

The role of the third sector in delivering social care

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School for Social Care Research

Scoping Review

The Role of the Third Sector in Delivering Social Care

Helen Dickinson, Kerry Allen,
Pete Alcock, Rob Macmillan and
Jon Glasby



The School for Social Care Research

The School for Social Care Research is a partnership between the London School of Economics and Political Science, King's College London and the Universities of Kent, Manchester and York, and is part of the National Institute for Health Research (NIHR)

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ABSTRACT

Third sector providers have been important in the delivery of social care services for some time. Long before the advent of the 'contract culture' that started to emerge in the 1980s, third sector organisations have been involved in the delivery of what we would today define as social care. But this role is changing as the personalisation agenda takes hold and there is a push for closer integration between health and social care services within a context of constrained financial resources.

Although a number of researchers have written on the subject of social care delivery by third sector agencies, there is no single account of the state of knowledge in the area or a clear account of the research agenda for the future. This review was designed to address this and is organised around the following objectives:

- to review the significant contributions to the academic policy and practice literatures in order that we might establish the existing state of knowledge in terms of the third sector in delivering social care in England;
- to conduct semi-structured interviews with a number of key contacts to verify challenges identified from literature and assist in horizon scanning;
- to identify the research agenda, including an indication of the main questions to be studied and the types of studies that might be needed to address them.

This was not a formal systematic review of the literature, but the literature review sought to be as comprehensive as possible in drawing together the significant contributions to this area. The 1990 NHS and Community Care Act brought far reaching changes for social care, and given that this point in time meant such significant change for social care and consequently third sector organisations operating in this area, we start our review at 1990 and have only included items which have been published since this date.

A search was conducted of relevant databases and a snowballing technique adapted alongside a call out to the Voluntary Sector Studies Network requesting relevant materials. In total 91 articles were identified that met the inclusion criteria. Items were included where they focused on English adult social care services and they made some mention of the role of third sector organisations. Items were excluded from the review where they did not focus on social care or the third sector or where they were principally concerned with children's services.

The literature review was complemented by eight semi-structured interviews with leading individuals from academia, policy and practice. These interviews were designed to test out existing findings but also to complement the largely retrospective research base with some prospective perspectives of what the future challenges would be for third sector organisations involved in delivering social care.

Findings are set out in relation to the themes of: approaches to research in third sector and social care; the distinctiveness of the third sector in delivering social care; relationships

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with commissioners of social care; and the role of volunteers. These were the main areas of discussion within the literature, although the evidence base relating to these different themes is far from conclusive, with these providing a basis for debate rather than robust evidence.

Many of the items we retrieved as part of this review were not robustly designed research projects in good quality peer-reviewed journals, with those retrieved being either pieces from the trade press, policy documents or pieces published by particular bodies with an interest in this area. Even when articles appeared in academic journals they were often discussion pieces or did not go into much detail as to what process had been gone through to generate the evidence set out in the article.

In general we found a limited range of methodological approaches within existing research studies and a failure to theorise key concepts and critically challenge previous work. Clearly there were exceptions to this rule and there were some well-designed and in depth pieces but on the whole this is not an area which seems to have suffered from over-research.

The overall conclusion from this review is that there is a relative lack of robust research relating to the role of third sector organisations in delivering social care services. This is despite the long history of this role and its growing, and changing, importance in recent and current policy contexts.

There are significant gaps in the approaches to researching the third sector and social care. There is a theoretical lacuna in the literature. There is a need to clarify the different organisational forms involved in the delivery of social care and to explore the different roles that third sector organisations have played in delivering services and campaigning.

There is also a significant empirical lacuna – in particular there needs to be a better mix of research methods employed in investigating this area. The use of large-scale quantitative data sets in this area has been rare. However, these are needed to provide a quantitative picture of the current scale and spread of third sector organisations involved in social care at a national and regional level.

Comparative study of the third sector is required in order to determine the degree to which the third sector is distinctive across a range of different parameters. There has also been little research on the use of volunteers in delivery of social care within third sector organisations and the particular (added) value that volunteers bring. Qualitative research with volunteers and case study analysis of their involvement in delivery of services could provide important new evidence about the potential for, and the challenges of, voluntary contribution.

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KEYWORDS

Community care, social care, service delivery, third sector, voluntary organisations

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INTRODUCTION

Third sector providers have been important in the delivery of social care services for some time. Long before the advent of the 'contract culture' that started to emerge in the 1980s, third sector organisations have been involved in the delivery of what we would today define as social care. Indeed, up until the creation of the modern welfare state, third sector organisations (TSOs) were the primary sources of formally organised care alongside the support provided by family, friends and neighbours. Over the last seventy years or so there have been many changes in how social care is organised and who is involved in this. During this entire period third sector organisations have maintained an important role. But that role itself has been changing, and arguably now is undergoing a further shift as the personalisation agenda takes hold and there is a push for closer integration between health and social care services. At the same time the recent economic crisis and consequent reductions in public expenditure are providing a context of constrained financial resources. Future research will need to address this new economic and policy context.

The aims and objectives of the research

The aim of this review is to establish the existing state of knowledge of the role of the third sector in delivering social care, and identify the research agenda which emerges from this. Although a number of researchers have written on the subject of social care delivery by third sector agencies, there is no single account of the state of knowledge in the area or a clear account of the research agenda for the future. The review was designed to address this and is organised around the following objectives:

- to review the significant contributions to the academic policy and practice literatures in order that we might establish the existing state of knowledge in terms of the third sector in delivering social care in England;
- to conduct semi-structured interviews with a number of key contacts to verify challenges identified from literature and assist in horizon scanning;
- to identify the research agenda, including an indication of the main questions to be studied and the types of studies that might be needed to address them.

The approach adopted in order to address these objectives predominantly took the form of a desk-based review supplemented with a number of semi-structured interviews with key stakeholders. These interviews were used to help us identify those issues which could prove important in the coming months and years and may not have been captured in the largely retrospective search of the existing literature. The report is structured as follows.

First we introduce the key terminology employed in the report and set out a brief account of the policy context to date of the relationship between social care and the third sector. We then describe the methodology adopted for the review. Following this we set out the findings of the literature review. One thing that became apparent early on in our reading

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of the literature was the distinct lack of evidence surrounding many of the major themes in respect to this area of study. Therefore the first section of the findings sets out an account of the nature of this literature base, particularly in terms of methodology and theoretical and conceptual constructs.

