Learning from the Self Management Fund:

Resilience, Recovery, and Development Funding Round One

(2021-2023)

Self Management Fund

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Contents

Background

The Health and Social Care Alliance Scotland (the ALLIANCE) commissioned Three Sisters Consultancy to support an independent evaluation of Self Management Fund projects, funded through the Self Management Fund: Resilience, Recovery and Development Funding Round One (2021-2023). The ALLIANCE administers the Self Management Fund on behalf of the Scottish Government and distributes funding to a wide range of third sector and community based projects dedicated to supporting people in Scotland to self manage.

From June 2021 to May 2023, 49 projects were funded through the first round of the Resilience, Recovery and Development Funding to:

- Strengthen the resilience of the people they work with and of the organisations

- Increase the opportunities for recovery in communities and the third sector

- Develop the services that have been identified as required for the future

- Contribute to the purpose of the Scottish Government's Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic[1]

- Contribute to the resilience, recovery and development of people, communities and the third sector through and beyond the COVID-19 pandemic

This report reflects learning from across these projects, with three key areas of focus:

The cost-of-living crisis,	pressures within the NHS,	and staffing challenges.

[1] https://www.gov.scot/publications/framework-supporting-people-through-recovery-rehabilitation-during-covid-19-pandemic/pages/4/

Methods

This evaluation used a mixed-methods approach to understand the experiences of self management funded projects across Scotland, funded during 2021 – 2023 as part of the Resilience, Recovery and Development Funding Round One funding stream. Organisations were asked to complete an online survey about their projects' impact and key areas of learning.

In addition, projects were invited to attend a series of focused learning events on key themes of interest: the cost-of-living crisis, responding to pressures in the NHS and staffing challenges. These themes were identified as the most reported challenges faced by funded projects during the past year. The half-day virtual learning events offered the opportunity for self management projects to connect and reflect together. Projects were also given the option to submit supplementary information if they had more comprehensive evaluation data they wished to share.

Of the 28 Self Management Fund projects currently running in Round One and, therefore, invited to participate, 15 projects responded to the survey, and 12 projects attended learning events, with some projects attending more than one event. This evaluation received data from 20 funded projects in total. The 21 projects that finished earlier in the funding period and were, therefore, not invited for this year's Learning Event, had the opportunity to tell us about their experiences last year, during similar engagements.

Given the range of project activities and outcomes, there is no consistent systemic evaluation framework across funded projects. Projects reported using a range of different evaluative measures, including the Patient Activation Measures (PAM) and Personal Wellbeing measures.[2] Some projects chose more narrative approaches to evaluation, focusing on case studies. The ALLIANCE offers all funded projects free evaluation workshops to build individual organisations' capacity to measure impact.

This evaluation complements parallel project reporting methods, including individual end of project evaluation reports and self management networking events.

[2] https://www.england.nhs.uk/personalisedcare/supported-self-management/health-system-support-framework-for-supported-self-management/examples-of-survey-tools-for-use-in-supported-self-management/

About the projects

A diverse range of projects operating across Scotland were awarded funding through the Resilience, Recovery and Development Funding Round One funding stream. Most projects (65%) worked with all adults, while 24% worked with children and young people (up to age 25). Some projects were condition-specific, for example working with anyone with a diagnosis of endometriosis, while other projects had broader eligibility, for example working with carers from any background. Projects were invited to select which activities best described their work, detailed below:

Table 1:

Resilience, Recovery and Development Funding Round One funded projects activities	
Offering training on self management techniques	13
Offering peer support	13
Indirect advocacy services (ie. education about rights)	12
Connecting people to each other	12
Creating self management resources	9
Direct advocacy services	8
Access to specialist support eg. speech and language therapy	6
Offering access to leisure opportunities	6
Improving the services offered by the NHS or social care	5
Digital inclusion	5
Offering training on conditions	4
Other	3

All projects who participated in the evaluation employed paid staff (often in part-time roles) to deliver work, and nine projects also engaged volunteers. One project paid NHS staff for their dedicated time on their pilot project.

