

**Third sector Research Forum –Quarterly Meeting
6 September 2011 10.30am- 12.30pm
Volunteer Development Scotland, Stirling**

MINUTES

Present:

**Geoff Pope (Chair) SG
Kay Barclay SG
Laura Major (Minutes) SG
Steven Marwick (Evaluation Support Scotland),
Patricia Lasano Casal (Evaluation Support Scotland),
Fiona Robb (HIE)
Carolyn Sawyers (Big Lottery Fund),
Ruchir Shah (SCVO),
Alison Dawson (SCVO)
Helen Harper (VDS)
Duncan Thorp (SSEC)
Linda Boyes (ACOSVO)
Sandy Watson (Scotent)
Sarah Skerratt (SAC)
Mike Woolvin (SAC)
Phil McAndrew (VHS Scotland)**

Apologies:

**Jonathan Coburn (CEiS)
Louise Meikleham (OSCR)
George Eckton (COSLA)**

1. Welcome and Introductions

Geoff updated the group on new members to the forum: Patricia Lasano Casal from ESS (replacing Dee Fraser); Mike Woolvin and Sarah Skerratt from SAC; and Jonathan Coburn from CEiS/ Social Value Lab) – who sent his apologies.

Also welcomed were Phil McAndrew from Voluntary Health Scotland who was here as a topic specialist; and Laura Major, an ESRC internship student at Scottish Government, who is supporting Kay on the Research Forum's work.

Geoff introduced this meeting as the beginning of a new direction for the research forum to work in partnership to produce a tangible output that aims to have impact on policy decision makers. The forum is working to produce a first evidence briefing paper to demonstrate the role of the third sector in health and social care public service delivery in Scotland. The paper will review and analyse the available evidence and include case studies to demonstrate where third sector makes a strong and important contribution.

Today's meeting would be used to work collaboratively to review the available evidence and reach conclusions on what the evidence tells us; where the gaps are; and which case study examples to use. We would then decide the structure and content of the paper.

Objectives for the meeting were summarised as:

- What are the key issues in health policy that we need to be aware of?
- Who are the key decision – makers/ audiences that we wish to influence?
- What does the evidence tell us?
- Have we got all the evidence/ what are the gaps?
- Which findings and examples should we include in the briefing?/ How to draw the parameters around the paper?
- What should the briefing look like to maximise impact?
- What are the best practice lessons we can learn from this?

Kay pointed out that the scale of the work has grown since the last meeting involving more work than originally proposed. An initial review of publications demonstrates that a more thorough review is needed as there appears to be a lack of easily accessible robust evidence. There is also a need within the paper to flag up the challenges that this presents to producing a review. For this reason, Kay has obtained the resources of an ESRC research student, Laura Major, to work full time on the review and production of the paper.

Geoff noted that the paper should provide compelling evidence of the third sector's contribution to health and social care in Scotland. Although there may not be a great deal of quantitative evidence, we would aim to find examples to build a reasonably firm case whilst also recognising the value of strong case study examples. Ultimately it was also necessary to be clear as to who the paper is directed at, as well as ensuring that it is of reasonable length and readable.

There was a clarification of the timescale for production. As this paper feeds into a larger review being written up by Jenny Long and due to be published around the middle of November, a draft of this paper would need to be completed around the end of October.

2. Background Presentation: Third Sector Context and Update Geoff Pope

Geoff set the context for the evidence briefing noting that there is a real role for the third sector to assist in achieving Scottish Government's purpose. This role is particularly important as a means of ensuring that this economic growth is shared across Scotland.

Following publication of the Christie Commission report, the third sectors' role in public sector reform has been brought to the fore.

The Christie Commission Report emphasises that there is a need to ensure that public services are:

- focused on the needs of the individual service user
- joined up and collaborating with local authorities.
- efficiently delivered
- constantly improving
- focused on prevention rather than cure.

As a result we are going to see an increasing role for the third sector in providing public services and in the design and delivery of services focused on prevention.

