

Transforming Public Services

In June this year, the Scottish Executive published *Transforming Public Services: the next phase of reform* - <http://www.scotland.gov.uk/Resource/Doc/130092/0031160.pdf>

Public Service Reform comprises five key elements. Services must:

- ◆ Be personalised and user-focused
- ◆ Be outcome-focused
- ◆ Demonstrate efficiency, productivity, quality and innovation
- ◆ Be joined up, minimising separation
- ◆ Strengthen accountability

Underpinning these five elements is the commitment to social justice and equality and to economic, environmental and community sustainability.

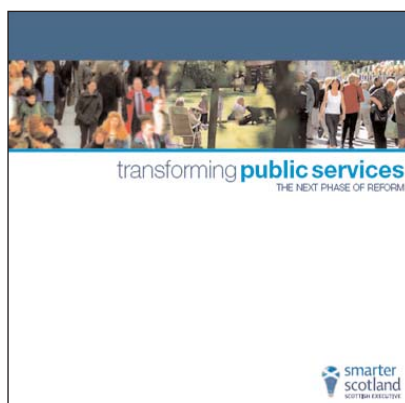
A series of dialogue events has taken place over the last three months.

VHS has taken part in two of these, one with a particular focus on health improvement, hosted by Health Scotland's Local Government Health Improvement Programme.

Transforming Public Services specifically identifies health improvement as a major challenge because it requires in addition to effective public service delivery collaboration across different agencies and sectors.

Community planning is the key vehicle for taking forward this challenge.

Community planning: an initial review from Audit Scotland in June 06 - <http://www.audit-scotland.gov.uk/publications/pubs2006.htm> indicates that planning for health and well-being is an area in which community and voluntary sector groups are least likely to be engaged - it is to be hoped the *Standards for Community Engagement* as well as the recommendations from the Health Improvement Challenge's *Community-led Task Group*, to be launched on 12 December, will help to change this.



At the same time however, the voluntary sector is well-established as a major contributor to public service delivery (most notably in the community care field) and VHS believes that *Transforming Public Services* could have made more of this, highlighting our sector's capacity to be user-focused (especially in countering inequality), innovative, effective, accountable to users and funders and of high quality.

The Scottish Executive's *Vision for the Voluntary Sector* is committed to

promoting the sector's service delivery role and is cited in *Transforming Public Services* as the context for further action.

Voluntary Health Scotland has indicated willingness to assist with accelerating this process in relation to health improvement and health care delivery.

Editorial

With less than seven months to the Scottish Parliamentary Elections, we have pleasure in enclosing with this edition of Briefing the VHS Manifesto for Elections 2007, which we are distributing as widely as possible to political parties and beyond.

Whatever changes take place in council and parliamentary composition, the voluntary and community sector's vision for a healthy society is likely to continue and its contribution to that vision likely to grow. Sustained health improvement and increased voluntary and community engagement in service development are long-term goals and significant challenges persist, not least an insecure funding base for our work.

Whatever the colour of the next Parliament, VHS believes that real opportunities for our sector lie in the realisation of the Scottish Executive's Vision for the Voluntary Sector, the ongoing reform of public service delivery and the growth of the Social Economy, alongside a strengthening of community engagement in health development.

Helen Tyrrell and the VHS team

REACH Community Health Initiative: *going from strength to strength*

Since 1999, REACH has been locally based in Govanhill, Glasgow, from where it has provided culturally sensitive and accessible preventative health information and services to the Black and Minority Ethnic (BME) community in Glasgow.

REACH's vision is of a multi-cultural society in which everybody has equal access to appropriate health services, its mission to empower BME communities by ensuring that their health needs are fully met.

It has worked to:

- ◆ Provide a range of good quality, culturally-sensitive preventative health services
- ◆ Influence mainstream policy and undertake innovative research to identify and remove barriers to health for BME communities
- ◆ Provide cultural diversity training for mainstream, voluntary and private sector organisations working with BME communities

Now, however, REACH is successfully extending its scope to national level.

