to try to manipulate them to fit a preconceived pattern. (p. 197)

In terms of the knowledge, skills and values taught in South African social work educational institutions, there does not appear to be an inherent conflict with the identified trends. It is possible that a generalist, person-in-system concept is used

more widely than the ecosystems perspective, but as has been shown, these approaches are philosophically congruent. There may also be greater emphasis on the underlying theory in some educational institutions than in others. However the unanimous agreement with the values of client participation and self-responsibility were considered an indication of a philosophical, if not a practical, acceptance of the principles.

The third possible explanation lies in the way social work is conceptualised in South Africa. In the *Social and Associated Workers Act* (No 110 of 1978) social work was defined as:

Any act, activity or method directed at diagnosing, eliminating, preventing or treating social malfunctioning or problematic functioning in man, or at promoting social stability in man, and includes any process which is calculated to promote the efficient performance or application of such act, activity or method. (Section 1, xiv)

This definition focuses on changing the individual and does not incorporate the idea of changing the environment in which the individual functions. It assumes that social workers accept the South African social structure and are concerned with maintaining "social stability". No mention is made of the need for social or political change or reorganization. The individual's malfunctioning is seen as the subject of the social worker's activity. This Act was amended and renamed the *Social Work Act* (No 110 of 1978) in 1989. However, the original definition of social work was retained. In comparison with the South African definition, the *Curriculum Policy Statement* of the Council on Social Work Education in the United States (1982) emphasizes the importance of drawing on people's own and environmental resources and the need for social workers to work towards social policies, programmes and services which would meet basic needs and develop consumers' capacities and abilities.

In the South African definition, the prerogative to select any "act, activity or method" in order to deal with the problem is assigned to the social worker. The social worker is, therefore, by definition, the authority figure and the "expert". This takes no account of the importance of an individual's active participation in interacting successfully with the environment. As Maluccio (1974) noted, active involvement is "a prerequisite for growth, mastery, and identity" (p. 32). The definition thus negates important social work principles of client competence, participation in decision making and action.

Of the three possibilities - the relevance of these issues in the South African context, the nature of professional training and the conceptualisation of social work - the last explanation is the only one which can be argued convincingly. It seems, therefore, that if South African social work practice is to develop a broader perspective by including informal helpers as partners in the helping process, a new conceptual framework is required. This necessitates a policy change in regard to the legal definition of social work (an issue currently being considered by the South African Council for Social Work). ² It also has practice implications. Since it appears that practice is influenced by the official definition of social work, it is assumed that a new conceptualisation would be similarly influential. There are, obviously, other factors which would need to be considered, including the willingness of social workers to accept such changes, the development of an appropriate model and its incorporation into social work education. An educational approach which enables social workers to make effective use of self-help groups as part of the total continuum of service would require a congruent value stance, theoretical perspective, and empirical knowledge base. These elements could then be integrated into an appropriate practice model.

If professional social workers are to be collaboratively involved with self-help groups it seems essential that they believe in the value of self-help and the ability of members to organize their own services (Brimelow & Wilson, 1982; Silverman, 1978, 1980, 1982a, 1982b). This is consistent with the basic social work values of

client self-determination and self-reliance. An important ideological requirement is an acceptance of the value of experiential knowledge (Froland et al, 1981a, 1981b). Finally, social workers would need to be able to accept the users of the service as active participants in a joint enterprise (Tietjen, 1980).

Based on the literature reviewed concerning theoretical developments in social work practice, the nature of self-help groups and the findings in the Durban study, an ecosystems perspective is seen as the most appropriate theoretical orientation for the purpose. Its advantages and pertinence in the South African context have been noted (Welch, 1987). Its environmental and transactional emphases make it an inclusive approach which allows social workers to use a variety of practice models and skills (Meyer, 1983; Whittaker, 1983). It takes into account the concept of competence as opposed to pathology (Maluccio, 1981). It is simultaneously eclectic and integrative (Siporin, 1975). It incorporates the concept of social support as an integral part of practice (Whittaker, 1986). Most importantly, it is congruent with the community participation focus which is needed for collaborative work with self-help groups. The ecosystems perspective provides a unifying theme for the implementation of a collaborative practice model.

As indicated in Chapter 2, the ecosystems perspective, while accommodating a variety of approaches, has some specific practice implications. In order to encourage awareness and application of these practice principles they need to be operationalised in a practice-skills component. This does not mean that the range of skills should be limited, but rather that the skills necessary for working with self-help groups should be included and their rationale made explicit.

A number of authors have described the skills needed for effective collaboration (Dory & Riessman, 1984; Mallory, 1984; Silverman, 1980; Wilson P., 1986; Wilson J., 1987; Wollert et al., 1980). All of them have emphasized the facilitative rather than the controlling nature of the social worker's role. The guidelines proposed by Wollert et al. (1980) effectively summarise the requirements:

1. Adequate knowledge of the way in which self-help groups operate - this should include understanding self-help patterns and different types of self-help groups
2. Active relationship building which should convey respect for the group's specific domain and expertise, indicating that professionals can learn from this expertise, and minimizing status differential through informal contacts and sharing information
3. Consultation and assistance which should be offered only when it is wanted by group members
4. The role of the professional should be clarified as "friend" of the group, rather than therapist, member or leader.