We then move on to examine the findings according to the following themes: approaches to researching third sector and social care; the distinctiveness of the third sector in delivering social care; relationships with commissioners of social care; and the role of volunteers. In the discussion chapter we draw out the key points that come out of the literature review and set out what we believe the major implications of this review are in terms of research, policy and practice. We then set out the major research questions which we believe need more evidence and further investigation. We also outline some key practice and policy suggestions that arise from the review. The final chapter summarises the review and makes a series of recommendations for future work in the field.

Overall we aim not only to provide an up-to-date review of the knowledge relating to the third sector in delivering social care, but to set out what we believe will be the major areas of interest for research, policy and practice in the coming months and years. We go beyond simply outlining which topics should be of interest and make some statements about the theorisation and conceptualisation of this field and the methodologies which might be required in investigating this field.

BACKGROUND

In this section we set out the background to this project, define some of the key terms which are employed and provide a brief account of the policy context of the third sector and the delivery of social care. In defining the key terms employed in this review what is immediately apparent is the contested nature of both of the key terms – ‘social care’ and ‘third sector’. As we outline here, in this review we have adopted a broad and inclusive description of both of these concepts in order to cover as wide a range of literature as possible.

What is social care?

Social care is essentially concerned with supporting individuals to live their lives comfortably and has a particular focus on helping those who need a degree of additional physical and practice support. Much of social care aims to support individuals to maintain their independence, to help them improve their quality of life and ultimately to enable individuals, families and communities to lead fuller and enjoyable lives. Given that this remit is so broad we might break down the functions provided by social care into the following categories:

- **protection** – of children, older people and disabled people that might be at risk in some way;
- **provision of care and support** – this is a central role of social care;
- **care coordination and brokerage** – care is not simply provided by the state but a range of different statutory and non-statutory bodies and social care has a role in coordinating these activities. With the advent of personal budgets this is becoming even more pronounced in some areas (see below for further discussion);
- **regulation** – again, linked in part to mixed economies of care, social care may have a role in overseeing and regulating providers of care services;
- **community development and social integration** – social care has traditionally played a role in attempting to halt social exclusion and in developing communities. This is becoming a growing concern in the face of increased globalisation and social mobility.

As we can see from these different functions, social care operates at a range of levels from individuals to communities and covers the whole range of age spans from birth to death.

Further, social care is provided by a range of different types of individuals and organisations. The majority of social care is delivered by informal carers and yet it is increasingly becoming more crucial to the effective delivery of health and welfare services (Dickinson and Glasby 2011). Local authorities have long been seen to play an important role in social care, initially in terms of provision and commissioning and increasingly as commissioners of services from a variety of providers, as we will see in the policy section

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below. Third sector and private organisations also have a key role in terms of social care, including both those who are commissioned by local authorities to provide this care and also those who are financed through self-funding individuals or on a charitable basis.

The National Market Development Forum (2010) report the adult social care market to be around £17 billion per year in local authority and NHS funding, not accounting for unpaid care and self-financed activity. The aggregate cost of social care services provided by third sector organisations is estimated to be £7.2 billion per year (IFF Research 2007). Of all public service areas, social care is thought to have the greatest involvement from the third sector. Mapping this involvement compared to private and public sectors is challenging, due both the dynamic nature of the market and the variety of functions within social care. However for adult social care services the breakdown in terms of the quantity of services registered is 75% private, 17% TSO and 8% public (Care Quality Commission Registration and Inspection data 2010).

There is growing awareness of the role that social care can play in stopping the health/medical element of the system from spending money on expensive institutional care or older people being admitted to hospital as a result of falls or inappropriate support in the community (Jöel and Dickinson 2009). Given that one of the major themes of health and social care policy in recent years has been the integration of health and social care services it is perhaps worth examining the distinction between health and social care.

Generally speaking, health services deal with issues of illness or sickness and seek to treat individuals and make them better. Health services are broadly, although not exclusively, set up to deal with acute periods of illness before returning individuals to a better state of health. Social care is more oriented towards individuals who have some sort of frailty or disability. The aim of social care is often not to return an individual to a prior state of wellbeing but to maintain individuals at a particular level of independence. Health services have tended to focus predominantly on biomedical models of health and on conditions that have distinct causes and find solutions to these through medical treatments. Social care traditionally takes a rather different view of issues of impairment and disability, adopting a more holistic perspective on health (often known as the social model of disability). Clearly this distinction often proves not to be meaningful in practice, particularly for those individuals who might be living with a chronic disease or impairment (Glasby and Dickinson 2008).

As we have sought to illustrate in this section, the definition of social care is both broad and not without some dispute as to where its boundaries lie in practice. For the purposes of this research we adopt a broad and inclusive description of social care but focus primarily on the range of care and support that is available to and used by adults in England. As outlined in the introduction we are interested in exploring the role of the third sector in the delivery of social care services; so having set out what we mean by social care we now move on to describe the definition of the third sector employed in this review.

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What is the third sector?

The term 'third sector' is also contested – not the least by the current government which has rejected usage of it to describe the sector. The Government now refers to the sector as 'civil society' (amongst other terms) and usually includes within this voluntary and community organisations, charities, mutuals and social enterprises, although this is not necessarily an exhaustive list. Academic debate about the nature of the sector is extensive and also inconclusive. It has recently been summarised by Alcock (2010), who concluded that the notion of a single sector was little more than a 'strategic unity'. In practical terms the nature of the problem is that the boundaries and the constituent parts of the third sector are not clear. For our purposes, however, it was important to extend search and analysis into these boundaries and across the sector. As a result we adopted a wide and inclusive definition.

Thus we included material which provided evidence about all kinds of third sector organisations (charities, mutuals, voluntary and community organisations, social enterprises, and others), and covered a range of different types of functions (public service provision, self-funded services, campaigning, advocacy and more). Where material addressed the activities of organisations on the boundaries of the public or private sector, we included these too. In all, however, we confined our search to engage with the delivery of social care services. This approach is especially relevant given both the dynamic nature of the third sector and the expectation of increasingly diverse organisational models for social service providers, as the role of local authorities as direct providers reduces (National Market Development Forum 2010).

Policy context

The history of social care in England is long and complex, and is beyond the scope of this review. For a fuller history see Lewis (1995) or Finlayson (1994). Suffice it to say that third sector delivery of social care services was well established in the UK by the end of the nineteenth century, before the development of significant public provision; and despite the greater development of public services throughout the twentieth century, third sector provision remained a significant and essential element of overall services.

This remained the case following the creation of specialist children's departments and health and welfare departments after the Second World War, and the later combination of these into generic social services departments (SSDs) following the 1968 Seebom report. However, in bringing together a range of adult and children's social care services, there was scope to create a more comprehensive and coordinated approach, to attract greater resources and to plan ahead to identify and meet the needs of a local area more effectively. Over the next two decades many of the new or expanded social services were developed by local authorities and were directly run public services, rather than services provided through funding the provision of independent suppliers of services or residential care, with third sector organisations tending to concentrate in supplementary provision to

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particular niche markets, rather than being a primary source of care (Dickinson and Glasby 2011).

