A Stitch in Time?

A model to explain the third sector contribution to Reshaping Care for Older People
A Stitch in Time? is a partnership project facilitated by Evaluation Support Scotland (ESS) and supported by the Scottish Government Third Sector Unit and the Joint Improvement Team (JIT).
A model to explain the third sector contribution to Reshaping Care for Older People

This model has been developed to show the contribution of the third sector to the Reshaping Care for Older People (RCOP) agenda.

We aim through this work to show how the third sector complements and supports the work of other sectors in ensuring the quality of life of older people and to preventing the avoidable use of health and social care services.

The third sector is diverse, ranging from very small community groups at a local level through to large national organisations with many staff. We work across a range of groups from older people who are relatively fit and healthy, to older people receiving care or ‘at risk’, through to people living in residential care homes or in hospital.

It’s a complicated picture. For this reason we have developed a number of more detailed or nested models, such as community transport, day care and skills exchange, which focus on particular groups, interventions and outcomes. Go to our website

Nevertheless in this overall logic model we aim to show the range of activities and outcomes from third sector work. We also aim to identify the unique contribution of the third sector. Some outcomes in our model are unique to the third sector – but crucial to reshaping care. Some outcomes are also achieved by other sectors but we still have a special role to play.

This model has been created from the practice experience and self-evaluation of 16 voluntary sector practitioners in Lothian working with older people and carers in a range of different projects. We have tested and improved the logic model by consulting with a broad range of people. To keep this paper short we have not included all our references and evidence. Additional papers will reinforce and further explain this model.

Nevertheless no model is perfect, so we welcome your feedback. See back page for contact details.
Third sector contribution to care for older people

**Inputs**
- Older people
- Family
- Carers
- Friends
- Local communities
- Local authorities
- NHS
- Independent sector providers
- Other third sector orgs
- Volunteers

**Activities**
- Activities to reach people
  - Activities to reach older people and carers and volunteers
  - Promotion, marketing, building relationships and referral routes
  - Activities to build relationships with potential service users and volunteers
- Service providers, families and friends who have contact with people who need or can support our services
- Appropriate and timely referrals so people get the right information and service at the right time
- Older people and carers and potential volunteers
- Ready and able volunteers

**Reach**

**Service outcomes**

**Activities and provision for older people and carers**
- Advice and information service (talks, leaflets, enquiries, signposting, advocacy)
- Health promotion
- Physical activity sessions
- Transport
- Day care
- Housing and housing support
- Rehab services including falls prevention
- Practical support: shopping, gardening, decorating, care and repair
- Therapeutic work (1 to 1 or group)
- Social activities such as cafes, clubs, outings, events, special hobby groups
- Befriending/connecting
- Respite/short breaks
- Skills exchange – between older people and intergenerational
- Training, coaching and support for older people, carers and older volunteers

**Resources**
- Staff
- Transport
- Volunteers
- Budget
- Equipment
- Technology
- Buildings
- Contacts and relationships
- Knowledge and expertise
- Research
- Evaluation

**Partners**
- Older people
- Family
- Carers
- Friends
- Local communities
- Local authorities
- NHS
- Independent sector providers
- Other third sector orgs
- Volunteers

**Activities to inform others’ services**
- Building capacity of other agencies
- Training/information for providers, input to policy, trying out and sharing new approaches
- Consultation and community capacity building (co-delivery)
- Service providers who can benefit from our knowledge of needs of local community or specific group
- Community groups and members: geographic or interest
- Older people and carers trust and use services
- Older people and carers feel they have a voice and can shape services
- Organisations and groups have better awareness of needs of different groups and communities, have appropriate policies and resources to support service users

**Activities to reach people**

**Assumptions**
- Go to Assumptions on page 10

**Go to The current situation on page 9**
Outcomes for older people and carers

**Physical and social environment is age friendly**
- Warmer, safer, more accessible homes
- Affordable and accessible food and leisure options
- Feel safe at home and in their community
- Affordable and accessible transport