Projects connected with a range of partners across the community including GP practices, community groups, and schools. Referrals to projects could be made through NHS contacts including GPs, pharmacists, nurses, AHPs, post-diagnostic support services, and community hubs. Some projects also noted that word-of-mouth referral from long term condition communities led people to their support, as well as community outreach through open information sessions, volunteer information stands and leaflet distribution. Other projects also accepted referrals through workplaces and had active mailing lists that helped them to connect directly to communities of interest.

Projects were open to self-referral and many operated home visits or early screening calls to make sure individuals were the right fit for the service. Most projects were flexible in their approach to supporting people to self manage, working with people for as long as was needed, but two projects offered a more structured fixed-length support programme. For the majority of projects, self management was not a new way of working, but the landscape of delivery caused by the pandemic was more complex with people having to manage more difficult circumstances.

> **"**
> **Whatever challenges people faced before the pandemic and cost of living crisis has made even more intense and this is no longer only about self managing long term conditions but the impact of social, environmental and economic long term conditions impacting on people's wellbeing too.**
>
> **- Project survey response**
> **"**

Across this evaluation, projects shared the reality of working with populations facing multiple barriers to health and wellbeing, describing significant challenges following COVID-19 with "no recovery in sight". Many projects cited more practical barriers facing their clients such as rurality and the increasing cost of transport, as well as a lack of understanding of the needs of marginalised populations.

Many projects operated a hybrid model with both in-person and online supports on offer, which often presented additional workload for project staff. One project reflected on the importance of offering more bespoke digital inclusion solutions, including access aids for people using tablets and laptops at home.

Many projects described marginalised populations like individuals living with blood borne illnesses and survivors of historic abuse and individuals living with endometriosis and carers, needing more support and facing significant barriers to accessing that support. The impact of this was a shift in attitude towards support and services, and increased refusal to even try to access help. Shame, for example when asking for financial help or talking about the impact of long term conditions or caring responsibilities on mental health, guilt, for example finding the balance between caring and allowing time for oneself, and isolation were also cited as barriers stopping people from accessing self management support.

Project outcomes

Projects selected a range of outcomes that were most relevant to them, ranging from improved health and wellbeing to reduced isolation:

Table 2:

Project outcomes	
People have an improved understanding of any condition they have and what options there are for self management	9
People are less lonely/more connected	8
People have an improved quality of life	7
People have increased input into the decisions that affect their lives	7
People have more opportunities to share their lived experience and have their voice heard	6
People are more able to express what they want and seek it out, rather than feel they have to accept what is on offer	6
People have increased mental wellbeing	5
People get more support	4
Individuals have an increased ability to advocate for themselves/those they care for	4
People have increased self-compassion	3
People have increased physical wellbeing	2
People have improved relationships with Health & Social Care organisations	2
People have more options on how they spend their time and what support or resources they make use of	2
People have improved relationships with family/friends	1

Despite the increasing challenges in delivering self management support, projects reported positive outcomes for many people accessing their support. In their survey responses, all projects reported that they had managed to achieve at least some of their stated outcomes.

Do you feel your project is achieving these outcomes?

