Why Involve the Third Sector in Health and Social Care Delivery?

An evidence paper produced by the Scottish Government in collaboration with the Scottish Third Sector Research Forum

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Q&A Need-To-Know for Policy Makers

The challenge

- **How can we reduce demand for acute services?**
- **How can we support people to take control of their own health and social care outcomes?**
- **How can we ensure that people and communities are involved in the design and delivery of services?**
- **How do we effectively integrate health with social care?**

For policy officials making critical decisions about health and social care spend, these are increasingly pertinent questions. The **Healthcare Quality Strategy** aims to make Scotland's health care services world leading. How can better partnership with the third sector help to achieve this ambitious objective?

The Scottish Government has acknowledged the **positive role of the third sector** in delivering better and more equal public services. Now as Ministers attempt to address the perennial challenges facing Scottish society, with even less money available, **preventative approaches** have been prioritised, and there is an urgent need to identify how the third sector can be engaged more effectively [1].

This briefing paper is a collaborative piece of work by the **Scottish Third Sector Research Forum [2].** Drawing on available evidence we've demonstrated where and how the third sector is contributing to health and social care services delivery in Scotland. Tapping into the most robust evaluations we could find we've provided examples of the third sector's **contribution towards the healthcare Quality Outcomes ambitions for Scotland** [3]. We've also looked to this selected evidence for key messages concerning the hurdles to overcome in reaching a better engagement.

The Evidence Base

Our rapid review indicates that evaluative evidence demonstrating the impact of the third sector (especially economic impact) is limited and much of the available documentation consists of case studies. Our ability to build a more in-depth narrative around efficacy is limited by this evidence base and as such, we are not able to provide all of the answers. For example, whilst the nature of the available evidence dictates the focus of this paper on more positive examples, we are also interested in learning lessons from approaches that don't work so well. This paper represents a starting point, drawing upon those projects that have undergone robust review to make some general conclusions about third sector activity in this area. Routing out more examples from organisations and facilitating more evaluation to support the development of this evidence base is a key objective for the Third Sector Research Forum moving forward.

Key messages and recommendations as identified by our review:

There are often distinct features of third sector service delivery which complement and enhance public sector services. These differences are not just tendencies towards particular characteristics (such as a holistic view of service users wellbeing) but are also shaped by localised features - the involvement of volunteers or the passionate drive to deliver outcomes appropriate to the community within which the organisation is embedded. **Approaches to engagement need to be mindful of differences** and both the challenges and opportunities these lend to collaborations. We need to **build an evidence base which assists further understanding** of the mechanisms which have allowed third sector organisations, acting alone and in partnership, to facilitate improvements in the health of individuals and communities. Continued work is also needed towards developing **forums for communicating and developing ideas around services and their delivery which are user-friendly** for all stakeholders, built on platforms of mutual understanding of the **increasing pressures on resources and its effects on all sectors.**

What is being done by the third sector?

- There are a vast number of third sector organisations (TSOs) working in **prevention**, particularly in the area of food and healthy eating initiatives, active living projects and support for early years and older people.
- The third sector is **collaborating with service users** [4] to provide self-directed support, personalised service packages and training in self-management techniques.
- **Working closely with communities** [4] is a key tenet of the third sector approach. In many cases organisational structure and aims have been generated by members of a particular community in order to fill gaps they have identified in service provision.
- Third sector projects are frequently produced with the aim of **developing social networks, building social capital and reducing isolation** amongst vulnerable people. These positively target health through improvements in general wellbeing and the better dissemination of healthcare messages.

Why does it work?

The available evidence suggests

- Close ties with geographical and service user communities has enabled TSOs to gain **an expert knowledge of local needs and preferences**, allowing them the potential to develop more effective and relevant initiatives.
- Volunteers drawn from within third sector organisations target communities, contribute to this expertise and provide a **flexible and economically efficient organisational structure**.
- There is now consensus that health and social care services within Scottish communities need urgent attention [5]. Knowledge of and ability to react to calls for change can be hampered by complicated communication pathways. As organisations frequently embedded within geographical and service user communities, TSOs are often free of this additional information filter. As this paper will attempt to demonstrate **TSOs have already moved to meet these demands and are making positive contributions to improving services**.