**Keeping/more socially connected**
- Make/maintain friends and connections
- Carer and cared for maintain/improve their relationships
- Older people contribute to their community
- Stronger support networks in the community

**Staying positive and in control**
- More able and willing to address issues
- Better placed to take part and make informed choices
- Maintain/increase their sense of self worth
- Recognise what ‘I can do’ (not can’t)
- Less anxious/more confident

**Keeping/more financially and materially secure**
- Maintain/improve financial situation
- Ability to pay for basic commodities, food, fuel, rent

**The system works better for older people**
- All groups can access and feel able to use services
- Organisations and services are better able to meet local and individual need

**Healthy and active ageing**
- Have fun and enjoyment
- Eating well
- Maintaining or more physical and social activity
- Manage health conditions better
- More financially, socially and emotionally resilient
- Able to manage ups and downs

**Physical health & function optimised**

**Positive mental health and well being optimised**

**Independence optimised**

**Quality of life optimised**

**Long term outcomes**

Go to External Factors on page 11
What the model means (in words)

Inputs: we need a broad range of resources and partners to deliver our activities. Volunteers are a significant input for many third sector organisations.

Activities to reach people: if we are to reach people, we need to take time to build referral pathways and to develop a relationship with potential referrers, users of our services and volunteers. This builds trust and willingness to use or contribute to our services.

Activities to inform other services: some third sector organisations use their expertise and knowledge of a particular client group or community to influence the policy and practice of other organisations (statutory and non-statutory). They also enable those groups and communities to have a voice and shape services.

Activities and provision for older people and carers: the sector provides a wide range of activities, including some which can also be provided by other sectors. A good example of this is housing and community transport which sit alongside provision by private and public sectors. Typically those third sector services are responsive to individual, community and group needs which are not met by others.

Activities which tend to be provided more by the third sector include social activities, befriending and some practical support. They also include community based projects (that may do a bit of everything) and organisations that promote the needs of particular groups (such as equality groups or people with dementia) or particular issues (such as community food initiatives).

Medium term outcomes: we have identified 6 groups of outcomes. Many of these are common to other sectors, but we believe the third sector makes a valuable contribution. More particular to the third sector are outcomes around social connectedness, enabling people to have a voice and stay in control, and ensuring the system works better for particular groups of older people and carers or communities.

Long term outcomes: these lead to RCOP strategic outcomes around optimising physical, health and function, positive mental health and well-being and independence. In turn these lead to optimised quality of life.

1 Measured by Reshaping Care Change Fund Partnerships using indicators such as the number of emergency hospital admissions, the number of delayed discharges and the numbers of people receiving care at home.
The current situation

The RCOP vision is that older people are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting.

The initial document identifies that there is:

- Too little preventative and anticipatory care
- Insufficient focus on rehabilitation or re-ablement
- A tendency for services to be risk-averse: deny choice, opportunity and limit participation
- Insufficient focus on outcomes the older person seeks and needs
- Fragmented and disjointed care
- Insufficient support for unpaid carers
- Lack of leadership or incentives to promote changes to design and delivery of services and a reluctance to embrace change

The third sector can play a role in each of these areas, working alongside the public, independent and housing sectors.

The RCOP agenda is now set within the context of Health and Social Care Integration. This aims to ensure a joined up and seamless approach to improve outcomes for patients, service users, carers and families. The third sector is recognised as a key stakeholder in this process.

1 Convention of Scottish Local Authorities
2 Reshaping Care: a programme for change 2011-2021
3 www.scotland.gov.uk/Topics/Health/Policy/Adult-Health-SocialCare-Integration
The particular situation the third sector is addressing

As circumstances change older people and carers need help to optimise their independence, wellbeing and overall quality of life. For fit older people risk comes from a life change (retirement, bereavement) or a lack of connection to support or information. For others the risk is an initial decline in physical or mental health which impacts on resilience and independence. This in turn can lead to an accelerated risk of (further) ill health.

