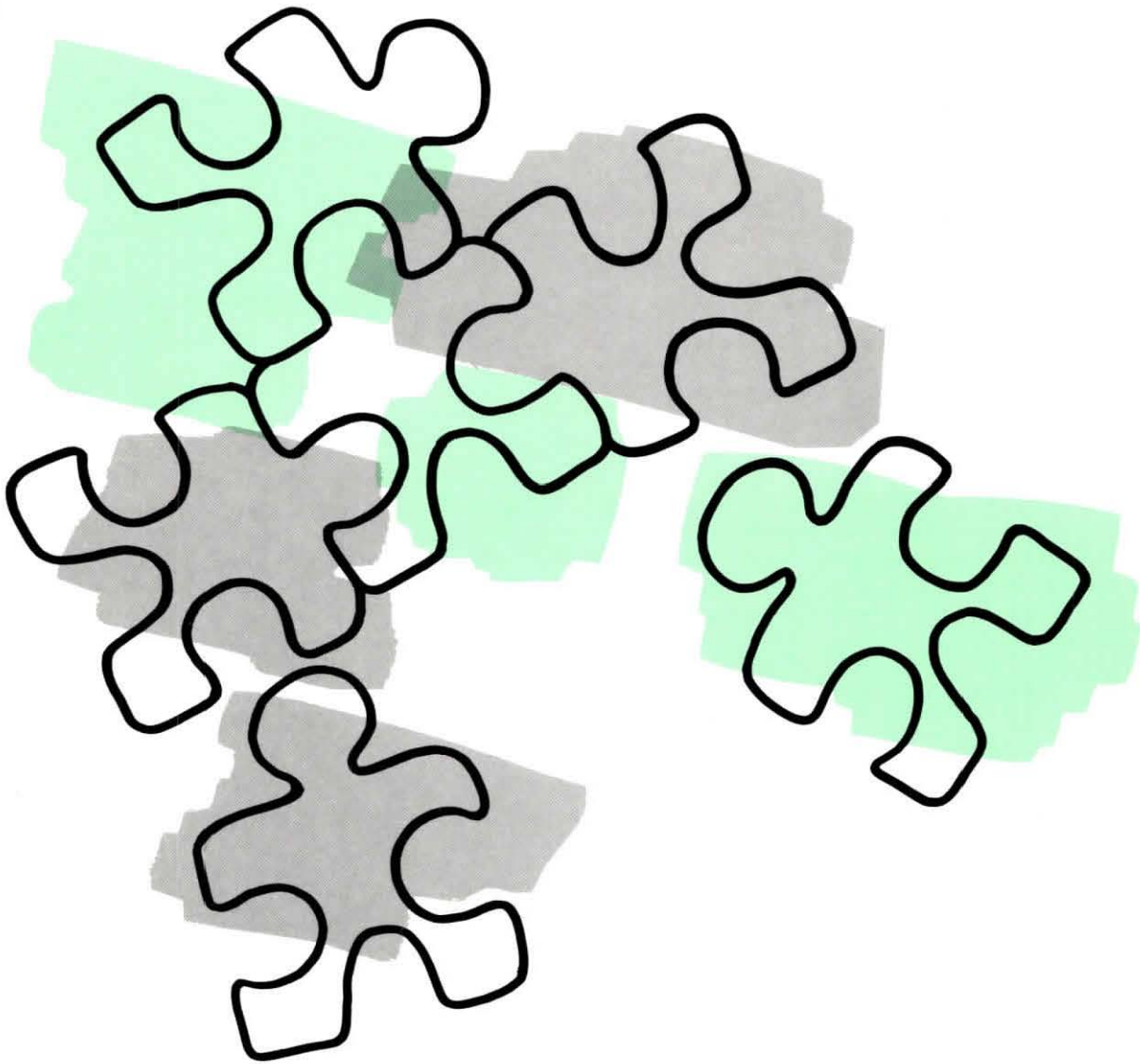


Working Together for Self Help



THE FINAL REPORT OF

T H E S E L F H E L P A L L I A N C E

Working Together for Self Help

The Final Report of the Self Help Alliance – a scheme funded by the Department of Health in order to explore the nature and value of localised support for SELF HELP GROUPS.

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INTRODUCTION

In this, the final report of the **Self Help Alliance**, we share our ideas on the main lessons that have arisen for different stakeholders in the work of the Alliance.

The **Self Help Alliance** has been a three-year Department of Health – funded scheme managed by seven national voluntary organisations to explore the nature and support of **self help groups** through 18 local projects.

Funding for the work of the SHA ended on 30th September 1989, with a majority of the projects continuing with locally raised funding (see Appendix B for details) In the report we make suggestions to the *Department of Health*, to *health authorities* and *social services departments*, to *professional bodies*, to *local development agencies* in the voluntary sector and to *national voluntary organisations* on key issues that should be considered in undertaking future work of this sort. 'We' is the Committee of the Alliance, which, at this stage in the history of the SHA, consists of representatives of the seven national voluntary organisations, the staff of the Central Management Team and a number of managers and workers from the local projects in the scheme.

Being part of such a challenging initiative has been an exciting, interesting and not always easy experience for all of us. At our last and final committee meeting the general view was that we had all learned a great deal, especially about ways of **working together**, and the benefits this brings. The key to this has been lots of attention to keeping communication lines open among the different stakeholders in the Alliance's work and recognising, increasingly as the programme progressed, the importance of consultation as a basis for overcoming problems and moving forwards. From my perspective this has brought a richness to the experience of the Alliance as a body of many different interests. (See Appendix A for views of two of the Project Workers).

We have tried to present an indication of how the consumers and users of self help group support projects feel about the approach, through the letter to the LAMP project workers. (See Appendix D) The video '**Self-Help-OK!**', which was produced to share lessons of the Alliance, also conveys something of the 'felt' value of self help groups and hence of the importance of providing support for their development.

For those who wish to know more about the three year programme, the reports produced by the Tavistock Institute of Human Relations (referred to in paragraph 15.4) give detailed accounts of many aspects of the scheme.

That the SHA achieved what it has is due in no small measure to the initial confidence and subsequent support of the seven founding organizations, (The Volunteer Centre UK, Action with Communities in Rural England, British Association of Settlements and Social Action Centres, Councils for Voluntary Service – National Association, National Association of Community Relations Councils, National Association of Volunteer Bureaux, National Council for Voluntary Organisations), thanks to them for their loyalty and commitment. Equally important has been the roles of the 18 host agencies, all the project workers, the Tavistock Institute of Human Relations, and the Department of Health for all their contributions in making the scheme effective.