In view of the need for theoretical learning to be re-inforced in practice, similar training programmes would need to be provided for fieldwork supervisors and practitioners. This could be a shared responsibility of social work educators, agencies and professional associations.

Part of the concern of this study was with existing relationships with informal service systems. Social workers were found to be engaged in a variety of activities in interacting with self-help groups. In allocating these activities to Wollert & Barron's (1983) four categories of service roles, all the categories, although not all the possible activities in each category, were represented. A notable exception was the exclusion of any compilation of a resource directory, media publicity or linking of groups with one another. These were all activities in the clearinghouse services category, and would require the establishment of an organization frequently referred to as a "clearing house for self-help" (Richardson & Goodman, 1983, p. 122). Such organizations may operate on national and international levels. Self-

help clearing houses function as centralised support centres for self-help groups and potential members or users of their services. They also create a communication link between researchers, policy-makers and self-help groups. Services may include information provision, library facilities and a current directory of self-help groups.

Factors such as social work training, membership of professional associations and agency policy were considered as possible factors influencing the current and future use of self-help groups. The absence of any apparent relationship between learning about self-help groups during training and the use made of such groups may be taken at face value as an indication that there is no connection between learning about self-help groups and their subsequent use. Alternatively, it may be due to a wide range of factors including the nature of the information given, and the degree of consistency between the theoretical presentation and its operation in action (Pilalis, 1986). Carew (1979) found that social workers do not consciously implement theoretical knowledge in practice. It is possible that attitudes towards, and knowledge about, self-help groups (which were the issues raised in this connection in the interview) were viewed by social workers in the same light as theoretical and empirical knowledge. These suggestions are speculative as it was not possible in this study to follow-up educational details with each training institution involved. The educational process is, however, a major source of theoretical learning. In view of this, and the positive outcome reported following a specific course on self-help groups in an Israeli school of social work (Vinokur-Kaplan, 1978), it is essential that the educational implications be considered. Both theory and practical research-based knowledge are required. The inclusion of information about self-help groups in the social work curriculum would be one aspect of a total strategy aimed at developing a collaborative approach between social workers and self-help groups.

The fact that non-members of professional associations are more likely to make use of self-help groups than members does not imply that professionalism in social work should be rejected. Just as there are tensions between the view of social work as a movement concerned with changing society, and social work as a social institution

which supports the status quo, so similar tensions exist in professional associations. Another source of tension may lie in the stated purpose of a professional association. Does the association exist to improve working conditions and support the personal and professional development of its members? Or is it concerned with the protection of consumers through improving the quality of the services offered? Although these goals need not be mutually exclusive, in the Durban study the former was seen as the more important function of a professional association.

Taber and Vattano's (1970) study of social workers' value orientations showed that a wide variety of views are held. It therefore seems possible for the social work profession to accept ideological diversity. In the South African context the policy of apartheid determines the provision and nature of resources and access to them. In terms of the social work profession's commitment to recognise the worth of all individuals and to promote the good of the individual, it has become increasingly important for professional associations to challenge the structure and to commit themselves to an inclusive rather than a professionally exclusive view.

It must be noted that the professional associations are not the only organizations representing professional social workers. No mention was made in the study of the Council for Social Workers whose primary objects are control and promotion of the profession of social work. The Council, in the light of its statutory mandate, is an extremely influential body. It has the power to regulate the profession which professional associations do not. It also has the potential to influence educational policy. It has already extended the period of basic social work training, ruled on the structure of the bachelor's degree course in social work, and instituted registration of social work students. Work has also commenced on the development of minimum standards for social work education and training. While it is imperative that universities retain their autonomy in deciding what should be taught, according to McKendrick (1987b) it is essential that all new social workers complete a basic professional preparation that embraces a common core area of knowledge and skill acquisition. Endorsement by the Council for the conceptual and educational recommendations made regarding the inclusion of self-help groups in the service delivery system, would ensure a consistently positive approach.

In Toseland and Hacker's study (1985), agency policy was one of the two most important predictors of referrals to self-help groups. However, as both positive and negative policies were reported in the Durban study, and the numbers involved were small, it was not possible to link contact with self-help groups directly with agency policy.

Nevertheless, if all possible influences on service delivery are to be considered, the importance of agencies' managements and policies cannot be discounted. An holistic approach to the design of appropriate service technology would, therefore, have to include the agency both as context and as a source of information and knowledge about self-help groups. Moreover, official acceptance of the need to collaborate with self-help groups, expressed through a favourable and specifically encouraging policy, would create a co-operative set for social workers. Facilitative policies need to operate on a number of levels. The first involves acceptance of the importance of self-help groups and their inclusion in the service delivery system. This is a philosophical and theoretical commitment to the idea of self-help/mutual aid. The second relates to utilizing groups through various forms of contact. This involves the agency in making explicit its approval of social workers' use of existing self-help groups or of their involvement in developing new groups. The third concerns the nature of the relationship between the agency, its social workers and the group. Factors to be considered include: the autonomy of groups, the amount of "agency time" which could be allocated to collaborative work and financial sponsorship. These policies need to be made explicit if they are to encourage social workers to become aware of self-help groups, to use them effectively and to develop collaborative relationships with them.

