

# Scottish Third Sector Research Forum: “Bringing the third sector and academic research together”

## A case study report featuring:

- Loretto Care & University of West of Scotland
- Community-University Collaboration for Social Progress (CUSP) and a local community
- Scottish Collaboration for Public Health Research & Policy (SCPHRP)
- You Can Cook & Food Innovation@Abertay
- Yunus Centre for Social Business and Health

## Case study 1:

# “Loretto Care & University of West Scotland transfer knowledge”

**Tip: Open communication and dialogue with partner agencies from the outset can help avoid conflict.**

**Loretto Care** is a Scottish charity that provides a range of care and support services across Western and Central Scotland. At **Loretto Care** we work with a diverse range of people, including individuals and families experiencing or at risk of homelessness, learning disabilities, addictions, mental health, alcohol related brain damage and young people. The organisation’s overall aim is to ensure that we provide individuals with a level of care to live happy and independent lives.

**Loretto Care**’s working practices are underpinned by compassion, care and respect, delivered in a cost effective way that gives people the level of support they require, and enables them to develop to their full potential.



**Loretto Care** services are provided in partnership with seven local authorities, providing housing support, care at home or specialist care home services. We do so on the behalf of, Glasgow City, Stirling, Renfrewshire, North Lanarkshire, Falkirk, Argyll and Bute and South Lanarkshire councils.

*“Knowledge Transfer Partnerships provide resources and expertise to thriving organisations that wish to innovate, expand or improve their performance.”*

**KTP West of Scotland’s website.**

Overview of your collaboration: what did you do and what difference did you make?

**Loretto Care** and the University of the West of Scotland agreed a strategic partnership, including a dedicated Knowledge Transfer Partnership (KTP) Project, to develop, evaluate and embed an evidence-based assessment, monitoring and intervention package specifically for individuals with alcohol-related brain damage (ARBD) living in **Loretto Care**’s new purpose built ARBD service.

How did the collaboration come about?

**Loretto Care** approached the [West of Scotland Knowledge Transfer Partnership](#) (KTP) at the University of West Scotland (UWS), to discuss a workplace evidence based research

project for our new purpose built care service, supporting 22 people with alcohol related brain damage.

### What advantages has the collaboration had for the third sector partner(s)?

Our KTP Associate works closely with service users and their keyworkers to undertake **coproduced assessments**, such as self-report questionnaires (e.g. health-related quality of life, depression, anxiety, stress and mood state).



Having a KTP Associate will also allow us to score and enter individual assessments into our database within 1 week of data collection, and carry out **statistical analysis** of data following completion of the baseline assessments. The statistical analysis will provide information about how residents are functioning as a group, as well as highlighting patterns and trends within the data.

As a result of having a KTP Associate in-house individualised **feedback** is available to our staff two weeks after completion of KTP assessments, which means that we can generate written summary reports.

The assessments and staff observations/communications will provide information about each individual's progress and needs. The feedback from **Loretto Care** nurses and care staff will then be used to identify and implement appropriate evidence-based intervention strategies. This process will be ongoing and personal outcome plans will be reviewed as functioning changes over time to **optimise individualized care plans**. We believe that the KTN Associate is key to this process.

The KTP Associate has helped our staff to develop a greater expertise in specific health conditions, as well as in supporting people with complex conditions to lead greater independent lives, through promotion of errorless learning and coproduced, tailored personal outcome plans. As a result, our **Loretto Care** staff are better informed.

### What advantages has the collaboration had for the academic partner(s)?

The initial KTP project has led to a strategic partnership between **Loretto Care** and the UWS. The overarching objective of the working relationship between UWS and **Loretto Care** is to collaboratively agree a process for identifying, defining and progressing potential opportunities for engagement through collaboration.



We anticipate key work areas relating to the three defined strands of the Care and Support Strategy, namely:

- Older People (e.g. dementia)
- Self-Directed Support
- Tenancy Support

The scope of the partnership will encompass all forms of potential interaction between the University and **Loretto Care**, including:

- Student Recruitment
- Student Projects
- Knowledge Transfer Partnerships (KTPs)
- Research Projects
- Consultancy Work
- Training Programmes.