The National Plan is a bold one, which will undertake comprehensive programmes for BME health care provision in specific NHS Board

areas throughout Scotland.

It is envisaged that at national level REACH will influence change within mainstream health services so as to better address the health needs of the BME community in Scotland.

To do this, REACH will continue to



provide services and carry out research as well as building capacity and setting up a network of partnerships, transferring knowledge and good practice from local to national.

It is therefore imperative that work continues at local level to support REACH's functioning and capacity at national level.

In particular it is anticipated that the work conducted at local level will allow for comparisons and exchange of good practice to be

made between designated NHS Boards where REACH is focusing in Scotland.

As part of their national initiative, REACH will deliver a major conference addressing race equality issues in relation to health and the BME communities, with particular focus on rural issues and it will also develop a network with other equality groups to set up support mechanisms and lobbying programmes in relation to health, race and equality.

Contact REACH at: Shehla Ihsan (Chair / Line Manager), 0141 585 8024/8029, email: admin@reachhealth.org.uk, website: www.REACHhealth.org.uk

Date for your diary:

On 30th November 2006 Voluntary Health Scotland hosts an event focusing on the current issues and activities in Community Health Partnerships.

This will take place at Rosebery House, Haymarket, Edinburgh and also include the VHS Annual General Meeting.

VHS's new website to promote members' success stories

Voluntary Health Scotland recently launched their new website (www.vhscotland.org.uk) with a range of extra features for members and non-members.

The '**Showcase**' section of the site provides a great opportunity for members to present their stories of good practice and success. We encourage you to contact phil.mcandrew@vhscotland.org.uk for more information on how to publish your story on the VHS

website.

The new website also includes:

- ◆ Up-to-date Community Health Partnership contact details and access to the CHP discussion forum.
- ◆ In the Library section research, policy, and consultation documents and government Bills from the NHS, Scottish Executive, Scottish Parliament and organisations from the voluntary and community sector.

◆ The latest voluntary and community sector health-related news from Scotland and elsewhere and the latest e-news bulletin.

◆ An easy to navigate '**Events**' section with information on a wide range of conferences, seminars and training courses.

Please send your feedback on the website design to phil.mcandrew@vhscotland.org.uk or call us on 0131 557 6845.

NHS e-Library re-launched to share knowledge with all

In May 2004 the original NHS Scotland e-Library was launched, providing information for clinical and managerial decision-making; education; training and lifelong learning in health care via an NHS website.

The intention then was that the service would be continuously updated and reviewed through user feedback and evaluation.

Since then, with approximately 70,000 users and millions of website hits per month, the e-Library has supported many NHS staff in gaining access to and using the vast pool of information available.

Now a suite of e-Libraries are available to partners in care in the voluntary and community sector to demonstrate NHS

Scotland's commitment towards Patient Focus and Public Involvement.

Three significant developments have been introduced to help achieve this:



NHS Get Involved

◆ (www.nhsgetinvolved.com), one of the growing number of specialist e-libraries, provides information and tools to assist individuals, groups and communities to get involved in improving their own health and healthcare, in influencing NHS priorities and contributing to the way services are planned.

Equality in Care

◆ (www.elib.scot.nhs.uk/equality) is designed to support healthcare staff and partners in improving health and tackling health inequalities.

The third development is the introduction of a 'Shared Space' combined work-area which supports knowledge sharing by networks and communities.

These resources will help reduce duplication of effort and will provide greater access to all kinds of information produced locally, e.g. conference abstracts, posters, project reports, good practice and learning materials.

For further information contact Phil McAndrew on 0131 652 5994 or email: phil.mcandrew@vhscotland.org.uk

Scottish Health Council - Public Partnership Forums Development Day

In September, the Scottish Health Council (SHC) held a national Development Day on the role of Public Partnership Forums (PPFs) - the public involvement arm of Community Health Partnerships. All CHPs were required to have a PPF set up by April 2006.

The SHC exists to ensure that patients and the public have opportunities to express their views to NHS Boards and to have these taken into account.