To a large extent this system remained intact until the late 1980s, when a review of community care services by Sir Roy Griffiths led to the 1990 NHS and Community Care Act. After this point, social workers were to be 'care managers', responsible for assessing individual need and arranging care packages from a combination of public, private and voluntary services. Consistent with the ideological commitments of the then Conservative government (1979–1997), this changed social workers into 'purchasers' rather than providers, and much of the new funding that accompanied the changes was to be spent in the independent sector (Dickinson and Glasby 2011).

Under New Labour (1997–2010), this ethos remained, but with a growing emphasis on modernisation, portrayed as a 'third way' between the market-based ideology of the New Right and the public sector values of the traditional Labour Party. Central to recent UK policy therefore have been emphases on:

- greater *choice and control* (with people using services having greater say over what they receive and how money is spent on their behalf). Perhaps the best example is the increasing role played by direct payments, with social care service users receiving the cash equivalent of directly provided services with which to purchase their own care or hire their own staff;
- greater *partnership working* (with health and social care in particular becoming increasingly interrelated over time);
- a stronger emphasis on *citizenship* and *social inclusion* (with a tendency – growing, though slowly at first – to look beyond traditional health/social care to more universal services, and various attempts to tackle discrimination and promote human rights).

In structural terms, the key change under New Labour was the abolition of generic social services departments, and the creation of new integrated services for children and for adults. In many ways, this takes social care back to pre-Seebohm days.

The New Labour governments also promoted the notion that the third sector should have a much greater role in the delivery of public services. The Cabinet Office (2006) set out a commitment to 'the principle that where services are commissioned and procured by government, there must be a level playing field for all providers, regardless of sector' (p.3). This interest in the third sector and its role in the delivery of public services is part of a wider focus on the supply side of public services and the role of commissioners in shaping improvements.

Under the new Conservative/Liberal coalition government (from May 2010), there is less clarity in terms of what future policy developments might emerge. The one big issue that will remain – and which is presently also being echoed in most other countries around the world – is that of long-term care funding. While dissatisfaction has been growing with the current system for some time, any future government will have to find ways of responding

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to the growing mismatch between the money available to fund community care services and increasing levels of need in an ageing society.

A second enduring issue is that of personal budgets, again a trend that is increasingly growing internationally (O'Brien and Duffy 2009) in countries such as the USA, Germany, Sweden, Australia and Canada, amongst others. One of the reasons why both direct payments and personal budgets enjoyed such initial support was because they appealed to different groups across different parts of the political spectrum – with different people supporting these concepts for different reasons. Whereas some people are supportive of these ways of working because they see them as part of a campaign for greater civil rights, choice and control for disabled people, others see them as an essentially market-based mechanism for rolling back the boundaries of the welfare state and as a form of 'privatisation by the backdoor' (see Glasby and Littlechild 2009 for further discussion).

The recent White Paper *Open Public Services* (HM Government 2011) sets out a commitment to devolve power and responsibility for public services to those working in them and using them. This document declares that central government 'do not have an ideological presumption that only one sector should run services: high-quality services can be provided by the public service, the voluntary and community sector, or the private sector' (p.9). This appears to suggest that in the future there might be more opportunities for third sector organisations to become involved in the provision of public services generally and (in relation to the field of social care where there is already a strong tradition of third and independent sector provision) offer the opportunity to think about shaping services that cross traditional public sector functional boundaries. However, many of these changes are taking place against a background of funding cuts and an ongoing emphasis on a preventative agenda.

As we have sought to illustrate in this section, third sector organisations have a strong tradition in the field of social care. The 1990 NHS and Community Care Act brought far reaching changes for social care, 'having introduced the most sweeping legislative reforms in the field since the 1940s' (Kendall 1999, p.68). Given that this point in time meant such significant change for social care and consequently third sector organisations operating in this area, we start our review at 1990 and have only included items which have been published since this date.

METHODOLOGY

In order to meet the objectives set out earlier in this report the research was designed with a two-phase approach. First we analysed existing significant contributions to the academic, policy and practice literatures to identify the current state of knowledge in terms of the role of third sector organisations in the delivery of social care services. This knowledge was then complemented by a series of interviews which sought to check out the types of lessons learned from the literature review and to scan the horizon to identify the major areas of research that will be needed to inform policy and practice in the future.

Literature review

This was not a formal systematic review of the literature, given the constraints of the project. Nevertheless the literature review sought to be as comprehensive as possible in drawing together the significant contributions to this area. In order to identify appropriate literature, an initial search of the HMIC, Medline, Assia, Proquest, EBSCO, Social Care online, Social Sciences Citation Index, Social Services Abstracts and the ISI Citation Index databases was conducted using the following key words: (third sector) OR (Voluntary and community sector) OR (social enterprise) OR (non-profit) OR (independent sector) AND (social care) AND (service delivery). The only limitations put on this search were that the publications must be in English and published after 1990. In total this located 1799 items and the abstracts of these were read in full and the inclusion and exclusion criteria applied. Items were included where they focused on English adult social care services and they made some mention of the role of third sector organisations. Items were excluded from the review where they did not focus on social care or the third sector or where they were principally concerned with children's services.

In total 142 items were then sought in full and these were read and a data extraction sheet was used to record important observations or findings from items. At this stage 82 items were excluded from the process as on reading the full item it became clear that it did not meet the inclusion criteria. In using the data extraction sheet two researchers read the same ten articles, completed the sheet and then compared how data had been extracted. Once assured of inter-researcher reliability in the data extraction process the full articles were independently read and data extracted.

A 'snowballing' approach was also adopted to follow up leads to any other key texts which may have been missed in the database search but mentioned in other articles. The aim of this process was to refine the iterative search given the wide nature of the literature. In addition to the wide database search we also hand searched relevant journals and also searched specifically for those authors who we knew had written and researched much in this area. This yielded a further 22 items. We also sent out a request for any literature in this area with a particular focus on any grey literature which might not have been identified by the literature search to the Voluntary Sector Studies Network

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Table 1. Generated and included items, by search method

| Source | Number of items generated | Number of items included |
|---|---------------------------|--------------------------|
| Database searches (HMIC, Medline, Assia, Proquest, EBSCO, Social Care online, Social Sciences Citation Index, Social Services Abstracts and the ISI Citation Index) | 142 | 60 |
| Snowballing searches (researcher-led journal and author searches) | 22 | 21 |
| VSSN suggested items | 12 | 10 |
| Total items in review | 172 | 91 |

(VSSN). In total we received 12 responses to this call. With all items that were deemed relevant we read these in full and completed the data extraction form. Table 1 shows the numbers of items that were generated from the various sources. Full details of the items included in the review can be found at the end of this document.

