

Workforce Priorities 2026

Final Report

June 2026



COALITION OF CARE
AND SUPPORT PROVIDERS
IN SCOTLAND

Workforce Priorities 2026 Final Report

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This report was prepared by the Coalition of Care and Support Providers in Scotland (CCPS) for the Scottish Social Services Council (SSSC) and the Qualifying the Adult Social Care (QASC) Workforce National Group.

This report summarises the findings from the Adult Social Care (ASC) and Children and Young People (CYP) Workforce Priorities sessions held with CCPS members. Though the QASC group is aimed at Adult Social Care (ASC), we also held a session with workforce leads within Children and Young People (CYP) organisations given the significant overlap in issues facing the sector and the need to look at social care holistically.

We hope these findings can bring about meaningful solutions to the problems identified by our members, who bring a critical perspective as employers of social care and support staff and as major delivery bodies for public services.

Executive Summary

“We can’t expect goodwill to carry people forever.”

At a critical juncture for social care in Scotland, CCPS held two important sessions focused on social care workforce development priorities to inform the activities of the QASC Workforce Group.

CCPS represents not-for-profit providers of care and support in Scotland. As a membership organisation we work strategically and collaboratively to Inspire, Influence, Involve and Inform. Our members, and the thousands of people they support, are the experts in care and support. They understand the challenges and opportunities in the sector.

Social care and support, at its core, is about building and sustaining relationships which enable people to live well and flourish. Participants were clear that care and support professionals draw immense emotional reward from their efforts. The values at the centre of social care remain a key incentive to work in the sector and to undertake roles based upon human connection.

However, participants invariably pointed to structural barriers that pose a threat to the sustainability of their organisations and to the core principle of social care. Thematic connections across each session included funding, pay, conditions, and public perception undermining those original motivations for a career in social care.

The lack of parity between third sector and public sector-funded roles is cited as a key barrier to recruitment and retention for CCPS members. Pay disparity is increasing despite commitments to Fair Work. In 2019, the difference in pay between not-for-profit social care workers and their NHS equivalents stood at £2,400; this disparity increased to £3,770 by April 2025.¹

There was also consensus among participants that current career pathways are a hindrance to recruitment and retention. Flat organisational structures caused by long-term underfunding reduce the opportunities for staff to take on more senior roles; where opportunities do exist, too often the additional responsibility of seniority cannot be recognised in pay differentials. Too little – or fragmented – support for career progression wastes potential.

Insufficient funding for social care providers is inhibiting the ability of organisations to play their full part as public service providers. Fundamentally, emotional fulfilment cannot sustain a system without structural support. Social care must be understood for its significant and tangible contribution to individual, family, community and economic wellbeing. Investing in social care and its staff is an investment in people.

Sector Context

CCPS members, and the wider social care sector, have made clear the fundamental threats to their sustainability. In April 2025, CCPS was a partner in delivering a confidential sector-viability risk register, commissioned by the Cabinet Secretary for Health and Social Care and the CoSLA spokesperson for health and social care. In August 2025, over 200 third sector health and social care leaders signed an open letter to the First Minister calling for immediate steps to address the current crisis threatening the sector.² Over half of respondents to a CCPS

¹ [CCPS - Oct 2025 - The Impact of the Scottish Government Adult Social Care \(ASC\) Worker Uplift Policy](#)

² [CCPS - Aug 2025 - 'Action needed now to avert health and social care crisis in Scotland'](#)

survey conducted in November 2025 were already using reserves to reach financial balance – with a third of these using more reserves than expected.³ CCPS members have yet to see a concerted plan to address the risks we have made clear.

The one in 23 people in Scotland each year who need social care – and their carers – should be able to access timely services, exercise choice and control in support, and be enabled to flourish in their lives. Sadly, this is the reality for far too few citizens.

CCPS has long called for a step change in the re-allocation of resources to meet the stated priorities of the Scottish Government for social care.

With a focus on the workforce, this would include:

- an immediate increase in workforce investment in our sector by raising the baseline pay award above the Real Living Wage
- delivery of Fair Work through sectoral bargaining, as well as a commitment to a new approach to deliver funding to provider organisations, with clear timescales to support planning
- a commitment to an urgent review of the Scottish Government formula for determining workforce investment in our sector with providers, ensuring it includes fair resourcing for employee on-costs
- evidence of a medium-term plan to see a significant change in investment in our sector, through a new allocation of available public funds to support aspirations to deliver Christie-inspired social care services.