It also assesses Boards' progress in patient and public involvement, disseminates examples of best practice and assists with patient feedback.

To date, most PPFs have made progress in involving patients and local people, but the SHC event identified significant challenges, including resourcing

of activities and ensuring broad participation.

PPFs must meet the requirements of the *Fair for All - the Wider Challenge* agenda, securing participation by all the Equality and Diversity Groups, including people from ethnic minorities, faith groups and people with disabilities.

Different approaches to achieving this were explored. Communities Scotland promoted the value of the *10 Standards for Community Engagement*, which can be used to plan activities, assess different approaches, monitor progress, evaluate impact and establish terms of reference.

The *Standards* are also compatible with the SEHD's *Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies*.

VHS's Bill Weir explored ways of involving patients and the public through the voluntary sector.

Patient interest and self-help groups, advocacy and minority groups, as well as local networks can all lead to successful engagement, and support and training for participation is well embedded in the sector - *Health Issues in the Community*, for example, provides this.

Networking within groups is well organized too, through local voluntary sector and community care forums, children's services forums.

The local voluntary sector reaches out to all corners of the community, ensuring inclusion.

For a copy of Bill's presentation, contact: Bill.weir@vhscotland.org.uk

Health Board Elections Bill - update

The Health Board Elections (Scotland) Bill was introduced into the Scottish Parliament by Bill Butler MSP on 31st March 2006.

This Bill, if passed, would allow members of the public to be directly elected to health boards, make the Boards more accountable and give patients more say in how local services are run.



The Bill proposes that the elections would take place every four years, be funded by the NHS Boards and would allow Scottish voters eligible to vote in UK General Elections to vote and stand as a candidate for their local NHS Board.

A majority (50% + 1) of each Board would be directly elected by the public.

During the summer the Health Committee invited written evidence on the general principles of the Bill.

A total of 33 organisations responded to this invitation, with 13 backing the Bill, including UNISON and VHS.

VHS believes that people must be able to take part in developing solutions to their own health needs.

16 respondents oppose the Bill (including several NHS Boards and the Scottish Executive) and 4 have submitted no specific view.

The main arguments in support of the Bill highlighted that:

- ◆ There would be greater participation from service users and communities

- ◆ The NHS Boards would become directly accountable to the people they serve

- ◆ There would be the benefit of greater democratic accountability while still retaining NHS expertise

The arguments against the Bill included:

- ◆ Implementation costs would place additional pressure on NHS budgets and reduce funding for front-line services

- ◆ All chairs of Boards are appointed by and directly accountable to Ministers who themselves are accountable to the Scottish Parliament.

- ◆ A number of steps have already been taken to make Boards more accountable and responsive to the public e.g. the creation of Community Health Partnerships which involve a wide range of public and voluntary sector members
- ◆ The Patient Focus Public Involvement (PFPI) efforts have developed significantly within NHS Boards in the last few years.

Throughout October the Health Committee will be taking oral evidence from many of those who submitted written evidence, including VHS.

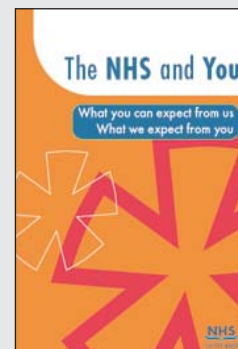
VHS support the main principles of the Bill, particularly the postal ballot method of voting which will reach a whole range of marginalised and excluded communities who may find electoral participation difficult for reasons of geography, language, disability or age.

Towards the end of November the Health Committee will consider the draft report, with agreement expected in mid December.

Our next Briefing will cover developments in the Bill's progress.

The NHS in Scotland: your rights, your responsibilities

Health Rights Information Scotland (HRIS) has recently updated their information leaflet 'The NHS and You', telling people what they can expect from the NHS and what the NHS expects of them.



Now, national waiting times targets have been updated, and information has been added, for example, about:

- ◆ patients' rights to see copies of correspondence between NHS staff about their medical care, and
- ◆ electronic health records and the Community Health Index (CHI) number.