Older people and carers are not a uniform group but what they value in terms of the quality of later life is remarkably consistent\textsuperscript{1}. It includes self-determination and involvement in decision-making, personal relationships, social interaction, good environment/home, getting out and about, accessible information and financial security. In addition, for those with high support needs, having support/good relationships with carers is also highly valued. Many of these values underpin our work.

Some supports and opportunities are not available through the public or private sector. Older people, carers and communities want to or can benefit from creating their own supports and services.

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Particular issues that the third sector address are:

**The need for accessible support, help and information**

Early intervention means people get the right help when they need it. The increasing digitisation and centralisation of services mean it can be difficult for older people and carers to find out what is available. The third sector can tell people about, make links to and encourage people to make use of health and other services.

**Older people and carers are at greater risk of being socially isolated**

This impacts on health and wellbeing and the ability to access supports and services. The third sector provides social opportunities and activities for older people. “Through working with volunteers we help to build connections across our communities.”

**The need for non-health related practical help and support**

It’s that little bit of help that older people and carers find important, for example help with repairs, shopping, gardening, transport. The third sector can respond flexibly to the needs of individuals and local communities.

**Keeping healthy and active**

As abilities and needs change it can be harder for people to keep warm, eat well, do things that interest them, contribute to their community, manage their health condition or keep up a positive attitude to looking after themselves. The third sector promotes active ageing and helps people to make that a reality. “We help individuals and communities remain or become more motivated and more resilient.”

**Health, economic and social inequalities continue into later life**

Some groups are more vulnerable than others. Third sector organisations are focused on meeting the needs of particular groups and communities. They can identify problems and gaps in services and either respond with a solution or feed that issue back to relevant parties through policy work, guidance or training.

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Assumptions underpinning our work

Across our services there are some typical assumptions that underpin the way we work. Not all of these are particular to the third sector, but together they define our approach and our unique way of working. They are based on evidence from our practice, from research and from older people themselves.

Older people have the same needs and wants as the rest of us.

Older people are not a homogeneous group.

Older people are and can continue to be an asset to their families and communities. Reciprocity is important; people want to give as well as to receive. We find ways for people to contribute through peer support, volunteering, or ‘having their say’.

Our work is person rather than service focused.

Public authorities have to think about the whole population. We can respond to the particular needs of the individual or community.

“If they can, so can I”

Peer comparison can be an encouragement to try things.

Carers are people in their own right and have to have their own needs and wishes considered.

Relationships are important to people.

We achieve better outcomes by supporting or working to improve those relationships.

The older person needs to choose to participate to increase the likelihood of positive outcomes.

Volunteers are a key resource for many third sector organisations.

Volunteers help the older person feel in control (equal relationship), trusting and valued.

Volunteers themselves benefit from the work they do.
External factors that might prevent outcomes being achieved

Improvements in people’s quality of life are not only influenced by the third sector. We are only part of the solution. External factors that might affect outcomes for older people are:

- We need to get referrals from health professionals and others if we are really to reach those most in need. This is a critical problem for our sector.
- We need to have the right service contracts and specifications. We need long enough funding to set up the service, to ensure enough referrals and time to have an impact on the people who use our service. We also need flexibility to respond to need.
- We are uncertain about how self-directed support may affect the long term demand for and longer term sustainability of our funding.
- Local provision of services and opportunities and access to transport can have a major impact on our outcomes.
- For individuals, many factors can influence their outcomes, for example bereavement, worsening health, changes in family support. In these cases we have good outcomes where we may help people to maintain wellbeing, independence and quality of life, despite the challenges.

For more information on A Stitch in Time? please contact us. See contact details on back page.
Evaluation Support Scotland (ESS) works with voluntary organisations and funders so that they can measure and report on their impact.

**Evaluation Support Scotland**
5 Rose Street, Edinburgh EH2 2PR

**t**: 0131 243 2770  
**e**: info@evaluationsupportscotland.org.uk  
**www.evaluationsupportscotland.org.uk**

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