17 responses

18%

29%

53%
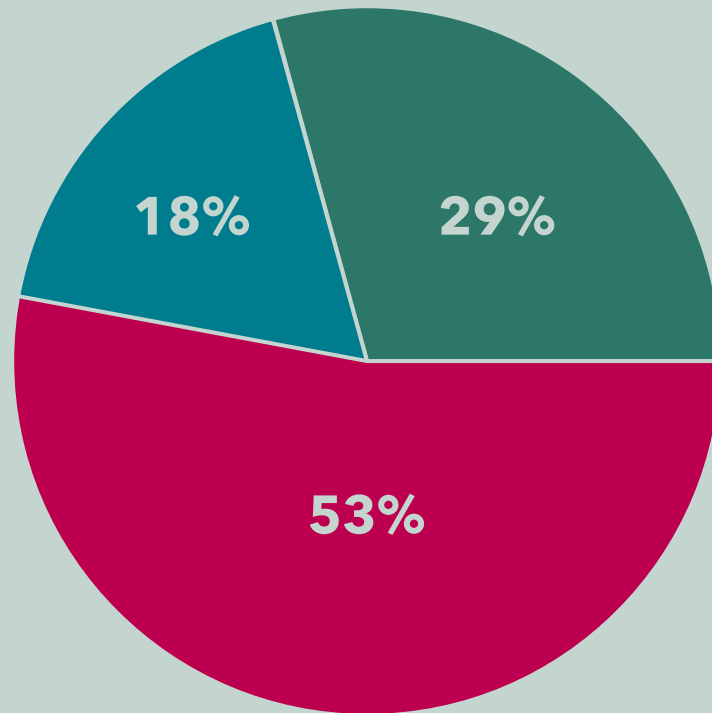
■ No, none of the time

■ Some of the outcomes, some of the time

■ Some of the outcomes, all of the time

■ All of the outcomes, all of the time

Projects celebrated a range of achievements, including improved health and wellbeing for people with long term conditions and carers, reduced isolation, and a better understanding of conditions. One project noted the achievements of their work in reducing stigma and shame:

> **Living with HIV does not define me! This I say confidently as before that was different - Feedback from a person accessing a project's support.**

Some projects presented evidence of how their work reduced stress, improved sleep and improved mood, with a carer connected to support stating it "helped me find me again".

Some projects offered examples of how they were able to improve quality of life on an individual level:

> **We have… helped another lady to apply for her blue badge - as this is now all done online and involves website searching, form filling and taking and downloading digital photographs. One gentleman is "delighted" that we have enabled him to set up and use online shopping services for his groceries, which has greatly increased his independence and reduced his reliance on others.**
>
> **- Project survey response**

Projects who said they could not deliver on all of their intended outcomes cited the complexity of the delivery environment as a barrier. In addition, some projects noted that self management is by nature dependent on individual circumstances which are often changeable and influenced by factors outwith the control of services.

> **The reason being that engaging and working with ethnic minority communities is an uphill task from both ends of the spectrum – communities and service providers.**
>
> **- Project survey response**

Theme 1: Cost-of-living crisis

The cost-of-living crisis in the context of this evaluation focuses on the rising costs of energy, food, housing, care costs and inflation. It should be noted that this crisis is likely to have a particularly negative impact on disabled people, people living with long term conditions and carers. This is in part because daily life is already more expensive for disabled people than for non-disabled people due to the added financial cost of disability, with disabled households spending £975 a month to have the same standard of living as non-disabled households.[3]

> " Because people are worrying about how they're going to feed their families, it's really affecting their health and wellbeing…
>
> **- Project survey response** "

Projects reported that the cost-of-living crisis had a significant impact on their project and the people they support. They noted that the people they work with had more urgent and complex needs as they could not afford the basics. This was particularly true of people in employment, who some projects felt were a 'forgotten' population, often ineligible for cost-of-living grants and uplifts but still facing rising bills. Projects also described less resilience and increased stress in populations they supported. Some projects described the impact of this daily pressure on peoples' trust in statutory services;

> " People just don't have any hope anymore. - **Project speaking at a learning event** "

The cost-of-living crisis presented significant barriers to people with long term conditions and carers hoping to self manage. For projects offering online support, participants described costs of electricity and Wifi as a barrier to engagement. For those offering in-person support, the cost of petrol and asking people to take time away from paid work were cited as barriers to engagement. Many projects noted the shift in priorities for many people living with long term conditions and carers, who were in a survival mindset:

> " "[It's] difficult to prioritise the sort of holistic personal development work on offer without addressing basic needs first…"
>
> **- Project survey response** "

[3] https://www.scope.org.uk/campaigns/extra-costs/disability-price-tag-2023/

Projects also described increased costs in delivering support and services, particularly for building-based services where hourly rates did not reflect the increased costs of utilities. Projects also noted that the cost-of-living crisis had an impact on partnership services, with statutory services more stretched and unavailable. Many projects also described the impact of the cost-of-living crisis on recruitment and retention, which is explored more in Theme 3.