At UK level, CCPS members faced an estimated £30 million bill because of changes to employers' National Insurance Contributions (eNICs) in 2025-26. Except for care home providers in Scotland, the Scottish Government excluded not-for-profit (NfP) commissioned providers from relief offered to the public sector. This is an ongoing cost pressure.

Meanwhile, the number of Health and Care Worker visas for those in a Caring Personal Service Occupation being granted has fallen by 88% since the UK

³ CCPS – Nov 2025 – Unpublished Members' Survey

Government's decision to exclude dependents from applications in March 2024, and to close the Social Care Visa Route entirely in July 2025.⁴ CCPS has called for this decision to be reversed. People who need support must receive it from skilled, regulated staff – including from overseas when the UK labour market simply cannot meet need. International workers are a critical and valued part of the social care workforce in Scotland.

Over many years CCPS members have tirelessly highlighted that social care and support staff are highly skilled and regulated practitioners required to hold professional qualifications. If governments in Westminster or Holyrood want to attract more UK citizens into care and support roles, they need to convey the worth of these crucial staff. This could be done by funding terms and conditions commensurate with the skills and responsibilities of the profession delivering public services and clearly expressing the value these staff bring to communities in all communications. They must also create a clear and coherent plan for our future workforce; no one agency in Scotland currently holds this role.

Many of these broad sector issues are not within the direct remit of QASC. However, it is important that the recommendations formed from our workforce development priorities sessions are understood in this wider context.

Introduction

Through our workforce priorities sessions, participants shared their expert insights into workforce challenges and opportunities for improvement. Participants supported a sector-wide commitment to professionalisation but warned that the systemic issues facing the sector are undermining that aim.

The first meetings of QASC have been geared towards data and intelligence sharing. We hope the findings of this report, and its recommendations, can foster collaborative engagement and support the group to deliver tangible actions which drive improvements for the sector.

The CCPS sessions were aimed at workforce leads and members of the Joint Training Initiative (JTI).

⁴ [UK Government - Oct 2025 - Summary of Latest Statistics](#)

The sessions covered four key areas:

- Recruitment, Retention and Career Pathways
- Skills, Qualifications and CPL
- Leadership and Workforce Culture
- Digital Capability and Data Use

These sessions identified the most urgent risks, needs and opportunities facing Scotland's social care workforce. The focus of the sessions aligns with national policy priorities including Fair Work, The Promise, and workforce sustainability. The focus for the sessions also feeds into the five key principles identified by the Scottish Government in its Health and Social Care Service Renewal Framework.⁵

Across two sessions, four facilitated discussions (three ASC, one CYP) were held, followed by a review to identify thematic issues.

Recruitment, Retention & Career Pathways

Recruitment and retention

"It feels disingenuous to encourage people into care when the sector is in crisis."

High turnover and retention remain significant problems for the sector. As of 31 December 2024, vacancies were reported in 44% of care services.⁶

Recruitment and retention have been hit by immigration changes, and eNIC increases have contributed to the destabilisation of providers, and of the jobs they create. Without funding to maintain proper pay differentials between staff of different grades, social care will not be an attractive long-term career choice (see below).

Third sector organisations feel particularly vulnerable to these challenges due to factors such as their inability to compete on salaries with the NHS and local

⁵ [Scottish Government - June 2025 - Health and Social Care Service Renewal Framework](#)

⁶ [Care Inspectorate/SSSC - January 2026 - Staff vacancies in care services 2024](#)

authorities. Anecdotally, local authorities, SSSC and the Care Inspectorate frequently recruit support staff after not-for-profit providers have invested in their training.

Participants reported a significant gap in sector-wide data about why people leave jobs in the sector. Exit interviews are inconsistent and participants were concerned that staff don't disclose reasons for fear of reference implications.

Participants stressed the need for parity of esteem, with decision-makers better understanding and expressing the complexity, regulatory demands, and ongoing learning required in social care roles.