## What were the key enablers/ challenges you experienced during the collaboration?

The **enthusiasm** to make positive differences to people's lives – service users and staff – were key drivers and the commitment of all stakeholders to make the project and partnership a success and drive **Loretto Care** as a Centre for Excellence.

The most significant barrier was **time and financial resources** – **Loretto Care** staff had a day job to do and with ever limited resources we have not been able to do everything we would have liked to have done!

## Tell us about any intended/ unintended outcomes (positive and negative).

At **Loretto Care** we believe that an outcome can be measured as an increase in wellbeing, health and independence and greater participation in society as a citizen. The KTP Project has contributed to our outcome based approach to inform practice.

Each individual we support has a tailored plan written in the language of the individual, including a risk management framework as agreed with the relevant Care Manager.

Outcome plans will enable us to **evidence outcome based practice** and to ensure that the people we work for have fulfilling lives within their community. Specific outcomes will be directed by the individual, but have included: improved quality of life; having safe and secure accommodation; support to maintain abstinence from harmful substances; increased ability to exercise choice and have influence on their lives, and create or re-establish positive social and community links.

In terms of unintended outcomes, we experienced some conflict from partner agencies who questioned the benefits of the KTP partnership and its impact on their work/involvement in the service. This was addressed through open communication and explanation of the project outcomes and professional boundaries of the KTP Associate.

## Do you have any advice for academics/ third sector organisations considering setting up collaborations in the future?



At **Loretto Care** we have found the University of the West of Scotland and the West of Scotland KTP Centre to be extremely supportive and helpful throughout the KTP Project and the overarching strategic partnership we have forged.

For queries about this case study, please contact Glenn Harrold, Service Development Lead, Loretto Care ([glennh@lorettoha.co.uk](mailto:glennh@lorettoha.co.uk)).

You can learn more **about Loretto Care** here: <http://www.lorettoha.co.uk/>

For details about KTP West of Scotland and other case studies visit:  
<http://www.ktpws.org.uk/AboutKTP/tabid/4468/Default.aspx>

## Case study 2:

# “Building a long-lasting relationship with a local community”

**Tip: Treat each other with respect and work out together how the relationship can be mutually beneficial**



**Community-University Collaboration for Social Progress (CUSP)** is a researcher led initiative at the University of Aberdeen. At **CUSP**, we encourage, support and take part in social research and action that helps identify, understand and tackle problems of health and wellbeing within communities.

We bring together people from any walk of life, whatever their background or circumstances, to develop project ideas and proposals, to seek and secure funding, to access skills and resources, to solve real-world problems in the here and now.

I'm **Rob Craig**. Returning to University brought me to Aberdeen in 2008. I'm involved in most aspects of CUSP and am particularly keen for people to be able to choose to experience research and to learn about themselves and their lives in ways that they find engaging, enjoyable and constructive.

### Overview of your collaboration: what did you do and what difference did you make?

This collaboration was part of my PhD. The PhD redefined the concept of accessibility so that it was more representative of people's everyday lives and lived experiences. The collaboration was aimed at grounding both me and the work in the reality of people's lives and locales. The collaboration was multifaceted. I built a (now long-term) relationship with a local community by producing a promotional film for a community transport (CT) group. This was related to my work because transport can be – but not necessarily – an important element in enabling individuals to access opportunities. The CT group used the film to promote their activities to national and local policymakers. I



used the film to communicate – to my colleagues and other related parties - some of the issues people face and how they overcome those issues in those people's own words.

I subsequently formed a community research team from scratch comprising me and 3 ladies aged 60+. We worked together for 2 years designing from scratch and delivering (face-to-face) a survey instrument to 62 people within 3 local villages. Our whole ethos was one of mutual benefit, learning and development, respect, openness and trust and fun and good humour. The survey was the first of a number of super-pilots aimed at developing a survey instrument commensurate with the underlying theory.