NHS Boards in Scotland have been asked to distribute the leaflet to places within their area that provide NHS care, including hospitals, GP and dental surgeries and pharmacies.

A supply of the leaflets has also been sent to Citizens Advice Scotland for distribution to their local citizens advice bureaux.

The revised leaflet is also available on HRIS's website at www.scotconsumer.org.uk/hris/leaflets/thenhsandyou/index.htm

For more information, contact Elaine Dunlop: email edunlop@scotconsumer.org.uk or phone 0141 227 8440

Teenage Cancer Trust in Scotland

Six UK teenagers a day find out they have cancer - over 2,000 a year.

Often they get a raw deal, receiving hospital treatment in inappropriate facilities alongside children or older people.

Teenage Cancer Trust (TCT) supports teenagers and young adults with cancer by providing specialist teenage units in NHS hospitals.

As well as state-of-the-art recreational facilities for long hospital stays, the units provide an environment where teenagers can meet others in a similar situation, allowing them to build friendships and cope with their illness without being patronised or ignored.

Units are staffed by highly skilled professionals. Concentration of clinical

expertise within specialist units can improve chances of survival.

TCT has built permanent specialist units in England, but not as yet in Scotland.

These units cost about £2million each and TCT wants to see at least 22 units to ensure every teenager with cancer has access.

Teenage Cancer Trust is currently fund-raising to build much-needed wards in Scotland so that Scottish teenagers can receive the best care possible.

With a temporary facility at the Beatson Oncology Centre, Glasgow, TCT intends to open a more permanent facility at Gartnavel Hospital in 2007 and work on an interim 6-bed unit at Yorkhill Children's hospital also starts in 2006. TCT also hopes to build a unit at the Western General Hospital, Edinburgh.

TCT also supports the Education and Community Team, which provides a lively speaker programme throughout the UK, with Dawn Crosby delivering this for Scotland and Northern Ireland.

Dawn visits schools, colleges and universities and other groups to give thought-provoking presentations on the many issues relating to teenage cancer. The talks raise awareness, both of the unique problems faced by teenagers fighting cancer and of the fact that their needs are not currently met by the NHS.

They also include advice on healthy lifestyle and ways to reduce the risk of contracting cancer.

For more information please visit www.teenagecancertrust.org, contact Dawn Crosby on dawnc@teenagecancertrust.org or 07850 841775.

Skills for Health - and the voluntary sector workforce

The UK comes fifth in terms of workforce skills among the G8 countries. In response to this, the UK Government established 25 Sector Skills Councils (SSCs) covering all areas of UK economic activity. The voluntary sector is active in 14 sectors and SCVO hosts the Workforce Hub.

Skills for Health was set up in April 2002 (supported by the DoH, SEHD, the private and voluntary health sectors and staff organisations) to become the health SSC for the UK. *Skills for Health* leads in developing and integrating competences for the UK's two million healthcare workers across the NHS, private and voluntary sectors.

The *SfH* database comprises 2,500 competences for health care and health improvement which are transferable across the UK. These are aligned with the ten competencies for public health / health improvement and crucially, with the NHS Knowledge and Skills Framework (NHS KSF).

Gradually, the *SfH* framework will inform the development of all training for health care and health improvement providers in the public and private sectors and in key areas where the voluntary sector provides - for example, hospices. VHS wants to see this opportunity extended throughout the voluntary sector.

VHS and CHEX have together carried out a basic mapping of learning needs in the voluntary and

community health sector (VCS) and are now working towards identifying training to meet these needs. In this way, the sector will achieve greater capacity to partner statutory services in health improvement.

Skills for Health can inform the VCS of gaps in their current skills base (both individually and across a team) and the framework can be used in two key ways to close gaps:

- ◆ To develop internal training / CPD and to negotiate with training providers;
- ◆ To recruit the best possible skill mix for any particular initiative

Contact: Maggie Havergal on 0131 553 1383 or www.Skillsforhealth.org.uk

Forthcoming events

15th UKPHA Annual Public Health Forum - the UK's largest multi-disciplinary conference on public health.