Stakeholder interviews

Once the main themes had started to be generated from the literature search we sought to check out some of these findings with key stakeholders and think about what might be important implications for policy and practice and which issues might become more important in the near future. We selected leading individuals from academia, policy and practice and conducted eight telephone interviews in total. These interviews lasted between 30 and 45 minutes and were tape recorded, although not transcribed due to time constraints. A summary note was made following each interview of the key points covered. The themes gathered from telephone interviews were used to complement and extend those gathered from the literature.

FINDINGS

As we outlined in the introduction, it became quickly apparent in conducting this review that many of the items we retrieved were not robustly designed research projects in good quality peer-reviewed journals (a full list of items included in this review is provided at the end). Indeed many of the items retrieved were either pieces from the trade press (for example *Community Care*), or were policy documents or pieces published by particular bodies with an interest in this area (for example the Local Government Association or the National Council for Voluntary Organisations). Even when articles appeared in academic journals they were often discussion pieces or did not go into much detail as to what process had been gone through to generate the evidence set out in the article. In general we found a limited range of methodological approaches within existing research studies and a failure to theorise key concepts and critically challenge previous work. Clearly there were exceptions to this rule and there were some well-designed and in-depth pieces picked up as part of the review and we report the findings from these below in more detail. However, on the whole this is not an area which seems to have suffered from over-research; and as we explain there is a clear need for new research to address significant gaps and to inform future planning for policy and practice.

Against this background, the first section in this chapter broadly aims to set out an account of the literature in terms of the types of approaches that have been used to research the involvement of the third sector in the delivery of social care. We then move on to set out the remainder of the findings according to four themes, each of which deals with an area of debate within the literature:

- approaches to researching third sector and social care;
- the distinctiveness of the third sector in delivering social care;
- relationships with commissioners of social care;
- the role of volunteers.

Approaches to researching third sector and social care

It must be noted that not all the items included in the research claimed to provide high quality pieces of evidence and a great many were concerned with providing an overview of particular policy areas or questioning the nature of reforms which were taking place at a particular point in time. In terms of setting out the types of items that were included in the review, Table 2 illustrates an overview of the sort of items that were retrieved. From this we can see that around half of the items sought to report some empirical findings, while the other half focused on providing overviews of policy issues or were strategic government documents.

Of those items that sought to present empirical data about the third sector and social care we have set out the methodologies that these items adopted in Table 3. There was much

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Table 2. Number of items, by item type

| Type of item | Number retrieved | Percentage of overall items retrieved |
|----------------------------|------------------|---------------------------------------|
| Government document | 11 | 12% |
| Discussion/overview pieces | 34 | 37% |
| Reporting empirical data | 46 | 51% |
| TOTAL | 91 | 100% |

Table 3. Number of items reporting empirical data, by methodology

| Methodology adopted | Number | Percentage of overall items retrieved |
|--|--------|---------------------------------------|
| Semi-structured interviews | 12 | 26% |
| Description of services based on experiences of these in some capacity | 6 | 13% |
| Analysis of service utilisation data | 3 | 7% |
| Questionnaire | 8 | 17% |
| Mixed methods approach | 17 | 40% |
| TOTAL | 46 | 103* |

* Figures do not add to 100 due to rounding

variation in the extent to which the methods used in the reported research were described. In six of the items there was no description of method aside from the authors’ involvement or other professional insight in particular projects. Semi-structured interviews were the most common method employed, often appearing as part of mixed methods approaches as well as a standalone data collection technique.

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'Case study' approaches to research were popular in the items included in the review. However, although a range of authors used this terminology it was associated with differing degrees of empirical examination. Some authors used this term and then went on to set out an account of a third sector organisation they had been involved in (or continue to be involved in) without any mention of the methodology adopted (e.g. Young 1991; Spencer and Padgham 2005). Some used the terminology of case study and in practice conducted mostly semi-structured interviews (e.g. Nicholls 1997; Mackintosh 2000), while others collected data from a range of sources in a detailed mixed methods approach (e.g. Bagilhole 1996; Alcock *et al.* 2004). Common across most of these case study examples is a tendency for them to be snapshots at a particular point in time of the third sector organisations (and other stakeholders).

Few of the studies were able to capture a longitudinal element where changes were observed across time. One exception to this is the work on innovation conducted by Osborne *et al.* (2008), although as these authors note there are a series of limitations associated with this study. Another is a detailed longitudinal study of older people's residential care homes over the last 40 years, charting trends and characteristics of voluntary facilities (Johnson *et al.* 2010). As with much of the more detailed and comparative literature, this study focuses on a specific function of social care rather than providing a broad insight across the sector.

What is stark is that the collection and analysis of large-scale quantitative data is relatively rare, with the exception of those studies by Knapp, Forder and colleagues (Knapp *et al.* 1999; Forder 2000; Forder *et al.* 2004). Macdonald (2000) argues that academics in the social care field are 'sceptical' at best and 'apathetic' at worst about approaches to research that are used to produce evidence-based practice in a health care context:

In particular, they are concerned about the emphasis on randomised controlled trials as the gold standard of research, heading a hierarchy of research methods at the bottom of which lie the research designs most frequently deployed in social care: client opinion studies and pre-test-post-test or post-test only designs (p.120).

The type of hierarchy of evidence to which Macdonald refers is set out in Table 4 and is taken from the Department of Health's (1999) *National Service Framework for Mental Health*. Comparing this hierarchy against the types of studies that we discover in the review reveal a tendency within the evidence base to those lower down in the hierarchy.

Macdonald goes on further in her critique to suggest that:

There is some evidence that the dearth of rigorous evaluations of social care interventions funded by the DoH reflects at best a lack of understanding of the issue of internal validity, and at worst an antipathy towards the deployment of scientific methodology in social care. The major obstacle to the adoption of an evidence-based approach to social work appears to be a view that such an approach amounts to narrow-minded empiricism (p.124).

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Table 4. A hierarchy of evidence

| Hierarchy | Type of evidence |
|-----------|---|
| Type I | At least one good systematic review, including at least one randomised controlled trial |
| Type II | At least one good randomised controlled trial |
| Type III | At least one well designed intervention study without randomisation |
| Type IV | At least one well designed observational study |
| Type V | Expert opinion, including the views of service users and carers |

This is a damning critique, and while from the evidence we have collected we cannot infer why particular approaches to research have been adopted, it is clear from the material we have set out in this section that there is a dearth of those sorts of approaches to research that would glean evidence from the upper reaches of the hierarchy.

