National Report Scotland

Scottish Council for Single Homeless

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PROJECT PESSIS: PROMOTING EMPLOYERS' SOCIAL SERVICES ORGANISATIONS IN SOCIAL DIALOGUE

Supported by DG Employment, Social Affairs and Inclusion

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List of Abbreviations

BIS	Department for Business Innovation and Skills
CCPS	Coalition of Care and Support Providers in Scotland
CHPs	Community Health Partnerships
COSLA	Convention of Scottish Local Authorities
EASPD	European Association of Service Providers for Persons with Disabilities
HMIE	Her Majesty's Inspectorate of Education
LAs	Local Authorities
NHS	National Health Service
PESSIS	Promoting Employers' Social Services in Social Dialogue
SASW	Scottish Association of Social Workers
SCMA	Scottish Childminding Association
SSSC	Scottish Social Services Council
STUC	Scottish Trade Union Congress
SWIA	Social Work Inspection Agency

1. Introduction

1.1 Purpose and report structure

The aim of the research project 'Project PESSIS: Promoting employers' social services in social dialogue' is to provide a detailed understanding of how social dialogue is organised and structured (or not) in the social services sector in Europe. It aims to identify barriers to increased cooperation among employers in the sector. The term social dialogue is defined as 'a dialogue between employers and employees'. Eleven national studies will contribute to an overall European perspective of social dialogue in the social services sector, outlined in the European summary report.

Each national report presents a 'picture' of how social dialogue is organised at local, regional and national levels and has addressed the following six research questions:

1. What is the size of the social services sector, both in terms of workforce and of employers in aggregated value?
2. How well represented is the sector in terms of number of employers and workers covered by collective agreements?
3. What are the types of social dialogue or collective agreements that exist?
4. How many employers of the sector are involved in social dialogue and at what level?
5. What are the key labour issues dealt with and at what level?
6. Are there any labour issues that could be dealt with at European Union (EU) level?

'Social services' is a term that can be interpreted in different ways across Europe but for the PESSIS project, the key groups included are:

- Long-term care for older people;
- Care and rehabilitation for people with disabilities;

- Child care.

'Social services' may also cover a range of other services, for example, services for homeless people. These have been included only when they

have particularly strong systems of social dialogue. The main focus of each national report is on the three key groups listed above.

The terms public, for-profit and not-for profit sectors are widely used across Europe. They are defined in this report as:

Public sector – Government departments, public sector agencies or municipal authorities commission social services in many countries and contract for-profit and / or not-for profit providers to deliver social services. In some countries, social services may still be delivered by municipal or regional government authorities. Public authorities (national, region or local government) may fund social services by providing money directly to individuals.

For-profit sector – Providers of social services which operate to make a profit. They may operate with shareholders or they may be private companies, owned by one or more individuals. In some countries, family businesses deliver social services. They may be large or small in size.

Not-for-profit sector – Providers of social services, which do not operate to make a profit. In some countries this sector may be called the voluntary or charitable sector. In some countries, volunteers deliver some of the services for the not-for-profit sector.

This report focuses on the Scottish experience of social dialogue in the social services sector. It consists of four sections, a list of references and annexes.

Section 1 describes the research methodology and introduces the summary of major findings.

Section 2 starts with the definition of the social services sector in Scotland. It continues with a description of the size, delivery and the types of social service providers operating in the sector. It then presents the socio-demographic profile of the workforce. Section 2 concludes with an overview of recent developments in the sector and their impact on industrial relations.
Section 3 of this report investigates the status of social dialogue in the social services sector in Scotland. It first characterises the social dialogue in Scotland as a reflection of industrial relations in the UK. Then it describes the development of social dialogue in Scotland by looking at the available statistical data on the trade union density, coverage by collective agreements and stakeholders' perceptions of social dialogue and their relations with social partners at the EU level.
Finally, **Section 4** summarises concluding remarks and recommendations.

1.2 Methodology

The fieldwork and data analysis for this project was conducted during three months from February to May 2012. This report is based on analysis of primary and secondary sources and presents quantitative and qualitative evidence. The quantitative part of this report summarises statistical data on the size of the sector in terms of workforce and registered services, trade union membership and coverage by collective agreements. The qualitative component includes quotations from service providers, employees' and employers representatives to illustrate the key points expressed by these stakeholders[1] in relation to the research agenda. Primary data was collected by means of individual and group interviews with key stakeholders from the social services sector in Scotland (see Annexes 1, 2). The group of secondary sources included policy documents, reports and data produced by the stakeholders in the sector: regulatory bodies - the Scottish Social Service Council (SSSC)[2] and the Care Inspectorate (CS)[3], the Scottish Government, associations of employers (the

[1] In this report the term stakeholders include: employees' representing bodies (professional organisations and trade unions), service providers (public, private and not-for-profit), regulatory bodies and employers' organisations.
[2] The SSSC is the regulatory body which is responsible for registering social workers and regulating their education and training.
[3] The Care Inspectorate is the regulatory body responsible for the regulation and inspection of care and children's services.

Coalition of Care and Support Providers in Scotland (CCPS)[4] and Convention of Scottish Local Authorities (COSLA). The group of secondary data also included analysis of relevant academic articles (see the list of references).

As previously mentioned, two methods were applied to collect primary data: group discussion and individual interviews with key stakeholders in the sector. Firstly, preparatory work was undertaken to organise group discussion at a national event. It was originally planned to invite 10-12 participants from across Scotland. We approached approximately 40 stakeholder organisations. Among these were: employees' representatives (trade unions), employers' associations, regulatory bodies and individual employers working with the specified target groups of the project. The latter were distinguished between public service providers (local authorities), voluntary (not-for-profit) organisations and private service providers (such as care homes). The focus was on service providers in the key areas prioritised in the project: long-term care for elderly, care and rehabilitation for people with disabilities, and child care. Also additional sub-sectors such as support for homeless people, personnel recruitment services for social service providers and services for ex-offenders were included in this analysis.

Identified participants were notified about the event by phone and emails. The main challenge in organisation of this event was the low response rate received from stakeholders. Partially this could be attributed to a lack of time on the part of potential participants, especially local authorities, due to the local elections running in May 2012. It also became apparent that those stakeholders approached had no or limited awareness of the concept of social dialogue and as such did not see engagement with the research project as a priority when already working under time and resource constraints due to the economic situation. At the final stage of recruitment only four participants agreed to take part in the group discussion at the national event (see Annex 1).

The group discussion took place on 13th of March 2012. It was split into four blocks. The meeting started with presentation of the PESSIS

[4] The Coalition of Care and Support Providers in Scotland (CCSP) is an organisation which represents third sector and not-for-profit social care and support providers in Scotland.

project, its aims and methods. In the second block the participants were asked to characterise recent developments in the social services sector in Scotland and their impacts on relations between employers and employees. It was followed by a discussion of participants' practices of negotiations and consultations with respective social partners. Finally, the meeting was concluded with a discussion of stakeholders' experiences of their current and/or potential involvement in social dialogue at the European level. The meeting was productive as it provided an opportunity to observe a diverse group of stakeholders exchange information and opinions about the current challenges and industrial relations in the social services sector in Scotland. Gaining insight into the level of understanding of social dialogue across the three sectors was particularly illuminating and useful.

The second round of primary data collection included individual phone conversations and face-to-face interviews with trade union officers, individual employers, employers' associations and one official from a regulatory body. In total 12 interviews were conducted (see Annex 2). The interview guide was designed in accordance with the questions set up in the PESSIS project (see Research Briefing Paper). The interview questions were tailored to the interviewee's position and the field of expertise.