Value and Reward

Across all sessions, participants emphasised that social care's emotional reward and relational purpose are key incentives for their workforce. Care and support professionals draw huge satisfaction from being part of important relationships and supporting a person's fulfilment.

Many participants noted that positive individual organisational cultures – where staff are valued for their work – was a significant incentive to stay within a team or return to a provider at a later date.

Additionally, participants felt that a career in social care offers skills – safeguarding, trauma-informed thinking, de-escalation and relationship-building – which are highly transferable into wider health, social work, education, psychology, and other sectors.

But invariably, participants pointed to barriers which hinder recruitment and retention of staff, and pervasive issues which reduce the attractiveness of a career in social care. In particular, pay, conditions, and public perception continue to undermine recruitment and retention, and the potential of delivering relationship-based care and support.

Scottish Government policy has, since 2016, been to ensure that all adult social care and support workers delivering direct care in commissioned services are paid at least the Real Living Wage (and CYP staff from April 2024). But CCPS's report, [The Impact of the Scottish Government's Adult Social Care Worker Uplift Policy](#), is clear that this figure (£12.60/hour at the time of publication of that report),

and the way in which the allocation is calculated, falls far short of addressing the staffing challenges our sector faces.⁷ The draft Scottish Budget for 2026-27 put even full cost recovery for the Real Living Wage under threat as the government attempted to re-baseline the uplift figures – a decision which thankfully they reversed.

Participants in our October sessions lamented that potential candidates for a career in social care can earn more working in retail with fewer responsibilities.

Career development

Career progression opportunities are limited by flat organisational hierarchies. Some organisations can offer clear career progression, but many recognised this is a rarity due to those flat structures which participants attributed to the model of funding for pay in commissioned social care. Across every session, participants referenced pay differentials as a key barrier to recruitment and retention. Organisations want to promote internally but cannot resource the next tier of posts.

The flattening of hierarchies comes with wider implications: one participant spoke of “a huge jump in skills from being a support worker to being a manager” with few stepping-stone roles in between.

CYP services highlighted the lack of visibility of social care as a career pathway in schools and early career guidance.

Employers stressed the need for earlier promotion of care careers to build long-term pipelines. Some members have had success with structured learning and development “academies” for new hires, while others cited positive outcomes from partnership working with the Scottish Refugee Council.

Recommendations for QASC (Recruitment, Retention & Career Pathways)

1. Review the effectiveness of the ‘Your Career in Social Services’ pathway to ensure it supports recruitment and retention in the social care sector.

⁷ [CCPS - Oct 2025 - The Impact of the Scottish Government Adult Social Care \(ASC\) Worker Uplift Policy](#)

2. Collaborate with QASC members on ways to raise the professional status of the social care workforce beyond the sector, taking account of regulatory and training demands and the immense economic and social value of the social care sector.
3. Improve data collection on the reasons people leave the sector; a shared national dataset on motivations, attrition, burnout and career blockers was recommended.
4. Consider joint work with the national Fair Work in Social Care Group to assess the effectiveness of existing Fair Work policies and commitments on recruitment, retention, and career pathways.

Skills, Qualifications & Continuous Professional Learning (CPL)

"We need to nurture the talent we have – not wait until people burn out or walk away."

Misalignment with need

Participants across ASC and CYP agreed that current qualification frameworks provide a baseline but fail to reflect modern care complexity. SVQs are valued, but many participants felt courses lack sufficient practical learning and trauma-informed content. Modern Apprenticeships were described as bureaucratic and misaligned with real-world practice.

Skills identified by participants as necessary to future-proof the workforce include: resilience and emotional intelligence; trauma-informed practice; digital confidence and adaptability to technological change; the ability to manage simultaneous complex needs; and strong communication and reflective practice skills.

Funding not fit for purpose

"The funding model hasn't moved with the reality of pay inflation – people are earning too much to qualify, but not enough to afford to study."

Funding systems were a dominant concern. Employees and employers are often dependent upon SAAS funding to contribute to the cost of mandatory qualifications. Annual uplifts to the Real Living Wage have not been matched by requisite uplifts to the SAAS thresholds. As they currently stand, SAAS thresholds exclude many staff as wage levels rise.