Across learning events, projects expressed urgent concerns for staff delivering self management projects, who were working on emotionally difficult projects, struggling with their own financial crises and often on the edge of burnout:

> " I think we are massively underappreciated and undervalued.. We can't go on strike, we have to do more with the same money we always had.. What happens with services are collapsing and not there any more?.. Where can [people] then go?... there is no 5 o'clock.. You pick up where you can and you fill the gaps.
>
> **- Project speaking at a learning event** "

How have projects responded to these challenges?

In response to these ongoing concerns on the impact of the cost-of-living on services and people needing support, projects described taking action in a number of ways which have been categorised as follows:

Filling the gaps: shorter-term solutions to challenges caused by the cost-of-living crisis

Pushing back: actions to influence change at individual, local and national levels to reduce the impact of the cost-of-living crisis

Adapting: longer-term adaptations to project design and management to counter challenges caused by the cost-of-living crisis

Filling the gaps	Pushing back	Adapting
Raising funds to expand the offer of support Offering a warm and worry-free space to those who need it Using reserves to meet increased project needs Increased staff workload Working with more people, often with a longer waiting list	Advocacy and campaigning Leveraging policy links at local and national level Producing evidence to share impact of the cost-of-living crisis on particularly marginalised groups Supporting and advocating on individual cases	Linking with complementary organisations including welfare rights, energy advice services and foodbanks Reducing barriers to volunteering ie. paying for associated costs up front Offering multiple methods to engage ie. online, in person, pre-filmed videos Embedding resources across partner services to ensure they are available even if project loses funding

Projects noted that shorter term solutions ('filling the gaps') were more likely to have a negative impact on organisations' abilities to continue to deliver self management support. They also noted that due to the short-term nature of funding, they struggled to manage expectations for the people they supported, and were worried about the sustainability of their service offer.

> "
> There is always worry…. When you raise clients expectations it's very hard then to cope with the situation when they know you won't be here and you know you can't help them because there's no job.
>
> **- Project speaking at a learning event**
> "

The cost-of-living workshop raised an interesting debate amongst projects about whether they were delivering projects (shorter term pieces of work with clear end-points) or services (ongoing offerings in the community). One organisation felt strongly that many self management projects were offering a longer term support and needed to be funded as essential services to reflect the impact they had on the community, and the risk of their services being lost.

Looking to the future

Projects suggested a range of solutions to respond to the impact of the cost-of-living crisis, including:

- Long term funding to secure the sustainability of organisations serving some of the most marginalised communities in Scotland

- Increased funding to ensure staff were fairly paid to reflect inflation

- A recognition of the strains facing the third sector, and targeted workforce wellbeing support

- Continued flexibility from funders when projects need to change direction and adapt to meet changing needs

- Continued campaigning about the impact of the cost-of-living crisis on disabled people, people living with long term conditions and carers

- Maximising funding through collaboration ie. sharing resources, staff or building space.

Theme 2: NHS Pressures

As the NHS in Scotland continues to face challenges relating to under-funding, COVID recovery and recruitment, the impact is felt most by marginalised communities in Scotland.[4] Funding did not require projects to evidence their impact on the NHS, two thirds of projects who participated in the evaluation survey stated that they supported people who would have either been in treatment by the NHS or on a waiting list for treatment.