Of course, social care is very different to health care in key respects, and this may well account for different methodological approaches. However, there may also be other factors at work (for example, disciplinary preferences for more qualitative methods) and scope to learn from some of the approaches used more frequently in health care. As an example, the work of the Social Care Institute for Excellence and the Personal Social Services Research Unit displays a constructive approach to this issue, exploring how economic evaluation in particular can be adapted to fit the nature of social care interventions. Building on the assumptions described by Macdonald (2000), Francis and Netten (2011) observe that the evaluation methods used within health are not directly transferable to social care. Instead they suggest development of certain areas to increase the effectiveness of economic evaluation within social care. This research-focused conceptualisation of social care calls for greater evaluative attention to areas such as the costs and benefits for different stakeholders across sectors; costs to service users, families and carers; and systemic or organisational financial gain resulting from unpaid care.

The distinctiveness of the third sector in delivering social care

There is an assumption, particularly visible in trade press sourced items, that the third sector offers distinctive services within social care, often accompanied by concerns that this distinctiveness is being stifled. However, what exactly is distinct is not always explained. Buckingham (2009) provides a useful overview of some of the meanings of

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'distinctiveness' in relation to voluntary service providers, which covers some of the various conceptions found in this review. First, distinctiveness can be characterised as *structural* and *operational*. In effect, the third sector is distinct simply because it is defined as the third sector – that is, it is self-governing, separate from government, does not distribute profit outside of the organisation and has value-driven aims. The second set of meanings described by Buckingham (2009) and more frequently used within the review literature were distinctive *qualities*, perceived as beneficial: greater scope to be innovative and personalised; increased access and responsiveness to local populations; and increased involvement of volunteers and service users – fostering more active communities.

Building on this positive conceptualisation of distinctiveness, Hopkins (2007) provides a rare example of an attempt to operationalise distinctiveness to measure user experiences, highlighting significant responses as:

- an organisation that makes users feel part of the community;
- staff who are prepared to go out of their way to help service users;
- staff who care about users as a person;
- offering extras that service users wouldn't have expected;
- an organisation users feel they can trust.

A Department of Health publication on best practice in partnership working summarised this in suggesting that third sector organisations 'offer added value in comparison with providers in the commercial or statutory sector' (National Strategic Partnership Forum 2007, p.17). This added value is described as strong user and carer involvement, community engagement, access to 'hard to reach groups', innovation, cost-efficiency, volunteers and absence of stigma and threat. Much research exploring such claims was identified, although papers tended to focus on specific services rather than looking across the social care spectrum as a whole. For instance, the findings of McLeod *et al.* (2008) from a qualitative study of voluntary sector hospital aftercare social rehabilitation projects demonstrate increased service user wellbeing, achieved through advocacy and befriending. However the isolated focus and lack of comparison across sectors makes it difficult to warrant generalisations across all third sector social care services.

Reporting from the Select Committee on public services and the third sector found similar problems with generalising claims about distinctiveness and increased innovation, based on existing evidence. The problems were not about finding good examples of positive impact and innovation within third sector services, but that these 'do not add up to conclusive evidence that the sector is inherently more innovative' (Wright 2008, p.4). Further to this, commentary pieces suggest caution in attributing common values across third sector organisations in social care. This debate includes accusations of large organisations 'piggy-backing' on smaller community-based groups within the sector, claiming to have similar access and insight to 'hard to reach' groups (Rickford 2000).

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Evidence on processes and outcomes and what is actually different within third sector delivered social care suggest a more nuanced picture. Kendall (2000), concentrating on older people's third sector provided services, observed that the services were indeed different from those provided by other sectors, and that the nature of this distinctiveness varies according to the type of care. In residential care there were differences in admission and visiting policies. In home care services the third sector was less likely to provide live-in or day and night-sitting services. Kendall (2000) also reports significant differences in pricing between the sectors, with the third sector providing lower priced residential care. Updated research in the field of residential provision between sectors demonstrates that there are not significant differences in user outcomes, but that service users in third sector care tended to have lower levels of need (Netten *et al.* 2010; Office for National Statistics 2010). Hopkins (2007) examined differences in user experiences across private, public and voluntary sectors. Her findings reflected on the extent of distinctiveness in different areas of public provision and suggested strong evidence of distinctiveness in employment services but less evidence in domiciliary care and social housing.

In government and other national strategy documentation personalisation is presented as an area for the involvement of third sector organisations (Department of Health 2008; Social Care Institute for Excellence 2009; NCVO 2009). The rationale for greater third sector provision in personalised services seems based in assumptions of distinctiveness, in particular strong links, knowledge and access to local communities. As the previous (Labour) government's *Putting People First* workforce strategy explains, local approaches should be taken 'utilising all relevant community resources *especially the voluntary sector* so that prevention, early intervention and enablement become the norm' (Department of Health 2008, p.9) Specific opportunities for third sector provision include working in partnership with Councils to design personalised services, as well as various ways of supporting personal budget holders through brokerage, training, advocacy, information and advice.

Despite there being a clear narrative about how third sector organisations are expected to be more involved in personalised provision, existing literature gives us little indication of the type and extent of this involvement. Further mapping of service provision would be needed to understand whether the aim of utilising the third sector to maximum effect is being achieved and understanding the outcomes of this involvement for different user groups. The national evaluation of the individual budget pilot projects did not map the involvement of the sector in the pilot areas. Instead it observed the extent of local variation in the involvement of different providers, but noted better engagement with voluntary sector organisations through their membership project boards or involvement in support planning (Glendinning *et al.* 2008).

The individual budget evaluation did provide several insights into the experience and challenges for voluntary sector providers in relation to personalised services. Individual budget lead officers believed that external agencies such as voluntary organisations were best placed in brokerage or payroll functions, but less well placed in more personal services such as support planning (Glendinning *et al.* 2008). This finding seems to conflict

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with the view of third sector distinctiveness offering a closer proximity and greater access to the service users. Elsewhere the broader direct payments literature emphasises the importance of a particular kind of voluntary organisation, Centres for Independent Living (CILs). Led by and run by disabled people themselves, these agencies often provide both practical and peer support, and have a broader role as a critical friend of the local authority (albeit that their funding can often be precarious).

As well as establishing what distinctiveness is and whether it is evident in third sector social care services, the literature also describes a number of threats to distinctiveness. These challenges were frequently linked to governance and funding and will be further explored in the following section.