Third Sector Division in SG aims to maximise the third sector's contribution through the Just Enterprise Program and the £4 million Enterprise Growth Fund which opened for bids last week as well as through cross government work and providing effective representation of the third sector locally and nationally.

There is a continued emphasis on encouraging engagement with the third sector particularly in the area of health, as well as continuing work with programmes helping to ensure that public sector markets are developed for the third sector and ensuring public representation of the third sector at national and local level.

3. Background Presentation: Outline of the Strategic Review of Engagement between the Scottish Government Health and Social Care Directorates and the third sector

Jenny Long, Scottish Government Health Directorate

Jenny described work that she is doing to support one strand of work within the Quality Strategy for the Health which was launched in May 2011.

The Quality Strategy is the overarching Strategy for the NHS Scotland and sets out ambitions to becoming a world leader in healthcare quality through pursuit of three Quality Ambitions (person-centred care; no avoidable harm, and appropriate treatment at the right time)

Jenny is conducting a strategic review of engagement between Social and Health Care Directorates in SG and the third sector, with a view to enhancing this relationship at a strategic level. The development of a strategic relationship should underpin both the contribution of the third sector to influencing and achieving the outcomes of the Quality Ambitions and increased participation and engagement of service-users.

The Quality Alliance Board has commissioned Jenny's work which will be produced through collaboration between the government and various third sector organisations.

The paper will set out recommendations on how to enhance engagement between the third sector, the government and the NHS.

The Research Forum's evidence briefing will be useful background to Jenny's work by providing a thorough and balanced review, setting out robust evidence to support the assumption that improving engagement with the third sector will result in improved health outcomes. The working group that is overseeing Jenny's work and the Quality Alliance Board will be a valid audience to target for this research briefing and the intention is to include the briefing in Jenny's paper. It would therefore be useful to make early drafts available for their review.

4. Background Presentation: 'Exploring the role of third sector interventions in reducing Scottish older people's use of formal health and social care resources'; Alison Long, SCVO

Alison presented her fellowship project which is jointly funded by the ESRC and SCVO. The project will focus on preventative or low level community-based projects and services aimed at preventing functional decline amongst older people.

The primary aims of the research are to improve the understanding of the part that such interventions might play in the reduction of the use of formal health and social care services. In addition, the project aims to explore issues around modelling service use in order to explore different third sector service provision scenarios.

The research will focus on the development of a new economic modelling system which aims to overcome some of the complications normally associated with developing models

which need to take into account all of a multitude of factors. Alison will investigate, for example, what information needs there are in order to be able to build a comprehensive model. Given these information needs the research will investigate what information is actually available and in what format is it available.

As part of the planned fieldwork for this project Alison will undertake work aimed at finding out 'what is out there' in terms of preventative services and mapping preventative service availability and use in particular areas. It was pointed out that both of these activities could be fed into other areas of work, particularly as Alison noted that no other mapping appeared to have taken place in this particular field.

A summary is provided at Annex

5. Discussion

Discussion was around the obvious relevance of this paper to the briefing paper in hand as an example of a methodology that aims to produce robust data on cost savings as a result of third sector involvement.

Other relevant links are to research planned on the Change Fund being delivered as part of Reshaping Care for Older People; and quantitative evidence that is being requested by the Joint Improvement Team.

Action point; SG and Research Forum to link in with the work that Sarah Skerrat SAC has been asked to do for JIT as there are likely to be parallels.

There was general agreement that

- the broad proposed subject matter of the paper is widely relevant to a range of audiences;
- the paper could potentially address health and social care issues surrounding cost saving, as well as the wider impact of third sector approaches to health care, particularly in the area of intervention and prevention;
- there is a need to decide if this paper has a particular agenda in mind for promotion, although any agenda would need to be generated by, and reflect, the available evidence.