Projects reflected on the impact of NHS pressures on people accessing support, which included:

- **Patients facing multiple barriers accessing GP appointments, often relying on same-day emergency appointments which were difficult to secure**

- **A reliance on telehealth, phone or video appointments despite ongoing concerns about accessibility for those with communication support needs**

> **"**
> **People are not given a choice.. [digital] is not the solution for everyone… even trying to contact or get to minor injuries and people are just giving up.**
>
> **- Project speaking at a learning event**
> **"**

- **Insecure staffing in health and social care and a lack of access to consistent specialists or clinicians**

- **NHS staff increasingly not available to attend training or engagement events**

- **People more reluctant to 'bother' NHS with worries until they become much more serious/complex**

- **NHS staff sending more referrals into the community and depending more on self management**

- **Reduction in NHS funding of community projects**

[4] https://reader.health.org.uk/leave_no_one_behind/executive-summary#what-is-driving-health-trends-and-inequalities-in-scotland

Delays to appointments also had an impact on wider access to post-diagnostic support, social care and benefits:

> **The process of having a dementia diagnosis has practically ground to a halt.. It means that carers know the person has dementia but there's no diagnosis, and there's no treatment. It has implications around capacity and power of attorney and attendants allowance…**
>
> **- Project survey response**

One project also reflected on poor experiences because of NHS pressures:

> **Services such as social care, GP surgeries, NHS specialist services etc.. have very limited funds, demand is higher, waiting lists are huge and employees feel under pressure, which means they are not always as professional, kind and reasonable as they might be.**
>
> **- Project survey response**

Two projects made specific mention of the devastating impact of NHS pressures on people living with long term conditions who were unable to access timely and potentially life-changing or life-extending treatment for deteriorating long term conditions (for example, dementia and sight loss).

> **Families highlighted that their relative lost skills and abilities many of which they fear will not return.**
>
> **- Project survey response**

How have projects responded to these challenges?

All but one of the projects who participated in this evaluation stated people have an improved quality of life because of support available through their project that is not currently available or accessible through the NHS. In addition, 79% of projects stated that as a result of using their service/project, people have needed less input from NHS clinical services.

Evidence suggests that self management can reduce the cost associated with long term conditions, poor mental health and crisis intervention.[5] Projects reflected on a range of ways in which their self management work responded to or actively reduced pressures on the NHS, detailed below.

Support to navigate a rapidly-changing system

In line with Scottish Government campaigns seeking to help people find the right care at the right place,[6] many projects operated as NHS pathway navigators, helping people to navigate complex care systems to get help when they needed it.

> **[People are] empowered to make informed, confident decisions on the management of their health and they can navigate their patient pathway effectively.**
>
> **- Project survey response**

Interestingly, one project noted that this navigator role did not necessarily translate to reduced demands on the NHS, but supported people more effectively to access the help that is most likely to improve their health and wellbeing.

> **It's about giving the person the tools and information to use services.. It might be that they access more services at the NHS but access it quicker, and get their needs met."**
>
> **- Project survey response**

[5] https://www.alliance-scotland.org.uk/wp-content/uploads/2017/11/ALLIANCE-SM-Gaun-Yersel-Strategy-2008.pdf
[6] https://www.gov.scot/publications/right-care-right-place-2/

Another project invited health professionals to engage with people with mental health conditions in non-clinical sessions and found that participants became more knowledgeable about what support was available to them in the community:

> "One of the things that came out of that is that people found out they could go get some interesting advice and care from the pharmacist… So they can talk to the pharmacist rather than getting a GP appointment.
>
> **- Project speaking at a learning event**

Another outcome in this theme was the confidence and awareness of self management which helped people to recognise when they needed help from their GP or emergency services, and when they could manage independently.

Offering additional capacity

Some projects offered additional support and capacity, meaning that people were no longer accessing NHS waiting lists for services such as counselling and interpreters. Some projects reported that they were able to operate more flexibly as a service, giving longer term, more specialist input to people who needed one-to-one support to develop self management skills. One project described the process of supporting two older women from the South Asian community with their diabetes management by making regular home visits to discuss diet, support with blood sugar recording and making sense of blood sugar levels:

> "We got them monitoring at home and I would go to their home and making sure they are sticking to their diet..and to be honest, it took a year, and it's because it was so hard to control.
>
> **- Project speaking at a learning event**

This year long culturally targeted support was essential to help these women self manage their diabetes.

Projects who offered direct services did note the challenges of offering this support whilst dependent on short term funding, and feared for the impact on people they supported when this service was no longer available.