The **major findings** which emerged from analysis of policy documents, group discussion and interviews could be summarised as follows:

- There are about 198,600 persons who are employed in the social services sector in Scotland and a little less than 14,000 services registered. The largest sub-sectors by workforce are: care homes for adults, day care for children and housing support and care at home. In terms of registered service providers the largest sub-sector is child care related services, namely childminding and day care of children;

- There are three principal types of social services providers in Scotland: public (local authorities and the NHS), non-profit (voluntary organisations) and private providers (such as care homes and recruitment agencies). The composition of different types of service providers varies across local authorities. However, the research data reveals the growing workforce numbers in the private sector. The private sector tends to specialise in the provision of residential care services, and their market share is likely to therefore grow further in light of estimated ageing population trends;

- The social dialogue in the social services sector in Scotland, to a large extent, reflects the wider British model of industrial relations. The latter is typically characterised by a voluntary and decentralised nature of employee-employers' negotiations within the private sector where collective bargaining takes place predominantly at the company level; and a highly unionised public sector with collective bargaining and consultations taking place at the national and local levels at the other end of the spectrum;

- It is hard to estimate the density of trade union membership and collective agreement coverage in the social services sector in Scotland as no systematic data is collected either by trade unions, employers' associations or regulatory bodies. Only fragmental evidence is available from statistical data on public employment and estimations of officials in employers' associations, trade unions and regulatory bodies operating in the sector;

- The meaning of social dialogue in stakeholders' understanding goes beyond industrial relations. Research participants defined social dialogue as a discussion between various parties which aim to share good practice, establish trust and communication. Employers as well as employees' representatives stated that involvement of service users is the crucial component in fostering social dialogue in the social services sector;

- Service providers in both voluntary and private sectors demonstrated a relatively passive level of their involvement in the social dialogue at the EU level. They perceive institutions at the EU level as regulatory bodies rather than partners in social dialogue. However stakeholders are quite positive in building links and developing discussion with European partners on the issues of procurement, consequences of the Working Time Directive, cross-border mobility of social workers, regulation of agency workers and support for small-size organisations in the social services sector.

2 The Social Services Sector in Scotland

2.1. Definition

Following devolution in 1999 the Scottish Government took on the responsibility to manage and regulate the social services sector. The Scotland Act 1998 established a legislative and executive responsibility for competence by the Scottish government in the delivery of social services. The Regulation of Care Act (Scotland) which followed in 2001 provided a conceptual framework for the operation of social services in Scotland. It defined the sector as including '*all social work services provided by local authorities and those services which are commissioned and provided by the voluntary and private sectors'* (Scottish Executive, 2006). The Regulation of Care Act grouped services into the following sub-categories[5]:

- a support service[6];
- a care home service;
- a school care accommodation service;
- an independent health care service;
- a nurse agency;
- a child care agency;
- a secure accommodation service;
- an offender accommodation service;
- an adoption service;
- a fostering service;
- an adult placement service;
- childminding;
- day care of children;
- housing support service.

[5] A detailed definition of each type of these social services is given in the Regulation of Care Scotland Act (2001).

[6] A 'support service' is a service provided, by reason of a person's vulnerability or need. However it does not include a care home service, an independent health care service, a service which provides overnight accommodation, an adoption service, a fostering service or a service excepted from this definition by related regulations (The Regulation of Care (Scotland) Act, 2001).

Apart from the conceptual framework the Regulation of Care Act (Scotland) established two regulatory bodies – the Scottish Social Services Council (SSSC) and the Scottish Commission for the Regulation of Care (later transformed into the Care Inspectorate). The Scottish Social Services Council was organised to set up and promote the national education, training and accreditation standards for the social services workforce. The regulation and inspection of care services is the responsibility the Care Inspectorate. The latter was established in 2011 and took over functions which were previously carried out by three agencies: Her Majesty's Inspectorate of Education (HMIE), Social Work Inspection Agency (SWIA) and the Care Commission.

The devolved responsibility for the social services sector has resulted in a number of differences in organisation, regulation and ideological principles in the delivery of social services in Scotland. It is recognised that one of the key policy divergences in Scotland after devolution is free (non means tested) personal care for older people. Scotland is the only part of the UK which has introduced free personal care for older people both in care homes and in their own homes (Bell and Bowes, 2006). In other countries of the UK to qualify for 'the free of charge' social services one needs to provide evidence of low income status. Some scholars tend to connect this divergent policy with the ideological distinctiveness of the Scottish social care context. As Birrell (2007) summarises Scotland has a stronger emphasis, compared to England, on collectivist values, redistribution and social equality which is reflected in the delivery of social services.

2.2 Delivery and finance

Delivery of social services in Scotland has been traditionally managed by social work departments within Local Authorities of which there are 32[7] (Dickens, 2012). The role of LAs in social services provision in Scotland has always had its own character and this diversity has been further reinforced by devolution.

On the one hand, they are responsible for strategic commissioning, while on the other they provide a range of social services themselves.

[7] Local government in Scotland is represented by 32 local authorities - elected councils. The vast share of their funding comes from the Scottish government and Council Tax which is set by each authority.

Prior to strategic commissioning, LAs undertake evaluation of community needs in relation to social services. Based on this evaluation LAs develop strategic planning and commissioning of social services in their designated territories. The core of the commissioning is organisation of competitive tendering between service providers - voluntary or private organisations. Based on the results of the tendering each LA decides from which provider to purchase social services and which are more appropriate to satisfy the community demand. Once the choice is made, the LA negotiates a legally binding contract with the selected provider.

The other role of LAs is as an actual provider of their social services. The type and share of services provided by LAs is discussed further (see section 2.3). As mentioned above previously each LA had a social work department[8] which provided a wide range of social services. However today following the reorganisation in LAs some social work departments have merged with other LA organisational structures and services such as housing, community care, health care and education (Lowe, 2009).

One of the examples of the close intersectional co-operation in the provision of social services takes place between local authorities and public health institutions. For instance, the health and social care department in the City of Edinburgh Council employs 3,500 council and 2,000 NHS staff. These employees offer services for people with mental health problems, with physical and learning disabilities and support for elderly people (either at home or in residential care). The Health and Social Care department in Edinburgh City Council also supervises some offenders living in the community, such as those on probation for example (City of Edinburgh Council, 2012).

The crossover between health and social care institutions across Scotland was strengthened in 2002 when the Scottish Executive facilitated closer working relations between LAs and the NHS (Community Care and Health (Scotland) Act 2002). The greater integration between LAs and NHS organisations in social services provision was further enhanced by the creation of Community Health Partnerships (CHP) which came into existence in 2005 following the National Health Service Reform Act (2004). These Community Health Partnerships were established to plan and deliver health and social care in primary and community settings. Currently there are 34 Community

Health Partnerships (CHPs) in Scotland, including 14 Health Boards and 32 councils. Normally the CHP consists of the Health Board which develops local community health services in co-operation with their local authority partners.

Today a further integration of adult health and care services is high on the agenda of political debate in Scotland. The aim of this is to further enhance the integrative approach in health and care delivery and to provide a better access to services through improved joint working between health and social care providers. The core principles constituting this integration are defined by the Scottish Government (2012) as follows:

> a) Nationally agreed outcomes that apply across adult health and social care;
> b) Joint accountability to Ministers, local government Leaders and the public for delivery of those outcomes;
> c) A single integrated budget for each partnership that includes community health, adult social care and elements of acute spend; and
> d) Strong clinical and professional leadership and engagement of the third sector in commissioning and planning of services.