My colleagues learned (through doing) a range of research skills – survey design, interview skills, data analysis skills - and the need for ethical conduct. They also received training at the University in giving and receiving feedback, took part in a MOOC (Massive Open Online Course), produced posters for 2 departmental poster days and

supported reviews of the activities of the research group of which this was part. In addition, we had a 'graduation' lunch (presenting them with mementoes of their time as researchers), they met the Duchess of Rothesay by invitation to her installation as Chancellor of the University of Aberdeen and launched the Community-University collaboration for Social Progress at the University of Aberdeen in October 2013.

In terms of direct outcomes:

- We had a lot of fun!
- We developed our research skills and experience
- We contributed to emerging theory and practice with regards issues of accessibility and social exclusion, and
- We demonstrated that with appropriate encouragement and support anyone can do research.

How did the collaboration come about?

I approached a local community transport organisation and the relationship grew from there.

What advantages has the collaboration had for the third sector partner(s)?

I would say that in terms of advantages, working together led to stronger links and greater awareness of the challenges and benefits of doing research, and to a greater exposure of their activities and some of the issues people face in local communities. A whole raft of new work is emerging from the relationship!

What advantages has the collaboration had for the academic partner(s)?

As for the previous question but in the opposite direction.

What were the key enablers/ challenges you experienced during the collaboration?

**Enablers:** good, principled, long-term and mutually beneficial relationships.

**Challenges:** time, money and convention.

Tell us about any intended/ unintended outcomes (positive and negative).

I am not aware of any as I write this.

Do you have any advice for academics/ third sector organisations considering setting up collaborations in the future?

- Treat each other with respect and work out together how the relationship can be mutually beneficial (no matter what way you achieve this and how long it takes);
- Examine your own value base, and
- Make sure you can sincerely live up to the preceding points before you begin.

For queries about this case study, please contact Rob Craig, Co-ordinator, Community-University Collaboration for Social Progress (CUSP) ([rhcraig@abdn.ac.uk](mailto:rhcraig@abdn.ac.uk)).

You can **find out more about CUSP** here: <http://www.the-cusp.org/>

## Case study 3:

# “SCPHRP working group model”

**Tip: Allow time to build relationships, find the right partner/s and have realistic expectations**



**Scottish Collaboration for Public Health Research & Policy (SCPHRP)** was established in 2008 to encourage and facilitate collaborations between all sectors of the public health community in Scotland.

Co-funded by The Medical Research Council (MRC) and the Chief Scientist Office (CSO) in five year cycles (most recent funding started in 2013), and based within the University of Edinburgh, our core mandate is:

- To identify key areas of opportunity for developing novel public health interventions that equitably address major health problems in Scotland, and move those forward.
- To foster collaboration between government, researchers and the public health community to develop a national programme of intervention development, large-scale implementation and robust evaluation.
- Build capacity within the public health community for collaborative research of the highest quality, with maximum impact on policies, programs and practice

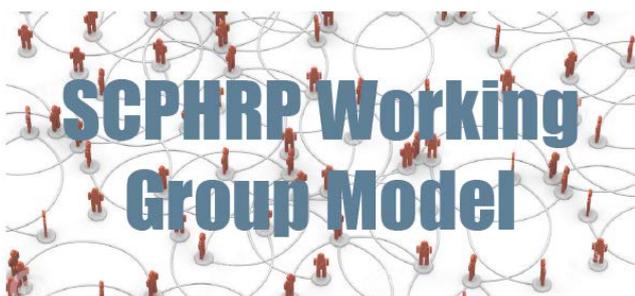
**SCPHRP's** vision is to develop Scotland as a leader in public-health intervention research for equitable health improvement through catalysing strong researcher/research-user collaborations that ensure timely, robust, policy relevant research that is created with – and used by - key decision-makers.

Four key areas of activity have been identified for achieving **SCPHRP's** aim to develop Scotland as a leader in intervention research for equitable health improvement:

- Working Group Activities
- Staff & Fellow Activities
- Capacity Building
- Knowledge Translation & Communication

**Overview of your collaboration: what did you do and what difference did you make?**

Part of our remit at **SCPHRP** is to form collaborations and partnerships with people from policy, practice (healthcare and the Third Sector) and research to investigate methods for improving the health of the Scottish population and reducing health inequalities.