Many participants noted that funding levels for education and training have stagnated, with organisations still receiving the same rates as they did over a decade ago without any adjustment for cost inflation.

The Voluntary Sector Development Fund (VSDF) is appreciated by providers as it is often the only source of funding for training available to them. However, organisations have seen a reduction in this funding over the years as the number of applicants increases. Multiple participants referenced the VSDF and called for it to be simpler to access and to deliver a faster turnaround. Delays in VSDF are resulting in staff often leaving before funding is confirmed. Employers urged a more equitable and streamlined approach to funding for mandatory qualifications.

Commissioning models can disadvantage some organisations: for example, those with mixed registered/unregistered services – because funding only applies to registered services.

Employers who are also training providers feel disadvantaged compared to colleges. Participants noted that the majority of funding still flows through the further education system even when college places remain unfilled. Colleges are also increasingly requiring completion deadlines that risk withdrawal of funding if learners fall behind, despite unpredictable workforce pressures.

Participants spoke of funding inconsistencies. One participant gave an example around SVQ4; sometimes these courses are fully funded and sometimes they can cost £2,000+ per candidate. Participants felt there is little to no transparency in how Skills Development Scotland or colleges set these costs.

The loss of the Workforce Development Fund and Individual Training Accounts has created significant gaps in development funding, particularly for business support and leadership staff. This is compounded by organisations in scope of the Workforce Development Fund still paying the Apprenticeship Levy.

Administrative burden

“Keeping track is a full-time job.”

There was consensus across the sessions around the administrative burden placed on organisations and individuals applying for training and education. This was cited as a key concern and barrier to enabling education and training for the workforce.

Modern Apprenticeships were identified as the most notable example of process taking precedence over outcomes. They were described as bureaucratic, rigid, and misaligned with service priorities.

Reciprocal recognition

Numerous participants highlighted transferability issues in qualifications. Given the heavy reliance of the social care sector on international recruitment, providers are frustrated at the lack of reciprocal recognition of international qualifications.⁸ International recruits with Master’s level qualifications from other jurisdictions are still required to fulfil SVQs.

Participants noted that even integrated health and social care degrees do not fulfil the regulatory requirements of the sector. Providers contend that this system is deterring qualified and skilled applicants to the sector. This lack of reciprocal recognition also hinders career development in terms of transitioning to other sectors or specialisms.

Training for the realities of work

Participants felt that SVQs have had a positive impact in helping staff understand why they do what they do and linking practice to outcomes. Many welcomed the flexibility of SVQs and noted the personal development associated with individuals achieving these formal qualifications. But there was broad agreement that SVQs did not focus enough on the practical requirements of a social care role. SVQs are valued for reflection but some were critical that they do not add

⁸ The impact of the UK Government’s changes to the dedicated social care visa route in July 2025 are still being assessed by the sector. Reciprocal recognition of international qualifications may be a much lower priority in the future as a result of these changes.

new knowledge and providers regularly have to supplement mandatory SVQs with additional training which meets the realities of the job.

Many see the merging of qualifications (e.g. adult and young people's training) as a positive step to broaden flexibility and improve recruitment. But multiple participants stated that on-the-job learning and reflective supervision is more impactful than formal study.

Many pointed to the need to embed trauma-informed practice in training. Though attempts have been made to do this, it remains underfunded.

Specialist development

Local authority tendering practices increasingly require qualified staff with specialisms, but funding mechanisms are inadequate to deliver on these requirements. Both ASC and CYP sessions noted the increasing demand for specific competencies including neurodiversity, trauma, high-risk behaviours, forensic risk and adolescent mental health.

There was consensus that Continuous Professional Learning is fragmented and self-driven by staff because organisational capacity has shrunk across the sector.

There was a clear need highlighted across sessions for greater national collaboration and transparency in the development of learning frameworks and a strong appetite for sector-shared training spaces to reduce duplication and costs. Technology such as Open Future Learning and Flick were cited as helpful resources, though in-person learning remains preferred for social care roles.

Recommendations for QASC (Skills, Qualifications & Continuous Professional Learning: CPL)

1. Recognise employer-delivered training to avoid duplication for employers and the workforce.
2. Reduce bureaucratic barriers for overseas and degree-qualified staff to have their qualifications mutually recognised.
3. Support calls for SAAS thresholds to increase in line with current wage levels.