The key elements of the new integrated system will include the replacement of the CHPs with Health and Social Care Partnerships – a joint responsibility of the NHS and local authority with a focus on investment of human and financial resources towards community provision rather than institutional care only with the appointment of a single senior officer accountable for the delivery of the partners' joint objectives. The research undertaken has shown that reformation of the health and care service delivery causes significant concerns amongst stakeholders about the pay and work conditions of both health professionals and social workers as well as about the financial foundation for this partnership (see section 2.4).

Currently the financing of social services in Scotland is derived from two major sources: transfers from the Scottish Government (which cover the bulk of the budget) and the local taxation, the Council Tax, which is an annual tax on domestic property paid by residents. In cases where Community Health Partnerships are established the delivery of care

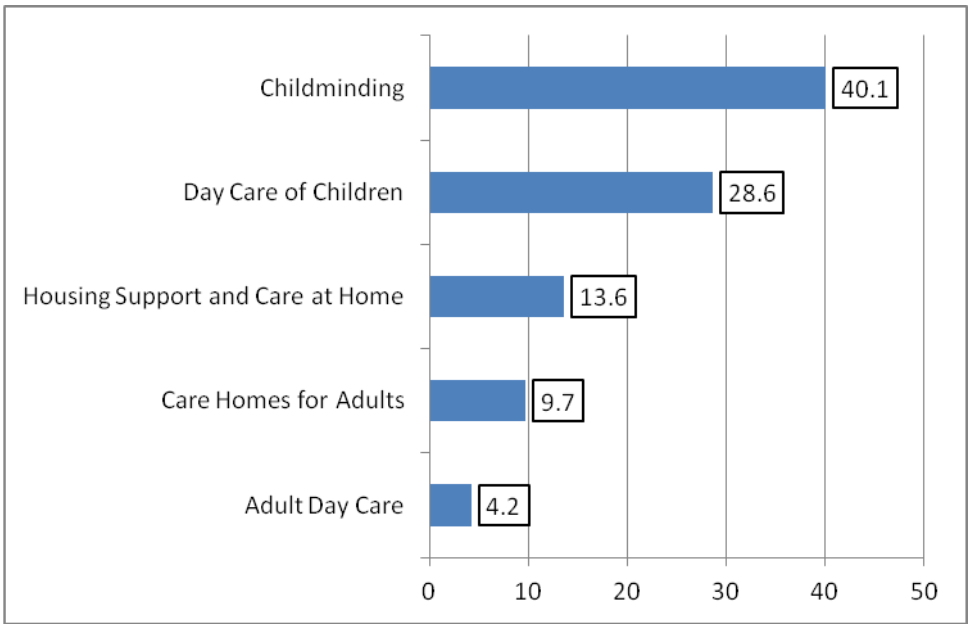
services is financed from integrated budgets controlled by NHS Boards and Local Authorities.

2.3 Size and composition[9]

The latest available data indicates that in 2010 there were 13,829 registered services in Scotland (SSSC, 2011). They are distinguished between 18 categories of social care (see Annex 3). Among these, the largest share of functioning services falls in the following sub-sectors: childminding (40.1%) and day care of children (28.6%). Services registered in housing support and domiciliary care, care homes for adults and adult day care represent 13.6%, 9.7% and 4.2% accordingly. The individual shares of registered services in the remaining sub-sectors do not exceed 4%.

Graph 1 Share of registered services by sub-sector (%)

[9] Data on the size and structure of the sector in Scotland is available from a number of sources. First, at the UK-level there is the Labour Force Survey (LFS) which is produced by the Office of National Statistics (ONS). However, it is argued that the LFS uses a slightly different and a narrower approach to the definition the social services sector in Scotland. Therefore, it becomes problematic to use LSF data for comparative purposes with similar data produced by Scottish institutions (SSSC, 2011). The second source is the Scottish Government's annual census of staff employed in local authority social work services (LASWS). The third source of data is the Care Commission which requires all social service providers to complete an annual report that must contain information on each provider's workforce. The fourth source of information is the SSSC and its register of social workers and social services staff. The attempt to join these sources was recently taken by the SSSC and resulted in the report which summarises the current trends in the workforce development in the Scottish social services sector (SSSC, 2011). The present report reflects on this summary and brings fragmental evidence available from other sources such are employers' and employees' representative bodies.



Over the last two years the number of registered services has decreased by 3.1% - from 14,272 in 2008 to 13, 829 services in 2010 (SSSC, 2011). The reason for this decrease could be seen in the economic downturn after 2007 which strengthened the competition between service providers and forced some small institutions to merge with large organisations or close down.

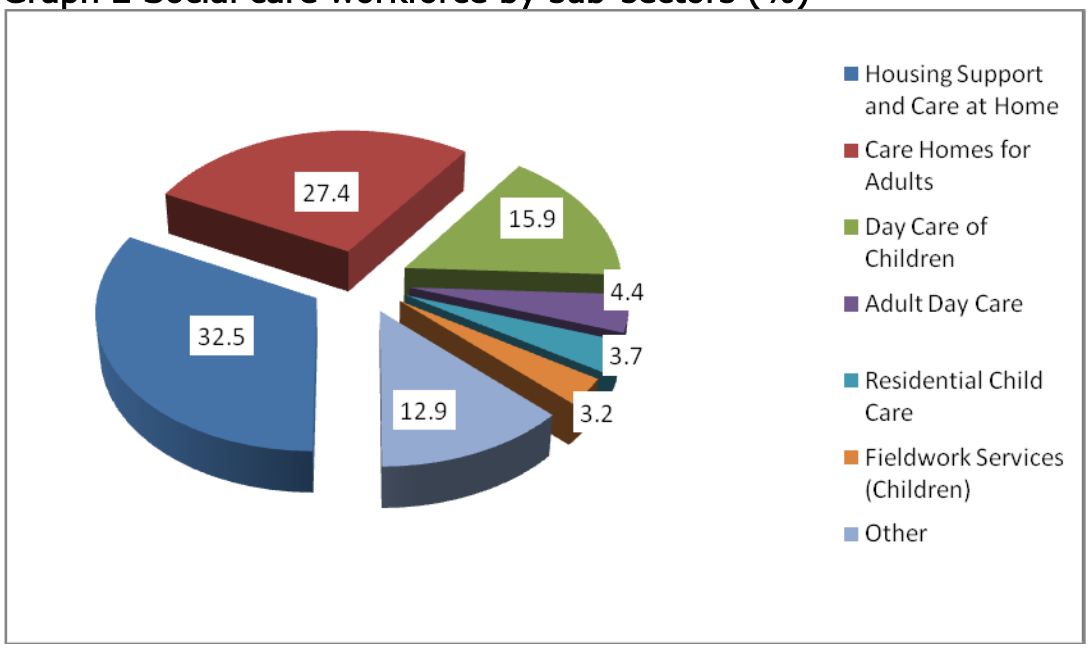
Based on estimations made in 2010, the aggregate number of employees in the social services sector in Scotland was 198,690 people[10] (SSSC, 2011). Compared to the period of active workforce growth from the mid-90s to 2005/06 the current level of the workforce growth in the social services sector has slowed down and dropped to an annual rate of 0.5. Considering that the total population of Scotland is just above 5 million this aggregate estimation still remains at a quite high level. However a future staffing shortage in the social services sector, especially in elderly care, is recognised by the service providers as a topical issue due to the increasing rate of population ageing (Scottish Government, 2010).