28th & 29th March 2007 - Edinburgh International Conference Centre.

The deadline for submission of papers for oral or poster presentation is 28th October 2006.

To submit an abstract, go to www.ukphaconference.org.uk or contact the Conference Secretariat, Benchmark Communications on 0191 241 4523.

Gaun Yersel!

The voluntary sector's approach to Self-management programmes

This conference, hosted by *Long Term Conditions Alliance Scotland*, will inspire you and give you confidence to change the way you work with people with long term conditions.

This is of relevance to anyone who works in the health, social or voluntary sectors.

20th November, Radisson SAS Hotel, Argyle Street, Glasgow

Speakers include Andy Kerr, Minister for Health, Phil Hanlon, Prof of Public Health, Glasgow University and Angela Donaldson, Arthritis Care in Scotland.

To book call Arthritis Care in Scotland on 0141 954 7776 during office hours.

Electronic health records - what's happening in Scotland?

By now, all households in Scotland should have received a leaflet describing the new *Emergency Care Summary*.

Until now, staff NHS at out-of-hours medical care centres or A&E departments have had no written information about the patient, having to rely instead on information about current medications and any allergic reactions provided by the patient.

If a person is confused or elderly, this can be difficult, and staff may have to care for the patient without knowing their situation.

Now, the *Emergency Care Summary* (ECR) will provide basic information about a person's health care, taken from their GP computerised records transferred to a central computer. The ECR will contain only:

- ◆ information about name, date of birth, address, and GP surgery;
- ◆ information about any current medications; and
- ◆ any allergic reactions to medicines.

With the person's permission, staff in out-of-hours centres, A&E departments, and NHS 24 will be able to access this information on computer.

Towards an electronic health record

The *Emergency Care Summary* is the first step towards people in Scotland having "joined up" health records.

Eventually, wherever patients are seen in any NHS setting, staff will be able to see a complete set of patient

information, not just information from that one particular setting.

If it ever happens, this will be a huge leap forward.

The Scottish Executive has been working to make small changes to the way health information is stored, and to introduce systems like the *Emergency Care Summary* as a start in the process.

Is this what the public wants?

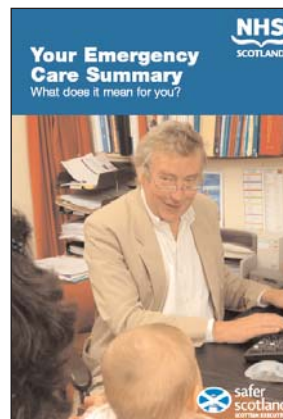
In 2005, the Scottish Consumer Council carried out research into public attitudes to data sharing in the NHS, and found that the public appears to support the *Emergency Care Summary*.

The SCC thinks that there are clear benefits for patients, provided people are properly informed and given choices about sharing their information.

Most people also support the development of a single electronic record with all of a person's health information linked together, so that NHS staff can treat patients with a full picture of their health.

The group which has developed the *Emergency Care Summary* includes representation from the SCC., which contributed its research on data-sharing to give some real evidence of what people in Scotland felt about this development, and the leaflet delivery this autumn can be seen as one outcome of the research and of the SCC's involvement in this area.

For further information, please contact Liz Macdonald, SCC Health Policy Manager, on 0141 227 6451 or lmacdonald@scotconsumer.org.uk



Be Active, Stay Alive - The BASA Project

Mental health service users' concerns provided the original inspiration for The 'Be Active Stay Active' (BASA) Project, based in Clackmannanshire.

BASA's guiding principles aim to facilitate sustainable recovery by meeting people's basic human needs to belong, to feel safe, to have a purpose in life and to enjoy oneself.

The project actively engages with people from all walks of life made vulnerable by mental ill health.

Careful encouragement to take part in a variety of sociable activities such as walking, aerobic exercise, horticulture, nutrition and cooking shows that confidence can be regained and a real sense of wellbeing restored.