Together we have shared the trials and tribulations of breaking new ground and now the satisfaction of being able to look back and see that it has been worth the effort. I hope that the messages from the report will be taken on board by all those concerned and look forward to signs that support for self help will develop in the coming years.

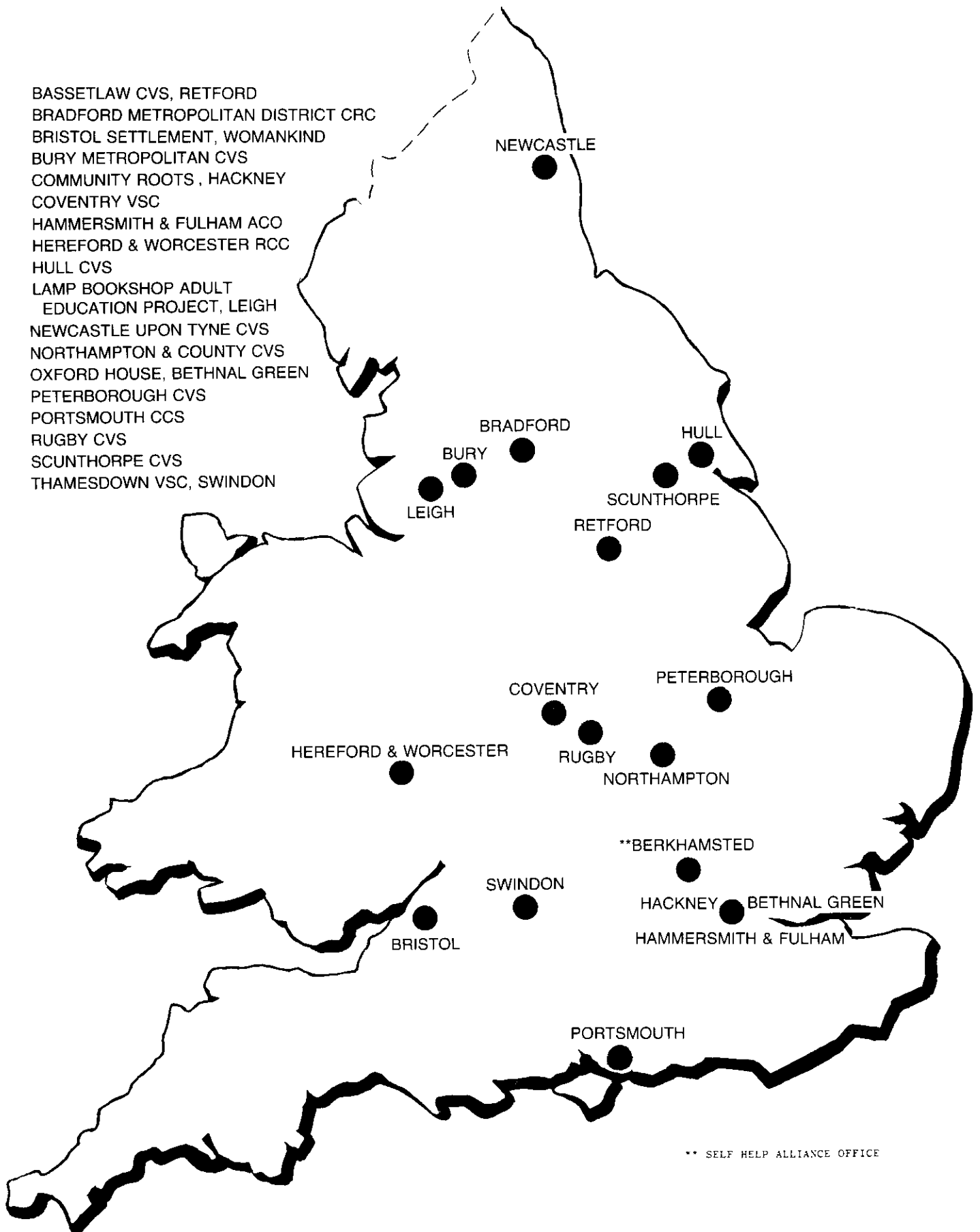


Sue Burke
Chair
September 1989



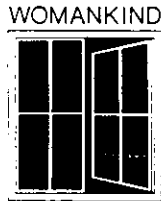
SELF HELP ALLIANCE PROJECTS

- BASSETLAW CVS, RETFORD
- BRADFORD METROPOLITAN DISTRICT CRC
- BRISTOL SETTLEMENT, WOMANKIND
- BURY METROPOLITAN CVS
- COMMUNITY ROOTS , HACKNEY
- COVENTRY VSC
- HAMMERSMITH & FULHAM ACO
- HEREFORD & WORCESTER RCC
- HULL CVS
- LAMP BOOKSHOP ADULT
EDUCATION PROJECT, LEIGH
- NEWCASTLE UPON TYNE CVS
- NORTHAMPTON & COUNTY CVS
- OXFORD HOUSE, BETHNAL GREEN
- PETERBOROUGH CVS
- PORTSMOUTH CCS
- RUGBY CVS
- SCUNTHORPE CVS
- THAMESDOWN VSC, SWINDON



** SELF HELP ALLIANCE OFFICE

MAIN MESSAGES



Self Help Support



To the Department of Health (DoH)

1. Short-term Funding (Experimental and Pump-Priming)

- 1.1 The three-year funding of the Self Help Alliance (SHA) scheme had the *dual purpose* of enabling an experiment to be undertaken which could then be evaluated, and to act as a 'pump-primer' to stimulate the development of a national network of support for self help.
- 1.2 The experimental part predominated at the beginning of the scheme, but as the 18 projects became established and were providing a recognised service, so the pump-priming aspect grew in importance.
- 1.3 During the last of the three years, controversy developed, particularly within the projects, over the value and drawbacks of short-term funding. Because the SHA scheme as a whole constitutes a diverse range of people and organisations, it has proved difficult to reach a consensus on many matters, including the short-term funding question.
- 1.4 However it would be reasonable to say that the *benefits* of the funding have been:
 - (a) that comprehensive research has been undertaken for self help support
 - (b) that self help groups have been stimulated in the local areas (an estimated 500 new groups) and
 - (c) that more than half of the projects have continued with local funding (and so strengthened the developing network of self-help supporters).
- 1.5 The *disadvantages* are:
 - (a) that there is a partial contradiction between holding an experiment and running a service. Thus local expectations (of both groups and professionals) can be raised only to be cut short when funding ceases. And while projects can respond flexibly to local demand from 'consumers', (and were encouraged to do so as part of the experiment), the priorities so pursued might not match the priorities of potential local funding. For example a district health authority may be interested in how self help activity might support the 'community care' process, while the project might be concentrating on women's health issues.
 - (b) that 'successful' projects have no guarantee that continued funding will be provided, based on performance measures.
 - (c) that the project can be under severe pressure to seek further funding just at the time when the momentum of project work is building up.
- 1.8 As the SHA scheme has generally been considered a success, it is reasonable to conclude that the benefits of 3-year funding have much out-weighed the disadvantages.
- 1.9 However, there are clearly problems, and here are some *suggestions for improvement*.