6. Group Work and Feedback on Discussions

The forum split into three groups to discuss the literature that had been assigned to them. These were 1) Rural issues and 2) Partnerships Approaches and 3) Preventative Services and Wellbeing

Mike Woolvin summarised the flip charts notes and this is provided in Annex 1.

The discussion focused around the following areas:

1) What kind of data that we need to provide as evidence and the type of evidence data that we know is available?

Many NHS boards might prefer quantitative evidence with a focus on research which presents data from a medical standpoint. Agreement that this kind of research/data is not

readily available although Mike had identified a number of case studies which presented evidence in the form of cost savings.

In the absence of a large amount of quantitative data it seemed that case studies would provide the most readily accessible form of qualitative data to provide as evidence. In addition to this there were a number of voluntary organisations undertaking small scale evaluation which it might be useful to feed into the evidence base, for example the 040 project.

2) How much evidence it would really be necessary to gather in order to influence policy makers?

There was discussion around the evidence contained within the Christie Report (mostly case studies) and how this paper could build on that evidence base by drawing together more health specific case study examples.

There was a general agreement that there is a gap in the evidence base demonstrating the work of the third sector in this area and that this should be discussed within the paper:

It was pointed out that many organisations are carrying out evaluation for the purposes of presenting to funders but that this does not necessarily translate into the kind of robust evidence that would be useful for this review.

There was a suggestion that Evaluation Support Scotland might be able to provide further examples of what has been achieved in this area with the adage that ultimately this is an important areas in which further support for organisations motivated to carry out evaluation is needed.

3) What exactly should the paper say about the third sector's contribution in this area?

- Although the paper would review evidence which provides support for the third sectors work it should not shy away from critique.
- The paper should not just demonstrate that third sector approaches lead to cost savings but highlight that in particular, the third sector is able to provide better service delivery.
- In working towards demonstrating this better service delivery it might be useful to outline the ideal service and then demonstrate how the third sector has been able to move closer to this ideal service.
- it would be useful for this paper to support and echo the Christie Report whilst drawing forth further evidence and a development of analysis in relation to health care services in particular.
- There was some further discussion over the extent to which the paper should be presenting an argument backed up by case studies or a wider selection of case studies which would be presented as the available evidence for the contribution of the third sector more generally.

Finally, it was decided that a sub-group should meet next week in order to further finalise the objectives and content for the paper. This would consist of Kay, Laura, Ruchir, Steven, Patricia and Mike. **Action Point:** Sub-group to meet Tuesday the 13th at 3pm. Date and details of the next research forum quarterly meeting to be circulated in the next few weeks.

Close

Annex 1 : Summary of themes emerging from group feedback

Mike Woolvin

1) Rural Issues

- Important to consider the audience and what constitutes 'robust' evidence.
 - For NHS this is likely to be quantitative, but most research consulted is qualitative. We therefore need to identify/employ appropriate impact measures
 - This therefore means not only the cost benefits but also the quality of the services delivered.
- There is an evidence gap, which requires the scaling up of small scale evaluations which are already happening to provide a broader overview.
- With regard to the impact of volunteer activity, this also needs to be understood at a wider scale, rather than at the case study level.
- The support of rural communities to deliver services in a rural context can be challenging.
- Conventional reporting by groups and organisations in receipt of funds does not cover cost saved had the service been provided by alternative (non third sector) providers -> Role for ESS and the support of self-assessment?
- There may be health benefits from activity which may at first not appear linked to health outcomes. For example, the activity of volunteers performing a home delivery of books service for Stirling Council (VDS research) may be providing a particular service, but in so doing also addressing the potential social isolation of the individuals they serve, contributing to improved wellbeing.
- SAC involved with research examining LEADER activity, the processes of community involvement in rural areas, to identify processes over time.
- We need more information/research/attention on contextual (place-based) influences, and their relative importance.