Relationships with commissioners of social care

Issues relating to contracts and commissioning formed a strong theme within the literature identified. Authors approached these issues in several ways, including:

- description of the broad role of commissioning as the mechanism for successful third sector involvement (e.g. Wright 2008);
- how commissioning and procurement change in line with political reform (e.g. Craig and Manthorpe 2000; Scott and Russell 2001);
- the impact of contracts on different types of third sector organisations (e.g. Chandler 1996); the impacts of contracts on employment and workforce in third sector social care (e.g. Cunningham and James 2009, 2007);
- whether contracting culture threatens distinctiveness (e.g. Kendall 2000; Hardill and Dwyer 2011);
- good practice in commissioning for different functions of social care (e.g. Quinn *et al.* 2008);
- large scale surveys of types of contract (e.g. Forder *et al.* 2004);
- the nature of the relationship between state commissioners and voluntary organisations (e.g. White 1996; Baines *et al.* 2008; TPP Law 2008).

Regarding the extent of literature available, it should be noted that some of the commissioning and contracting items included in this review address the role of the third sector in the delivery of public services more generally or looked at health alongside social care. The fact that these documents were still deemed relevant to the review is perhaps a reflection of the lack of literature with an explicit focus on the third sector and social care.

Within social care, as with other public services, getting commissioning right is often presented as the key to involving the third sector to the greatest effect. Much of this governing vision links back to assumptions about the distinctive offer of third sector organisations. As the Public Administration Select Committee report on public service and the third sector argues:

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If government wants more third sector organisations to deliver services, then the most effective way will be to ensure that commissioners set out requirements when they commission services that play to these organisations' distinctive qualities ... key to improving outcomes will be ensuring that there are the right people in the job, with the right skills and knowledge to use their legitimate client discretions more wisely. The key is intelligent commissioning (Wright 2008, p.12–13).

Points of importance from the Select Committee review picked up and pushed by others involved in the sector pertained to what needs to change in order to achieve this 'intelligent commissioning'. For instance, there were calls for short-term contracts to be eradicated, for greater involvement in the design of contracts (voluntary sector and service-user), and for clarity about outcomes and acknowledgement of wider social benefits to be worked into contracts (Bubb 2008).

Research exploring the nature of the voluntary organisation provider and state commissioner relationship raises themes of poor communication and mutual misunderstanding. A perception that commissioners lack knowledge and understanding of what third sector organisations do is strongly voiced from within the third sector (Baines *et al.* 2008). Research also reported a lack of knowledge of government policy tools to encourage better relations between government and the third sector, such as the Compact (Quinn *et al.* 2008).

Many commentators remain critical of the wider 'contract culture' within which commissioning sits. Since 1990 several challenges and impacts on third sector organisations have been voiced. These challenges are frequently reported to stem from short-term and piecemeal funding. Hardill and Dwyer (2011) describe the 'profound impact' this piecemeal funding has on voluntary provided low-level social care services for older people in rural areas. This type of service was found typically to receive funding of one year or less, leading to annual problems of securing money, often from various sources, in order to keep services running and staff employed. This type of activity is seen as an ineffective use of management time, by managers who already find themselves at the disadvantage of not being able to plan ahead. Nicholls (1997) adds to this evidence, highlighting how obtaining core administration costs was the major contracting-related challenge for local voluntary mental health providers MIND.

In addition, statutory contracts often do not cover the full cost of voluntary social care initiatives. For instance, in voluntary residential units local authorities can arrange contracts for multiple social care places, but will only pay for the people they send (Little 2004). This shifts the cost and financial risk away from the local authority to the provider. This shift can have a knock-on effect on service users. As providers are under increased financial pressure they have, in some cases, demanded similar guarantees from their users, such as upfront payment for long courses of care.

Literature cautions that it can be misleading to generalise across third sector social care and this is particularly the case around issues of commissioning and procurement. Earlier commentaries such as Chandler (1996) suggest a number of ways that smaller voluntary

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organisations struggle with contract culture. There are practical problems around developing capacity to respond to tenders and manage these contracts, but there are also cultural issues around acquiring the commercial language and skills to be able to do this. As Chandler (1996) comments:

It is vital to understand cost structures and cost breakdown (not traditionally social work's or indeed, voluntary organisations' strong points), standard setting, quality, outcome analysis, monitoring and review (p.78).

A decade on, many of the same problems for smaller social care voluntary organisations were being reported. Some organisations are ruled out as commissioners require certain levels of public liability insurance, others because they do not meet a minimum financial turnover (Valios 2007).

The first major study in the period analysed to pull these issues together and address the contracting experiences of voluntary health and social care organisations was undertaken by Alcock and colleagues in 2004, with funding from NCVO. The research illustrated wide variation in the nature and process of contracting and similar variations in monitoring and evaluation activity and set out some clear recommendations for contracting practice. These focused on increased consistency of practice where possible through:

- promotion of national guidance on contracting;
- determining appropriate time periods for contracts;
- making renewal procedures more explicit in contracts;
- developing local support for contract design and management; and
- developing inter-provider support networks (Alcock *et al.* 2004).

One key finding in the contracting study that continues to receive attention is the impact of contracting for the workforce, specifically where short term contracting has led to staff insecurity (Alcock *et al.* 2004). Cunningham and James' (2007) study of 12 social care voluntary organisations explored the impact of insecure funding on employment and quality. They demonstrate workforce issues as an intensifying problem for the social care sector, with threat of job loss and changes to terms and conditions (particularly pay) being felt the hardest by employees. Smaller organisations were found to be at greater risk of detrimental changes to terms and conditions. Interestingly many respondents working in voluntary social care organisations felt that they had seen little evidence of the impact of policies aiming to support them such as 'full cost recovery', Best Value, and the Compact. The aspects of the insecure contracting environment which most affected service quality were found to be:

- greater demands on management time and resources;
- increased bureaucracy associated with programmes such as Supporting People;
- reduced staffing levels; and,

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- threats to continuity of care from employee turnover and falls in employee morale (Cunningham and James 2007).

While several items have a practical focus on the challenges contracting presents and recommend ways to overcome these, others concentrate on the broader impact that contracting has had over time. There is a notion that the contract market environment has eroded the unique characteristic of voluntary sector organisations, separating them from their core missions. Scott and Russell (2001) provide one poignant example where a contracting requirement conflicts with the non-service aims of the organisation. In this instance an organisation with a commitment to reintroducing women to work was required by their purchaser to employ only full-time employees. More generally the literature suggests increased business and market awareness leading to more strategic approaches by voluntary organisations. Research by Chew and Osborne (2009) demonstrates how charities are beginning to position themselves strategically in response to both internal organisational factors and external factors. They assert that despite demonstrating the ability to adapt to changing operating environments, through various forms of strategic positioning, this competitive advantage has come at a price: 'the effects of these changes on their mission, core values and relationships with other organisations' (Chew and Osborne 2009, p.101).