- 1.10 (a) The DoH should advise local District Health Authorities (DHAs) and Social Services Departments (SSDs) of the planned establishment of experimental projects, and seek their co-operation. Local authorities should be encouraged to consider how the project is meeting local community needs, and what resources may be needed to continue valuable aspects of the work.
- 1.11 (b) A 3-year period is a short time-scale in which to establish, implement, evaluate and search for continuing funds; and therefore the DOH should consider a longer time-period for future experiments in the voluntary sector.
- 1.12 (c) Next time, more attention should be paid at the beginning of a scheme to some of the issues likely to arise at the end (eg: dissemination of findings, and 'bridging funds' to help projects continue through to the end of a final financial year and thus have more chance of securing continuation funds).

2. Delegated Funding Mechanism

- 2.1 The process by which Central Government Departments use an intermediary voluntary organisation to undertake a programme on their behalf appears to be popular both with government and with national voluntary organisations, and therefore is likely to increase.
- 2.2 In the case of the SHA, the original idea was raised by the DHSS (now DoH), precise details were negotiated by a consortium of national voluntary organisations, and the newly-formed Alliance took on the management and financial responsibilities.
- 2.3 The *benefits* of this approach seem to be:
 - (a) the administrative burden for the DoH is greatly reduced.
 - (b) a more flexible response to issues arising during the scheme could be operated by the Alliance Committee. For example, the gulf in thinking between the local projects and the national organisations had to be bridged by introducing a more democratic structure in the overall programme. Also, as the projects developed, their training needs changed, and this involved almost continual adjustment to the training plans.
 - (c) the experience and the expertise of the national organisation representatives was of benefit to the policy-making process.
- 2.6 The main *disadvantage* of the delegated funding mechanism is that further tiers of administration are introduced into the structure (ie: SHA Committee, and a Central Management Team). Thus, early on messages from the 'grass roots' were not being heard clearly, and project workers felt it essential to form four regional groupings and two special interest groups (rural/black workers).
- 2.7 On balance, delegated funding does seem to work well; but in *any future initiatives* the DoH should make very clear its purposes, and should consult widely with relevant national voluntary organisations.

3. Level of Funding

- 3.1 The DoH provided an appropriate level of funding for the SHA scheme.
- 3.2 The self help support projects received adequate funding, and resources were also provided for independent evaluation, national training, central developmental support, travel expenses for SHA meetings, and dissemination activities.
- 3.3 This *comprehensive funding* was a major factor in ensuring the progress made by the SHA.

- 3.4 The only *disadvantages* of the funding level was that sometimes it proved difficult for local funders to match these resources. However projects found it valuable to start on a sound financial footing, even if the project went through a more restricted phase later.
- 3.5 Participation by smaller national groups in the scheme could have been enhanced if fees were made available for Committee work and associated activities.

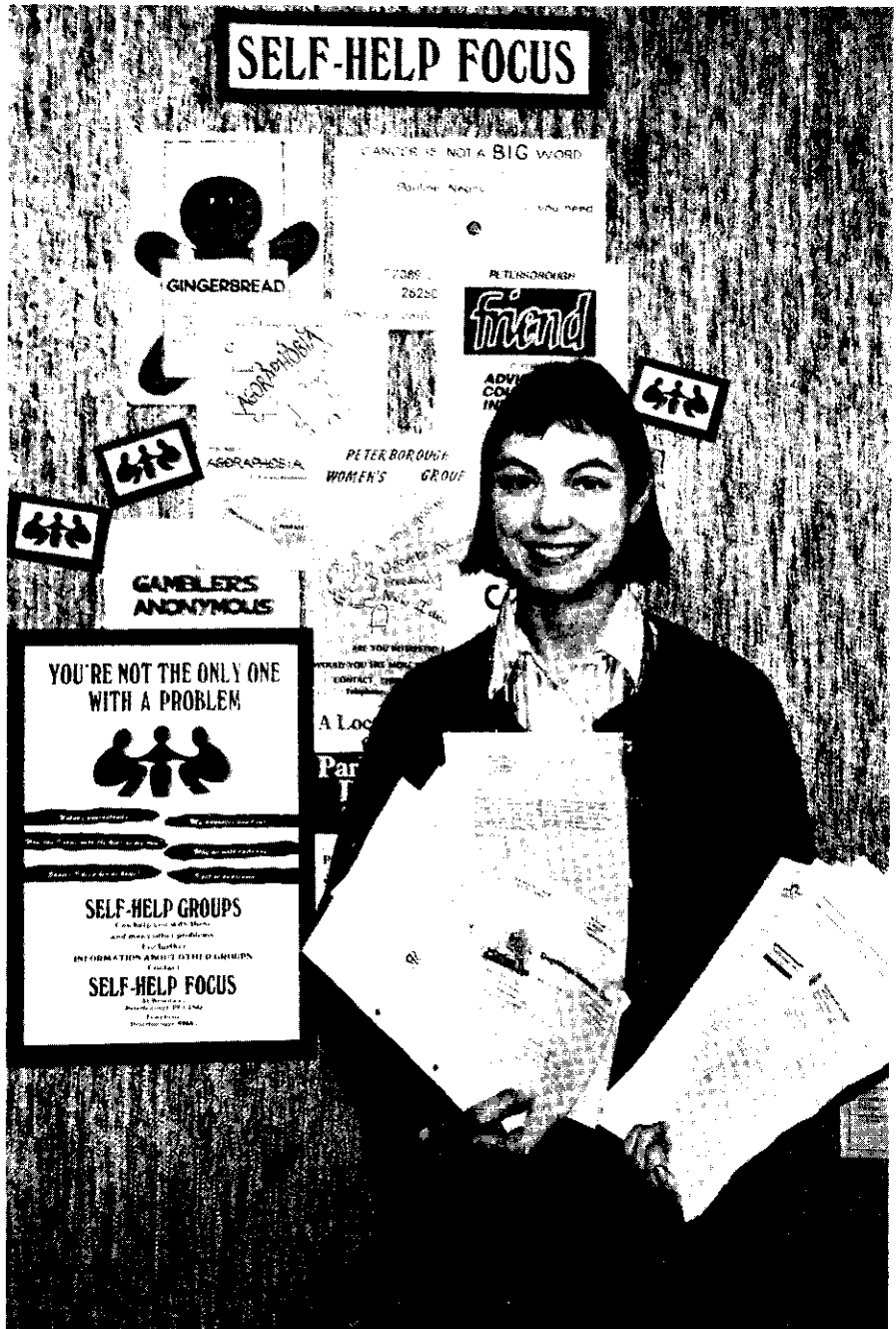
4. Conclusion (for DoH)

- 4.1 We hope that these points will be taken into consideration (along with the research reports of the Tavistock Institute of Human Relations) when the SHA scheme is reviewed by Health Ministers.