Some of the negative policies outlined by respondents require attention. In the publicly funded organizations issues included: the statutory nature of the work, the bureaucratic structure of the organization and negative attitudes of senior personnel to the political/social action focus of many groups. Negative factors affecting private organizations were: the agency mandate, social welfare policy, the difficulty of acquiring information about self-help groups and attitudes of management committees. Many of the implications already discussed have a bearing on these issues. The negative influence of management committees on social work

involvement in politics (Atmore, 1981) and on community work (Turton, 1984) in South Africa has been related to their lack of understanding of the communities served by the agency. In the long term it is hoped that social work practice, supported by appropriate policy changes, will re-orientate to a participatory, person-in-environment focus. This focus would be an important constraint on these negative policy factors. Short term control measures would be educationally directed and would include in-service training courses for social workers as well as management committee members.

FUTURE USE OF SELF-HELP GROUPS

It was apparent that in the view of the Durban social workers, self-help groups could constitute a meaningful component of the service delivery system. There was strong support for increased future use of self-help groups. Social workers saw themselves providing support and encouragement to self-help groups. The selection of these significant but rather passive roles highlights the importance first, of expanding social workers' understanding of the benefits of including self-help groups in the continuum of available social services. These benefits have been well documented (Baker, 1977; Caplan & Killilea, 1976; Todres, 1982; Toseland & Hacker, 1985) and were supported in this study. Secondly, social workers (representing the formal sector of the continuum) need to be made aware of their responsibility and mandate to help people obtain needed resources (Minahan, 1981), to develop the range of available helping resources (Siporin, 1987) and to develop a collaborative interaction with the informal sector (Froland et al., 1981a).

The general acceptance of a collaborative mode of interaction is a positive point of departure. However, for those social workers who have not had previous contact with self-help groups, an important issue is a lack of knowledge about existing groups and for those who have had previous contact, the contacts were in fact fairly limited. The need was thus established for a model of collaboration which includes a specific knowledge base and an integrated practice model. This requires input on the social work training level, the agency practice level, the agency structure and policy level and the social policy level.

Empirical evidence is needed to evaluate the effectiveness of self-help groups in practice. This could be a significant role for practitioners in future relationships with self-help groups. Such research would be essential in moving to the final phase of the research and development process, namely, implementation and evaluation of the technological innovation.

In the summing up of these conclusions and their implications, their application to social policy, social work practice, education for social work, and agency policy and management is made clear. This accords with a systemic view which indicates that change in any one system will affect the operation of the other systems.

RECOMMENDATIONS

The recommendations presented here are consistent with the operational step of proposed technological innovation recommended by Thomas (1978a, 1978b, 1981, 1985b). The following recommendations summarise the changes considered necessary in order to implement this proposal:

1. Self-help groups should be accepted as a helping resource which may be alternative or supplementary to the existing range of informal and formal services. They should not be seen as a replacement for institutional welfare.
2. Recognition should be given to the informal structure of self-help groups and their need to function outside of the constraints of existing welfare legislation.
3. Community of interest and mutuality of experience (rather than racial divisions) should be acknowledged as the major defining characteristics of self-help groups.
4. The choice of fields in which self-help groups operate should be derived from the experiences and needs of potential members.

5. The legislated definition of social work should be changed to indicate acceptance of the duality of social work practice, awareness of the person in context, and promotion of client systems' participation in the helping process.
6. Social workers should be encouraged to conceptualise social work practice in the way it has been viewed in this chapter. This would assist them in integrating theory with practice. This recommendation could be effected through the change in the legal definition and through social work education and continuing education programmes.
7. The ecosystems perspective should be adopted as an appropriate conceptual framework for social work practice. Its focus on the person-in-environment and its practice implications would create the context in which self-help groups could be included as part of the continuum of helping services and resources, and would enable social workers to develop collaborative modes of interaction.
8. The practice implications of the ecosystems perspective should be made explicit. In order to achieve this, educationalists need to develop their skills or direct practice courses in accordance with the perspective.
9. Values, theories, knowledge and skills congruent with the ecosystems perspective and its practice implications should be included in the education and training of social workers. For those social workers already in practice, this orientation should be offered through continuing education courses.
10. The inclusion of self-help groups in the service delivery system, and the concomitant conceptual and educational implications should be endorsed by the South African Council for Social Work.
11. Professional associations should actively ally themselves with the resource development functions of social work and broaden their approach to include self-help groups as part of the spectrum of available services.