Based on sectoral division, there are three large sub-sectors (by workforce) in social services. One-third of the workforce is employed in

[10] This number doesn't include personal assistants and individual care workers who were employed directly by the service users.

housing support and domiciliary care (32.5%). A little less works in care homes for adults (27.4%). Finally, the third largest sub-sector by workforce is the day care of children (15.9%). Each of the remaining sub-sectors employs less than 5% of total workforce (see Graph 2).

Graph 2 Social care workforce by sub-sectors (%)

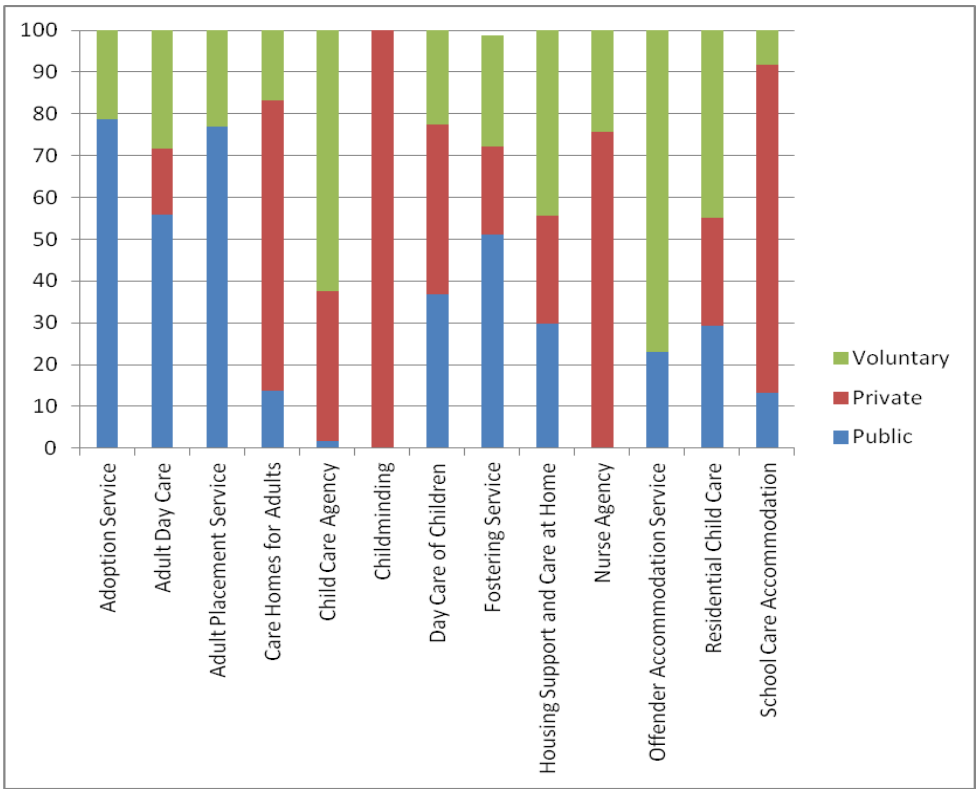


Based on the differentiation of employers by type, the Scottish social services sector represents a composition of private (for-profit), voluntary (non-profit) and public organisations (NHS and Local Authorities). The distribution of workforce across service providers indicates the dominant position of the private sector. The share of workers employed in the private-sector is 39.9%, while the public sector employs 33.9% with the voluntary sector providing the remaining 26.0% of the total workforce in the social services sector (SSSC, 2011).

An aspect of interest is that in each group of social services there is a dominating type of service provider: either in public, voluntary or private sector. For instance, in childminding the absolute majority of staff (100%) is in the private sector. A similar tendency is observed in the sectors of care homes for adults, school care accommodation and nursing agencies, within which the share of private sector social workers stands at 69.5%, 78.5% and 75.8%, respectively. The voluntary organisations dominate (by the workforce share) in offender accommodation services (76.9%) and child care agencies (62.5%). The

public sector workforce is predominantly represented in the adoption service (78.6%), adult placement service (76.9%) and adult day care (55.9%). The only exceptions are: residential child care, housing support and care at home and day care for children where no definite predominance is revealed. The dominance of a sector in a particular stream of provision is therefore also likely to impact upon the level of social dialogue engaged in.

Graph 3 Share of social workforce by employer type and sub-sector (%)



In terms of the territorial distribution the largest share of social workers are employed in Glasgow (13.7%), Edinburgh (9.0%) and Fife (6.4%). The composition of public, private and voluntary providers varies across the 32 local authorities. The general trend reveals that the public sector remains the dominant employer only in less than 1/3 of local authorities. Among these the distinctive examples are island territories (Shetlands, Orkneys and Western Isles) where public social workers constitutes 2/3 of the total workforce. In the rest of the local authorities the leading position in terms of employed workforce is taken by the

private sector. There is only one exception of Glasgow City Council where the voluntary sector is the largest service provider (SSSC, 2011).

Finally, the workforce socio-demographic profile is presented in relation to the type of employer. Employees in the public sector have the oldest age profile. The median age of public employees in social services is 46 years which is six and three years older compared to employees in the private and voluntary sectors, respectively. In terms of gender balance social service provision still remains predominantly a female profession with only 16% of the workforce being male. The latter are employed mainly in school care accommodation, offender accommodation services, fieldwork services (offenders) and residential child care.

The ethnic profile of social services workers is not diverse with only 4% of the total sector's workforce representing ethnic minorities. There is a slightly higher share in the private sector – 6%[11]. Taking into account that by ethnic composition the Scottish population is relatively homogeneous with only 2% of ethnic minority groups making up the total population (STUC, 2004), it is noteworthy that social services encompass a slightly higher share of persons from ethnic minority groups.

2.4 Current agenda and key challenges

Analysis of policy documents, academic articles and transcripts of the national meeting and individual interviews with stakeholders in the sector indicated a number of topical issues which are currently discussed at the policy level in relation to the future of the social services sector in Scotland.

Firstly, stakeholders expressed concerns with the competitive nature of (re)-tendering systems in social services provision in Scotland. The tendering process, particularly in the current climate of budget cuts, it is perceived, results in the worsening of both the quality of care delivery and employees' work conditions. Voluntary service providers and the representative of the regulatory body all stressed that the public sector commissioners (local authorities) are putting pressure on the service costs which negatively affect working conditions in terms of delivery and reduce funds available for personnel training, development and support. As the SSSC officer highlighted:

[11] But as noted in the SSSC report this data should be taken carefully as the ethnic-related information collected by the Care Inspectorate contains a high 'non-response' rate (SSSC, 2011).

'At the moment it is often the case that employers are not able to give enough support to the training of staff, with small organisations in particular having a lack of resources to do so. The long-term consequences of this is that trained and qualified professionals may not be able to sit further required CPD accreditation and therefore not be able to practice if the employer doesn't sponsor these' (SSSC officer).

The temporary contracting and sub-contracting which are the common features in social services delivery, alongside the frequent transition of contracts between service providers, curtail the value of the sector and provided services. The officer in the voluntary organisation providing housing services stressed that:

'The temporary contracting is a quite typical feature of the sector and there is little recognition of the value and the nature of services provided. Another problem is the replacement of funds which regularly leaves gaps in funding in on-going projects' (Voluntary service provider, Housing services).

Moreover sub-contracting creates uncertainty for employees fostering the practice of unstable pay and working conditions, insecure pensions and benefits with subsequent impact on morale, motivation, sickness levels and recruitment retention. The system of tendering in social services delivery, as expressed by the voluntary service provider, makes it difficult for employers to demonstrate a commitment to the staff in the long-term.