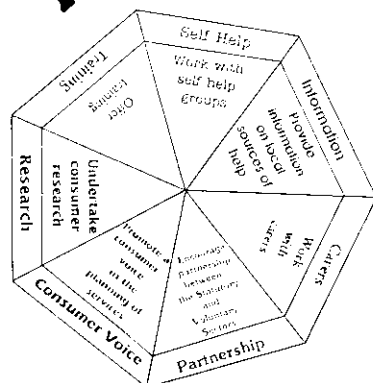
**Over 100 letters
of support !**

As part of our campaign to extend the work of Self Help Focus, we wrote to everyone on our mailing list asking them to write in support of the project if they considered it to be a valuable service. We were overwhelmed by the response of over 100 letters which included: 21 from members of self help groups, 48 from Peterborough Health Authority personnel (GP's, Consultants, clinical psychologists, community health services etc.), 14 from Social Services personnel, 13 from local Church leaders.

Susan Rolfe from Peterborough Self Help Project with letters of support.



Health Matters



Swindon's new Self Help and Carers Project.

To District Health Authorities (DHAs) and Social Services Departments (SSDs)

5. The Value of Self Help Support Projects

- 5.1 The self help support projects in the SHA scheme have been effective in stimulating the development of many new groups, as well as helping to improve the quality of existing groups.
- 5.2 The value self help groups derive from support projects is demonstrated by the survey conducted by the Newcastle Self Help Unit (See Appendix C).
- 5.3 Self help support projects do require adequate funding. Of the 14 projects who received further funding, Health Authorities, Social Services and Joint Funding packages played a crucial role in the survival and development of projects. For example, in Swindon the project was enabled to launch a new independent service for self help groups and carers with a Health Authority grant. (See Appendix B)
- 5.4 In some areas, self help projects found that voluntary sector activity was not sufficiently valued, and therefore it proved difficult to obtain funding.
- 5.5 Work with self help projects (and groups) does have limitations. Self help is not a cure-all, rather it complements and enriches the provision of basic services and proper levels of resourcing.

6. Wider Concept of Health, Social Welfare and Community Development

- 6.1 Self help projects and groups tend to view health as a wider concept than may be viewed among professionals in the health and social services. This wider concept centres on the belief that improvements in individual health can be achieved through actions **initiated and controlled** by the individuals themselves.
- 6.2 **Mutual support** and sharing of experience are key elements in the philosophy of most groups and historically the women's movement has provided many of the underlying beliefs.
- 6.3 A **holistic** approach to health is another key idea that is influential among those involved in self help and mutual aid. Health is viewed as a positive concept embracing the whole person, hence groups also focus around social welfare issues such as bereavement, single parenthood and informal caring.
- 6.4 In some communities, self help is viewed as a **community development process**, particularly among black and ethnic minority groups.
- 6.5 In rural areas where problems of distance and a wide spread of population make grouping together difficult, self help is also often viewed as a community development process.

Action

- 6.6 It is important that statutory authorities recognise the expressions of consumer opinion that self help groups represent (and the relevance this has on inter-agency co-operation). They should start to integrate these ideas into their planning processes. One way of doing this would be to invite self help groups (perhaps through a joint forum) to contribute to consultations on future services. This is particularly important with major policy changes such as those envisaged in the Griffiths report on Community Care.
- 6.7 In the light of the growth and value of self help groups, DHAs and SSDs should consider funding self help support projects, and assist in the sharing of information about self help groups.

Self help groups

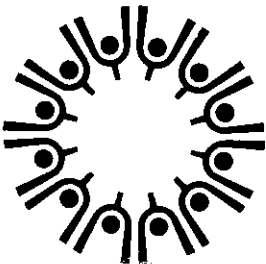
Self help groups have proliferated dramatically in the past few years. Often they have been initiated by sufferers or carers concerned simply to provide emotional support for one another, but many have expanded into large organisations with local branches producing information and literature; training counsellors and other experts; supporting research; publicising their patch; and pressing politicians, doctors, local authorities, and manufacturers for money and services. "If you really want to know the latest treatment ask a self help group."

7. To Professional Associations (Health and Social Services)

- 7.1 Professional associations can be very influential in encouraging the consideration of new developments in the spheres of their respective professions.
- 7.2 There are a large number of professional associations in the fields of health and social services and they cannot all be listed here. However, we have in mind the following professions: Doctors (eg: Royal College of Physicians, Royal College of General Practitioners, British Medical Association), Nurses (eg: Royal College of Nursing, Health Visitors Association), and Social Workers (eg: Association of Directors of Social Services, British Association of Social Workers). Educational professionals may also become involved in working with self help support projects. We would ask that the professional associations consider the following points:
- 7.3 Self help project workers have found that access to some professionals is easier than others. Within each profession individual members vary considerably in their interest in and sympathy with self help groups. Comparing different professions there tends to be easier access (for self help groups) to social workers and community nurses, and most limited access to general practitioners.
- 7.4 Self help support projects would welcome the professional associations encouraging their members to make links with projects and groups at a local- level. Such advice might take the form of **written guidelines** on relating to self help groups.
- 7.5 When associations are advising on the future **training** requirements of their professions, they should consider how the significance of self help groups, support projects and national self help organisations can be included.
- 7.6 Self help support projects have helped professionals by giving information about self help groups. Professional associations could assist their members by providing information on national self help organisations and also current self help support projects. A list of these is available from the National Self Help Support Centre (26 Bedford Square, London WC1B 3HU tel. 01-636-4066).

Meeting of Hammersmith and Fulham Alzheimer's Disease Society support group.





8. To National Voluntary Organisations (who might participate in future comparable schemes)

- 8.1 The Self Help Alliance programme has been overseen by a consortium of 7 national voluntary organisations. Each member organisation nominated representatives to the Self Help Alliance Committee – the policy-making body for the scheme.
- 8.2 The following messages about the setting up and running of such a scheme have emerged and are relevant to any such national voluntary organisation participating in a similar programme.