The role of volunteers

The shift to contract culture has also had a documented impact on the role of volunteers within third sector organisations. Important changes occurred at the top of many English charities in the 1990s. Increasingly, paid senior staff replaced the former voluntary management committees, due to skills demand for financial planning, business management and legal expertise (Scott and Russell 2001). Scott and Russell (2001) also draw attention to the formalisation of volunteer roles resulting from contractual obligations: for instance, specification of competencies, tasks, supervision and review processes. It is unclear whether these changes ultimately lead to better outcomes, but one study of volunteering in older people's community care concluded with concern that contracting will reduce the willingness of volunteers, rather than enhance their roles (Thornton 1991).

Several authors have drawn attention to the role of volunteers within social care organisations. Not only how the role has been impacted by contracting, but more so what the potential is for volunteers in social care (Bagilhole 1996; Neuberger 2008). With social care, particularly home care, defining volunteers against other unpaid carers can be difficult. The work of Hoad (2002) explores what constitutes the volunteer role in older people's services, exploring the boundaries against the roles of paid care workers, other paid professionals and unpaid carers. Findings suggested that in the social care field there were often conflicting expectations as to what it is appropriate for volunteers to do and as to how such services might develop (Hoad 2002).

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The boundaries between carers and volunteers are particularly blurred within social care. Much literature highlights the importance of supporting and ‘partnering’ carers to maximise social care outcomes (e.g. Think Local Act Personal 2011). Evaluations of TSOs delivering information and low level preventative services demonstrate significant easing of pressure on unpaid family carers and in some cases increased care allowance receipt for individuals (Robson and Ali 2006). Despite these indications of third sector services being well placed to support carers, the literature overall does not present a clear picture of this relationship, its outcomes and future potential.

At a strategic level the current contribution and importance of volunteering in social care tends to be seen in terms of creating greater public ownership of social care services and enhancing community cohesion. On an individual level volunteers in social care can bring particular qualities such as a user perspective, as a former service user or patient (Neuberger 2008). Hardill and Dwyer (2011) also highlight a particular dependence on volunteers for low-level social care interventions in remote rural areas.

Despite this commentary on importance and usefulness, there remains a lack of formal evidence on the economic and social benefits that volunteers bring across the social care sector. There is also a lack of evidence around how volunteers fit into specific social care initiatives. However, Manthorpe *et al.* (2003) provide an exception. Looking at the best potential use of volunteers within rapidly growing intermediate services, they explore volunteer perspectives on the attractiveness of intermediate care. Messages for successful intermediate services such as re-ablement are that volunteers can provide the ‘social’ aspect of social care which can be missing from professional services (Manthorpe *et al.* 2003).

Neuberger’s (2008) review of volunteering raised a number of options for expanding the contribution of volunteers in social care. The idea of employee volunteer schemes for social care staff is featured and sits well with the observations from boundaries literature that staff frequently volunteer to work unpaid time. Other suggested future developments include better promotion of volunteering opportunities in the sector, particularly to current service users who bring valuable personal experience.

Reviewing the evidence

We complemented the findings from the literature review with those suggested during the interviews with key stakeholders to draw out the major implications across the areas of policy, practice and research. Although it was a small sample (n=8), we spoke to individuals across policy, practice and academia about what the gaps are in the existing research evidence, what future challenges might impact third sector organisations in delivering social care in the future and what the future research agenda is in this field. We set out the main themes from these interviews according to the headings employed in the literature review.

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Approaches to researching third sector and social care

All of those we spoke to recognised that approaches to researching this field are often case study based descriptions of small scale settings and many of those we spoke to argued for more robust research methodologies and datasets. However, interviewees also recognised the difficulty of getting beyond the small scale in terms of research in this area given that the field is so diverse and in some cases providers may only exist for a small amount of time. One of the difficulties identified in being able to provide more robust approaches is that there are no industry-standard outcome indicators for social care. Those involved in delivering social care work to many different understandings and levels of quality and this is likely to increase with the roll-out of personalisation. One of the priorities identified in interviews was to create the means for a more effective measurement of an agreed standard of quality which could then allow for comparison across providers.

A further difficulty identified in this respect is that we do not have a clear taxonomy of third sector social care providers. Some of the interviewees suggested that a model of the various forms that third sector organisations take and the means through which they support the care that they provide may help in differentiating between third sector organisations. Such a taxonomy, in tandem with an agreed range of outcome indicators may allow us to make inferences regarding the stability, effectiveness, scalability, quality and outcomes of different types of organisational models in much more detail than we have been able to do to date.

The increasing reach of personalisation is leading to further fragmentation in the field of third sector social care provision. One area for research growth in the future may be around the notion of micro providers. This is likely to need different approaches to research from most previous practice.

Distinctiveness of third sector in delivery of social care

While many of those we spoke to are advocates of third sector interests and often suggested that the third sector is distinctive in terms of levels of innovation, commitment and quality often this was more of a gut feeling than one which is grounded in specific forms of evidence. Many of those we spoke to suggested that there is a gap in the research literature in terms of being able to evidence the differences of quality in inputs and outputs between different sectors. These differences have been brought into sharp focus in the context of the Southern Cross experience and some we spoke to argued for research into the alternative to for-profit delivery of social care in the wake of this experience.

Some interviewees were less concerned about the specific distinctiveness of the sector and suggested that distinctiveness instead comes in terms of scale. Some of the smaller third sector and commercial sector organisations may therefore share similar sorts of challenges. There may be a research gap in identifying the nature of these contexts.

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Relationship with commissioners of social care

The relationship between third sector organisations and commissioners of social care was highlighted as being a major challenge within the current financial climate and an issue which will continue to pose difficulty in the future. Some of those we spoke to argued that it is difficult for commissioners to understand third sector organisations and that some may even have a 'cognitive bias' against them, thinking of the third sector as 'amateur charities and not committed service providers. You might put money in their tin but you wouldn't procure from them'. As such, skill development may need to be undertaken with commissioners of care in order to help them better understand third sector organisations and equip them better to be able to take a chance on these, over for-profit providers, who often have substantial financial backing that third sector organisations lack. This will be all the more important in the context of the new Health and Social Care Bill. GPs, who will take on an expanded role for the commissioning of care, are it is argued starting from an even lower base in terms of understanding of the third sector. The types of providers that the government says that they want to come to market (e.g. smaller, more innovative, community-based) are precisely those that are most vulnerable to the current commissioning conditions and so we need to understand how better to support these kinds of organisations.