One of the key ways we achieve this goal is through our **working group model** that includes our different partners in the research process, ranging from designing and carrying our research projects to organising training courses and knowledge exchange events. There are four working groups at **SCPHRP**, based around the four key stages of the life course: Early Years;

Adolescence and Young Adulthood; Adult Life / Working Age; and Later Years.

Each working group has an early career researcher ('research fellow') attached to them to lead and facilitate the groups' work. Within each working group there are sub-groups, each with a specific focus within the larger life course perspective. Examples of the sub-groups include: universal (ante- and post-natal) support services (Early Years); young people in transition (Adolescence and Young Adulthood); the economy and health (Adult Life / Working Age); and social connectedness (Later Years).

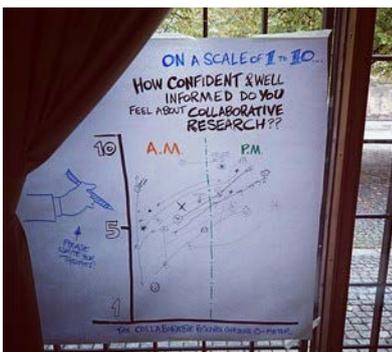
In the last 12 months we have organised several knowledge exchange events (e.g. seminars and workshops), applied for (with various partners) and have been awarded research grant funding, helped train non-researchers in research methods and run networking events linking researchers and non-researchers together.

### How did the collaboration come about?

There are several different collaborations within **SCPHRP**. Primarily these collaborations were initiated through the working groups, where invites were sent to various potential partners to meet and discuss what they view as public health priorities in Scotland. These meetings took place 11 months ago, with professional facilitators helping direct the discussions. Partners were identified through events and connections from the previous five years of work of **SCPHRP**, as well as continually being updated by new staff members and their networks and any new networks that are formed through the work of **SCPHRP** (e.g. attending meetings, events, conferences, Twitter).

### What advantages has the collaboration had for the third sector partner(s)?

**SCPHRP** has enabled Third Sector groups to engage with research, policy and healthcare partners on an equal footing from the outset of projects / group formation. Collaborating with researchers (especially academic researchers) seems to add a level of respect and credence to the work these groups are engaged with, especially if we can help generate robust evidence and evaluations with and for the Third Sector. Furthermore, Third Sector groups have been able to ensure that research questions are relevant to practice.



What advantages has the collaboration had for the academic partner(s)? The academics within and outwith **SCPHRP** have been able to engage with Third Sector partners that they might not normally have the opportunity to work with. It allows access to projects and data that wouldn't be available otherwise. It also gives academics an appreciation for the realities of working on-the-ground and seeing alternative methods for trying to address health problems in the population. Consequently, collaborating with the Third Sector has enabled our research to be more applicable to policy and practice, giving it greater impact.

### What were the key enablers/ challenges you experienced during the collaboration?

The collaborations are still very much ongoing and the relationships involved are still developing. Broadly speaking, the importance of building trust and enabling equal partnerships to form from the outset are key. It is essential that people engage as equals, but acknowledge that each sector and individual has their own experiences, expertise and expectations. Allowing all partners to come on board early is essential if we are to build sustainable projects and partnerships, as parachuting academics into

existing projects is fraught with difficulties and inserting Third Sector partners in at later stages of research projects can feel like a token gesture.

Obviously these same enablers can be barriers if they are done incorrectly. It can be a challenge getting different partners to engage as equals and be open and transparent throughout the process and this has been (and is continuing to be) a learning experience for all the research fellows. These collaborations take time, especially when it comes to building trust. Hence, many of the initial activities of the groups are based around networking, learning and training events rather than diving straight into projects and grant applications. Related to this, it has become apparent that key 'champions' are needed to keep collaborations going, especially if there are periods of inactivity. Other issues that affect both sectors are limits on time and money. Differences in opinions, for example the hierarchy of evidence, can also generate conflicts between groups. It is important in our field that we also have policy partners involved as they can help collaborations focus on key topics that governments are interested in and willing to invest time/money/personnel into in the near future.

Tell us about any intended/ unintended outcomes (positive and negative).