9. Forming an Alliance

- 9.1 Participating national organisations need to be aware of the commitment involved in being part of such a scheme – which benefits from active participation and continuity of representatives.
- 9.2 Participating national organisations should be clear about their interests and reasons for participating so that they derive tangible benefits for their organisation e.g. relaying ideas on self help support back to their organisation.
- 9.3 A suggested improvement to the level of participation by members would be to allocate specific roles to representatives on the committee. For example, each representative did take on a voluntary liaison role with a number of projects which increased their level of involvement and understanding.
- 9.4 Time taken in preparing for and setting up the scheme was important and the provision of start-up funding for this national initiative was valuable and productive in enabling sound preparatory work.
- 9.5 The researchers for the scheme identified a 'core group' of individuals (who already had working links) as being a key to the success of the Self Help Alliance Committee. A question to be considered is 'how this can be maintained in future schemes without excluding 'fresh blood'?
- 9.6 It is important to consider ways of involving black organisations' representatives more effectively at the consultative stages and in the management of any future scheme.
- 9.7 All national organisations that are expected to participate in such a national programme should be contacted and involved in the planning from the earliest stages.

10. Selection of Projects

- 10.1 Eighteen projects were selected on the basis of criteria relating to geographical spread, variety of host agency, links with local statutory agencies, voluntary organisations and ethnic minority communities, and previous contact with self help groups.
- 10.2 The messages which have come out of this process are that
 - : the selection process for host agencies relied too heavily on written applications.
 - : there should be agreement and clarity from the start about the desired mix of local projects to be included and the criteria to be used for selection. The implications of taking account of ethnic, rural and regional factors from the earliest stages are important.
- 10.3 The risk factor in selecting different kinds of projects should be recognised, articulated and assessed in terms of additional support or attention this may require.



Project workers train at Beechwood Centre, Leeds 1988.

- 10.4 The financial and resource commitments that will be required of host agencies should be made clear at the start e.g. training, advertising.

11. Organisation of the Scheme

- 11.1 The Self Help Alliance scheme incorporated a **Central Management Team** for administrative and developmental work, a **Training Programme** for project workers and managers, and **independent research** and evaluation by the Tavistock Institute of Human Relations.
- 11.2 Early in the scheme it became necessary to clarify the roles and structure of the various elements of the SHA scheme. This review proved valuable in providing guidelines and avoiding misunderstanding.
- 11.3 **The Central Management Team (CMT)** consisted of 3 workers – a National Development Officer, an administrative worker and a secretary. A strong and supportive Central Management Team is essential from the start and should be included in future schemes.
- 11.4 The two CMT roles of management and developmental support did not fit comfortably together, and it has been suggested that these roles could be undertaken by separate members of staff.
- 11.5 Representatives of national voluntary organisations can also share the role of providing support to individual projects.
- 11.6 It is important to clearly identify the dividing line between the roles and responsibilities of CMT staff and those of local managers within the project host agencies. Without a clear demarcation of responsibility, projects might find themselves either 'over-managed' or neglected.
- 11.7 **A Training Programme** in a national scheme is not easy to devise where workers have such varied needs and experience. The training programme changed over the duration of the scheme. With the growth of confidence and experience among project workers, they took charge of their own training.
- 11.8 The **independent research** has been a successful element in the scheme not only in providing a wealth of information about supporting self help but also through the use of 'action research' – involving project workers in their own research, providing support and tools for self-evaluation.
- 11.9 The main messages from this are that:
- it is possible to involve project workers and participants in self-evaluation and in action research. There are limits however, to the capacity for self-evaluation, and this needs to be supported by external evaluation and monitoring.
 - further consideration should be given to the positive role that action research can contribute to the management systems of initiatives of this sort.
 - open discussion and clarification of the roles of external researchers in relation to central and local management is essential at all stages, particularly on issues concerning respective areas of responsibility.

12. Local Project Issues

- 12.1 Further funding played a crucial role in the final stages of the projects and placed a heavy burden on project workers. It has been suggested that a contract be drawn up between the Self Help Alliance Committee and host agencies defining the host agency's role in relation to finding further funding.

- 12.2 Local management arrangements and support were a critical factor underpinning the success of local projects, (eg: supervisory sessions, training, advisory committees, informal support structures, priority of project within agency).
- 12.3 Project workers in an experimental programme of this kind can feel uncertain and unsupported. The scheme highlighted the need for:
- (i) clear messages about the role of project workers in order to avoid misunderstandings,
 - (ii) interest, support and encouragement from all levels of the scheme.
- 12.4 Two main issues gave rise to difficulties within the programme. These were the tensions which arose from having a hierarchical structure associated with a method of working (in self help groups) which is essentially one of equal participation and self-directed. The other was concern over the effect of a government conceived and initiated approach in an area which is traditionally self determining and independent.

Dissemination

- 12.5 The Alliance undertook a programme of dissemination of the experiences of the scheme which was funded by a valued additional grant from the Department of Health. This programme included – the holding of a National Conference, a Symposium for Doctors, the production of a Video film, and a number of talks and articles. It was undertaken by the Central Management Team. Such dissemination activities are very important, and need to be considered and built-in from the earliest stages.

Sarah Clarkson, development worker
at Self Help Action Project
Herefordshire.



13. To Local Development Agencies (LDAs) (Voluntary organisations providing local general support)



Gurpaul Sandhu (top right), Bradford self help development worker with Asian girls group.

- 13.1 The SHA-funded self help support projects were based at local development agencies (a majority being Councils for Voluntary Service). These agencies directly managed the projects, and therefore played a very important role in the success of the scheme as a whole.
- 13.2 The future for self help support projects will be affected by the way that LDAs develop their involvement in this field. The following points have arisen from the SHA scheme and are worth noting.
- 13.3 Self help support projects can have a substantial effect on their host agency, particularly in relation to the future direction and style of the agency.
- 13.4 Good and appropriate management is essential to back-up the development of effective self help support. In particular it is important for LDA managers to understand the support needs of self help workers. Working with self help groups is emotionally demanding (particularly within an experimental scheme, and with time-limited funding).
- 13.5 Black workers can feel isolated in an agency which does not have a track record of working with black people and other ethnic minorities. An empathetic management approach is important.
- 13.6 In addition to good management support, self help project workers can benefit by developing an informal support group of similar-minded professionals in the locality; and also by becoming part of a network of other self help workers in other parts of the country (for exchanging information and ideas).
- 13.7 The more integrated a self help project is within the structure of an LDA the greater is the learning by the agency. However this can sometimes be an uncomfortable process because of tensions between formal/hierarchical styles and informal/sharing styles of work.
- 13.8 The host agency senior staff are usually in a better position to promote self help at a policy level (with health authority and social services departments) than is the self help project worker. Therefore the agency management should be ready to 'translate' self help messages in a form that can be absorbed by statutory organisations.
- 13.9 The diversity of self help groups can mean that the manner in which a self help support project develops, and the way in which project workers operate will not be standard throughout the country. For example, rural-based groups have more transport problems than urban-based groups. Ethnic minority self help groups tend to have broader community-oriented interests compared with condition-specific groups. Mental health groups tend to need more support from project workers than physical-condition groups.
- 13.10 LDA managers therefore need to know the characteristics of the groups with which the project works and adjust their management accordingly.
- 13.11 Uncertainty about the future funding of a project can be very disturbing to project workers. Projects were greatly assisted where LDA managers took leading responsibilities for fundraising.
- 13.12 The chance of **securing continuing funding** is substantially enhanced by keeping potential funders informed regularly of the projects' activities (and consulting them on major developments),

starting from the very beginning of the project. If these potential local funders feel a part of the project they are less likely to resent having to 'pick up the tab' after central government funding ends.