4. Support calls for a review of national funding rates for education and training to keep pace with inflation.
5. Collaborate with sector stakeholders to identify and implement streamlined processes for managing training related funding to reduce administration burden on providers.
6. Prioritise meaningful engagement between Skills Development Scotland, Further Education providers and social care providers to better understand the needs of the sector and social care professionals in training and development.
7. Mandatory qualification modules should better reflect the increasing expectation of specialisation across different social care roles.
8. Work at pace with partners to progress the national induction passport to prevent retraining when staff move between employers.
9. Ensure the National Induction Framework remains a live document to account for the changing requirements of a role in social care.

Delivering The Promise (CYP Workforce Focus)

CYP participants highlighted that the ambitions of The Promise cannot be met without sustained workforce investment. Existing Promise modules are introductory only, lacking depth in areas such as complex trauma, suicide risk and cumulative adversity. Participants reported growing frustration that progress expectations outpace available resources.

A 'next phase' of funded learning is needed to deepen trauma competency and enable reflective practice. Members emphasised that workforce capacity, not willingness, is the rate-limiting factor for delivery.

Leadership and Workforce Culture

Values-led leadership

“Management is the what and how, leadership is the why. We have a lot of the former and not enough of the latter.”

Leadership development emerged as one of the most pressing priorities. Participants described a sector rich in compassion but constrained by regulation that prioritises management compliance over relational leadership. There is a clear need for leaders who can mentor, coach, and sustain psychologically sound teams. Emotional intelligence was a recurring theme as being necessary for an effective leader in social care; contemporary leaders need to build effective multi-generational, diverse teams with differing expectations.

Participants felt that sector-wide policy and regulation are heavily focused on transactional approaches. Future leaders in both provider and commissioning bodies must move away from purely transactional management and towards values-driven, relational leadership.

Multiple participants argued that the current system leans too heavily toward “management” development to satisfy regulation rather than leadership development to satisfy people and culture.

“Inspection doesn’t ask about the quality of relationships or supervision anymore, so practice follows the evidence requirements, not always the values.”

Succession Planning

Succession planning in sector leadership is largely reactive.

Smaller organisations find succession planning difficult due to limited roles, flat structures and a lack of time or funding to prepare staff for advancement. Other organisations are trying to make progression attainable through in-house programmes and shadowing opportunities, but funding pressures limit what is possible.

Sponsorship and immigration rules were flagged as barriers to diversity in leadership, limiting promotion opportunities for skilled international staff.

Without space for reflective leadership, burnout among new leaders is all too common.

Participants called for planned and structural investment in leadership pathways and recognition of non-traditional leadership qualities, particularly in trauma-informed environments.

Making wellbeing a central value

"If wellbeing is meant to be a culture, it can't just be a series of isolated events."

Wellbeing initiatives were viewed as having mixed impact. One-off activities were seen as tokenistic and having a low impact, while financial wellbeing support was most valued. Uptake of mindfulness and wellbeing sessions was reported as low, whereas financial wellbeing support had much higher engagement. Financial assistance, such as hardship grants, were seen by participants as more impactful – reflecting current financial pressures.

Past initiatives have included Healthy Working Lives accreditation and Menopause Friendly accreditation, but maintaining these schemes is costly amidst mounting financial pressures.

Collaboration not competition

Best-practice sharing and collaboration is a mixed picture. Some organisations take part in topical forums and peer support groups.

The voluntary sector has created its own collaboration mechanisms because no national co-ordination exists. However, a culture of competition persists within the sector; participants believed this was down to a lack of funding and competitive commissioning practices which have stifled collaboration.

Recommendations for QASC (Leadership and Workforce Culture)

1. Support flexible, funded access to leadership development programmes (the Aspiring Leaders and Inspiring Leaders initiatives were cited as

positive examples) in line with the Scottish Government’s ambitions for collaborative and accountable leadership.⁹

2. Review learning opportunities available to support workers into senior roles.
3. Collaborate with sector regulators to review regulatory and inspection priorities around leadership in social care.
4. Leadership development and resources must recognise values-led leadership and therefore be separate to management resources.
5. Review the implementation of, and engagement with, shared wellbeing resources (e.g. a sector-level calendar or pooled training offers) which could reduce duplication and widen access for smaller organisations. The National Wellbeing Hub purports to do this but awareness and engagement among participants remains low.¹⁰

Digital Capability & AI

Digital assessment

Individual organisations have embraced technological change to very different extents, and participants stressed that digital and AI developments will only help if the workforce is supported to adapt, with social care remaining fundamentally dependent on relationships and human connection.