2) Partnership approaches

- 5 key themes:
 1. Volunteering
 - For example the impact of volunteers on reducing falls in Kinross.
 - Are these stories best told with case studies?
 - Are these stories already being told in the Christie Commission report?
 2. Trust and relationships
 3. Innovation
 4. Prevention
 5. Collaboration and joint working
- Overall, there is much more work to be done in this area.
- A lot of the publications consulted were more evaluation oriented, than academic outputs.
- The sector is very good at telling stories through case study evidence, but is less strong at quantitative study.
- Critique is also an important component: is it working? Can it be transferred and scaled up? This is beginning to emerge in academic work, for example Irene Hardill.
- Through action research, we need to take a 'radical approach', including ongoing evaluation of programmes and changes in these, which will allow us to amend our approach where necessary.

Thoughts on output

- We need to decide which case studies to include.
- We need to support and encourage critique and evaluation of the contribution of the third sector, and the output we produce needs to reflect this.

3) Preventative services and wellbeing

Key themes emerging from the literature included:

- The ability of the third sector to provide holistic and person-centred approaches
- The role of the third sector in 'bottom up' and coproduction activity
- The role of the third sector in taking an area-based approach to health and wellbeing issues
- The role of the third sector at particular transition moments, and the importance of intervention at these.
- The role and efficacy of the third sector in contacting/engaging with 'hard to reach' populations.
- Asset based approaches are linked to the use of case studies: whilst there can be limitations perhaps a SROI approach would be a helpful approach
- A need to appreciate the benefits of volunteering beyond the direct service being provided
- A need to balance quantitative and qualitative approaches.
- Is there any research which explores the benefits of self-evaluation?
- Questions regarding research:
 - What do we already know?
 - What do we need to know?
 - Is it the case that we need *more* research to take some of the points raised forward, or better use of existing research?
- Enhance, rather than contradict or repeat, the findings of the Christie commission. For example, the Christie commission could be helpful in telling us more about *how* these things happen.

Annex 2: Research Updates

1) OSCR

OSCR has contracted Jura Consultants to conduct analysis of the database to produce a report, Scottish Charities 2011. This will provide stakeholders with a

- Profile of Scottish charities based on the information collected as part of our annual monitoring programme. (This will look similar to Scottish Charities 2005 and 2008)
- The consultants will also conduct a survey of a sample of charities that receive income from the public sector.

The project runs from now until the end of November and we plan to publish towards the end of the year.

2) Highlands and Islands Enterprise

Who's Who – Social Enterprise in Scotland:

Guide compiled by HIE and Sencot can be accessed on both websites. Provides a simple and straightforward introduction to the social enterprise sector in Scotland with references to UK wide initiatives where relevant.

Community Account Management Community Surveys:

Baseline surveys exploring community confidence, social engagement, aspirations etc. Targeting 42 CAM areas. 36 Baseline surveys complete to date.

Impact on Orkney on a Generation of Cultural Focus:

Identifying the key economic and social impacts on Orkney or the presence of key cultural organisations. Targeting social cultural enterprises, arts forums and community groups in Orkney.

Completion by end November 2011

Social Enterprise Sector Profile:

Contract awarded to Ekosgen on 5 August 2011 to profile sector, identify regional opportunities for growth, explore niche markets unique to the region and identify key sectors. Targeting potential and existing account managed social enterprises across Highlands and Islands. The study will inform policy guidance and prioritisation of investments in support of innovative social enterprise activities. Field work to take place between September and November 2011.

Completion by end January 2012

Annex 3: ESRC SCVO 3rd Sector Fellowship Project Brief

Exploring the role of third sector interventions in reducing Scottish older people's use of formal health and social care resources

This project concerns community-based projects and services provided by the third sector for older people in Scotland which prevent or delay functional decline, allow individuals to remain actively engaged in society, and/or promote healthy ageing in later life. The particular aims of the research are to further understanding of the part that such interventions might play in the reduction of use of formal health and social care services, and to explore issues around modelling that contribution in order to explore different future third sector service provision scenarios.