Guide to reading this paper

We've selected case studies from our wider review and linked these to a general analysis of third sector activities as they relate to each question. A table with more of the case evaluations is provided on page 7 and these are referenced in the text by letter (A, B, C etc). References to general literature throughout the paper are numbered (1, 2, 3 etc) with full detail provided in the Bibliography.

How can the third sector help us to reduce demand for acute services?

Quality Outcomes Link: Everyone gets the best start in life, and is able to live longer healthier lives

Evidence Review Findings

A sizeable portion of third sector action in health and social care is directed towards preventative work, as a broad assessment of literature makes evident [6]. This activity encompasses multiple delivery areas. Supporting older people to live well in their own homes for example, offers that 'little bit of help' [7] that delays the need for additional support from hospital services, significantly reducing expensive unplanned admissions [8, A]. Providing healthier green environments for exercise is a motivation for activity which creates positive impacts on longer term health [9, B-C]. Working with families to enable better care for children in their early years will result in benefits for health and educational attainment later in life [10, D-E].

The reports and reviews we examined attributed the particular success of the third sector in this area to the holistic and person-centred nature of the service models. Locating communities and individuals at the centre of design inspired a wide range innovative program designs that met varying community needs [11].

Healthy eating has become one of the primary areas for attention in encouraging lifestyles which prevent ill health and reduce demands on Scottish health services [12.] We found that this area of preventative intervention is also particularly well represented within the evidence base. It was also an area in which there was the most visible evidence for successful public sector and third sector partnerships. The Happy Jack initiative and evaluation for example, outlined below, was funded and supported by local authorities, local authority intermediaries and community groups. This funding and support strategy has been used successfully to underpin a number of the Edinburgh Community Food Initiative's (ECFI) projects which aim to tackle health inequalities in low-income Edinburgh communities through food and health promotion work [13.]

Quality Outcomes Link: People are able to live well and home and in the community

Case Study

Description: **Happy Jack** was developed by ECFI and funded by SureStart. The project provided fruit and vegetables to children attending Children and Family Centres (C&F Centres) and through the same centres coordinated the provision of cooking classes, tasting sessions, fruit promotions and a variety of paper publications and packs. Activities, materials and staff provided information and assistance in motivating service-users towards making broader changes in their eating habits [14].

Findings: A comprehensive evaluation of the Happy Jack project gathered both qualitative and quantitative data for analysis, concluding that Happy Jack provided good value for money and achieved positive healthy eating outcomes for children and families. The initiative also helped relieve some of the time and resource pressures experienced by C&F Centre staff.

How can the third sector allow service users to take control of their own health and social care outcomes?

Evidence Review Findings

Quality Outcomes Link: Everyone has a positive experience of healthcare

Evidence has demonstrated that empowering service users to manage their own health and social care provision leads to greater choice, autonomy, control and independence [15]. Recent reports have indicated that it is often not possible to implement self-directed support without an active local third sector partly because the sector is often well placed to advise and support self-directed support users [16].

As the case study below demonstrates, proximity to service users is frequently the key to encouraging participation in self-management. The extent to which service users form the organisational structure of the service and the often specific expertise of staff within third sector organisations provides a good foundation upon which service users can build a self-directed support system [17, F].

Quality Outcomes Link: People are able to live well at home and in the community

The **Long-Term Conditions Alliance** (LTCAS) provided support and guidance for Momentum's development of the self-management programme. LTCAS's support was provided through The Self Management Fund, a resource available to voluntary organisations and community groups in Scotland. The fund is aimed at work which encourages people living with long term conditions to learn more about the management of their conditions, and to become partners in their own care [18].

Case Study

Description: **Momentum Care** provides personalised packages of support for adults with an acquired brain injury. In order to advance this support package, Momentum recently piloted an Acquired Brain Injury (ABI) self-management programme for young men in Grampian [19]. The project recruited two young men living with ABI as peer leaders. The aim of the course was to provide the opportunity for the service users to share information informally and talk about their experiences of living with the condition as well as sharing strategies and techniques for successful self-management.