'[There is a] disappointment as an employer in the inability to honour the promises of quality standards previously attained' (Voluntary service provider, Services for ex-offenders).

The absence of a universal regulatory framework in the tendering process and the lack of connection to the procurement were named as another problem in the sector. Diversity in conditions and rules for tendering applications across local authorities creates an additional barrier for the service providers operating in the field. Participants agreed that such barriers exclude small organisations from competition for the contracts and foster the domination of the large service providers:

'Now smaller organisations have to settle for smaller, sub-contracted portions with substantial contracts being given to large single organisations' (Voluntary service provider, Services for ex-offenders).

This opinion was supported by another participant of the national meeting. He stated that budget cuts foster unhealthy competition in the sector which leads to low quality applications where some providers are not necessarily the experts in the field:

'...people putting in for contracts not necessarily in their area of expertise or in geographical areas that are not known to them' (Private sector, Recruitment service).

The service providers at the national meeting expressed concerns with the current ideological (as they perceived it), shift in service provision which promotes money saving and encourages provision of more services for less costs. In practice this results in reduced budgets for the training of personnel and impacts on quality of services and conditions for employees.

'Training budgets are nowhere near to what they were' (Private sector, Recruitment service).

A related concern was expressed regarding the future of the social care workforce. Care providers, trade union officers and representatives of the regulatory bodies discussed the problem of the future staff shortage in the sector which is emerging due to the 'greying' of the social services workforce, especially in the public sector; and the growing demand for elderly care, as a consequence of population ageing. This 'greying' also equates to a 'brain drain' within the sector as it is the older, more experienced workers within social services who are taking the redundancy packages being offered as a result of the current economic restrictions and cuts. There was a concern amongst participants that the impact of this in terms of quality of services, and knowledge and experiential support for newer workers will be keenly felt in the years to come.

Another issue discussed by research participants was the integration of health and care services. Integration of adult health and social care services causes visible concerns among stakeholders. There is uncertainty about the rationale of this initiative as well as practical concerns relating to the technical co-existence of two quite different sectors. The common questions raised by the research participants

were: the impact of the integration on the pay and work conditions in both health and care sectors; management and accountability of health and care partnerships; and finally which sector will take the leading role after integration. There was a fear expressed that the partnership will result in less financial resources assigned for the care sector with the latter moving to the backstage of the health agenda. As the employees' representative stated:

*'In the relationships between services e.g. NHS and 32 Scottish local authorities –the winner will be the NHS due to economy of scale. Co-practice will not be possible but the NHS will take over social care' (*Scottish Association of Social Workers officer).

Finally, stakeholders referred to personalisation and self-directed support[12] as one of the key drivers in the coming years in the social services sector in Scotland. The rationale of self-directed support is to give an opportunity for service users to choose and control the service they may need. In summary, Scottish local authorities have a duty to offer a direct payment to eligible people assessed as needing community care services, which can be used to purchase all defined community care services and support, except long term residential accommodation (Scottish Government, 2010b). However the introduction of self-directed support raises a number of concerns about the impact of this policy initiative on the future workforce structure and the social services delivery pattern. In particular, concerns are expressed about the privatisation of the social workforce and an increase in the number of agency workers (who are often paid less and less unionised). This could be seen as an emerging challenge for the regulation of quality of services and professional qualifications of social workers.

3 Social dialogue in the social services sector in Scotland

3.1 Key characteristics

[12] Self-Directed Support (SDS) is a term that describes the ways in which individuals and families can have informed choice about the way support is provided to them. Their choice may include taking a Direct Payment (DP), having a direct payment managed by a third party, or directing the individual budget to arrange support from the local authority or from a commissioned provider (Scottish Government, 2010b).

To begin with it is essential to note that social dialogue[13] in Scotland reflects the model of industrial relations typical for Britain except for slightly higher trade union density and collective agreement coverage. The UK data shows that in 2011 the share of employees covered by collective agreements was 31.2% whereas in Scotland this indicator was slightly higher - 34.7%. Similar variance between Scottish and the UK data is observed in trade union density. The UK-wide trade union density stands at 26% which is lower than the Scottish indicator by almost 5% (BIS, 2012).

Outside the still highly organised public sector, the social dialogue in Britain is characterised as voluntary, to a certain extent decentralised and uncoordinated system which takes place primarily at the company level (Lawrence an Ishikawa, 2005). Various reasons account for the current status of social dialogue in the UK. It is a cumulative result of historical, political and normative factors. As Boyd (2002) argues, political values in Britain such as a liberal political culture, individual citizenship and an absence of heavy labour market regulation are not well connected with the principles of social dialogue. Moreover, historically government was relatively passive in investing political capital and putting emphasis on the national social dialogue. Meanwhile private business treated social dialogue with suspicion as a potential form of government interference to control the labour market (Boyd, 2002).

The public sector, despite the plans of the current government to implement a more decentralised approach to wage bargaining, still remains an exception from this picture described (Eurofound, 2011). Compared to the private sector, the social dialogue in the public sector takes a more institutionalised form revealing higher density in trade union membership and collective agreement coverage. As reported by the Department for Business Innovation and Skills, in 2011 the trade union density in the private sector reaches only 14.1% whereas in the public sector this estimate is 56.5%. A similar ratio is observed in relation to collective agreement coverage – 67.8% in public sector and 16.7% - private (BIS, 2012).

[13] The term of social dialogue itself is not well established in the British and Scottish industrial relations but references to 'social corporatism' are more typical. 'Social corporatism', as some scholars argue, has a broader political meaning and relates to the system of group interest representation rather than exclusively industrial relations (Baccaro, 2003).

The data on the trade union density and collective agreement coverage in the social care services is also collected at the UK level, however it is presented jointly for health and social work without a separation between the two sectors. In fact the UK trade union density in health and social work sectors is 41.4%; and the collective agreement coverage is 43.8% (BIS, 2012). One needs to note that this data could not be taken as indicative for the social services sector as it is biased by the inclusion of the health sector which has a significant share of unionised public workers[14].

There is no accurate number on the trade union density in the Scottish social services sector. The fragmental data is available from employees' representing bodies such as Unison. For instance, based on the Unison estimations there is a high unionisation level (around 80%) among social workers in local authorities and the NHS personnel involved in social service provision. In the voluntary and private sectors the Trade Union membership is much lower than that of the public sector (UNISON officer).

3.1.1 Social partners': employees' and employers' representation

There are three major trade unions which represent interests and negotiate terms and conditions of employment in social services in Scotland: UNISON Scotland, Unite Scotland and the GMB Scotland.

Unison Scotland: is the largest public service union in Scotland which is the national branch of the UK-wide trade union. In relation to the social services sector it covers employees in local authorities and the NHS. It is reported that Unison supports more than 300,000 members in the social services sector across the UK and around 145,000 members in the whole public sector and related services across Scotland (Unison 2011 a, b). Based on the estimations given by research participants in the interviews the Unison membership in social care services across 32 local authorities is about 25,000. The Unison membership in the

[14] The British public sector is characterised by a high level of social dialogue and joint regulation, particularly in the public health – the NHS. Collective agreements in the public health sector are concluded on a multi-employer basis at the national level on issues of wages, working time and training. Certain provisions within the agreements and other topics are then negotiated on a single-employer basis at the level of individual NHS employers. It is estimated that the collective agreement coverage reaches 90% in the public health sector (Prosser, 2011).

voluntary sector (community and housing) is roughly estimated around 7,000. UNISON positions itself as the largest union representing most of the social care staff in Scotland in the following sub-sectors: residential workers, social care workers, home care staff and professional, administrative and clerical support staff. Unison is involved at the national, local and company levels in collective bargaining as well as other forms of social dialogue (see section 3.1.2).

