New Routes to Self Help Groups
Sarah Collis, CEO

Creating, supporting and promoting a thriving self help community throughout the UK

Who are we?

- **Self Care Training** for NHS staff – Nottingham, London
- Introduced **Social Prescribing model in Mid Notts-** 3 year project
- Esteem – The role of professionals in Self Help Anglia Ruskin & Nottingham University research partnership
- **BAME Community inclusion** project – Nottingham City
- Macmillan Beyond Diagnosis –**new model of group development** including deaf community
- Tandem – supporting people who are isolated by LTCs in Derby
- Mid Notts – Better Together – **Self Care Strategy development**
- Self Help Knowledge Bank – providing **sustainability to Self Help Groups** through asset development
- Hosted the 14th **European Self Help Conference** 2017

Self Help Development & Shifting Perspectives

- **Rooted in Mental Health activism and self advocacy and peer support**
- **Operating outside of a systematic health or social care environment.**
- **Development of Self Help Resource centres in the 1980's and 90'**
  - **rise in the development of self help groups**
  - **Academic interest – evidence base**
- **Personalisation Agenda – led to legitimisation of Peer Support and a national trend towards integrating peer support within traditional delivery systems**
- **Self Help Groups accepted as part of the landscape but systemisation is a challenge**
- **Social Prescribing emerges – medical /social model**

Self Helpers believe:

- **People have the ability to help and support each other**
- **People who share a common concern can offer unique mutual support**
- **People have powerful inner resources & extraordinary talents**
- **People can deploy their own resources to address common difficulties**
- **Pooling practical information and ways of coping increases people's coping strategies and skills.**
- **Self help benefits both the giver and the receiver of support.**
- **The receiver of support will in turn have the capacity to give support.**
- **Self Help makes people's experience count.**

(SHUK: "What is Self Help?")

Critical Ingredients of Peer Support

- **The peer principle (affiliation with someone with similar life experience and having an _equal relationship_)**
- **The helper principle (the notion that _being helpful_ to someone else is also self healing)**
- **Empowerment (finding hope and believing that recovery is possible; _taking personal responsibility_ for making it happen)**
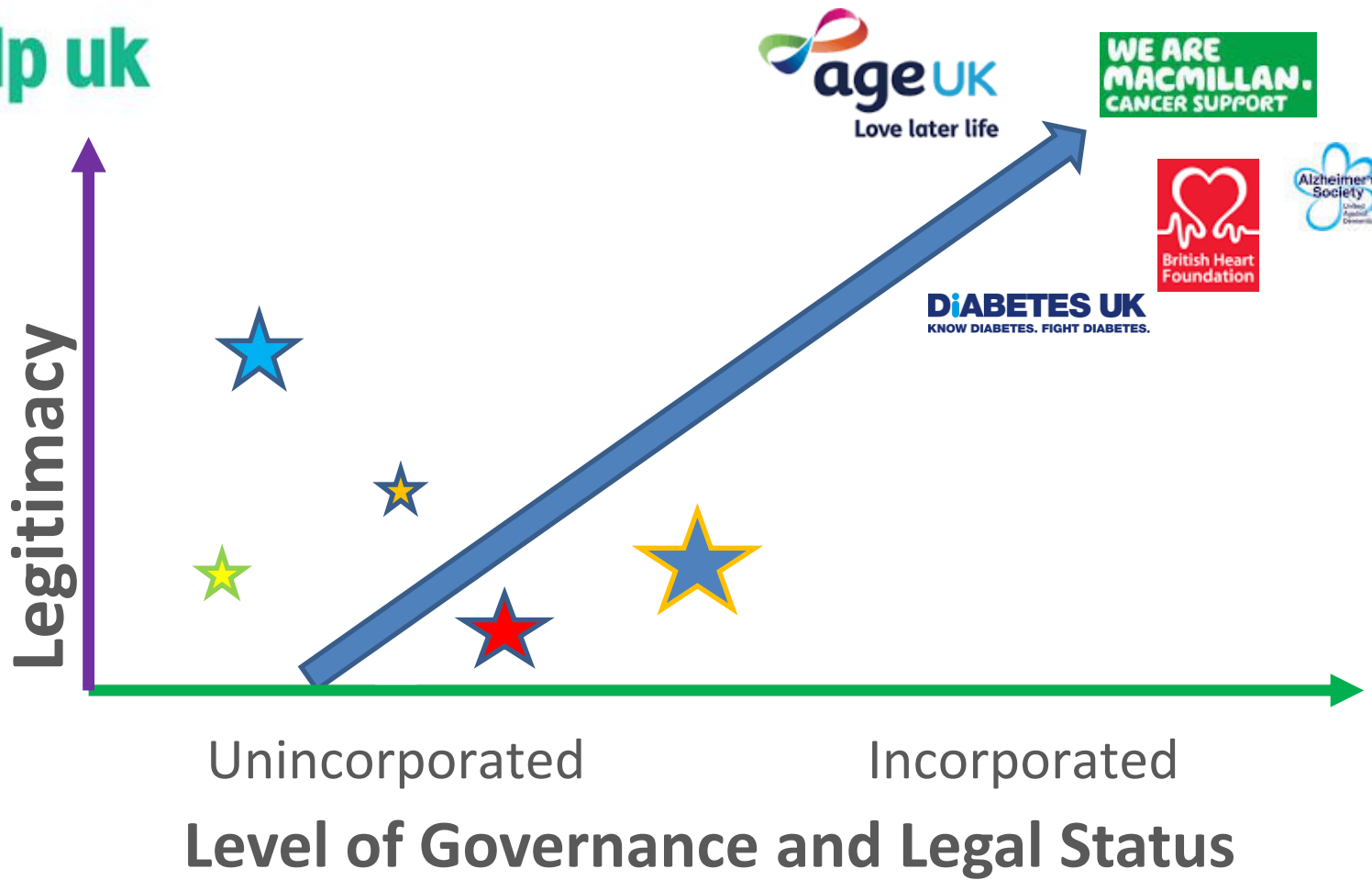- **_Reciprocity_ and mutuality**