'Now there is going to be a course run by local guys my age telling me what I want to know and giving me tips that I will actually use' **Course Participant**

Findings: In developing the course Momentum realised that many young men were finding it difficult to engage with their programmes because their views on what they needed to self-manage were very different to the organisations'. As a result the peer leaders worked with communities to incorporate information that the young men felt was important into the course content. They also designed the course to be adaptable and interchangeable, ensuring it could respond to individual needs in different rural areas. Feedback from service users has been very positive and Momentum are hoping that they might be able to replicate the program in more areas.

How can the third sector help to ensure that health services involve people and communities in their design and delivery?

Evidence Review Findings

Quality Outcomes Link: The best use is made of available resources; People are able to live well at home and in the community

There is a long tradition in rural areas of Scotland of services being provided by volunteers and attention has been drawn to this by a number of qualitative and quantitative data reviews [20]. We also know that the co-production of services with a volunteer workforce can be a highly effective method of addressing health and social care service needs. With this in mind a number of projects have been developed recently which aim to investigate how and where volunteers could contribute more effectively, particularly given the positive moves towards better community involvement and the co-production of essential services such as health and social care. [21]

Third sector organisations frequently draw upon volunteers from within the community in which the organisation is placed [G-H.] This means that they are often ideally situated to communicate information concerning local issues to public sector service providers and to guide the process of engaging communities in designing and delivery services [22].

Despite this access to community knowledge and resources, engagement with public sector services has sometimes stalled. Third sector organisations have reported that they are not engaged with enough frequency at an early stage in service planning forums, or that where efforts have been made to include third sector the organisation still did not have the power to influence decisions [23].

Case Study

Quality Outcomes Link: Everyone gets the best start in life, and is able to live longer healthier lives

Description: The **Healthy Communities Collaborative** [24] is a Perth and Kinross project which involves groups of older people working in partnership with a small team of staff. The initial aim of the project was the prevention of falls in over 65's with broader objectives for improving health, wellbeing and quality of life for older people [25].

Older volunteers were recruited by the project management teams attending local community groups and extending invitations to orientation events. Locality teams were then established each comprising 5 or 6 older people supported by 6 support staff. Training and team time discussion sessions were organised so that the groups could work out what they wanted to implement in their communities and how work would be carried out. Each year the teams focus on a different area of health. In 2006 for example, 'Physical Activity' resulted in team members being trained as Chair Based Exercise Instructors and Walk Leaders.

Findings: Benefits identified by the ongoing project evaluation included increased opportunities for social contact, physical activity and improvements to mental health. The success of the programme was such that there are now ten teams operating across the Perth and Kinross area. This programme was conducted by local authorities in partnership with volunteers and is a useful example of the potential for partnership programmes to deliver positive outcomes.

How can the third sector help us to integrate health with social care?

Quality Outcomes Link: People are able to live well at home and in the community

Evidence Review Findings

There are many third sector organisations working in social care [26], organisations which are heavily involved in providing support for vulnerable and marginalised groups who frequently face poverty, social care needs and poor health (those facing homelessness and drug addiction for example). Evidence has demonstrated that many TSOs have been able to build trusting and productive working relationships with these otherwise socially fragile user groups [27]. TSOs have succeeded in overcoming barriers to communication for instance, with direct improvement in the ability of services to convey health promotion messages and arrange suitable access to healthcare support [I]. Indirect benefits include improvements in the capacity of service users to develop healthy stable relationships with the communities in which the are resident, resulting in improvements to general wellbeing and social cohesion. [J]

As the Nari Kallyan Sangho evaluation highlights (for example), staff have identified struggles to engage further with public sector services given the increasing calls for assistance that their service users are placing on time and resources [28]. This increasing pressure on resources has been reflected across many areas of third sector, mirroring the pressure that the public sector is also facing.

Case Study

Quality Outcomes Link: Everyone gets the best start in life, and is able to live longer healthier lives

Description: The Edinburgh based organisation **Nari Kallyan Shangho (NKS)** [29] addresses women's welfare issues, particularly women from a Bangladeshi background who are living in Scotland. Group work and other activities take place at venues all over the city, according to the most convenient and practical location for the women concerned. NKS's purpose is to provide a common platform for South Asian women to act together to improve the quality of their lives. Its primary aim is to promote physical, mental and social well-being by alleviating isolation and deprivation using a community development approach of user participation and collective action. The responsibilities of the twelve staff vary from administration to childcare, cleaning, sewing, tuition, health and family support. The project uses a combination of one to one workers, community support staff and health care professionals to lead work across their target areas.