Unite Scotland is another trade union with a high share of members in the social services sector. It has cross-industry membership and positions itself as the biggest trade union in the private sector. The sub-sectors in social services, which are covered by this trade union, include: community, youth workers and employees working for non-profit organisations and local authorities. The union represents and bargains on behalf of 40,000 employees in the voluntary sector in Scotland (Unite, 2009).

GMB Scotland is a regional division of the UK-wide union which protects workers' interests in several economic sectors. GMB frames its status as campaigning trade union with aims to protect workers at their workplaces. In relation to social services the GMB covers public employees in local authorities, the NHS, social care, voluntary organisations and private sector contractors engaged in publicly funded work.

The national body which coordinates activities and policies across different trade unions is the **Scottish Trade Union Congress (STUC).** It develops and articulates the views and policies of the trade union movement in Scotland and enhances the social partnership to promote principles of equality, social justice, and the creation and maintenance of high quality jobs. However, the STUC does not have collective bargaining rights.

The only professional association for social workers in Scotland is the **Scottish Association of Social Workers**. It is a devolved part of the British Association of Social Workers. The latter supports 13,640 members across UK and recently established an independent Social Worker Union (in 2011). However, the SASW is positioned as a professional association rather than a trade union. The SAWS representative highlighted that there are very distinct differences between SAWS and trade unions which have social services workforce membership:

'Our membership is for those who work in the workforce who are registered with the regulatory body SSSC and we offer advice and representation for members who have issues relating to their professional practice. This is about 10% of the workforce. We are therefore much more heavily involved in issues around professional competence and practice governance. In this respect we are more like the medical colleges - like the College of GPs or the Law Society' (SAWS officer).

Apart from bodies representing employees' interests there are a number of associations which represent employers in the social services sector in Scotland. This report focuses on organisations in the target sectors identified in this research (see introduction). These are institutions representing service providers in the voluntary sector (Coalition of Care and Support Providers), employers' organisations representing private sector organisations providing care for older people and people with disabilities (Scottish Care), the public sector employers organisations (the Convention of Scottish Local Authorities (COSLA), and organisations representing the child service providers (Scottish Childminding Association).

Coalition of Care and Support Providers (former Community Care Providers Scotland) is an association of employers in the voluntary sector. Its membership comprises over 70 care providers which employ approximately 45,000 staff. The organisation is not involved in collective bargaining. However they estimate that around 1/3 of their members takes part in company level collective bargaining.

Scottish Care represents the largest group of health and social care sector independent providers across Scotland delivering residential care, day care, care at home and housing support. It accounts for more than 370 members. Scottish Care is not involved in the collective bargaining however it is represented on key government and regulatory policy groups.

Convention of Scottish Local Authorities (COSLA) acts as employers' organisation for all Scottish councils, and is involved in the national negotiation of salaries, wages and working conditions for local government employees. The Employers' Team develops the national strategic framework for pay, pensions and employment contract activity.

The Scottish Childminding Association (SCMA) includes 5000 members who are individual childminders as well as corporate members interested in promotion of quality childminding. The organisation provides childminding insurance services, and legal representation in the event of any serious dispute relating to childminding.

3.1.2 Types of social dialogue: levels and content

As stated above, the current status of social dialogue in Scotland to a large extent reflects the general picture of the British social dialogue given. The practice of social dialogue is not evenly developed across public and private sectors in terms of social service provision. In the private sector it is voluntary in nature and takes place primarily at the company level. However in the public sector social workers are covered by national collective agreements which are negotiated for public employees in local authorities and the NHS. It is noteworthy that in Scotland the level of involvement in social dialogue depends on public/private division among social services providers rather than on sub-sectoral categories such as identified in the research - care of older people, child care and support for people with disabilities. Therefore this section primarily focuses on the public/private division in social dialogue with some illustrations from the aforementioned sub-sectors.

Sector-level collective bargaining and consultations at the national level

There is no national collective bargaining platform for the social services sector as a separate entity. Collective bargaining in the social services sector primarily exists within a framework of the national sector-level collective bargaining which covers employees in public health institutions (NHS) and the workforce in the local government (including social services workforce).

The NHS staff base[15] is covered by collective agreements which are agreed at the national level on a multi-employer basis on topics such as pay, working time and training. Specific provisions are negotiated at the level of individual NHS employers. There are three partnership structures at the national level created to support social partnership in

[15] The description of the social dialogue in the public health sector is relevant here as some of the NHS employees are involved in the provision of social services.

health sector. The Scottish Partnership Forum (SPF) discusses strategic issues related to service delivery and facilitates joint problem solving. The Scottish Workforce and Staff Government Committee develops workforce policies. And, finally, the outstanding issues are negotiated at the Scottish Terms and Conditions Committee (Bacon and Samuel, 2012).

The pay and employment conditions for local government employees (including social services workers) are determined at the national level as well. The involved partners are COSLA and employees' representatives - trade unions. The issues discussed include primarily pay and working conditions. The National agreement on pay and conditions of service for local government services (the result of these negotiations) is also known as the Single Status Agreement[16] which leaves space for modifications at the level of local authorities to suit the regional needs.

Apart from collective bargaining taking place at the national level trade unions are invited to take part in consultations at the national level on employment-related issues. For instance the Scottish Parliament's committee system gives UNISON the opportunity to provide formal evidence on legislative proposals and committee inquiries. The Scottish Parliament's petitions committee allows individuals, community groups and organisations to participate in the policy scrutiny process by raising issues of concern with the parliament (UNISON, 2010). A recent example of such dialogue at the national level was consultations between the Scottish Government, COSLA representatives and trade unions in relation to pensions in the public sector (Unison officer, Social Work Team).

Local level

Negotiations at the local (regional) level take place between individual local authorities (as service providers) and trade unions representing workers in the public sector. The payment conditions for public employees are nationally set up and are not included in negotiations at the level of local authorities. At this level the key issues in negotiations are: service structuring and working patterns. Negotiations at the local

[16] This agreement is often used as an orienteer in the voluntary sector.

level are led by the unions' local branch stewards and senior managers in the local authority. The regularity and the set up of these negotiations depend on each local authority. One of the problems that was reported by the trade union officer is that there is a lack of information from LAs on how this process is organised in each case.

Organisational (company) level

Voluntary organisations and for-profit service providers are mainly involved (if at all) in collective bargaining at the company level. At this level the key issues discussed are: vacancies, absences and working practices. In these negotiations unions are represented by the stewards who are elected by trade union members. In the private and voluntary sectors there is no nationally set up pay and conditions, therefore the latter often becomes a matter of negotiations at the company level. Apart from the practice of collective bargaining the research participants referred to consultation processes which take place at the company level and the practice of joint meetings between employers, employees and employment lawyers. The latter signifies steps towards formalisation of employer-employee relations in the voluntary and private sector organisations.

'[Now with] employment lawyers there is a script for serious conversations with employees in order to remain compliant, whereas ten years ago it would have just been a conversation based on instinct' (Private sector provider, Recruitment service).

There were two types of involvement in social dialogue identified based on experiences of voluntary organisations which took part in this research. *Type One* represents the best practices whereas *Type Two* indicate the challenges in developing social dialogue in voluntary and private sectors.

