Self Management Fund:

Learning and insights from the third sector

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For more information:

Sara Redmond, Director of Development and Improvement

Sara.Redmond@alliance-scotland.org.uk

Tel: 0141 404 0231

Katherine Long, User Researcher

Katherine.Long@alliance-scotland.org.uk

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HEALTH AND SOCIAL CARE
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Summary

The Health and Social Care Alliance Scotland (the ALLIANCE) administers the Self Management Fund on behalf of the Scottish Government.

This year, projects from the **'Transforming Self Management and Working Together to Strengthen Integration'** funding streams are coming to an end. The Self Management Fund (this link will open in a new page) is a learning and innovation fund and the ALLIANCE is committed to capturing and sharing learning about self management support in the community. In light of the pandemic, many fast adaptations had to be made to ensure support reached those accessing support and services. 26 end of project reports were submitted and reviewed by the ALLIANCE between June - July 2021. This helped gain an understanding of the processes, challenges, positive aspects and outcomes of delivering support in this unprecedented time.

Here's what we heard:

Third sector superheroes

Third sector workers have a long-standing commitment to, and awareness of the importance of relationships, trust and flexibility when it comes to support.

During the pandemic, these commitments and skills have been a lifeline to people. They have made third sector workers experts at tackling challenges throughout the pandemic and means making emergency changes to the way services are delivered was easier and more efficient.

Some statutory or health services have not been able to meet the needs of people when having to rapidly change the way their service is delivered due to restrictions, and the third sector has stepped in to offer support in many instances.

Digital adaptation has changed how people access and engage with support

Services have been taken online during the pandemic, increasing access and ease to support for those in rural areas or with conditions that may limit in-person access.

For some communities however, a blended or in-person approach is still key to correct support delivery. This is to tackle issues surrounding safeguarding, privacy and risk.

Flexibility and trust build confidence to adapt and improve services

As funders, and as third sector workers, fostering this environment gives staff and volunteers what they need to feel comfortable in decision making.

The relationships that exist between funders, third and statutory sector are integral to good support and we need to continue to build them with room for developing new ideas.

The future of funding should be flexible to facilitate lasting change

This includes length of grants and outcome management.

What we heard has been invaluable to our learning, and these findings should be considered with regards to the future of funding, support delivery and relationship building within third and statutory services, and within communities.

Introduction

The ALLIANCE administers £2 million per year on behalf of the Scottish Government to the third sector and community-based organisations across Scotland to develop self management activities. Since 2009, the ALLIANCE has granted over £20 million and has funded 325 projects across Scotland. There are currently 72 live projects that are in receipt of a grant from the Self Management Fund.

The Self Management Fund (this link will open in a new page) was created by the Scottish Government in response to recommendations made in Gaun Yersel: the Self Management Strategy for Scotland. It was set up to support development of co-produced, person-centred, self management activity across Scotland. Learning from the experience of people living with long term conditions, and their unpaid carers, is central to the ethos of the fund.

Twice a year, funded projects are requested to submit reviews of their service or project. These detail the achievements, learning and the challenges that were faced as well as reflections on what could be done in the future to support services. This year, two existing funding streams are completing. The Transforming Self Management Fund had an emphasis on supporting existing ideas to become embedded in practice in Scotland and, the Working Together to Strengthen Integration Fund was designed to support the local health and social care integration agenda.

Throughout the past year, the third sector has faced great challenges in the face of the pandemic, and the insights and learning taken from this years' fund reports show a great deal of adaptation, resilience and determination. This report will outline findings from projects who were supporting people to self manage conditions throughout. It will cover what we heard about meeting target outcomes, providing support and working within a service – alongside adapting to the challenges of lockdown, working from home, digital adaptation and more.

While the aim of this report is to generate learning on what we can do to better support and listen to the services we fund, it is first and foremost a gesture of thanks. Thank you to the dedicated, resilient and strong third sector workers and volunteers who have been the backbone and life support to so many people throughout the pandemic and more. We are listening, and we hear that this has been a year like no other. The Self Management Fund (alongside many others) are appreciative of the work you do.
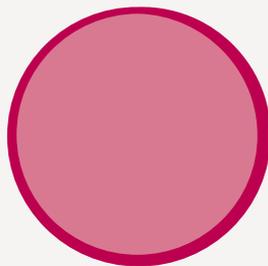
What we did

The ALLIANCE received 26 final and penultimate reports from the 'Working Together to Strengthen Transformation' round and the 'Transforming Self Management' round of the Self Management fund. Each report was reviewed to draw out learning around delivering self management approaches and supporting people to self manage.

Questions were used to prompt reflection on what we heard, and covered the following topics:

- Outcome management

- What was successful and overcoming the challenges

- Partnership working with other services

- Involving people with lived experience

- Budget management and additional support.

Using this, a preliminary set of themes were drawn out and brought to a session involving those who reviewed the reports. We discussed the themes, what they meant for the services and for the fund, and how the information could facilitate positive change in the future. A secondary set of more in-depth and detailed points were then drawn up for a final session to ensure all points raised from the reports were rightfully addressed and considered.

The report firstly provides an overview of what services have been doing this year, specifically with regards to the above topics. Following this are the themes we uncovered that must be focused on to support services in working together and transforming self management.

What we heard

What have services been doing this year?

Arts and creative support have been used increasingly as a way to promote self management – it is an outlet for narrating experiences, a path to personal development and encourages self-reflection.

" Deciding what [art] to try was a significant part of self–management practice.

Creativity in Care

The most frequently planned outcomes included:

- Improved self management skills (in mental and physical health, through creative pathways)

- Improved and /or increased relationships within the community and health care professionals

- Reduced isolation or loneliness

- Improved access to resources (digital, health, support)

- Improved awareness and learning of health conditions and rights

Challenges in achieving outcomes were:

- Moving and adapting to online. This included access to training and resources, understanding of information regarding privacy and data, and building trust in new relationships with people.

- Limited collaboration with health care professionals due to an increase in redeployment and a decrease in diagnoses. This also meant less communication across the whole of statutory services. Overall this was seen to have had a negative impact on cross-sector relationships.

Others noted:

- Remote working for staff causing screen fatigue and mental health concerns

- Digital exclusion for those with limited access to the online community.

How are services working with people?

We heard a lot this year about listening to and working with people with lived experience. This included the family members of those with lived experience, increasing the variety of perspectives included around self management and support.

> " I think the parent testimonials are so powerful. When you hear other families sharing their experiences and saying, 'we went through something similar and this is what we did', it's a huge help, because you know they just get it. "
>
> **PAMIS**

The most noted ways of involving people with lived experience were:

- As volunteers

- In steering groups

- Staff and board member recruitment.

How are services involved in partnership working?

The pandemic restrictions had an impact on connecting with other services, and not all services were able to engage in partnership working. At the same time, the restrictions heightened the need for joined-up approaches to support individuals who are self managing during this period of isolation and limited access.

> Many mentees felt that their condition was not well understood and that they often were not believed. They felt that greater awareness raising would reduce the amount of stigma that they faced around their condition.
>
> **Action for M.E.Learning**

Where possible, partnership working was mostly involving:

- GPs and NHS colleagues

- Other groups providing similar services

- Local community businesses.
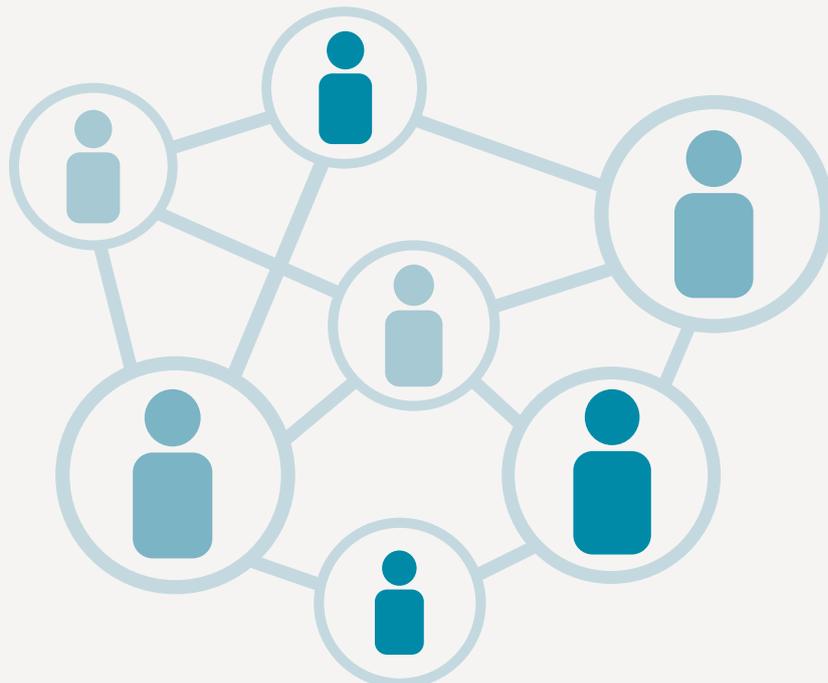
What do services need to thrive?

Recognition

The third sector, staff and volunteers have been an integral and vital support line to many over the pandemic and before. Skills acquired over years of necessary flexibility have built a resilient, communicative and dedicated workforce. Third sector workers offer experience and knowledge to support the people who engage in services, and they further support health and statutory services by bridging relationships between them. In recognition of this, staff and volunteers become acknowledged and trusted experts. Strengthening cross-sector collaboration and recognition of the third sector can increase referrals, improve worker wellbeing, and aid the development of lasting trusting relationships between sectors – which all improves the wellbeing of those they support.

Digital access, support and resources

> " When our events moved online, we very quickly realised that they became more accessible and less accessible simultaneously... For others they were unable to attend due to the cost associated with devices and Wi-Fi/data; their living situation (for example those who were not out to their families), or their digital literacy. "
>
> **LGBT Health and Wellbeing**

For many, moving support online has improved attendance of drop-in sessions and extended their reach to people otherwise less likely to access in-person services. We heard that peer support has increased online, and that digital resources (such as informative videos) are being viewed more often than before. For others however, there has been technology anxiety, a lack of awareness and restricted access to information on how to connect with services digitally at home. Significant safeguarding issues exist for young people, people who are socially isolated, live-in carers, or for people who live with others unaware of their personal circumstances. In-person sessions and events are particularly significant for these groups, as they bring a sense of privacy and a safe space to reflect without cause for concern of information breach.

Getting services online has been a long awaited step for many and is one in the right direction when looking to the future of blended delivery, however, to effectively connect with all communities, we need a blended approach to protect the privacy of individuals at home. More investment and support is also needed to ensure services are able to access or develop the necessary resources, information, and tools for ongoing digital delivery of services.

Something we heard a lot is that improved access, resources and tools doesn't need to start big. Many said that tiny changes make big improvements, and support can exist in multiple forms. Some examples were as simple as sharing learning on free technology, increasing awareness on existing yet seldom used tools (such as voice control and reading aides), and using funding to provide additions for those at home struggling to get online.

Trust and flexibility

Between services and stakeholders

Trust in services to make the right decisions generates an environment of confidence, comfortability and positive change.

This is true between the service and those using it, but also between the service and the funders, and through all levels of staff and volunteers. Having that trust allows people the confidence and flexibility to do what's best for them, the service and the people they support. Trust to make the right decisions allows a degree of flexibility in the way services work, which can guide a person-centred care plan and encourage regular reflection on service impact. This extends to creating and measuring outcomes and making changes to existing strategies.

> "We did not find a way of measuring outcomes that was truly representative of people's experiences in a way that could be standardised for comparisons. However, it was evident through action learning, participant observations, self reported changes, photos and creative products that the project had an enabling, uplifting and positive effect.
>
> **Creativity in Care**

Between services and people

Trust takes time to be built, and this is amplified when services and people meet for the first time online. More sessions are now needed to create a safe space for people to feel supported and engage effectively with services, so that trust can exist between them. This has proven to be especially true with 1-1 support.

To build these relationships continually, services have been flexible in the way people engage and most services reported a continuation of blended delivery even after lockdown and when the ongoing restrictions were removed.

> " The pandemic and the restrictions that came with it caused a lot of distress and uncertainty, not only for the community but also our staff and volunteers. However, it also afforded us the opportunity to experiment with our current methods of service delivery and reassess some of our planned work. "
>
> **LGBT Health and Wellbeing**

Looking to the future, a blended mode of delivery would have the most positive impact on all people that services see. Being flexible and open to adapting support delivery is key to ensure that everyone has an opportunity to be listened to and build trust.

Funding

The way we fund should be considerate of the needs of services, and what we have heard is that funding needs to be flexible to allow services to feel trusted, adaptable and able give people access to the resources they need.

> " Having the flexibility to remodel, to be there for people in Scotland at such a challenging time through flexibility with grant restrictions enabled us to meet the urgent need of vulnerable people with ME–CFS in Scotland and the following details some of the delivery that extends support outside the previously agreed terms of the Mentor M.E. project. "
>
> **Action for M.E.**

Many outcomes were achieved this year due to the flexible adjustments made, something that we can enable as funders by encouraging broader scope and movement in outcome measuring and setting. Similarly, extending funding lengths and increasing multi-year funding gives services the trust and confidence they need to plan long term, raise community awareness of their work and improve relationships with health and statutory professionals. This helps to improve recognition of services and the valuable work they do.

With regards to getting online, resources and support to aid access and information sharing must be readily available for those who need it. We should remain conscious of how grants can contribute to this, how it is intrinsic to self management and continue to listen to the emerging needs that services are finding through digital adaptation to support.

What's next?

What we heard from services were responses to the questions we had asked them, and it's our responsibility to make sure we are asking the right questions to include all people who self manage.

Seldom heard communities and protected characteristics

Into the future, we want to hear more from services about the different groups of people they support, particularly if there is support available that meets the needs of people with protected characteristics or who are from seldom heard communities.