Prevention

Many projects described the ways in which they contributed to a prevention approach, supporting improved health by reducing loneliness, supporting movement and preventing unnecessary hospital admissions. One project focused on building skills for postural care with carers and health professionals:

> " Postural care can reduce the likelihood of avoidable respiratory illness, pressure sores, pain ...This will reduce hospital admissions.
>
> **- Project survey response** "

Projects also reflected on the importance of being a source of support and listening for those who face stigma and exclusion in their day-to-day lives. Offering this space was important for those living with high levels of stress and pressure:

> " [We] will try to alleviate stress and anxiety about their situation without judgement or comment but with empathy and knowledge.
>
> **- Project survey response** "

Another project offered materials and resources to support people to manage their anxiety whilst waiting for an appointment:

> " For some people where mental/emotional health is the issue decide they do not actually need an NHS [appointment] as they have tools to use themselves which can help.
>
> **- Project survey response** "

Projects focused on complementary therapies noted the therapeutic impact of their work on people with long term conditions and carers;

> " This has helped me more than any visit to the GP ever has.
>
> **- Feedback from a person accessing a project's support** "

Influencing NHS pathways and processes

Two projects shared building space with NHS partners, and reported positive outcomes related to this including better understanding of the service offer and improved communication. One project offered drop-in support at an NHS clinic with the view to reduce the onus on NHS staff to arrange referrals.

One project noted the difficulty in trying to influence health boards, particularly with competing NHS pressures:

> **We have been trying to improve pathways in two health boards for people..but this has proven extremely challenging…**
>
> **- Project survey response**

Supporting the transition into services

Another contribution reported by projects was to prepare people with long term conditions and carers to access services after periods of disengagement and isolation. Reducing isolation is a key outcome across many projects, and people with long term conditions may have been disproportionately impacted by COVID-19 policies and may have had to spend extended periods shielding. Projects offered the opportunity for people with long term conditions and carers to connect with others, and slowly build trust and rapport with services before they went on to access services. One project described how accessing an outdoor social group was a stepping stone into mental health support:

> **She was in her 60s and she was playing football.. Speaking to her other peers.. having the fun that they've missed out on since being a kid - they then went on to get a referral to counselling.**
>
> **- Project speaking at a learning event**

Looking to the future

Projects had a significant role in responding to pressures in the NHS, both in terms of providing support to people facing challenging patient pathways and in adding capacity to overstretched services.

To evaluate in economic terms the savings for the NHS would be a much more significant undertaking. However, projects detailed a range of direct and indirect impacts on NHS partnerships and recognition of this contribution is important for services who are often operating on significantly reduced budgets compared to statutory services. It is also important to recognise that the outcomes of effective self management stretch well beyond economic savings;

> **"**
> **I feel a sense of comfort from knowing you are there.**
>
> **- Feedback from a person accessing a project's support**
> **"**

There were mixed reports on how NHS pressures have impacted partnerships, with some projects reporting struggling to engage with NHS services, and others noting increased referrals.

Some of the challenges associated with working in a complex health and social care landscape are on the demands on staff, and many of these are detailed in Theme 3 below.

Theme 3: Staffing challenges

Projects reported a range of staffing challenges including recruitment, retention and staff wellbeing. These issues mirror concerns raised across statutory[7] and third sector leadership[8] about the recruitment and retention of staff. Of the group who participated in this evaluation, 12 projects noted challenges with staff and/or volunteer recruitment and retention.

During the learning event, projects described the often specialist skillset required to deliver targeted self management support including trust, empathy, honesty as well as the confidence needed to manage complex problems. Projects reflected that finding the right person for the job was particularly important for the sensitive and personal nature of self management work.

Some projects also noted equalities requirements of their work, for example the need to hire gender-specific roles or bi-lingual staff to ensure they can offer culturally relevant support. Other projects felt that lived experience was particularly important for success in self management roles, but this further impacted on available staffing pools.