12. Self-help clearing houses should be established to facilitate knowledge, understanding and the use of self-help groups.
13. Social work agencies should commit themselves to the utilization of self-help groups. This would involve: first, acceptance of the utility of including self-help groups in the range of available services, secondly, making explicit their approval of social workers' use of existing groups or their involvement in developing new groups and finally, a change in the quality of the relationship between the agency, its workers and self-help groups.
14. Referral procedures, which ensure that clients are referred to an appropriate group in the first instance and then that contact is made and maintained with the group, should be developed.
15. Social work agencies should provide in-service training courses for social workers and management committee members consistent with a collaborative model.

LOOKING TO THE FUTURE

New self-help groups, meeting a variety of human needs, continue to be launched. Their relevance in the South African context is in no doubt. The future use of self-help groups in the South African service delivery system will, to a large extent, be determined by the nature of the interface established between professional social workers and these groups. The recommendations made here range from the general to the specific. Their general aim is to re-orientate social work practice to a participatory, person-in-environment focus which includes as wide a range of services as possible. Their specific aim is to encourage the use in the field of a collaborative model which allows self-help groups and social workers to interact with each other to their own and clients' benefit.

In discussing the limitations of the study, it was noted that few developmental efforts are able to complete the entire developmental process. From the outset then, this study aimed at initiating the creation of an innovation which would in some way benefit all those involved in human services - whether as providers or consumers. The study has therefore begun the developmental process. It is essential that these recommendations be seen as part of an ongoing developmental effort. They need to be operationalized, tested, and evaluated as future steps in that effort.

Following Thomas (1978a, 1978b, 1981), the next step in the developmental research model is concerned with technological or product realization. The developmental goal in this project was aimed at achieving an improved service which in turn would affect practice. Thus technological realization here could involve mounting a pilot programme in the Durban area as a first step in testing the new product. This would be followed by Evaluation, the third phase of Thomas's model. Evaluation methods in developmental research accord with established evaluation research methodology and aim at assessing the effectiveness and efficiency of the innovation. The evaluation process should be an ongoing activity used to revise and then re-evaluate the programme. According to Thomas (1985) the innovation may need to be revised and evaluated a number of times before the product is considered satisfactory.

The next phase in Thomas's model involves the preparation and distribution of information about the new product. This is the Diffusion Phase. With reference to this programme a dual approach is considered advisable. Its first area of focus is on the practice implications of the programme. Here social workers in the field would need information about self-help groups and the proposed model for implementation of a collaborative relationship between the formal and informal systems. In view of the broad implications of the recommendations made in this report, it would be preferable to disseminate the information through a participatory process. It is therefore suggested that a forum be held where a wide spectrum of social work administrators, practitioners and educators could be

represented. Details of the programme and its trial use in the Durban area would be presented and discussed. A training programme which could be used for in-service training in agencies and educational institutions would be presented. A full report on this meeting should be made available and if possible, published in various local social work journals.

The second focus relates to the policy and administrative implications of the proposed innovation. These include: the need to change the legislated definition of social work; the involvement of the Council for Social Work and professional associations in endorsing the inclusion of self-help groups in the spectrum of available services; and the commitment of agency administrators to the programme.

The final phase in Thomas's developmental research model is that of Adoption. This encompasses the use of the proposed model in social work practice, changes to existing welfare programmes to include self-help groups and legislative enactment in relation to policy issues.

It is only through widespread acceptance and use of the new technology that the full sequence of the developmental model can be realised. Similarly, it is only through planned and orderly analysis, development, and evaluation that social workers can ensure that their services are appropriate to the needs of individuals and society, and that their efforts are effective.

Notes

1. Although a new policy based on programme evaluation has been established, at the time of writing it is not fully operational and agencies continued to be financed on the basis of approved posts.
2. The South African Council for Social Work was known as the South African Council for Social and Associated Workers prior to the amendment of the name of Act No 78 of 1978 from *Social and Associated Workers Act* to the *Social Work Act* (Government Gazette No. 11860 of 12 May, 1989).

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APPENDIX A

**LITERATURE SUPPORT FOR CHARACTERISTICS OF SELF-HELP GROUPS
AS LISTED BY KILLILEA (1976)**

LITERATURE SUPPORT FOR CHARACTERISTICS OF SELF-HELP GROUPS AS LISTED BY
KILLILEA (1976)

1. **Common experience of members**

(Supported by 44 of the authors reviewed).

Back & Taylor, 1976; Baker 1977; Bakker & Karel, 1983; Barish, 1971; Biklen, 1983; Borkman, 1976; Borman, 1975; Brimelow & Wilson, 1982; Brooke, 1974; Deneke, 1983; Dumont, 1974; Durman, 1976; Gartner & Riessman, 1977; Hatfield, 1981; Hoffer, 1982; Huey, 1977; Hurvitz, 1976; Jertson, 1975; Katz, 1970; Katz & Bender, 1976b; Levy, 1978; Lieberman & Borman, 1979; Mantell, Alexander & Kleiman, 1976; Powell, 1975; Remine, Rice, & Ross, 1984; Richardson, 1983; Riessman, 1976, 1985; Robinson & Henry, 1977; Rodolfa & Hungerford, 1982; Romeder, 1981; Sauber, 1983; Shearer, 1981; Sidel & Sidel, 1976; Silverman, 1980; Spiegel, 1982; Steinman & Traunstein, 1976; Tax, 1976; Todres, 1982; Toseland & Hacker, 1982; Tracy & Gussow, 1976; Traunstein, 1984; Tyler, 1976; Vattano, 1972; Vinokur-Kaplan, 1978.