(Cambell & Clay, 2004).

Legitimising peer support

- **National trend to integrate peer services within traditional delivery systems**
- **Emergence of Peer Support Workers (usually paid)**
  - **Operate within framework of peer support but absence of reciprocity and mutual aid**
- **Sustainability**

- **Peer Support Groups present a challenge**

ESTEEM Study: the challenges

- **Practitioners recognised a number of challenges in working with SHGs, with particular concerns over boundaries and limits to professional responsibility e.g.: confidentiality, sharing information, recruitment to groups, and where people might be at risk because of misinformation within groups.**

- **Practitioners recognised the importance of SHGs being peer led. However, their understanding of a group being 'run by and for its members' was nuanced, and were usually prepared to support groups displaying a range of recognised leadership models.**

Benefits of Social Prescriptions for Self Help Groups – Patient

- ✓ **Improved Health Literacy**
- ✓ **choice and decision making opportunities**
- ✓ **Self management skill development**
- ✓ **Better treatment adherence**
- ✓ **Support and acceptance**
- ✓ **sense of community –connectedness & friendships**
- ✓ **Self Advocacy Skills**
- ✓ **HOPE**

Benefits/dis-benefits of Social Prescribing for Self Help Groups

- ✓ **Promotion and awareness**
- ✓ **Potential for greater access to development support**
- ✓ **Funding ?**
- ✓ **Increased membership**
- ✓ **Inclusion in co-design of services / policy**
- ✓ **Legitimacy**

Dis-benefits

- ✗ **Greater scrutiny and accountability**
- ✗ **Capacity concerns**
- ✗ **Shift towards 'professionalization' of Peer Support**
- ✗ **Competition for resources – hierarchy of accepted groups i.e. charity sponsored groups vs independent groups**

Benefits of inclusion of Self Help Groups – The System

✓ **Improved Health outcomes**

✓ **Reduction of social isolation**

✓ **Reduction in GP visits**

✓ **Concept of Self Help Friendliness – systemisation of SHGs in primary and secondary care systems**
  - o **Patient engagement and involvement PPI**
  - o **System improvements**

✓ **Cost benefits**

Inclusion: SHUK experience

The need to ensure SP identifies community initiatives that are culturally appropriate and that actively engage with communities to increase uptake of support services.

BAME, LGBTQI+, Deaf Community, Disabled People, etc. groups and services

Self help groups have the potential to bridge communities of interest with health and wellbeing support

Questions we are thinking about:

- **Is the national personalisation and prevention agenda shifting the balance between medical and social models of health and wellbeing support in relation to self help?**

- **What resources do self help groups need to be able to navigate social prescribing and keep their authenticity?**

- **What impact will social prescribing have on the self help community over time? Is there an impact on grass route SHGs Vs Charity Led?**

Realising the Value

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