Findings: The project has produced some useful and informative evaluations of their project work which have highlighted the improvements that the project has been able to achieve in reducing social isolation and enhancing social networks for these particular groups of people. Their work has allowed them to raise health awareness amongst female participants, as well as improve local health professionals' understanding of particular cultural sensitivities.

Conclusions

The evidence base: contributions and limitations

As we have noted, the evidence base is limited. There is a lack of robust evaluative data that demonstrates the impact of third sector involvement and only a handful of evaluations that demonstrate the economic benefits of working with the third sector. Instead we are largely dependent on a body of case study data which illustrates broadly what third sector services are aiming to do but not necessarily providing detailed feedback on the mechanisms of the service or the overall outcomes for health. That said, we also believe that there is evaluative data "out there" which is more difficult to access, perhaps because organisations do not wish to share or do not see the value or relevance in making their evaluations publicly available.

Key messages and recommendations

Third sector services are already heavily involved with initiatives that aim to **encourage healthier lifestyles** within Scotland and **prevent future demand** on healthcare services. We have located evidence and reviews (see tables and case studies) which suggest that the success of third sector work in this area is frequently due to a **flexible structure**, often attributable to the involvement of volunteers in organising services delivery. The ability to change and innovate to meet local needs and preferences is also essential in encouraging communities to see the benefits of healthier living. There is a lack of uniformity in TSO activity and **an informality of organisation** which allows these particular characteristics to be embedded successfully within initiatives.

Discussions of partnership working between the third sector and public sector needs to be mindful of this often more informal working model. New strategies would be welcome which help to align these ways of working alongside more business like models of delivery that often characterise public sector services [30.]

There is an evidence base which demonstrates that **volunteers are making a significant contribution towards services delivery** in Scotland. Close ties between third sector organisations, communities and volunteers have facilitated the initiation and organisation of this **informal service provision**. Reviews of partnership engagement forums have demonstrated frustration amongst third sector organisations when confronted with a limited ability to influence real change. Moving forward with service reform could be assisted by better mutual knowledge and understanding of the evidence which demonstrates that the third sector can be a great benefit and of the evidence which discusses where and how partnership approaches work best**.**

The third sector is in some ways **better equipped** to overcome challenges facing public sector health and social care services. It is also important to note that many of the pressures facing the public sector are also affecting third sector. Calls for engagement need to be sensitive to the increasing draw upon resources and time that many organisations are facing.

As the pool of evidence featured within this paper demonstrates, there are areas in which third sector activities complement and directly support work towards meeting the healthcare Quality Outcomes ambitions for Scotland. Building on this hard work will be essential in moving forward with the ambitions for better services for Scotland.