Population ageing and future demand for formal health and social care services have long been policy concerns. The direction of recent Scottish policy on health and social care for older people has been towards: shifting the emphasis of care from institutional to community-based and home settings; reducing health inequalities; promoting anticipatory care, self-care and self-management; and, latterly, redesigning services with an emphasis on the active participation of older people as volunteers, community capacity building and an enhanced role for services traditionally provided by the third sector.

The third sector is closely associated with services for older people that are focused 'upstream', that is to say services that are intended to prevent or delay functional decline and to promote healthy ageing and independent living. These so called 'low level' or 'preventative' services are normally targeted at older people with lower levels of need and are in general primarily designed to address specific issues, for example around exercise, nutrition, or social integration. Examples of such include: older people's activity groups; lunch clubs; community transport initiatives; befriending services; support and information groups for people with specific health conditions; and support and information services for carers.

It is widely believed that access to these types of services can have an effect on the levels of older people's use of formal health and social care services, although there is a lack of empirical evidence to quantify this relationship both for individual services or interventions and for aggregations of complementary services. Understanding the latter is particularly important when considering issues such as how to allocate funding for care and when modelling scenarios with different balances between preventative services and formal health and social care provision for the purposes of policy formulation.

This project has a particular interest in considering how dynamic microsimulation modeling might be used to look at the 'downstream' effects of preventative service provision for older people in Scotland. Dynamic microsimulation is an approach which takes micro-level units, in this case individuals, as the basic units of analysis and uses simulation techniques to project the sample forward in time in order to investigate the effects of possible future social and economic policies. It could be used, for example, to look at the costs of extending Free Personal Care to other age groups or to examine the effects of changing Council Tax from a property-based to an income-based tax on households in different income bands. Using appropriate weighting the effect on the sample can be scaled up to estimate the net effect of modelled policies at different geographical levels (national and sub-national).

The project starts by exploring the wider literature on methods for evaluating the impact of health and social care interventions across different contexts before focusing in on research which has sought to specifically to provide evidence of the impact of interventions for older people and in particular of the impact of such interventions on the use of formal services.

This research will then examine some of the complexities associated with the use of a microsimulation approach to estimate the effects of different levels of preventative services on use of formal health and social care provision. The project will consider the definition of 'preventative services' in this context and what services should be included with this term both by reference to the literature and through discussions with key stakeholders.

The availability and adequacy of data sources for the development of key relevant variables, for example 'use of or access to preventative services' and 'demand for formal social and health care services by age year', plays a central role in microsimulation. The health and social care evaluation literature will be reviewed to establish what work has already been done to identify key variables relating to preventative service use and formal health and social care service use and to describe the relationships between them. The project will identify existing variables and develop specifications for novel variables where necessary before reviewing and assessing the ability of existing sources to meet the data requirements for those variables. It is anticipated that information gaps will exist in relation to current preventative service availability and use. Methods for the mapping of services and instruments for the collection of service use data will be reviewed and protocols developed. These will then be tested using an area-based case study approach.

Finally, the research will consider how major methodological challenges such as selection bias in the uptake of services might be addressed, i.e. how to account for the possibility that those who chose to use preventative services may have different characteristics from those who do not which materially affect the impact of services on that latter group.

The research will be carried out by Dr Alison Dawson, a Research Fellow in the School of Applied Social Science, University of Stirling. Alison has previously worked on projects related to Scotland's Free Personal Care policy, the costs of domiciliary and personal care in Wales, and physical activities for people with dementia. She is currently involved in research on community-based services for people with dementia and their carers and on issues around Self-Directed Support.

The work, which will be completed by Spring 2012, has been made possible by the award of an ESRC Third Sector Placement Fellowship. The Fellowship scheme is designed to provide opportunities for social science researchers to spend time within third sector organisations to undertake practice-relevant research. The award is jointly funded by the ESRC and SCVO, who are the host organisation for the Fellowship.

For further details or to discuss the project contact: Dr Alison Dawson on 01786 466328 or email a.s.f.dawson@stir.ac.uk .