There have been some minor conflicts of interest with particularly academics not wanting others to encroach into their topic. This is largely driven by the fiercely competitive nature of research funding and researchers needing to protect their ideas and plans.

However most people are involved with the collaboration to collaborate, but it is a case of being open and transparent from the outset and building trust (and allowing time for such trust to build up). An example of an unintended positive outcome has been one of our non-academic partners having to take a step back from the working groups to start a PhD! Brave? Foolish? Both? You decide!



Do you have any advice for academics/ third sector organisations considering setting up collaborations in the future?

- Allow time to build relationships (like any relationship)
- Find the right partner - not all academics / Third Sector groups will be a good match
- Have realistic expectations, especially in the short-term
- Be strategic – involve policy partners to identify areas of particular interest to government

For queries about this case study, please contact Andrew James Williams, Research Fellow, Scottish Collaboration for Public Health Research & Policy (SCPHRP), University of Edinburgh ([a.j.williams@ed.ac.uk](mailto:a.j.williams@ed.ac.uk)).

You can **learn about SCPHRP's work** here: <http://www.scphrp.ac.uk/>

## Case study 4:

# “You Can Cook & Abertay University, a ‘nutritious’ collaboration”

**Tip: Do your homework thoroughly and know what you are hoping to achieve in this collaboration.**

**You Can Cook** is a community interest company that organises cookery classes, demonstrations and workshops on nutrition and food related issues at workplaces across Scotland. The ethos behind **You Can Cook** is very much we are what we eat and that if we nourish our bodies in an appropriate way then we are more able to achieve better health.

**You Can Cook’s** workplace workshops raise awareness about the effects that certain foods have on the metabolism. Some foods, for example, will make people sleepy, sluggish and sometimes irritable, which can affect productivity. **You Can Cook** were also keen to emphasise the benefit of healthy eating however, the recipes they were using had not yet been checked by a nutritionist to ensure the validity of its claims.

Overview of your collaboration: what did you do and what difference did you make?



Eveline Nicolette working with Girl Guides for the "Food for Thought" project in Peebles, May 2014

We worked with Food Innovation @ Abertay (FIA) at the University of Abertay in Dundee to improve our knowledge and understanding of nutrition to the current scientific levels.

**You Can Cook** and FIA were able to analyse the existing recipes making sure they met with current Scottish Government guidelines. We recruited focus groups and product testers to ensure that the recipes were tasty as well as nutritious, and we worked together to create nutritional information and fact sheets for each recipe.

We now have the relevant expertise to engage with the community to tackle food and health related issues.

How did the collaboration come about?

**You Can Cook** came across [Interface](#), a central hub connecting businesses from a wide variety of national and international industries to Scotland's 23 higher education and research institutes, at an event and we got the ball rolling! – securing funding from the Scottish Funding Council Innovation Voucher Scheme, managed by Interface.



What advantages has the collaboration had for the third sector partner(s)?

The collaboration has provided us with scientific evidence to back, without doubt, our claims on the recipes we jointly devised (adapted from our original recipes). The collaboration has also improved the knowledge and understanding of nutrition specifically

in relation to the recipes used in our workshops and we have developed new marketing materials and fact sheets, which have helped us to identify and enter new markets, increasing our turnover and profits.

What advantages has the collaboration had for the academic partner(s)?

The collaboration has provided FIA with an opportunity to work with a social enterprise and understand its ethos and principles.

What were the key enablers/ challenges you experienced during the collaboration?

At **You Can Cook** we think there is too much emphasis on calories, numbers, etc. but perhaps that is what is currently expected.

Tell us about any intended/ unintended outcomes (positive and negative).

The positive outcome is that we now have scientific proof for the workshop we were delivering. We are still trying to get a foot into the NHS as part of their prevention agenda!

Do you have any advice for academics/ third sector organisations considering setting up collaborations in the future?

Well! Do your homework thoroughly and know what you are hoping to achieve in this collaboration.

For queries about this case study, please contact Bosco Santimano, Executive Director, You Can Cook ([info@youcancook.org.uk](mailto:info@youcancook.org.uk)).