Referenced Evidence

	Name	Source	Evidence Base	Description	Outcomes
A	The Food Train	Community Food and Health Scotland	Cost-Benefit Analysis	Grocery shopping, befriending and support service for older people living within Dumfries and Galloway.	A well targeted, effective and flexible service. Generates high value outcomes for customers and fulfils a critical role in supporting them to remain independent at home. High economic value in delaying the onset to higher-cost packages of care.
B	BCTV Green Gyms Projects	National Evaluation Report conducted by Oxford Brooks University	Quantitative and qualitative analyses of service user questionnaires	Participants are guided through a range of practical outdoor projects. The activities are intended to improve health and the environment. There are 25 green gyms located within Scotland.	Evaluation noted improvements in health, confidence and the acquisition of new skills in environmental management techniques.
C	Cairngorms Outdoor Access Trust	Upper Deeside Walking to Health Project Evaluation Report. WalkDeeside Ltd.	Quantitative and qualitative analyses of data gathered from interviews with service users	Offers regular, short, safe and sociable walks that are aimed at people who would benefit from an increase in their physical activity. A weekly walk lasts 30-60 minutes and is led by trained health walk volunteers. Within Deeside there are 9 walking groups. With a number of other groups operating across Scotland.	Reported improvements in health and wellbeing for the participants and the volunteers. Participants reporting an increase in activity levels and increased attendance at other community events as a direct result of participation in the walks.
D	Little Leithers Voucher Scheme	Edinburgh Community Food Initiative (ECFI) and Evaluation Support Scotland (ESS) reporting	Case study report indicating qualitative and quantitative data sources	The aim of the scheme is to encourage families from low socio-economic backgrounds to use local shops and cook using fresh ingredients. Each family was supplied with vouchers for use in local fishmongers, butchers, greengrocers etc, and provided with easy recipe suggestions.	Over 4000 vouchers and 2000 recipes were distributed over an evaluation period of 2 years. Case studies of shops issuing vouchers demonstrated increased use of outlets by voucher families with a total expenditure was often greater than the value of vouchers issued.
E	Blackburn Early Years Action Group	Farechoice: Newsletter of Community Food and Health (Scotland)	Self-evaluation report findings published as a case study	Weaning support project for parents with babies in the West Lothian area. Delivered three sets of weaning courses which included guidance on blending foods for healthy meals.	Parents who had completed the workshops reported improved parenting skills and greater confidence in preparing their own baby foods.

F	The Sunrise Project (Galloway Alcohol and Drugs Action Team [ADAT])	The Big Lottery Fund: Better Off Evaluation Summary	Case Study Summary of a wider evaluation submitted to The Big Lottery Fund	Integrated Drug Service (IDS) which offers assessment for people who have a drug misuse problem. Statutory and voluntary support is offered at the same time and a co-ordinated care and support plan is organised in collaboration with the client. This support plan draws together direct action to tread addiction and additional services such as housing and employment support.	There has been a substantial increase in the number of people entering and staying in rehabilitation since the project was launched.
G	Healthy Valleys (Lanarkshire)	Report from the University of Strathclyde	Qualitative evaluation drawing upon interviews and focus group sessions with service users.	Aims to preserve and protect the mental and physical health of residents and to assist in the relief of ill health and the provision of health education. The project includes a wide variety of activities including sports activities, health walks and counselling support. Community volunteers provide most of the staffing support.	Conclusions of the evaluation found very positive outcomes for health and wellbeing of service users. Including the provision of useful support for those suffering from ill health and improvements in partnership working across the community.
H	The Handyperson Service for Moray	Community First (Moray)	Social Return on Investment Analysis (SROI)	Service works with local volunteers to provide support for older people, people with disabilities or other long-term illnesses and other vulnerable individuals who need support in their homes	SROI found that the project had overall positive outcomes for service users. Service users felt safer and better able to manage the care of their homes.
I	Aberdeen Foyer	NHS Health Scotland – 'Insight' Case Studies in Community Development and Health Scotland	Detailed Case Study Report	Aims to enable homeless and disadvantaged young people to gain social and economic independence. The Foyer provides access to information, training and social support. Accommodation is also available. A key objective is the improvement of health and wellbeing of those in contact with the service.	This case study and associated reports by the Community Health Exchange (CHEX) for example, have illustrated the essential resources that this service provides for vulnerable young people
J	Dundee Families Project	The University of Glasgow (Centre for the Child &Society and Department of Urban Studies)	Qualitative evaluation with quantitative data output including cost-benefit analysis	Projects aims to assist families who are homeless or at severe risk of homelessness as a result of anti-social behaviour. Offers a range of services from counselling to after-school activities, parenting skills guidance and support for anger management issues.	Project provides considerable cost savings in preventing the need for contact with public sector agencies. Frequently, the threat of eviction was lifted. Service users reported additional benefits to general wellbeing as a result of the service.

Bibliography and Footnotes

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2. Consisting of The Scottish Government and key third sector stakeholders: Association of Chief Executives of Scottish Voluntary Organisations, Convention of Scottish Local Authorities, CEiS, Evaluation Support Scotland, The Funders Forum, Highlands and Islands Enterprise, Office of the Scottish Charity Register, Scottish Agricultural College, Scottish Council for Voluntary Organisations, Scottish Enterprise, Scottish Social Enterprise Coalition, Volunteer Development Scotland, Voluntary Health Scotland.