Projects raised concerns that staffing challenges had an impact on staff themselves and on the wider delivery of project activities. The most common concern across projects was how to protect staff from increasing pressures at work. Many projects described staff as going above and beyond, working more hours than they are paid for with significant risk of burning out.

> "
> Sometimes it's difficult to set the boundaries.. Sometimes a client is living on their own, an older person, a language problem as well… we have to help them… they don't know what to do so ultimately they have to depend on the workers who work with them all the time.. People have got fears now after COVID, their mental health and their mobility have been affected.
>
> **- Project speaking at a learning event**
> "

Most projects expressed particular concerns for staff wellbeing as demand for support increases:

> "
> The team…gets smaller and smaller every time, but we still support the same amount of people… It has been really tough for those who are still maintaining the service.
>
> **- Project speaking at a learning event**
> "

[7] https://www.nhshighland.scot.nhs.uk/media/whdit3vv/nhs-highland-3-year-strategic-workforce-plan.pdf
[8] https://scvo.scot/policy/research/evidence-library/2022-the-scottish-third-sector-tracker-wave-three-infographic-summary-spring-2022

Projects also shared concerns about the recruitment and retention of volunteers. Some projects reported that volunteers are making the decision to transition into paid work more often, or are withdrawing from volunteering as they cannot afford the expenses associated with volunteering.

> **I don't think anyone has the time or money to volunteer, especially now, with the cost of living.**
>
> **- Project speaking at a learning event**

One organisation working in a rural setting reflected on the increasing costs of travel making it particularly difficult to pay volunteer expenses, meaning they had to consider whether volunteers can attend all events:

> **Volunteer expenses in rural areas can be £200 for a one day session.**
>
> **- Project speaking at a learning event**

Projects also reflected that staff and volunteers have to navigate the social security system to maximise their income, and not risk working hours that would make them ineligible for the benefits they need to meet basic expenses.

Some projects noted a higher staff and volunteer turnover and described how delays in recruiting staff can mean projects need to adapt to deliver on their outcomes. When staff left mid-project, it was often very difficult to recruit to shorter fixed term posts (a year or less).

> **But the amount of turnover, it's so difficult, and then the uncertainty whether you're going to get the funding again, so you worried about that as well.**
>
> **- Project speaking at a learning event**

How have projects responded to these challenges?

Paid staff

Reflections from across learning events focused on the importance of not compounding in-work poverty for staff working in Scotland's third sector, particularly as they were delivering emotionally challenging work. Some projects discussed ways to support staff to manage wellbeing and cultivate stronger work-life boundaries, which can be challenging due to the personal investment in and professional commitment to the work many staff undertake.

> "
> **It's hard it's really hard to switch off because if they're struggling and they phone you they're just wanting someone to listen to them.. And if its out of hours sometimes you can't help it… it's a learning curve.**
>
> **- Project speaking at a learning event**
> "

> "
> **When you build trust..and it takes a lot for a service user to walk through the door and build that relationship and the one time you don't take that phone call could wash it all away.**
>
> **- Project speaking at a learning event**
> "

One project spoke about the importance of introducing active assessment and triage before taking on more clients, but noted the challenges of maintaining these boundaries when having to turn people away from services:

> "
> **We can also signpost if the issue is time sensitive or when it doesn't fit. This has reduced our waiting list and made it more manageable.**
>
> **- Project survey response**
> "

Two projects discussed the challenges of maintaining enough funding for support roles (ie. administrative roles, volunteer manager posts and payroll/finance roles). Often, these positions are crucial to the effective delivery and evaluation of project work but are not costed for in funding applications.

One project shared that flexibility and autonomy were an important part of their offer for staff, who were sometimes leading projects independently and needed to feel empowered to respond to the needs of people living with long term conditions and carers.

Unanimously, projects noted the importance of long term funding for posts, and the need to ensure that salaries increased in line with inflation and reflected the importance of the contribution self management projects are making:

> **…I wish the government would take more note of that, that the services here are propping up and sometimes having to do the job of the statutory services.**
>
> **- Project speaking at a learning event**

Volunteers

One project described how they had formalised volunteering opportunities by investing in standardised training for volunteers hoping to invest in long term participation, but said that for some volunteers this was overwhelming.