Type One: Well-established practice of company-level social dialogue

This type is distinguished based on the description of social dialogue practices at three large and medium size voluntary organisations in Scotland which provide a broad spectrum of services from support to homeless people, disadvantaged children, people with mental and learning disabilities and those with alcohol issues.

One of these organisations has been involved in company level collective bargaining for about 10 years. The collective agreement is

negotiated at the company level and revised every 2-3 years. However, the company is not involved in any sectoral or national level negotiations. There is a joint negotiation committee at the enterprise which meets regularly (every 6 weeks) and discusses employment-related issues. This committee consists of six members: chief executive, human resources officer, operations manager, full-time trade union officer and two shop stewards. The typical issues discussed at this committee are: redundancy policy, health and safety, working conditions, new employment contracts and revision of occupational sick leaves. Apart from the collective bargaining there is another instrument at the company level which represents employees' interests. This is a Staff Forum which also deals with employment related issues. But it is not based on the trade union membership and the members of this Forum are not involved in the negotiation of collective agreements. The purpose for this institution is to represent interests of all employees even if they are not trade union members.

The other large service provider in the voluntary sector also has a quite established practice of company-level collective bargaining. Around 50% of employees are trade union members. The Joint Committee is regularly organised between senior management and trade union representatives. Among issues that are typically discussed are: changes in services due to external pressures (such as budget cuts), tendering and personnel related transfers. The collective agreement consists of traditional blocks such as wages, health and safety, staff benefits, pensions but also includes additional issues such as service change management.

Finally, the third case in this category of voluntary providers which demonstrate the positive experience in social dialogue is a medium size organisation which focuses on support to vulnerable groups such as people with mental disabilities. There is a collective agreement which is negotiated between senior management and trade union representatives. There is a regular revision of issues set in collective agreements which takes place approximately every three years. Apart from negotiation of collective agreement there are regular consultations between trade unions and senior managers. The most recent one was about the inflation-related payment increase and working schedule over the Christmas period.

Type two: "Not big enough to be involved in the collective bargaining"

The second type was identified based on the experience of a small-size organisation which employs only two people and attracts about 30 volunteers annually. The practice of social dialogue is not well established and, as the interviewee (company manager) indicated, the main reason for this is: "We are not big enough to have collective bargaining".

This example raises a question about how to facilitate the practice of social dialogue at small size companies which are reliant on volunteers and unpaid staff. Unite Scotland is currently running a campaign of Community Membership that offers support specifically for volunteers. The impact of this would be useful to assess.

Apart from the collective bargaining which takes place at the company level analysis of employers' associations representing voluntary and private service providers revealed that the former are involved in the national level consultation process on care-related issues. For instance, the Coalition of Care and Support Providers takes part in a number of the Scottish Government committees and advisory groups (National Social Work Services Forum, Integration of Health and Social Care Joint Commissioning Sub-Group and others). Organisations also collaborate with other stakeholders – the Care Inspectorate and care related networks – the Scottish Child Care and Protection Network (SCCPN), National Development Group for Older People's Care (CCSP, 2012).

3.3 Social partners' reflections

3.3.1 Understanding of social dialogue

The research participants, when asked about their understanding of social dialogue, acknowledged diversity of meanings of this term. Moreover they applied this term in a context which is broader than industrial relations, with descriptions such as the following:

'Social Dialogue means different things to different people...discourse around how society is structured and how people interact at different levels, within organisations and within the media';

'Exchange of ideas and good practice, dilemmas and how to solve them. Collective issues to campaign about and take forward... Twitter and Face book would be some people's view of social dialogue';

Discussing the social dialogue in the context of industrial relations the stakeholders raised a number of issues. One of them concerned the type of social partners involved in social dialogue. For instance it was a general agreement that service users are an important voice which should be heard in social dialogue.
Taking into account that the tendering process as well as sub-contracting are common features in the sector, stakeholders questioned whether social dialogue should not limit a number of social partners to employers and employees' representatives but also include: *'those designing the contracts as well as those procuring them'* (Voluntary Service Provider, services for homeless people).

Service providers discussed weaknesses and threats to social dialogue in the sector of social services. First, of all stakeholders agreed that there is lack of information sharing and exchange of best practices in the sector in relation to social dialogue practices. Moreover the sector suffers from bad marketing and stigma which points that social investments are not valued and social returns on investments are not well articulated. Among threats they stressed two related issues of the budget cuts and increased competition among service providers which does not encourage a healthy climate for social dialogue.

3.3.2 Involvement at the EU level

The concluding section of this report discusses the engagement of stakeholders in the social dialogue at the EU level. There are a few observations in relation to the social partners' engagement in the social dialogue at the EU level. Firstly, it is noteworthy that the institutionalised forms of participation correlate with the public/private division in the sector. The representation of public employers' organisations is more structured compared to service providers in the voluntary and private sectors. For instance, COSLA – the employers' association representing the local authorities in Scotland is a member of the Council of European Municipalities and Regions (CEMR). It has an established unit in Brussels (COSLA Brussels Office). The aim of this unit is to advise Scottish MEPs on legislation affecting local government and support the work of the Scottish councillors who are members of the EU Committee of the Regions. The European office of the NHS Confederation is another example of the institutionalised involvement of public sector employers in social dialogue at the EU level. The Office

covers a wide range of EU policy and legislative developments which have implications for the NHS.

The engagement of voluntary and private service providers is less institutionalised. In some cases this engagement has appeared to be at a fairly removed level, i.e. membership is kept on but meetings aren't attended. These observations were revealed during the individual interviews and at the national meeting with care providers.

To begin with service providers in the voluntary and private sectors revealed their involvement in a number of EU based organisations. Among these organisations are: European Offender Employment Forum, European Federation of National Organisations Working with the Homeless, International Federation of Social Workers and the European Association of Service Providers for persons with disabilities (EASPD). However the research participants indicated a relatively passive level of involvement in the social dialogue at the EU level. Their engagement could be characterised as accepting and taking into account regulations and recommendations on generic issues (such as procurement and European Employment Law) rather than proactive involvement in social dialogue at the EU level.
Some stakeholders noted that partially the reason for the lack of their EU participation is linked to the UK set up. Many providers, employees' and employers' organisations have headquarters in London therefore the Scottish departments have no direct link to the EU level. For instance, Unison Scotland is not directly involved in social dialogue at the EU level. This is due to Unison's organisation structure where Unison Scotland is a regional office. Although it has distinctive status to reflect devolution and the particular Scottish context, European matters still remain the prerogative of Unison's head office in London. The latter represents the organisation at the EU level. The potential involvement of Unison-Scotland in the EU social dialogue will depend on the results of debates around Scottish independence and future organisational arrangements of UNISON. As defined by the Unison-Scotland officer the current state of policy affairs in this trade union is that it is more focussed on national priorities as opposed to looking at the European perspective. However, there is a clear intention to have a stronger voice in Europe and to learn from other EU countries experiences (in particular there is an interest in gaining understanding of the experiences of the Scandinavian countries in social dialogue).