2. **Mutual help and support**

(Supported by 38 of the authors reviewed).

Baker, 1977; Bakker & Karel, 1983; Barish, 1971; Biklen, 1983; Borkman, 1976; Borman, 1975, 1979, 1982; Brooke, 1974; Deneke, 1983; Dumont, 1974; Durman, 1976; Gartner & Riessman, 1977; Hatfield, 1981; Hoffer, 1982; Huey, 1977; Katz, 1970; Katz & Bender, 1976b; Levy, 1978, 1979; Mantell, Alexander & Kleiman, 1976; Powell, 1975; Remine, Rice & Ross, 1984; Richardson, 1983; Riessman, 1976, 1985; Robinson & Henry, 1977; Rodolfa & Hungerford, 1982; Romeder, 1981; Sauber, 1983; Shearer, 1981; Sidel & Sidel, 1976; Silverman, 1980; Spiegel, 1982; Tax, 1976; Todres, 1982; Toseland & Hacker, 1982; Tracy & Gussow, 1976; Traunstein, 1984; Vinokur-Kaplan, 1978; Wechsler, 1961; Withorn, 1980.

3. **Constructive action towards shared goals**

(Supported by 28 of the authors reviewed).

Aldrich, 1971; Bakker & Karel, 1983; Barish, 1971; Bender, 1971; Biklen, 1983; Borkman, 1976; Brooke, 1974; Borman & Lieberman, 1976; Gartner & Riessman, 1977; Hatfield, 1981; Huey, 1977; Katz, 1965, 1970; Katz & Bender, 1976b; Levy, 1978, 1979; Mantell & Alexander, 1976; Powell, 1975; Remine, Rice & Ross, 1984; Richardson, 1983; Riessman, 1976, 1985; Rodolfa & Hungerford, 1982; Romeder, 1981; Shearer, 1981; Silverman, 1980; Spiegel, 1976; Toch, 1966; Toseland & Hacker, 1982; Tracy & Gussow, 1976; Tyler, 1976.

4. **Collective willpower and belief**

(Supported by 23 of the authors reviewed).

Back & Taylor, 1976; Borkman, 1976; Barish, 1971; Biklen, 1983; Brooke, 1974; Dumont, 1974; Frank, 1975; Gartner & Riessman, 1977; Hansell, 1972; Hoffer, 1982; Katz, 1970; Katz & Bender, 1976b; Powell, 1975; Remine, Rice & Ross, 1984; Riessman, 1976, 1985; Rodolfa & Hungerford, 1982; Romeder, 1981; Sidel & Sidel, 1976; Silverman, 1980; Spiegel, 1976; Steinman & Traunstein, 1976; Toch, 1966; Withorn, 1980.

5. **Differential association**

(Supported by 21 of the authors reviewed).

Back & Taylor, 1976; Baker, 1977; Barish, 1971; Biklen, 1983; Dumont, 1974; Durman, 1976; Gartner & Riessman, 1977; Katz & Bender, 1976b; Levy, 1979; Powell, 1975; Remine, Rice & Ross, 1984; Riessman, 1976, 1985; Rodolfa & Hungerford, 1982; Romeder, 1981; Sauber, 1983; Shearer, 1981; Sidel & Sidel, 1976; Silverman, 1980; Silverman & Murrow, 1976; Tracy & Gussow, 1976; Tyler, 1976.

6. **The "helper principle"**

(Supported by 19 of the authors reviewed).

Bakker & Karel, 1983; Barish, 1971; Borman, 1979, 1982; Cressey, 1965; Dewar, 1976; Frederickson, 1968; Gartner & Riessman, 1977; Huey, 1977; King & Janis, 1956; Levy, 1979; Maguire, 1981; Rabinowitz & Zimmerlin, 1976; Riessman, 1965, 1976, 1985; Rodolfa & Hungerford, 1982; Sidel & Sidel, 1976; Silverman, 1980; Skovholt, 1974; Volkman & Cressey, 1963; Weiss, 1973.

7. **The importance of information**

(Supported by 14 of the authors reviewed).

Bakker & Karel, 1983; Barish, 1971; Brooke, 1974; Hatfield, 1981; Maguire, 1981; Powell, 1975; Richardson, 1983; Riessman, 1976, 1985; Shearer, 1981; Silverman, 1972, 1980; Silverman & Murrow, 1976; Tracy & Gussow, 1976; Tyler, 1976; Withorn, 1980.