Founded in 2003 by two of NHS Forth Valley's insightful Allied Health Professionals, BASA took the line that service users' individual strengths and

skills remained under-valued.

It was gradually realised that the NHS would have to shift its approach if it was going to facilitate service users' sustainable recovery.

BASA gained recognition in 2004 by achieving an Allied Health Innovation award.



At BASA's heart is its partnership working between members and facilitators, who currently comprise an occupational therapist, dietitian,

physiotherapists from NHS Forth Valley and recreational facility co-ordinator from Falkirk College.

Ongoing development of team working skills combines to build capacity and sustainability for the project whilst, crucially, boosting the likelihood of sustainable recovery for its members.

Preparing 'The BASA Story' for presentation at the 2005 Mental Health Promotion Conference in Dublin showed that much learning had already taken place in achieving the cheerfully optimistic and productive atmosphere of partnership working.

Indeed, BASA was filmed in May 2006 by the Open University to feature in a forthcoming 2007 coursework as an outstanding example of good practice in the community!

For further information contact George McMeechan, BASA Project Secretary at gc.mcmeechan@btopenworld.com

New CHP advice note for voluntary sector

Bill Weir has produced a new advice note on the role of the voluntary sector members of Community Health Partnership (CHP) committees.

It addresses the development issues which have arisen since CHPs were introduced in April 2005, which are:

- ◆ ensuring that the voluntary and community sector has a full role to play in the development planning and delivery of local services

- ◆ supporting the voluntary and community sector to engage fully with CHPs

- ◆ assisting CHPs to get the best from their relationships with the voluntary and community sector

The advice note supports the organisational role which the voluntary sector can play in a CHP.

It clarifies the differences between involving the sector in the planning, development and delivery of services and public involvement through the Public Partnership Forum.

It will be a valuable reference for anyone working in a CHP, whether from the voluntary or statutory sector.

The advice note is currently with the Scottish Executive Health Department and will be available in the near future on the VHS website under the Library / VHS Publications section.

For further information contact Bill Weir on 0131 652 5993 or email: bill.weir@vhscotland.org.uk

Social enterprise - improving health

What is social enterprise?

Social enterprise is a business model whereby surplus from trading is reinvested for social, community or environmental growth and sustainability, rather than making profit for shareholders.

Crucially, there needs to be market for the service. Figures from the DTI small business survey (2006) suggest that there are up to 3,000 social enterprises in Scotland, within the country's 50,000 voluntary organisations and 240,000 Small and Medium Enterprises (SMEs).

Together, they generate £1b. About 29% of these are located in the health and social care sub-sector, particularly in adult and child care, housing and community food initiatives.

DTI research in 2005 showed that 88% of social enterprises surveyed made at least 50% of their income from trading, with the rest coming from grants, charitable donations and other forms of fund-raising.

While a large part of social enterprise is located within the wider social economy, a significant group of social enterprises lie outside the voluntary sector and have been developed by individual social entrepreneurs or set up to deliver a specific public service.

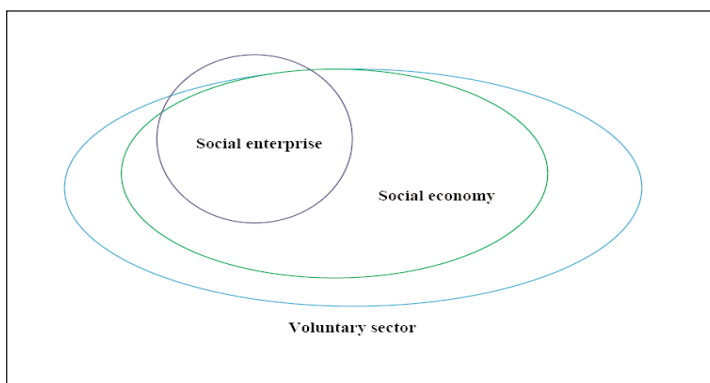
The Scottish Executive

published its *Social Economy Review* in January 2003, which recognised the importance of the social economy in the delivery of better public services.