You can **see You Can Cook in action** here:  
<http://www.youcancook.org.uk/content/gallery.htm>

## Case study 5:

### “When researchers meet service users”

**Tip: Engage with service users and create a relaxed space where they can be comfortable, open and honest.**

**Yunus Centre for Social Business and Health (Yunus Centre)** is based at [Glasgow Caledonian University](#) (GCU) and aims to transform the lives of the poorest through pioneering research examining the relationship between social business and health improvement.

Named after the Nobel Laureate Professor Muhammad Yunus, the centre's unique research evaluates the impact of social business creation on the lives and health of disadvantaged communities in Glasgow and overseas.

The first holder of the Yunus Chair in Social Business and Health is Professor Cam Donaldson, one of the world's foremost health economists.

The **Yunus Centre** works closely with the Institutes for Applied Health Research and Society & Social Justice Research as well as the wider University and international collaborators.

**Rachael Macleod** is a researcher for GCU and has recently completed an Honours Degree in Criminology at GCU. Her time at GCU has given her a passion for social research and justice, and she is looking forward to beginning her career in academia. Whilst at university she produced a piece of research for the UK's largest trade union, towards honing their approach towards unemployed young people. Accompanying the research, she created a short documentary “Uniting to Forge Community Links”. She also co-produced a short film “Women’s Voices” about women and their experiences of working life for the Scottish Government and the Scottish Trade Union Congress. The film was shown at the first Women’s Employment Summit in September 2012.

#### Overview of your collaboration: what did you do and what difference did you make?

Prior to working at the Yunus Centre I [Rachael] worked for 5 years in the third sector as a support worker to adults with additional support needs. In this area I was able to support people to live their lives independently, whilst increasing their own engagement with the community. My time supporting service users gave me a desire to use my academic qualifications to help them resolve some of the issues they faced (often they felt that their experiences were unheard or reported). I realised that I could only do so much as a support worker and, for this reason, I decided to direct my further education towards PhD level to equip myself as fully as I can. Broadly my future goal is to play a part in producing and developing social care policy using my experience in the sector and academic knowledge.



I will begin my Social Policy studentship at GCU in October this year and my aspiration is to bridge the gap between academia and service users that are supported by third sector organisations, specifically social enterprises. I also wish to support service users to become more knowledgeable at a policy level, and drive their own issues themselves with the support of academics.



My prior experiences have been broadly third sector based; however, I am currently working on a European Commission funded project with Simone Baglioni, Michael Roy and Stephen Sinclair (All based at the Yunus centre GCU) that looks specifically at social enterprises and the environments in which they operate. Entitled “Enabling the flourishing and evolution of social entrepreneurship for innovative and inclusive societies” (EFESEIIS: <http://www.fp7-efeseiis.eu/>), the aims of the study are to:

- Construct an Evolutionary Theory of Social Entrepreneurship.
- Identify the features of an “Enabling Eco-System for Social Entrepreneurship.”
- Identify the “New Generation” of Social Entrepreneurs.
- Provide advice to stakeholders (we will produce a workshop in 2014/15, date tbc, to disseminate information to those interested in social enterprises and social entrepreneurs specifically).

The project we are researching is primarily concerned with Social Enterprises, and our aims are to reveal key characteristics of systems that enable the needs of policies, governments and citizens to work together to tackle social inclusion, with the support of the European Commission’s 7th Framework Programme. Our aim is to explore the social innovation and policy landscape in Scotland towards “Enabling the flourishing and evolution of social entrepreneurship for innovative and inclusive societies”. This project focuses upon the Scottish context and will contribute significantly to a much larger framework of operational European research involving 11 partners in 10 different countries across Europe.

Through this research we aim to get a better understanding of the perceptions of the Scottish social enterprise environment from those engaging with it on various levels (practitioner and academic focused). We are exploring conceptual understanding, the policy environment and those critical moments in history that have developed or hindered the sector. We are also presently analysing the role of institutions and their engagements with SE such as Government, policies, SE support organisations, legal frameworks and trade unions.