Also stakeholders expressed other challenges which hamper successful co-operation between social partners at the national and European levels. Among these challenges are:

- confusing interpretation of the EU regulations circulating at the national level. In particular the service providers referred to procurement rules and the European Law on competition and social benefits;
- stakeholders perceive some EU regulations as a burden for social services delivery at the local level; for instance as the representative of the private sector service providers expressed:

'All the restrictive practices that take away the flexibility of the workforce come from EU regulation - working time directive, agency worker directive etc. These have direct negative impacts on the workforce, and our economy, and make us less able to provide effective solutions that help employers and employees. The EU should be lifting the bureaucratic burdens we are under, not increasing them!' (Private service provider, Recruitment service);

- concerns about applicability of the EU regulations across diverse EU members and within single countries;
- excessive proliferation of EU-level networks. One of the participants stated:

'There are enough representative bodies at the EU level and there is no need for a new one. There is a need for better co-ordination between already existing structures and social partners' (Private sector provider, recruiting service);

- finally, a number of research participants revealed that their future engagement in the European social dialogue will depend on the results of the Scottish independence debate.

Although stakeholders (primarily service providers in private and voluntary sectors) indicated that at the moment they are not actively involved in social dialogue at the EU level they expressed positive expectations regarding their future practice. They perceived engagement at the EU level as an opportunity for peer reviews and replication of good practices between European social partners. Involvement in the EU institutions was also seen as an effective tool to address issues emerging in the social services sector at the national and

international levels. Among such issues stakeholders listed the following:

- Agency worker regulation;
- Procurement rules;
- Consequences of the Working Time Directive;
- Provision of financial support and information advice to small and medium size social service providers in order to enhance their competitiveness in the sector as well as their ability to provide personnel training;
- Cross-border mobility of care workers and recognition of professional qualifications.

4 Conclusion and recommendations

Industrial relations in the social services sector in Scotland are characterised with a voluntary and, to a certain extent, decentralised model of social dialogue. However, this description would not be complete without a distinction between public and private sectors.

Social dialogue is well established in the public sector with collective bargaining and consultations taking place at the national, local and organisational levels. The picture is quite different in the voluntary and private sectors. These are characterised with lower levels of trade union density and collective agreement coverage. Based on stakeholders' estimations the private sector is poorly represented in terms of social dialogue especially in relation to small size service providers such as private care homes. Compared to private sector employers, the voluntary sector has relatively better engagement in social dialogue. A few examples of social dialogue were revealed mainly at large and medium size voluntary service providers.

On the whole the social dialogue as such is not on the top agenda of social services providers. They are rather involved in discussion of the current developments which take place in the sector such as: financial constraints, tendering rules, personalisation of social services and integration of health and care services. Although research participants did not directly relate these issues to the social dialogue, the potential effect of these changes needs to be considered in terms of future employer-employee relations in the social services sector.

Finally, in terms of facilitating the social dialogue in social services one needs to pay a particular attention to private sector providers and their motivation in taking part in the social dialogue at the national and the

EU levels. Perhaps the first step to begin with would be the systematic collection of comprehensive data about the type of private service providers, their trade union membership and existing practices of social dialogue. This could facilitate the development of an adequate tool for the involvement of private sector providers in social dialogue at both national and EU levels. This national research points towards the following recommendations if social dialogue is to be strengthened within Scotland and at European level:

1. There needs to be a systematic promotion and awareness raising campaign at national level of what social dialogue is and who the partners may be;
2. A focusing of awareness raising resources and dissemination of information across the private sector as it is currently least engaged in social dialogue;
3. Systematic data collection of who the private sector providers are, who they employ, and what terms and conditions are in place;
4. Data collection on trade union density and collective agreement coverage specifically within the private and voluntary sectors;
5. A sector specific positive promotion of the benefits of EU engagement and the benefits of social dialogue at European level;
6. Widening of social dialogue to include not just economic factors such as pay and conditions but also the issues relating to impact of these on the quality of services. It would be useful to have a dialogue that looked also at innovative practice and at good practice in terms of professional development and training across Europe;
7. Social dialogue could be incorporated as a contractual requirement within tendering agreements to raise standards in employment conditions and stimulates the responsibility of contracting parties;
8. Widening of social partners to include service users as an important voice in strengthening the quality of services and subsequent employer/employee relationships;
9. Enhance the representation of unpaid workers (volunteers) within the sector.

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Annexes

Annex 1 List of participants in the National Meeting, 13th of March, 2012

Organisation	Type
Harmony	Employment agency supplies staff to work in the social care sector;
Apex Trust	Voluntary organisation provides services to ex-offenders;
Quarriers	Voluntary organisation provides services to homeless people, persons with disabilities and young people (looked after children);
Scottish Association of Social Workers	Professional organisation representing social workers in Scotland;

Annex 2 Interviews with stakeholder organisations

1. Scottish Trade Union Congress
2. Turning Point Scotland
3. Link Group Ltd (housing support service provider, with a strand focusing on care for the elderly)
4. Scottish Social Services Council
5. Barnado's
6. Learning Disability Alliance Scotland
7. Unison (3 interviews)
8. Community Care Providers Scotland
9. NHS GG&C Mental Health Services
10. Harmony, private recruitment agency

Annex 3 Categories in social services (adopted from SSSC, 2010)

Adoption Services	A service that makes arrangements in connection with the adoption of children. This does not include services in which the proposed adopter is a relative of the child.
Adult Day Care	Day care services can be provided from registered premises in a variety of settings.
Adult Placement Services	Adult placement services provide or arrange accommodation for vulnerable adults (aged 18 or over) in the homes of families or

	individuals, together with personal care; personal support; or counselling or other help, provided other than as part of a planned programme of care.
Care Homes for Adults	Care Homes relating to, for example, Alcohol & Drug Misuse, Learning Disabilities, Mental Health Problems, Older People, Physical and Sensory Impairment, Respite Care and Short Breaks
Central and Strategic (LAs)	Staff with a strategic and/or central role, including senior management, administrators and support staff
Child Care Agencies	Childcare agencies supply or introduce to parents a childcare who looks after a child or young person up to the age of 16, wholly or mainly in the home of that child's parent or parents. They could include for example: nanny agencies; and home-based childcare services or sitter services.
Child minding	A child minder is a person that looks after at least one child (up to the age of 16 years) for more than a total of two hours per day. The child minder looks after the child on domestic premises for reward but not in the home of the child's parent(s). A parent/relative/foster carer of the child cannot be regarded as his/her child minder
Day Care of Children	A service which provides care for children on non-domestic premises for a total of more than two hours per day and on at least six days per year. It includes nursery classes, crèches, after school clubs and play groups. The definition does not include services which are part of school activities. Nor does it include activities where care is not provided such as sports clubs or uniformed activities such as Scouts or Guides.
Fieldwork	Fieldwork staff in divisional and area offices

Services (LAs staff)	
Fostering Services	Fostering agencies may provide substitute care where a child's family is unable to provide care. They may provide complementary care to provide additional opportunities for a child or to give parents a break. These carers are sometimes called respite or family placement carers. The term foster care is used to describe all these situations.
Housing Support	A service which provides support, assistance, advice or counseling to enable an individual to maintain their tenancy. Housing support may be provided to people living in - ordinary homes, sheltered housing, hostels for the homeless, accommodation for the learning disabled, women's refuges, and shared dwellings.
Nurse Agencies	Nurse agencies introduce and supply registered nurses to independent and voluntary sector healthcare providers and to the NHS in Scotland.
Care at Home	A service which delivers assessed and planned personal care and support which enables the person to stay in their own home
Offender Accommodation Services	A service which provides advice, guidance or assistance to people such as ex-offenders, people on probation or those released from prison, that have been provided accommodation by a local authority
Residential Child Care	These services are Care Homes, Special School Accommodation Services and Secure Accommodation Services for children who are looked after away from home.
School-Care Accommodation	This includes Boarding Schools and School Hostels (but does not include services for children looked after away from home).