APPENDIX B

COPY OF LETTER SENT TO THE EDITORS OF SOUTH AFRICAN NEWSPAPERS



University of Natal

Faculty of Social Science Social Work

King George V Avenue Durban 4001 South Africa
Telephone (031) 8162390 Fax (031) 8162214
Telegrams University Telex 621231SA

Sir,

I am compiling a register of self-help groups operating in South Africa and would appreciate any information your readers could provide on this topic.

Self-help groups have been described as groups which have been formed around a particular problem or predicament. The members of such groups offer each other mutual aid and support in satisfying a common need, overcoming a handicap, dealing with a problem and bringing about desired changes in themselves or society.

Examples of such groups include Alcoholics Anonymous, Reach for Recovery and S.A.I.D.A. Fellowship Groups. There are, I am sure, groups such as these in your area and details of their names, addresses and if possible, their objectives should be sent to the address below.

It is often difficult for persons wishing to contact self-help groups to get this information and a list such as this would be of obvious benefit to them. Any assistance which you can give in this regard would, therefore, be greatly appreciated.

Yours faithfully

A.J. BERNSTEIN

Information to be sent to:
Mrs A.J. Bernstein
c/o Department of Social Work
University of Natal
King George V Avenue
DURBAN 4001



University of Natal

**Faculty of Social Science
Social Work**

King George V Avenue Durban 4001 South Africa
Telephone (031) 8162390 Fax (031) 8162214
Telegrams University Telex 621231SA

Waarde Heer

Ek is besig om 'n register saam te stel van self-help groepe wat in Suid Afrika fungeer. Enige informasie wat u lesers kan verskaf oor die onderwerp sal waardeer word.

Self-help groepe word beskryf as groepe wat gevorm is as gevolg van 'n besondere probleem of toestand. Die lede van sulke groepe bied onderlinge ondersteuning aan mekaar om 'n gemeenskaplike behoefte te bevredig; gestremheid te oorkom; probleme te hanteer en die gewenste veranderinge in hulle-self of in die gemeenskap te bewerkstellig.

Voorbeelde van sulke groepe sluit in Alkoholiste Anoniem, Reik na Herstel en S.A.I.D.A. Genootskap Groepe. Daar is sekerlik sulke groepe in u omgewing en besonderhede van hulle name, adresse en indien moontlik die doelwitte van die groep, kan aan die onderstaande adres gestuur word.

Dit is dikwels moeilik vir persone wie self-help groepe will raadpleeg om hierdie informasie te bekom en so 'n lys sal beslis waardevol wees. Enige bydrae wat u in hierdie verband kan lewer sal grootlik waardeer word.

Die uwe

A.J.BERNSTEIN

Mev. A.J. Bernstein
p/a Departement van Maatskaplike Werk
Universiteit van Natal
King George V Laan
DURBAN 4001

APPENDIX C

SELF-ADMINISTERED QUESTIONNAIRE

RESEARCH PROJECT ON SELF-HELP GROUPS QUESTIONNAIRE

Information given in this questionnaire will be regarded as confidential and respondents will in no way be individually identified in the research report. Your assistance is very much appreciated.

PLEASE NOTE, THERE ARE 14 QUESTIONS.

Wherever alternatives are presented please tick those which apply to you.

1. NAME.....
2. EMPLOYING ORGANIZATION.....
3. FIELD OF PRACTICE.....
4. YEAR OF QUALIFICATION AS A SOCIAL WORKER
5. NUMBER OF YEARS WORKING AS A SOCIAL WORKER.....
6. WHICH SOCIAL WORK METHOD/S DO YOU USE IN YOUR PRESENT JOB?

CASEWORK	<input type="checkbox"/>
COMMUNITY WORK	<input type="checkbox"/>
GROUPWORK	<input type="checkbox"/>
7. MALE ☐ FEMALE ☐
8. AFRICAN ☐ "COLOURED" ☐ INDIAN ☐ WHITE ☐
9. IN YOUR EXPERIENCE AS A PROFESSIONAL SOCIAL WORKER HAVE YOU HAD ANY CONTACT WITH SELF-HELP GROUPS (E.G. ALCOHOLICS ANONYMOUS, REACH FOR RECOVERY, DOWN'S GROUP)

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
10. IF YOUR ANSWER TO 9. WAS YES:
 WAS THIS CONTACT THROUGH REFERRING A CLIENT TO SUCH A GROUP?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
11. IF YOUR ANSWER TO 10. WAS YES:
 HOW MANY SUCH REFERRALS HAVE YOU MADE.....

12. PLEASE SPECIFY BRIEFLY THE NATURE OF OTHER FORMS OF
CONTACT YOU MAY HAVE HAD WITH SELF-HELP GROUPS.....
.....
.....
.....