> **It's a double edged sword because you just want to come in as a volunteer and get right about it but it's a process because there's got to be checks to make sure they are right for the environment to volunteer… years ago it was like if you want to help to volunteer? Aye go ahead… but now there's PVG checks, you've got to keep people safe. It's changed in a good way…**
>
> **- Project speaking at a learning event**

Another organisation discussed an alternative approach to volunteering which offered short term casual opportunities (for example, helping with gardening) as well as more formalised and supported long term volunteer posts which had contact with clients. Another project reflected that as they work closely with very vulnerable and marginalised populations, formalised volunteering meant they could properly safeguard people accessing support. This project also reported better volunteer retention when there were clear pathways into employment for those hoping that volunteering could lead to paid employment.

Another project actively removed the cost barrier from volunteering by changing their expenses payment method to up-front payment:

> **We have utilised funds to purchase pre-paid supermarket gift cards. This gives the volunteers freedom to manage their group meetings independently and means there is no financial barrier to volunteer.**
>
> **- Project survey response**

Looking to the future

Projects reflected on what needed to change in order to develop a sustainable and healthy third sector workforce that included:

- Increased funding to reflect increases in inflation to reduce risks of compounding cost-of-living crisis concerns for third sector staff

- Engagement with projects to understand more about funding requirements for supporting posts ie. volunteer managers, finance staff, administrative staff

- Longer term funding to increase the sustainability of these vital community based organisations

- Developing career pathways in the third sector by offering training packages intended to upskill (for example, training in counselling skills) and create more stability to help staff look to the future

"

It's about what pathways can you create to achieving what they want to do.

- Project speaking at a learning event

"

Conclusion

The projects funded through the Self Management Fund offer significant learning opportunities. These can inform how to best deliver person centred and flexible support to marginalised communities, and influence policy makers and those designing services. Projects have valuable insights to offer strategic funding bodies as they can report effectively how policy decisions impact people across Scotland. This round of funding was no exception.

The projects who contributed to this learning report outlined a series of significant achievements at individual, community and national levels, and were particularly proud to serve communities which were facing more challenges than ever. Their commitment to delivering person centred care and upholding the promoting the principles of self management was evident throughout. This was despite the significant challenges they face on an almost daily basis.

This report gives insights into the fragility of the third sector. It gives detail on the impact of the cost of living crisis, the challenges with recruitment and retention of staff, and on the pressure on the NHS. How they have responded to these will undoubtedly be valuable to other organisations working within the sector.

Thank you to the projects who took time away from frontline delivery to support this evaluation.

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for health and social care, bringing together a diverse range of people and organisations who share our vision, which is a Scotland where everyone has a strong voice and enjoys their right to live well with dignity and respect.

We are a strategic partner of the Scottish Government and have close working relationships with many NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our purpose is to improve the wellbeing of people and communities across Scotland. We bring together the expertise of people with lived experience, the third sector, and organisations across health and social care to inform policy, practice and service delivery. Together our voice is stronger and we use it to make meaningful change at the local and national level. Our vision is a Scotland where everyone has a strong voice and enjoys their right to live well with dignity and respect.

The ALLIANCE has a strong and diverse membership of over 3,500 organisations and individuals. Our broad range of programmes and activities deliver support, research and policy development, digital innovation and knowledge sharing. We manage funding and spotlight innovative projects; working with our members and partners to ensure lived experience and third sector expertise is listened to and acted upon by informing national policy and campaigns, and putting people at the centre of designing support and services.

We aim to:

- Ensure disabled people, people with long term conditions and unpaid carers voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.

- Support transformational change that works with individual and community assets, helping people to live well, supporting human rights, self management, co-production and independent living.

- Champion and support the third sector as a vital strategic and delivery partner, and foster cross-sector understanding and partnership.

ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre