

# ESTEEM

'Effective Support for Self Help / Mutual aid groups

## Final report Key findings

May 2013

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ESTEEM is a participatory action research project designed to provide resources to facilitate effective collaboration between SHGs and health and social care practitioners. The project is a partnership between Self Help Nottingham, Anglia Ruskin University and the University of Nottingham, funded by the Big Lottery, it involves 21 self help groups and 26 practitioners.

#### Key Messages:

- Self Help Group (SHG) members saw themselves as ‘community,’ ‘peer,’ ‘support’ and even ‘friendship’ groups. Members believed that sharing their own experiences was the source of the group’s wisdom and that being peer-led was essential.
- Groups varied widely in their organisational structures, relying on a relaxed atmosphere and democratic decision-making. All groups had somebody who fulfilled a leadership or coordinator’s role.
- Group members believed that mutual support could counter social isolation, increase self confidence and help people to cope with health and social conditions. Members shared information between themselves and also saw the SHG as a source of information within a community.
- Groups had contact with a range of practitioners from local organisations including schools, pharmacies, employers, other self help and voluntary groups, and health and welfare services. Most groups had positive experiences of practitioner support.
- Practitioners believed that the activities of SHGs could enhance the beneficial effects of health and social care services and potentially reduce service costs..
- Some practitioners had an interest in supporting SHGs in order to encourage local participation, community empowerment, and build social capital. Most spoke of a mutual benefit from their involvement with SHGs.
- Practitioners provided support to SHGs in 4 areas: organisational development (infrastructure and resources); nurturing members and process (leadership, capacity, participation, group dynamics); enhancing and sharing expertise (increasing knowledge and understanding); increasing connections,

credibility and influence (promoting profile, voice and understanding within the NHS and local community).

- Practitioners recognised a number of challenges in working with SHGs, with particular concerns over boundaries and limits to professional responsibility, such as confidentiality, sharing information, recruitment to groups, and where people might be at risk because of misinformation within groups.
- There was a recognition that each SHG is unique, dependant upon the character of the leader and the reliability, capability and wishes of the membership. This presents a challenge to practitioners who wish to work with SHGs in achieving a balance between support for the group leaders and helping the membership to run it for themselves.
- 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 leadership models.
- Five broad practitioner roles were identified from ESTEEM. These roles are not mutually exclusive; and recognising which role is appropriate for the group at that particular time and which was achievable for the practitioner was key. These five broad roles were 'resource-builder', 'capacity-builder', 'facilitator', 'bridge-builder' and 'co-educator'. Recognising an appropriate role for the practitioner was key to avoiding tension and achieving successful support.

Overall the study highlighted the complexities of ways and nuances in the relationships practitioners can have with self-help groups. Success factors were built on (either the way you have expressed it above Or alternative) mutual trust and respect, ensuring clear boundaries were set at the outset, being supportive, non-judgemental and responsive to group-led expression of needs.