In commissioning care one major challenge will relate to the basis on which these types of judgements are made. One potential issue in a time of financial constraint is that there may be a 'race to the bottom' with providers aiming to be cheapest in terms of cost and price. This was seen as a potential dangerous and divisive tactic which commissioners will need to try and counter by taking other considerations into account.

Given that many third sector organisations have shifted into service delivery on a contract, rather than a grant basis, this may cause tensions for third sector organisations in terms of their role and remit. Are they an advocate for their client group? Or are they bound to their contract which can divert them from their mission? This is a tension which will only become more profound in the future and public and third sector organisations alike may need help in working through these.

The growth in micro providers will also mean that third sector organisations have very different sorts of needs. These smaller entities are sometimes much more vulnerable than their larger counterparts and commissioners may want to help these organisations to come together to work collectively in terms of issues or risk, information, training and so on.

The information provided by local authorities about providers of social care is also an issue that was picked up by our interviewees suggesting that this is a contemporary and future challenge. How to provide information on a diverse sector, how to communicate effectively with an increasingly elderly population and whether local authorities can guarantee the quality of those TSOs they provide information about were all key issues here.

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Role of volunteers

Volunteering was an area of focus in many of the interviews, with individuals suggesting that we still do not have a clear understanding of many of the issues relating to this area. Research gaps were identified in terms of what drives individuals to volunteer and how their roles are handled and supported in practice. With changes to regulations in this area third sector organisations will have to use, support and train volunteers in different ways. It has long been established that volunteers are not a free good, but the increased training that they will have to do in future poses a potential challenge to third sector organisations.

The capacity of third sector organisations to recruit volunteers was also highlighted as a key issue. One interviewee argued that there are more volunteers in affluent areas than poorer areas and a key challenge is in supporting volunteers in more deprived areas. This raises a number of inequity issues for the third sector given that third sector organisations in deprived areas tend to rely on local authority funding more than those in more affluent areas, who consequently have more independence and political power. The implications of this are that much more governmental support is needed to develop 'big society' volunteering in poorer areas.

CONCLUSIONS

This review has explored the available research base on the delivery of social care by third sector organisations, drawing on UK literature since 1990, and supplemented by interviews with a select number of respondents from policy, practice and academia.

The overall conclusion from this review is that there is a relative lack of robust research relating to the role of third sector organisations in delivering social care services. This is despite the long history of this role and its growing, and changing, importance in recent and current policy contexts. In this section we draw together the findings from the literature review and our interviews with key stakeholders to set out a programme of research which we believe would address some of these limitations and provide evidence sources for the future planning of policy and practice. In setting out this discussion we organise this material in line with the findings set out in the previous section.

Approaches to researching third sector and social care

As is clear from the findings of the review there are significant gaps in the approaches to researching the third sector and social care. There is a theoretical lacuna in the literature. There is a need to clarify the different organisational forms involved in the delivery of social care and to explore the different roles that third sector organisations have played in delivering services and campaigning. This could eventually feed into the creation of a typology setting out the strengths and weaknesses of the third sector in the delivery of social care. Further research might also investigate the market niche that third sector providers have in social care and examine how this is maintained, for example, through trust-based theories of the sector. Theoretically-informed work might also be done examining the relationships within the third sector field, for example between large and small agencies, generic and specialist, etc.

Following on from this theoretical deficit there is also a significant empirical lacuna – in particular there needs to be a better mix of research methods employed in investigating this area. The use of large-scale quantitative data sets in this area has been rare. However, these are needed to provide a quantitative picture of the current scale and spread of third sector organisations involved in social care at a national and regional level. This could perhaps be done from the Charity Commission register and the National Survey of Charities and Social Enterprises. The Third Sector Research Centre has developed usage of both of these datasets and has constructed a sample of charities for longitudinal analysis. Other administrative data sources should also be explored to see if it is possible to get robust data on the scale and distribution of public sector funding of third sector organisations delivering social care.

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The distinctiveness of the third sector in delivering social care

Linked to the previous section, comparative study of third sector delivery is needed, in particular to inform policy and practice. The types of issues to investigate include:

- economic analyses of the impacts on health and social care costs;
- the wider social values that third sector organisations may bring, beyond actually delivering on their contracts;
- how improvements and innovations in care are introduced and operated;
- user involvement and satisfaction with services.

As we have argued, the context for third sector organisations delivering social care has altered significantly over time. Therefore there is a need for up-to-date policy analysis to investigate how the policy environment has changed and the implications for third sector delivery which now flow from this. This should include:

- reform of public services;
- challenges for commissioning and procurement;
- impact of personalisation;
- co-production and market completion;
- the role of prevention within a context of funding cuts.

Relationships with commissioners of social care

Existing evidence suggests that there are significant problems in commissioners' understanding of prospects for third sector organisations delivering social care. Policy guidance could be developed to address this, and to support commissioners in ensuring that a market of providers can be sustained in a context of personalisation. Third sector organisations may also need support in developing appropriate relationships with commissioners and bidding for, and providing, social care services.

The role of volunteers

There has been little research on the use of volunteers in delivery of social care within third sector organisations and the particular (added) value that volunteers bring. Qualitative research with volunteers and case study analysis of their involvement in delivery of services could provide important new evidence about the potential for, and the challenges, of voluntary contribution. This should address questions of the recruitment and management of volunteers, performance measurement, and the role of appropriate guidance for organisations and commissioners.

AREAS FOR FUTURE INVESTIGATION

Future research in the field needs to address both the theoretical and methodological limitations in previous work. Priorities include:

- development of a typology of third sector providers, identifying the strengths and weaknesses of different organisational models;
- mapping of the scale and distribution of third sector organisations engaged in social care delivery utilising quantitative datasets;
- mapping of relationships between third sector organisations operating within the sector including co-contracting, direct competition, partnership and supply-chain collaboration;
- critical analysis of current methods of impact measurement used by third sector organisations to monitor performance;
- development of robust methods for comparative analysis of social care outcomes across providers in the public, private and third sectors, including comparative cost/benefit analysis;
- case study research to examine innovation in service delivery by third sector organisations and the scope for scaling-up and replication.

There is also a need for qualitative research which directly addresses key issues of policy and practice, and can provide the basis for policy guidance for future provision. Priorities include:

- analysis of recent changes to the national policy context for social care and the implications of this for third sector organisations;
- organisational analysis of the implications for third sector organisations of moves towards co-production and personalisation, and development of practice guides for third sector organisations in relation to future models of service commissioning;
- analysis of commissioning practice and development of policy guidance for commissioners of social care from third sector providers;
- qualitative analysis of the role of volunteers in social care delivery and development of policy guidance on the effective use of volunteers.

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