For future reports, we will be prompting services to reflect on who they are engaging with, to find out more about who we are reaching and who is missing. We are keen to learn more from this and where we can play a part, as it is our collective responsibility to take care of these relationships and connect people to all aspects of their communities. This considers people from ethnic minority communities, Gypsy/Traveller and Roma communities, LGBTQIA+ and disabled people, and people with intersectional experiences of this.

Conclusion

For services, this year has been challenging, rewarding, and an insight into the strength of those that are providing support to people to effectively self manage. We've heard that involving people with lived experience and encouraging regular reflection in service delivery has improved the quality of support being provided. Getting online has been an achievement for many services and people who are accessing them, and we've heard this will continue long after the pandemic. To ensure that all people are equally able to self manage, support must be given to services to continue this approach and apply a blended delivery when necessary. To do this, we must include the third sector in wider associations of support in health and social care and statutory services to increase communication and referrals across sectors. We must also encourage a sense of trust, openness and confidence for people to work in a person centred and flexible way, as we have seen this work for so many this year. Funding should be longer, flexible and open to diverse ways of working to allow services the ability to sustain long-term relationships across sectors and within communities. In doing so, our third sector superheroes can continue to work and support people to self manage and gain the recognition they deserve.
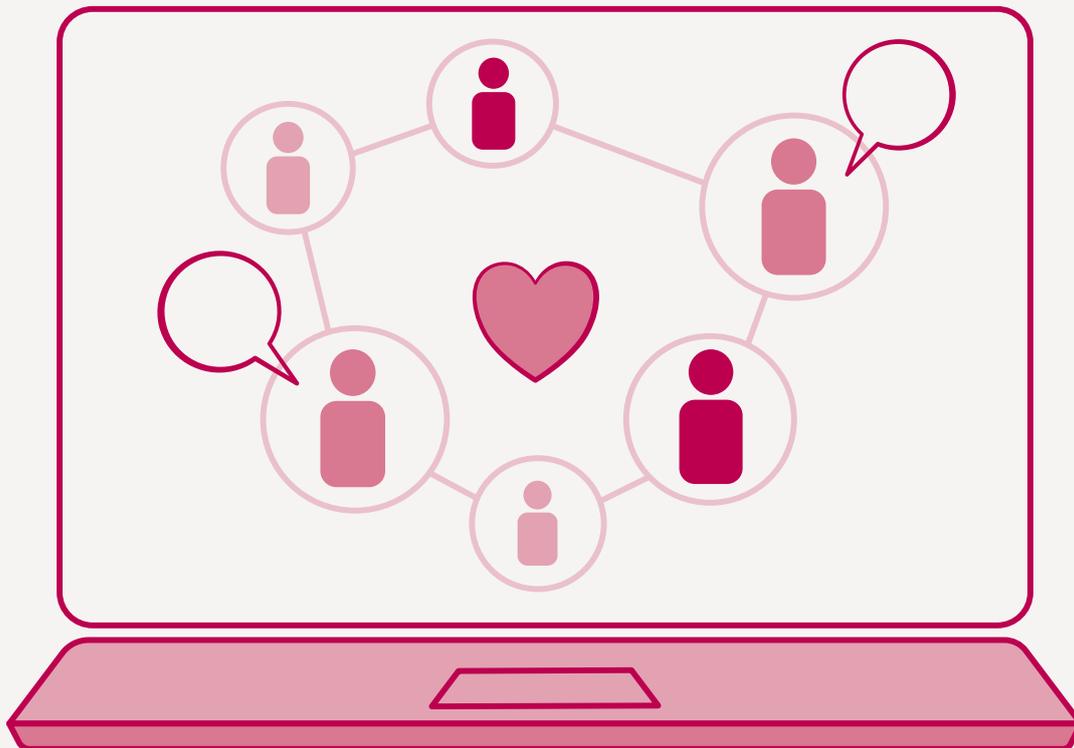
We would like to thank the following organisations for their contributions, thoughts and insights.

Action for M.E.

Anam Cara

Argyll and the Isles Coast and Countryside Trust (ACT)

Carers Link East Dunbartonshire

Centrestage Communities

COPE Scotland

Clackmannanshire Citizens Advice Bureau

Clydesdale Community Initiatives

Dunblane Development Trust

Fife Access Employment Trust

Grampian Opportunities

Haemophilia Scotland

Health in Mind

Impact Arts (Projects) Limited

Lorn and Oban Healthy Options

Moira Anderson Foundation

MS Centre Mid Argyll

MS Society Scotland (MSSS)

Options in Life

PAMIS

SISG Enterprises Limited

Spina Bifida Hydrocephalus Scotland

Support in Mind Scotland

Wellbeing Scotland

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members. The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.

- Support transformational change, towards approaches that work with individual and community assets, helping people to stay 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 better cross-sector understanding and partnership.

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