To support its contribution to community regeneration and redressing inequalities, *Futurebuilders Scotland* brought an £18m contribution over the years 2004 - 06 to building the infrastructure and capacity of the social economy sector.

In June this year, Communities Scotland brought out its consultation document *A Social Enterprise Strategy for Scotland* - <http://www.scotland.gov.uk/Publications/2006/06/e15990/link>

It identifies the added value, flexibility, innovation and value for money that the model brings to closing the opportunity gap and community regeneration.



Responding to the consultation, however, SCVO asserts that closer links need to be made between the delivery of the strategy and supporting the contribution of the voluntary sector to public service delivery identified in *A Vision for the Voluntary Sector (2005)*.

Can social enterprise contribute to health improvement?

Voluntary Health Scotland believes that the actual and potential contribution of social enterprise to

health improvement is under recognised.

Health improvement *can* only be achieved through the organised efforts of society, with collaborative contribution from public services, communities and the voluntary and private sectors.

A recent conference hosted by the Scottish Forum for Public Health (SFPH) examined the contribution of social enterprise to public health, of which health improvement is one of three key elements.

It identified a vision for health improvement shared by both social enterprise and public health, a complementary policy structure and, potentially, consistent models of delivery and complementary skill bases.

Social enterprise can and already does make a contribution to health improvement in a number of key priority areas - smoking reduction, physical activity, healthy eating and mental health improvement.

We all know of Jamie Oliver's Fifteen Restaurant, but examples of social enterprises delivering health outcomes are increasing, from Fivez, <http://www.fivez.net>, which runs small-side football leagues in smaller and disadvantaged areas throughout Scotland, contributing to physical activity for thousands of youngsters, to Six Mary's Place in Edinburgh, <http://www.sixmarysplace.co.uk>, which offers quality accommodation and healthy meals for the public, at the same time as providing mental health improvement and employment options.

The Scottish Community Diet Project (SCDP) has just produced *Minding their own business*, an introduction to social enterprise for community initiatives tackling inequalities in diet and health.

Social enterprise in Cambodia

This summer, I was fortunate in being able to visit Stung Treng Women's Development Centre (SWDC) and its trading arm Mekong Blue, on the Sekong River in the remote north-east of Cambodia near the Lao border.

Much of the area is characterised by poverty, poor health (male life expectancy 55; infant mortality 106/1,000 live births; maternal mortality 450/100,000 - all WHO, 2004) low education, few employment prospects and geographical remoteness.

Many young women are lone parents for whom there is no social support.

SWDC focuses on developing life skills that assist in breaking the cycle of poverty and illiteracy for vulnerable people, especially women.

The project is housed in a series of low sheds, most of which are used for silk production.

One serves as a crèche and kindergarten for the under 5s and is used also for literacy classes and health education activities.

There is also a community café used by local people and NGO workers, which provides training in food



handling and hygiene.

Significantly, SWDC was founded in 2001 by a local Cambodian couple in order meet their community's needs and none of the work is funded

through international aid. Instead, most of the Centre's income is generated through Mekong Blue. Local women learn the crafts of spinning, weaving and making up of high quality silk garments and furnishings.

The products are commercially available through its website - <http://www.mekongblue.com> - and have now achieved UNESCO award-winning quality.

The benefits are many: education, transferable skills development, employment, improved health awareness and most importantly life skills and self-esteem.

Between 2002 and 2005 SWDC's programmes benefited over 280 women, 100 children and 20 families from the villages that surround the Centre.

Helen Tyrrell

Shortfall in funding expressed by majority of survey respondents

During September VHS carried out a piece of research amongst its membership on fundraising issues.

The short survey addressed three principal areas: annual turnover, sources of funding and shortfalls in funding.

The findings to date show that the majority of respondents, 53%, had an annual turnover of between £100k and £500k, 15% were in the region of £50k to £100k, 12% in the £25k to £50k bracket, 9% each in less than £25k and over £1 million and the remaining 3% between £500k to £1 million.