3. Six healthcare Quality Outcomes were developed by the Quality Alliance Board as a result of discussions following publication of The Healthcare Quality Strategy for NHS Scotland [Scotland, The Scottish Government,. (2010) *The Healthcare Quality Strategy for NHS Scotland*. The Scottish Government: Edinburgh]

4. In line with the drive towards the co-production of public services: Bunt, L,. Harris, M,. and Puttick, R,. (2010) *Radical Scotland - Confronting the Challenges Facing Scotland's Public Services*. NESTA: London; Boyle, D., Coote, A., Sherwood, C. and Slay, J (2010) *Right Here, Right Now: taking co-production into the mainstream*. Nesta: London; see also the forthcoming addition of ''Rural Scotland in Focus'' published by The Scottish Agricultural College and available from http://www.sac.ac.uk/ruralpolicycentre/publs/

5. Scotland, The Scottish Government (2011) *Report on the Future Delivery of Public Services by the Commission chaired by Dr Campbell Christie*. The Scottish Government: Edinburgh

6. For a broad summary of third sector services and a similar conclusion with regards to the limitations of available evidence see: Dacombe, R. and Bach, S,. (King's College London) (2009) *The Evidence Base for Third Sector Policy in Scotland: A Review of Selected Recent Literature*. Scottish Government Social Research: Edinburgh

7. 'That Little Bit of Help' a strategy discussed by the Joseph Rowntree Foundation inquiry report: Raynes, N., Clark, H. and Beecham, J,. (eds) (2006) *The Report of the Older People's Inquiry into 'That bit of Help'*. Joseph Rowntree Foundation: York

8. As discussed by Age UK in their campaign ''Preventing Falls in Later Life''. See Age UK website for further information, http://www.ageuk.org.uk/get-involved/campaign/falls/ [Last accessed October 2011]

9. For example: Scotland, The Scottish Government,. (2008) *Healthy Eating, Active Living: an action plan to improve diet, increase physical activity and tackle obesity 2008-2011*. The Scottish Government: Edinburgh

10. Noted with The Scottish Government's ''Early Years Framework'': Scotland, The Scottish Government,. (2008) *The Early Years Framework*. The Scottish Government: Edinburgh; further examples of third sector early years project initiatives can be found within: Community Food and Health Scotland and Evaluation Support Scotland (2010) *Making the Case – Early Years Self Evaluation Framework*. Community Food and Health Scotland: Glasgow

11. For example: Scottish Council for Voluntary Organisations (SCVO) and Voluntary Health Scotland (VHS),. (2010) *The Third Sector – a key role in delivering a healthier Scotland*. Available through the VHS website [www.vhscotland.org.uk] [Last Accessed November 2011]; Phillimore, J., McCase, A,. with Soteri-Proctor, A,. and Taylor, R,. (2010) *Understanding the distinctiveness of small scale, third sector activity: the role of*

local knowledge and networks in shaping below the radar actions. Working Paper 33. Third Sector Research Centre: Birmingham

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14. Christie, I,. and Simpson, L,. (Community Food and Health [Scotland] in partnership with Edinburgh Community Food Initiative and City of Edinburgh Council) (2009) *An Evaluation of Happy Jack: What is the Economic Value of the Project*?. Blake Stevenson: Edinburgh

15. Equality and Human Rights Commission,. (2011) *Personalisation in the Reform of Social Care. Key Messages*. Available from the Equality and Human Rights Commission website www.equalityhumanrights.com [Last Accessed November 2011]

16. See Page 24 of: Scotland, Scottish Government,. (2011) *Self Directed Support: A Review of the Barriers and Facilitators, Health and Community Care*. The Scottish Government: Edinburgh

17. The Self Management Fund for Scotland administered by The Long Term Conditions Alliance Scotland (LTCAS) has published a number of interim reports and an initiative impact report which illustrate this point. Reports can be accessed via the LTCAS website: www.ltcas.orf.uk [last accessed November 2011]; for instance the Scottish third sector consultation report ''*Tackling health inequalities and poverty*'' highlights Scottish TSO's various expertise in providing support for vulnerable service users in managing their own recovery: Voluntary Health Scotland (VHS),. (2008) Tackling Health Inequalities and Poverty: a consultation with Scotland's third sector. Carried out for the Scottish Public Health and Wellbeing Directorate. Available from the Voluntary Health Scotland website: www.vhscotland.org.uk [last accessed November 2011]