We have undertaken interviews with academics and practitioners attached to the social enterprise sector and all partners have completed historical overviews of the social enterprise sector in their respective countries. We will also undertake further interviews next year. Once completed, EFESIIS partners will disseminate our findings to stakeholders within each participating country.

For this study we are not interviewing service users, however I would be very keen to explore this further during my studentship.



### How did the collaboration come about?

For our interviews our interviewees were either academics, practitioners or others attached to the sector. Some were already known to colleagues and collaboration was through already established contacts, and using ‘snowball’. I was also able to utilise my own connections gained in my own time in the sector.

For my own personal development and for my MSc, and later PhD (I have a 1+4 years). I am keen to study service user perceptions and would greatly benefit from advice on how

to achieve this efficiently and perhaps any pitfalls that may occur when I begin my studies.

### What advantages has the collaboration had for the third sector partner(s)?

As the EFESEIIS project is still operational, it is difficult at this time to convey any advantages it has had upon the Scottish social enterprise sector. It is hoped that once we release our national reports (Nov 2014), and begin our workshop and dissemination processes we will be better placed to comment.

This being said, our aim is to develop and create new knowledge with regards to social entrepreneurship, and gain a wider understanding of policies, structures and programmes that restrict or facilitate the social enterprise sector in Scotland.

### What advantages has the collaboration had for the academic partner(s)?



In relation to EFESEIIS the collaboration will unite knowledge between all the partners involved. It will allow us to compare and contrast our own contexts and their historical origins. This information will also be shared with stakeholders at our workshops.

### What were the key enablers/ challenges you experienced during the collaboration?

Since my own studies have yet to commence, I speak here in relation to EFESEIIS.

Some of the **enablers** were that there was no problems gaining access to interviewees and there was a willingness to share knowledge and experiences. Collaborating with European partners, listening to others experiences and learning our cultures together has been very useful and has been enjoyable and insightful.

On a personal level, I encountered **unforeseen challenges** methodologically during the interview process. I am deaf and wear two hearing aids, I have since discovered that this creates implications during the interview process such as: hearing problems, repeating answers from participants back to them for confirmation can come across as my confirming their answer, and then proceed to back it up with additional 'positive' information(it looks odd on transcription). Since I rely on transcription I would welcome advice and discussion from deaf researchers of their own experiences and how to navigate any problems.

My own **reflections for the future** and my studies are: How do I include all service users into the research process? How do I make sure that all of those with additional support needs have a voice in the research process and are not excluded? For example, deaf signers, autism, dyslexia, loss of sight etc.

### Tell us about any intended/ unintended outcomes (positive and negative).

On a personal level collaborating with some of those in the SE sector in Scotland and partners in Europe has been an enlightening experience. It has raised my own awareness of issues at grassroots level and higher, and has shaped my knowledge of the practicalities and politics of bringing resolutions to these issues.

### Do you have any advice for academics/ third sector organisations considering setting up collaborations in the future?

In my own experience as a support worker some service users are very sceptical of researchers, and pretty much anyone who they don't see regularly. I have found that the best way to engage with service users is on a personal level, if you can, to create a relaxed space, where the service users can be comfortable being open and honest, without recrimination (obviously an unreasonable fear, but rational in their own heads).

Since I am new to studying the third sector, I would be keen to know if there was a forum or network I could join to get more insights and continue learning.

For queries about this case study, please contact Rachael MacLeod, Researcher, Yunus Centre for Social Business and Health ([Rachael.macleod@gcu.ac.uk](mailto:Rachael.macleod@gcu.ac.uk)).

You can **find out more about Yunus Centre** here: <http://www.gcu.ac.uk/yunuscentre/>

The **Scottish Third Sector Research Forum** would like to thank all the organisations and people that contributed to this report.

The Scottish Third Sector Research Forum (TSRF) brings together Scottish Government and third sector strategic partners to obtain holistic oversight of third sector evidence and data needs; to work collaboratively to identify research questions and meet evidence gaps; to share and critique data, evidence and knowledge and to maximise the impact of third sector evidence through knowledge transfer and dissemination.

For enquiries, please contact: [info@evaluationsupportscotland.org.uk](mailto:info@evaluationsupportscotland.org.uk)