The responses to the sources of funding question showed that Local Authorities at 17%, NHS Boards at 14% and donations at 14% were the most popular sources. Income generation accounted for 10%, trust funds 9% and Lottery funds 8%.

The Scottish Executive provided an element of funding for 7% of those who took part in the survey.

Perhaps the most concerning results were those taken from the initial analysis on the shortfall of funding.

45% of respondents indicated that they had experienced a shortfall or interruption in funding recently and a further 34% with no actual shortfall expressed deep concern

about their funding in the future.

Only 21% did not experience any problems in funding.

Whilst VHS has had a good response to this survey we encourage those who have not yet had the time to take part to now help us in developing a picture of what seems to be a growing problem for many in the voluntary and community sector.

To access the survey online please visit the following address: <http://www.surveymonkey.com/s.asp?u=761102505022> or visit the VHS website at www.vhscotland.org.uk

A new experience in Scotland

My name is Birgit Kasberger and I am a student from Linz University in Austria. In August, I spent 3 weeks at Voluntary Health Scotland as an intern as part of my studies in Human Services Management.

At home, I work at Volkshilfe, a social care organisation providing many services for disadvantaged people (day care centres and home services for elderly people and people with disabilities, housing and counselling for refugees, job counselling for young job seekers, and social economic activities for unemployed older people)

Volkshilfe is one of the five biggest welfare organisations in Austria - we have about 100,000 NGOs altogether, including sport and culture organisations.



Some NGOs have a strong connection to political parties or a religious background. Volkshilfe sees itself as part of civil society but also complements and expands public authorities' work.

I also volunteer for an organisation called "Spuren-im-Leben" which I founded together with other women.

We offer information for women who have experienced unintended pregnancy or have had an abortion

and need help. Therefore it was very interesting for me to visit three similar organisations in Scotland.

Before I arrived in Scotland VHS had worked out a very imaginative timetable for me and I really was very busy during my internship.

I was lucky enough to have the chance to visit five VHS members - Amiga Pregnancy Counselling, Couple Counselling Falkirk, Crossline Pregnancy Counselling, Pilton CAB and Age Concern in Edinburgh.

I also visited the Scottish Refugee Council, the Scottish Parliament, the Scottish Executive, SCVO, a local CVS and more.

It was very interesting and I will keep in contact with some of the people I met to exchange knowledge and information with them.

My impressions of the connection between the Government and the many voluntary organisations in Scotland are gained from the work of SCVO and organisations like VHS, particularly in the health field.

The political parties are actively engaged in this, reminding us that there is a real big power in civil society and that the voluntary sector has a voice.

We do not have such big umbrella organisations in Austria with such a high number of members but we have some smaller ones, for example one which worked out salary standards for collective contracts for voluntary organisations.

What I really like about the voluntary sector in Scotland is that it seems there is a big drive to improve social issues and to work together and to gather energy and I am really impressed by the good

ideas charities have for raising money - I really like that! I think - because of the many unpaid people in the voluntary sector - it needs the help of umbrella organisations which connect groups with each other, to learn from best practice models, to increase success and to be the voice of social justice.

What I saw was that the diversity of the sector represents an overview of all the services which are delivered, to maximise impact for disadvantaged people.

My main reasons for doing my practical training in Scotland were: to see the diversity of the voluntary sector, to enjoy the beautiful countryside and to have the chance to improve my English.

After the three weeks I honestly can say that all these three aims have been met!

I hope the benefit of my visit was not just on my side and by helping with the VHS Database and carrying out a SWOT Analysis for them, I have given back a small amount of support.

Many thanks to Helen, Alison, Lynne, Bill and Phil at VHS for their support and to the VHS members and interesting people I met during my stay in Scotland.

The three weeks in Scotland were among the most interesting and exciting weeks in my life and I really had wished to stay longer.

I am already looking forward to my next trip to Scotland.
Birgit Kasberger