- 13.13 As self help project workers can have a wide range of demands made upon them (requiring a variety of knowledge and skills), it is important that they receive appropriate **training**. Also, as such workers are not part of a recognised profession there can be uncertainties about future career progress. Personal development courses were found to be useful for such workers. Support workers (concerned with administration and information) within self help projects sometimes felt that their training needs were being neglected (in comparison with development workers). LDA managers should bear these various needs in mind when considering staff training plans.

Rashida Harries (right) and Andrea Houghton project workers Self Help Development Unit Scunthorpe.



14. To Local Self Help Support Projects

- 14.1 Essentially the SHA scheme was concerned with messages coming *out* of self help support projects, but there are a few points which can be reported for the specific interest of other self help projects.
- 14.2 The definition of the term 'self help' is not clear, as there are many different meanings. It is helpful if a self help support project considers that range of meanings, and whether a particular one predominates (either because of the groups they work with or because of a particular philosophy that is preferred within the project). Clarity over the meaning of 'self help' can help other organisations who wish to work with the project.
- 14.3 The limitations of self help activity (as well as the strengths) should be clear in the mind of project workers. It is important that statutory authorities do not have unrealistic expectations of self help groups (particularly in relation to the provision of services). Self help support project workers are in a good position to give realistic accounts of the true nature of self help groups.
- 14.4 It is helpful to self help groups to have a clear picture of the range of resources and support available to them. This can help reduce dependency on a single worker, and provides a wider source of ideas. Also if a project folds, the self help groups have alternative sources of assistance. In particular project workers can give information about sympathetic health and social services professionals, and about national specialist organisations.
- 14.5 Different self help groups can benefit from meeting each other for the sharing of information and ideas. They can also strengthen their influence on the statutory services by forming loose associations for pursuing common interests. Project workers can play an important role in calling together such groups, perhaps with the goal of developing a regular **Forum**.

15. To All Parties

15.1 Policies on Self Help Support

Self Help Support is of interest to a wide range of agencies (including the Health Education Authority and Community Health Councils). It would be helpful if such agencies would develop policies on support for self help groups.

15.2 Good Practice in Self Help Support

Project workers and others in the self help field benefit from networking methods of sharing good practice. Information and advice on supporting self help is available from the National Self Help Support Centre, 26 Bedford Square, London WC1B 3HU Tel. 01-636 4066. The centre is funded by the Department of Health.

15.3 There exists useful resource material arising from the SHA scheme.

15.4 The Tavistock Institute of Human Relations have produced the following research reports which are obtainable from the Tavistock Institute, Room 366, 120 Belsize Lane, London NW3 5BA Tel. 01-435 7111 X 2364 (further reports are due to be published).

Abraham Frances and Sommerlad Elizabeth. **Self Help Support and Black People: Start up strategies in four Self Help Alliance Projects.**

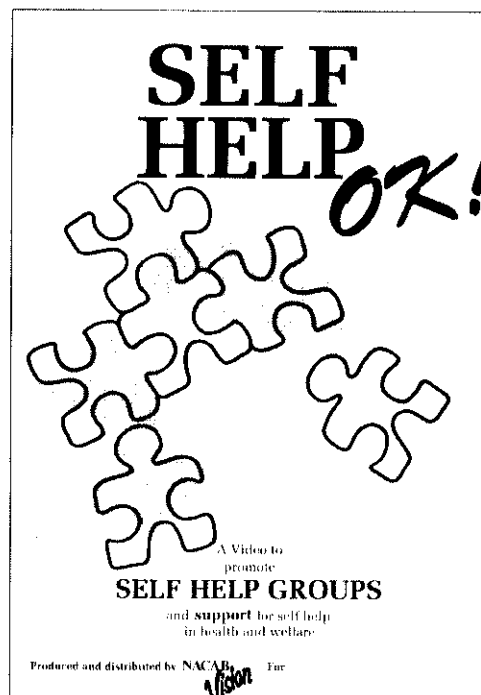
Hills Nitya et al. **Self Help in Rural Areas: is it different?**

Miller Eric. **Support for Self Help: The Origins and development of the Self Help Alliance.**

Miller Eric and Webb Barbara. **The Nature of Effective Self Help Support in Different Contexts.**

15.5 In addition to this Final Report, there is a report on the National Conference of the SHA entitled '**Supporting Self Help**' (a Report for Health and Social Service Professionals). Details available from the Volunteer Centre UK, 29 Lower King's Road, Berkhamsted, Herts. HP4 2AB Tel. 0442 873311.

15.6 '**Self Help – OK!**, is a 20 minute video film made for the Self Help Alliance which shows the value of self help groups and the role of support. (details from NACAB Vision, 115-123 Pentonville Road, London N1 9LZ Tel. 01-833 2181).



APPENDICES

APPENDIX A – Views of two self help support project workers

What have I learnt from 2 years as Development Officer for Rugby Self Help Support?

Self help groups do help engender self-confidence, provide practical and emotional support, increase public awareness and promote mental and social health. But encouraging such groups isn't easy:-