13. HOW WOULD YOU RATE THE USEFULNESS OF SELF-HELP GROUPS IN
YOUR PARTICULAR FIELD OF PRACTICE:

NOT AT ALL USEFUL	<input type="checkbox"/>
COULD BE USED IN SOME CASES	<input type="checkbox"/>
USEFUL	<input type="checkbox"/>
EXTREMELY USEFUL	<input type="checkbox"/>
UNAWARE OF ANY SELF-HELP GROUPS IN MY FIELD OF PRACTICE	<input type="checkbox"/>

14. WOULD YOU BE PREPARED TO PARTICIPATE IN A MORE DETAILED
STUDY OF THE USE MADE OF SELF-HELP GROUPS?
THIS WOULD INVOLVE AN INTERVIEW WITH THE RESEARCHER AT A
TIME CONVENIENT TO YOU.

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

APPENDIX D

INTERVIEW SCHEDULE

RESEARCH PROJECT ON SELF-HELP GROUPS
INTERVIEW SCHEDULE

SECTION A : ALL SOCIAL WORKERS PARTICIPATING IN STUDY

- Record No.....
1. Name.....
2. Sex.....
3. Race.....
4. Employing agency.....
5. Year of qualification as a social worker.....
6. No. of years working as a social worker.....

Nature and management of work:

7. Social work methods used in present job
.....
.....
.....
.....
8. What proportion of your time at the agency is spent in
direct client contact (as a percentage).....

If casework method is used:

9. Size of current caseload.....
10. Based on previous month's statistics, identify main
client problems. Allocate each case in caseload to a
problem category.

Possible categories

Number of cases:

- Adoption
- Adult offenders
- Aged
- Alcoholism

Children in need of care
Child offenders
Drug dependence
Family conflict
Fostercare
Housing
Individual problems
Mental handicap
Mental illness
Physical handicap
Physical illness
Other :
.....
.....
.....
.....
.....
.....
.....
.....

11. How many clients' do you have whose main need is for support?
.....
12. What do you do with these clients?
.....
.....
.....
.....

If groupwork or community work method is used:

13. How many groups did you organize in the last year?.....
14. Describe the main purpose of the groups organized:
.....
.....
.....
.....
.....

- 15. Using "active" to mean initiating and directing activities and "passive" to mean mainly supporting, how would you describe your overall role in the groups?
.....
.....
- 16. What do you consider to be your main contributions to the groups?
.....
.....
.....
.....
.....
- 17. Whose is the primary responsibility for a group - yours or the members'?
- 18. Which are the areas for which you feel responsible?
.....
.....
.....
.....
.....

Membership of professional associations:

- 19. Do you belong to a professional association?.....
- 20. Please rank the following functions of a professional association in their order of importance for you:
(1 = most important)
Improved service conditions for members
Establishment of minimum educational qualifications for professionals
Control of standards of practice
Promotion of a united voice to give power and influence to the profession
Other (specify)

21. What concerns you most in relation to your professional identity?.....
.....
.....
.....
.....

Social work education:

22. Where did you train as a social worker.....
.....
23. Was self-help ever discussed during your training?
By Lecturers?.....
By Fieldwork supervisors?.....
24. Was the attitude of lecturers towards the use of self-help groups
positive?.....
negative?.....
unknown?.....
25. Was the attitude of your fieldwork supervisors towards the use of self-help groups
positive?.....
negative?.....
unknown?.....

Relationship with informal service systems:

26. In your practice do you use volunteers?.....
27. What kinds of services do volunteers perform?
Practical tasks (escorting clients, household tasks).....
Work requiring special skills
Routine visiting/befriending
Counselling/therapeutic
Other (specify).....
.....
.....

28. Names of all self-help groups known:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
- 29 How positive do you feel about the usefulness of self-help groups ?
extremely positive.....
mildly positive.....
mildly negative.....
extremely negative.....
no opinion.....
30. Do you think clients can benefit therapeutically from direct contact with untrained people who have similar problems?
strongly agree.....
agree in some cases.....
disagree in some cases.....
strongly disagree.....
31. Do you see the help given by self-help groups as different from professional services?.....
32. If so, in what ways?.....
.....
.....
.....
.....

33. In one sentence, what do you think of self-help groups?
.....
.....
.....

34. Do you view self-help groups as:
A community resource to be used as part of the range of
services available to meet client needs
A therapeutic service operating independently and
autonomously
An adjunct or ancillary to professional services which
should be under the supervision, direction or control of
a professional person.....
An alternative to professional services - clients could
choose between self-help groups and social work services.
.....

Agency policy

35. Does your agency have a specific policy regarding the use
of self-help groups?.....

36. If so, does it encourage their use?.....
discourage their use?.....

Please specify:
.....
.....
.....
.....
.....

SECTION B: FOR SOCIAL WORKERS WHO HAVE NOT HAD PREVIOUS CONTACT WITH SELF-HELP GROUPS.

37.

You stated in the initial questionnaire that you have not had contact with self-help groups. What are the reasons for this?
38.

Do you think you would use self-help groups in the future?
39.

Do you think there is a need for any new self-help groups?
40.

If a group is required, in relation to what need or problem?
41.