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21. For example: The Scottish Government's 'Leader' Programme. Information available from: http://www.scotland.gov.uk/Topics/farmingrural/SRDP/LEADER; The Big Lottery Fund supported Volunteering Highlands initiative. Information available from: http://www.volunteeringhighland.org/index.asp

22. Third sector organisations have also been involved in reporting this finding themselves. For example: Queensferry Churches Care in the Community and Communities Scotland,. (2009) *'The Long and Winding Road'*. Last accessed November 2011

23. See for example the findings of: Voluntary Health Scotland,. (2011) *Engaging with Scotland's Health Agenda: A survey of local intermediary bodies. VHS. Edinburgh. Last accessed November 2011*; Voluntary Health Scotland & Scottish Council for Voluntary Organisations,. (2010) *Government and the Third Sector Relationships at a local level*. Available from www.vds.org.uk [last accessed November 2011]

24. Miller, E (Joint Improvement Team),. and Barrie, K (Better Together Project),. (2010) *Perth and Kinross Healthy Communities Collaborative. Evaluation Report*. Available from www.jitscotland.org.uk [last accessed November 2011]

25. An increasing turn towards engaging older people in the design and delivery of services has characterised wider thinking around better health services provision in challenging financial climates. See for example: O4O: Older People for Older People,. (2010) *Final Report*. Available from www.O4Os.eu/final-report.asp [last accessed November 2011]. Within Scotland, a high prevalence of isolated rural populations of older people has given these initiatives even greater urgency.

26. As discussed within: Scotland, The Scottish Government,. (2011) *The Opportunities and Challenges of the Changing Public Services Landscape for the Third Sector in Scotland: a longitudinal study*. The Scottish Government: Edinburgh

27. As discussed by The Scottish Government report ''Equally Well'': Scotland. The Scottish Government,. (2008) *Equally Well: Report of the Ministerial Task Force on Health Inequalities*. The Scottish Government. Edinburgh and ''The Christie Report'' Scotland, The Scottish Government,. (2011) *Report on the Future Delivery of Public Services by the Commission chaired by Dr Campbell Christie*. The Scottish Government: Edinburgh)

28. For example: Rahman, O and Munro, A,. (2005) *Moving Further Ahead. Evaluation Report of NKS Services from April 2002 to March 2005.* Nari Kallyan Shangho: Edinburgh

29. See Nari Kallyan Shangho website for further information: http://www.nkshealth.co.uk/htm/index.htm [last accessed November 2011]

30. The Scottish Government's Public Social Partnerships (PSPs) initiative has been working towards building appropriate forums in this area. Between 2007-2009 a number of PSP partnership projects were established across Scotland. The success of these partnerships varied but the learning experience of itself was valuable. As a result The Scottish Government produced a guide to managing PSP work with the aim of moving forward in this area: Scotland, The Scottish Government,. (2011) A Practical Guide to Forming and Operating Public Social Partnerships. The Scottish Government: Edinburgh

Methodology

This paper was based on a rapid review of evidence and literature. It drew upon a wide range of resources including online evidence libraries maintained by the SCVO, VHS, The Joseph Rowntree Foundation, The Big Lottery Fund and various other online academic and third sector sources.

The evidence review identified documents containing evaluative data relating to third sector organisations in Scotland. A large number of anecdotal case studies were also reviewed. The review was not able to access evaluative data held at organisational level due to time and resource limitations.

The literature review searched for documents which focused on the particular role of the third sector in providing health and social care services in Scotland. Policy documents which outline the recent proposals and implementation plans for service reform were also identified.

Review and associated paper compiled by Laura Major, PhD Candidate (ESRC), Department of Social Anthropology, University of Edinburgh (as part of a broader three month internship with Scottish Government) and by Dr Kay Barclay, Third Sector Division, The Scottish Government.

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