- Most people will never join a self help group, through fear of the unknown, wanting privacy or having practical difficulties, so alternatives need to be developed, for example, telephone helplines and newsletters.
- The dominant model of a single issue self help group is too narrow for many people e.g. members of black and ethnic communities, people living in small and/or isolated villages, and those with a number of related issues/problems affecting them.
- Although Rugby has hundreds of voluntary groups including 40 self help groups, it is a small town which has made it difficult getting enough people together on one issue to start a group.
- There was some fear amongst the Self Help Alliance (and myself) that the host agencies (particularly CVS's) would use the projects to develop wider voluntary groups. I made sure the Rugby project worked as independently as possible strictly with self help groups. This was probably too restrictive as:-
 - the needs of all small voluntary groups are similar,
 - voluntary groups can learn much from self help e.g. consumer participation
 - self help groups often develop into service-providing voluntary groups involving non-sufferers
- Some people perceive women as better able to work with self help groups than men. This view is misguided and reinforces sexism with women tied to caring roles. Many self help groups are women's groups but my (non-directive) involvement was always welcomed. I asked "Jane" who I worked with closely in setting up an incest survivors help-line if she found it difficult working with me. On the contrary she found it beneficial in being able to trust a man. Of course women's groups have the right to refuse to work with a man and alternative link-workers would be required.
- Health and social professional workers haven't had as much contact as I had hoped. Some are a bit wary of the role of self help groups, some believe groups are too insular to offer services to their clients and some feel they themselves have little to offer with groups having too high expectations of their abilities/influence. I have found groups very professional in being reliable, knowledgeable and providing long-term support which is often lacking in professional workers during the current low-morale and high turnover.
- The self help project has played a key role in promoting self help and raising its status and profile. I only hope this does not lead to groups becoming too organised which may lose the people who most benefit from such groups.
- The most satisfying moments in my job have been when I have been asked for help with setting up a self help group and when members from different groups have got together and learned from each other and shared their considerable expertise.
- Working for a project with three years generous funding and sound research and management back-up has enabled me to develop the most effective ways of supporting self help groups and to start developing a more pro-active approach with people for whom traditional self help groups are not relevant. I am very disappointed that such excellent initiatives have been set up by central government with little chance of further funding because of public sector cut-backs by the same government. It hasn't harmed me as the skills gained have helped me get another challenging job but it will damage the future growth of self help groups.

Nik James
Rugby – 1988

Who defines Self-Help? A Question Black People ask.

I joined the Self-Help project in its latter phase, aware that Self-Help development was a loaded issue particularly where Black people were concerned. Self-Help activity has sustained people who have been discriminated against, and who have been denied an equal say in the way society functions. Black people in fact have had to be masters of the art of self-help, which in the face of systematic colonial oppression, has sustained their struggles. The legacy of British colonialism continues to inform directly and indirectly the structures of British society, at institutional and personal levels.

It is within this context that 'Self-help for Black people' as a refined concept needs to be examined. Translation of the concept of self-help into practice as it relates to Black people requires an understanding of the circumstances in which most Black people live: they are over-represented in unemployment and poor housing to name just two areas. For the majority of Black people, racism both institutional and personal, has meant that they are at the bottom of the ladder. It could be argued that they share similar disadvantages to the working class, the disabled and women. However, what is unique in the Black experience is the ease with which Black people are either scapegoated or ignored when it comes to more equitable distribution of resources and power. It is conveniently forgotten that the welfare state in this country has been built on the labour and wealth extorted as part of its not so distant colonial past. To choose to forget this historical and yet recent connection is to forget that Black people form an integral part of British society to which they have contributed with blood, sweat and tears, and in which they are entitled to equal rights.

This little history lesson is important because all too often Black people are seen as just another disadvantaged group, with alien languages and customs, who have to be 'developed'.

'Helping the Community to Care' and 'Developing Self-Help' are very much flavours of the month. Inherent within these types of initiatives is the message that the 'community' needs to be 'schooled' in caring and that self-help is something that needs a degree of 'expertise'. It is very much a top-down approach; it also happens to be a cheaper option. It is remarkable that up until now there has been a lack of interest in the self-help initiatives already developed by Black people, especially in health and social welfare areas, e.g. mental health, groups for the elderly and women's groups. These have been struggling (and continue to do so) for funds and recognition. To varying degrees this is as true of Coventry as other places in which Black people find themselves.

To therefore be part of something called a Self-Help project, with a remit to work with Black self-help groups calls for a great deal of awareness and places special demands on the Black workers involved.

The fact which struck me most when I took up the post of development worker was the tenacity and the will to survive that kept grass-roots Black groups going, despite lack of funds and support. Areas of concern were health conditions like sickle-cell disease, the problems faced by the elderly, mental health and mental handicap, to name a few. For many Black people, meeting as a self-help group around a single issue like the menopause or eating disorders is very much an indulgence in the face of more urgent and basic problems which affect the wider Black community and for which so little is done.

Anger, amusement and cynicism were some of the emotions expressed directly or indirectly by the Black self-help groups I came into contact with when I first started. These were feelings that I acknowledged and to a large extent shared: anger that Self-Help projects had been set up with little fore-thought about their relevance to Black people and that this was another case of marginalisation, amusement at the sick joke of developing self-help and cynicism as to the real value of Self-Help projects. The positive emotions were the willingness to carry on despite all odds and accept any involvement and support that I was able to offer and that Black groups requested.

In conclusion, it is impossible for many Black people to accept a definition of self-help that has been conceptualised in the terms of humanistic psychology and which highlights the individual's experience in common with that of other individuals. Such a definition personalises the political, and is therefore one that is favoured and funded because it maintains the status quo. For many Black people the 'self' in self-help cannot be isolated from the experiences of Black people in the wider community, experiences which have been affected significantly by institutional and personal racism.

Pramila Sashidharan
Coventry - 1988

APPENDIX B
TABLE SHOWING POST-SHA FUNDING

Project and Host Agency	Was further funding received?	How Much?	From Whom?	For How Long?	Work arising from grants received
Self Help Team (Bassetlaw CVS)	YES	£2,000	Bassetlaw CVS	2 years	Continuing existing project but with 50% backup from Community Division of Social Services
Health Initiative (Bradford CRC)	NO	-	-	-	
Womankind (Bristol Settlement)	YES	£5,000	Social Services	1 year	The project exists as Womankind Ltd and is fully independent of Bristol Settlement. It continues to operate with limited resources. It maintains office space at the settlement with one member of staff one day a week and runs groups. Bristol Settlement also continues self help activities.
Self Help Unit (Bury Metropolitan CVS)	YES	£13,500 pa	Social Services	3 years	Although the project closed in March 1989 because no funds were available Bury Metropolitan CVS have subsequently learnt that they are to receive a grant for one development worker within whose brief will be support for self help groups. In the meantime BMCVS has continued to support self help groups.
Community Roots Project St. Barts. Medical College	NO	-	-	-	
Self Help Team (Coventry CVS)	YES	-	Coventry Health Authority	6 months	The project closed, but Coventry CVS received a 6 month grant (from May 1989) from the Coventry Health Authority to do research into other models of self help around the UK. The six months funding is on the understanding that the Health Authority will offer contractual arrangements for 2-3 years. In the meantime self help work is being continued by the CVSC. This consists of updating the Self Help Directory and supporting new enquiries about starting up a group.
The Self Help Project (Hammersmith & Fulham Assoc. of Community Organisations)	NO	-	-	-	
Self Help Action (Hereford & Worcester RCC)	YES	£5,350 pa £14,115 pa £5,500 £500	Rural Development Commission Opportunities for Volunteering Joint Funding Telethon	3 years 2 years (+3rd if successful) One-off payment One-off payment	New project - 'The Self Help Unit': 1. provides information and support for those involved in self help. 2. focuses especially on the needs of Carers. 3. provides support for new groups and networks through volunteers with experience of self help groups.
Self Help Unit (Hull CVS)	YES	a) £8,960 b) 29,000	Joint Finance Joint Finance	4 months 1.4.89-31.3.92	a) Continuation of the existing project for 4 months whilst evaluation completed and funding bid considered. b) Reduced continuation of project merged with opportunities for Volunteering Project: the Informal/carers support service, to form the Self Help Carers Unit.