Do you plan do anything about this?

e.g initiate a group, other roles (specify)

SECTION C : FOR SOCIAL WORKERS WHO HAVE HAD PREVIOUS CONTACT WITH
SELF-HELP GROUPS.

42. Which self-help groups have you used?
.....
.....
.....
.....
.....
.....
.....
43. For what reasons did you use them?
.....
.....
.....
.....
44. What do you see as the disadvantages of self-help groups?
.....
.....
.....
.....
.....
45. Do you have a current ongoing relationships with any self-help group?
Direct, regular personal relationship.....
Indirect, relatively infrequent contact.....
46. What roles have you undertaken with self-help groups?
.....
.....
.....
.....
.....
.....
.....
.....
.....

47. Assuming you have decided to refer a client to a self-help group, at what point in your contact would you make the referral?
immediately i.e. at intake.....
after some efforts at rendering a service.....
no regular procedure.....
other.....
48. Do you know of clients who have approached you or your agency and then referred themselves to self-help groups?
.....
49. If so, for what reasons?.....
.....
.....
.....
50. Which clients are referred to self-help groups?
All clients.....
Selected clients.....
51. If selected, what factors do you take into account:
.....
.....
.....
.....
.....
.....
52. When a client is referred to a self-help group how is the referral made?
client is given the name of the group.....
group is contacted on client's behalf.....
other.....
.....
53. Is the client given specific information about the group and how it operates?.....
54. Do you describe the advantages of the group.....
55. Do you mention any disadvantages.....
56. When a client is referred to a group is any further contact maintained with the client?.....

57. For social workers carrying a caseload:
How many of your current clients have you referred to a
volunteer?.....
In which problem areas - see grid below
How many of your current clients have you referred to a
self-help group?.....
In which problem areas - see grid below

Problem Area	Referred to SHG	Referred to Volunteer
Adoption
Adult offenders
Aged
Alcoholism
Children in need of care
Child offenders
Drug dependence
Family conflict
Fostercare
Housing
Individual problems
Mental handicap
Mental illness
Physical handicap
Physical illness
Other(specify)

58. How useful do you think self-help groups are for clients
in each of these problem categories:
1 = most useful, 5 = least useful.

Adoption
Adult offenders
Aged
Alcoholism
Children in need of care

- Child offenders
- Drug dependence
- Family conflict
- Fostercare
- Housing
- Individual problems
- Mental handicap
- Mental illness
- Physical handicap
- Physical illness
- Other(specify)
-
-
- 59. Do you think there is a need for any new self-help groups?
.....
- 60. If a group is required, in relation to what need or problem?.....
.....
.....
- 61. Do you plan do anything about this?
e.g initiate a group, other roles (specify)
.....
.....
.....
.....
- 62. Do you think in the future you would make more or less use of self-help groups?
More.....
Less.....
No change.....

APPENDIX E

LIST OF SELF-HELP GROUPS IN THE DURBAN AREA

LIST OF SELF-HELP GROUPS IN THE DURBAN AREA ¹

ADOPTION

Adoptive Parents Association

AGED

Athena Group

Association for Retired People and Pensioners

Probus Club

ALCOHOLISM AND DRUG ABUSE

Alcoholics Anonymous

Alanon

Alateen

Druganon

Lulama Social Club

Christelike Alkoholieste Diens

CHILDREN/FAMILY

Association for Gifted Children

Compassionate Friends

Housewives Group

La Leche League

Mothers of Twins

Parents of Children in Israel

Railway Women's Group

South African Multiple Births Association

FINANCIAL/EMPLOYMENT

Burial Societies

Domestic Workers Employment Project

FOSTER CARE

Foster Parents Association

HOUSING

Tenants' Association

INDIVIDUAL PROBLEMS

Candlelight Group

Gay Association of South Africa

Infertility Support Group

Weigh Less

Weight Watchers (S.A.)

DISABILITY/ILLNESS

Alzheimers and Related Disorders Association

Arthritis Foundation

Brittle Bones Association

Cleft Pals

Cot Death Society

Cystic Fibrosis Association

Diabetics Association

Down's Group

Epileptic Group

Fighting Chance

Food Allergies Association

Headways Group

Little Peoples' Association

Lost Chord Club

Multiple Sclerosis Society

Ostomy Association

Parents of Deaf Children

Parents of Handicapped Children	
Parents Action Group of the Learning Disabled	(PAGOLD)
Parents of Hyperactive Children	
Parkinsons Group	
Phrenaid	
Reach for Recovery	
Renal Patients Group	
South African Haemophilia Foundation	
South African Inherited Disorders Association	(SAIDA)
South African Neuromuscular Action Group	(SANMAG)
South African Psoriasis Association	
South African Retinitis Pigmentosa Society	
South African Thalassaemia Association	
Spina Bifida Association	

SINGLE PARENTS

Dads after Divorce Society
Parents without Partners
Single Parents Association
Single Women Parents Association

Notes

1. This list excludes those groups categorised as environmental improvement groups, individual skill development groups and economic co-operatives.
At total of 62 groups is listed.