Project and Host Agency	Was further funding received?	How Much?	From Whom?	For How Long?	Work arising from grants received
Self Help Scheme (Lamp Community Bookshop)	NO	-	-	-	
Self Help Project (Newcastle CVS)	YES	£24,000 pa	Joint Finance	3 years	Continuing existing project.
Self Help Northants (Northampton and County CVS)	YES	Salary for one admin worker + admin costs	CVS Northampton and County	6 months	Continuation of existing work – mainly limited to information but with the aim of amalgamating and expanding the CVS Information Service.
Bethnal Green Health Project (Oxford House)	YES	£7,000	Borough Neighbourhood Council	1 year	Continuing as before except focusing work especially in Globetown Neighbourhood rather than the borough as a whole. This means support to self help groups will be secondary to other health work.
		£20,000	Anon. donation	1 year	
Self Help Focus (Peterborough CVS)	YES	£4,500	Camb. County Council	1 year	The existing project is continuing but with only one part-time member of staff and therefore a limited role.
		£4,500 pa	Peterborough Health Authority	2 years	
Self Help in Portsmouth (Portsmouth CVS)	YES	£2,000	Portsmouth City Council	1 year – initially	A resource/information worker is being employed to carry on this aspect of the project's work. In addition the Health Promotion Unit has seconded a worker for one day per week to work with certain groups. The role of Volunteer Bureau Manager has been altered and enlarged to oversee and promote work with self help groups. The CVS support the Self Help Forum and assist groups where possible.
Self Help Support (Rugby CVS)	YES	£29,693 (first year)	Opportunities of Volunteering	3 years	A new project Self Help and Carer Support. Work with self help groups continues and there is a more specific role for work with carers. There are 3 part-time workers – a self help development officer, a carer's liaison officer and admin/info. officer. More emphasis is placed on encouraging volunteers to be involved.
Self Help Development Unit (Scunthorpe and District CVS)	YES	£26,500 pa	Joint Finance	3 years	Continuing project but extending it to whole Health District (i.e. 3 boroughs).
Self Help Project (Thamesdown VSC)	YES	£36,950 pa	Swindon Health Authority	Minimum 3 years	The Self Help Project has joined with the Neighbourhood Care Project to form Health Matters (Swindon). They have become independent of Thamesdown's VSC. They work to support self help and carers but hope to expand the information service and offer more training to health professionals and others.
		£9,713	Social Services Department	1 year (reapply annually)	
		£6,000	Allied Dunbar	3 years	

The chart does not tell the whole story. Where continuation funding was not available those agencies who had hosted an SHA project found other ways of continuing self help support. This was done either through informal structures set up by the project (for example, the self help groups forum initiated by the Lamp Self Help Scheme), or through other agencies taking on the task which in some cases included project workers joining that agency and hence a transfer of their expertise (as with Bradford and Community Roots Project.)

APPENDIX C – The value of work done by self help support projects

In order to evaluate the work done by the project for local self help groups, Newcastle Self Help Project sent a questionnaire to 24 selected self help groups in their area. 16 replied. Set out below is a selection of the comments and responses made by those groups:

1. Why did you originally contact/seek help from the Self Help Project?
 - To set up a group (8)
 - Difficulties within the group (3)
 - General information and advice (7)
2. Which services offered by the Self Help Project have you found most useful?
 - Publicity (5)
 - Information (6)
 - Training (4)
 - Self Help Forum (6)
 - Contacts (2)
 - Information and advice (5)
3. If the Self Help Project were to come to an end, what would the effects be for you/your group?
 - No local focus for self help (8)
 - Loss of information (9)
 - Loss of publicity (2)
 - Lack of support (7)
 - We would survive!(1)

Newcastle Self Help Project has supported over a hundred groups during the life of the project, covering a whole range of issues. The project received a 3 year grant from Joint Finance to continue its work of supporting self help groups in the Newcastle area.

The table below shows the number of enquiries the project has received.

Enquiries

	86-87	87-88	4.88- (9 mths) 12.88
Requests for groups or information	62	59	83
Request from groups	42	68	28
Requests from individuals	49	60	53
Requests from professionals /statutory sector	21	32	17
Requests from professionals /voluntary sector	27	37	14
Requests from outside the Newcastle area	23	24	30

APPENDIX D – Letter from a group member to LAMP self help project workers

To Pat and Angela

Remember I first met you three years ago at Lowton High School WNCC meeting? In the past, different groups of people and agencies have been to work with our group but none have been equal or better than you.

Your brief to work with groups was so large I thought we would only see you once a year to explain how to cope – how to survive, but you both were what I always dreamed about – always there – always the right kind of direction and able to put me in touch with the right contact to get our problems sorted.

When I have come to Leigh I have always been welcome and treated to meals, drinks and cream cakes. No-one has ever been as kind as you both to me of all the agencies. When you gave us tickets for a poetry evening, honest I thought – no chance – some middle class lot being patronising!, funny – I have always loved nice verse, poetry and nice people, so as it was *you* inviting me I came and was overwhelmed by how much I enjoyed the evening. Now I enjoy a lot more poetry.

Funding myself and Mary H to attend the Cancer Self Help Conference in Manchester enabled me to make a better contribution to our group's work in the field of women's cancer.

Personally Pat and Angela you have been part of my life since I first met you. The time when Angela helped me when my cooker was broken I felt so helpless and distressed it seemed the end of the world in my life, Angela spoke to a friend at NORWEB and within four days my life was back to normal. My health has improved dramatically with your help, guidance and practical work with typing, photocopying etc.

The new groups that you have helped to set up have been a lifeline to me and sufferers and carers alike which also means hundreds of people who you have never met have been helped by the work you have done.

Yours very sincerely

Mary Appleton

The Lamp Self Help Project was one of the few SHA projects which did not receive further funding to continue. However, the Platt Bridge Well Women's Group to which Mary Appleton refers, continues to exist and are featured in the video Self Help – OK!

Project workers outside the LAMP Community Bookshop.



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