Most participants do not formally assess digital skills at interview; competence is monitored through supervision and support once in role, with some organisations using online recruitment systems and digital checklists as part of induction.

Digital assessment is largely informal and driven by developing individual need or supervisory feedback. Compliance with mandatory digital training is a recurring issue; data from Learning Management Systems are used to track log-ins, overdue modules and refresher gaps, prompting “difficult conversations” where necessary. Younger staff are typically seen as more digitally confident; staff with weaker IT

⁹ [Scottish Government - June 2025 - The Health and Social Care Service Renewal Framework](#)

¹⁰ [National Wellbeing Hub](#)

literacy may need more one-to-one support, and some organisations have experimented with dedicated digital development roles that were later lost to funding cuts.

National digital frameworks

Engagement with national digital training was inconsistent among participants. Some structural barriers were identified – such as NES 365 training excluding people without NHS emails.

National digital learning systems provided by SSSC, Turas, Care Inspectorate and others are identified by some as helpful – especially for organisations without back-office digital teams – but they are not well suited to the complexity of demands in social care. Participants noted that Turas was most frequently used, but most concurred that the system is too clinically focused and not tailored to community or home-based social care.

A lack of portability of training data across systems causes major duplication. Employers cannot access staff learning records held on SSSC CPL accounts, creating compliance risks.

Several organisations have had to build internal digital training because off-the-shelf solutions do not meet organisational needs.

Artificial Intelligence (AI)

AI is seen by many participants as helpful for administration, policy drafting, early-stage learning preparation and reducing paperwork burdens. However, all participants were agreed that it cannot substitute frontline care.

Some organisations have embraced AI, given its potential to reduce administrative burden. AI tools like Copilot are already in use by some management teams, with plans to train frontline staff. However, several participants cautioned against the overuse of AI. Some highlighted risks of over-reliance, impersonal care, and wider governance issues in terms of data collection and ethics.

Security

Cybersecurity awareness and practice varies, but many providers are now developing training and embedding cyber content into induction and annual refreshers, often via internal Learning Management System (LMS) modules influenced by National Cyber Security Centre material.

Some larger organisations have dedicated cyber functions or departments and treat cyber as mandatory training for all staff, while others rely on small IT teams and free national resources; participants identified national cyber training as an emerging gap that will require sector-wide focus, funding and clearer guidance on what tools are safe to use.

Recommendations for QASC (Digital Capability & AI)

1. Review the current national digital learning framework resources to ensure that they meet the needs of the social care sector
2. Support calls for funding for cybersecurity and AI integration training to be considered for learning resources.
3. Recognise the need for robust nationwide policies and guidance in social care and collaborate with stakeholders on effective governance of the growing use of AI – vetted AI platforms should be a consideration given concerns around data collection.
4. Ensure all national and local moves to increase the use of AI are assessed against clear-criteria focus on person-centred support and inclusivity.

Conclusion

Scotland's social care workforce is built on compassion, expertise, and resilience. Yet the findings show that without reform and investment, these values risk being eroded by structural inequities and resource limitations. The sector's commitment is clear; it now requires supportive systems to sustain it. SSSC and QASC must use all the leverage available to them to lead a whole-system approach that embeds

parity, professionalism, and pride in the social care and support profession, and enable the workforce to continue offering its invaluable support across the country for generations to come. A voice in the structural investment shortfall to deliver on QASC priorities is also needed.

Poor public and political understanding of the emotional and physical requirements of a social care role have, in turn, contributed to a lack of understanding around the regulatory and training requirements in the sector. It fuels the underinvestment in appropriate remuneration.

Participants from our membership were clear on the need to move on from crisis to drive improvements in a sector which can contribute immense social, economic, and community value.

This leads us to a final, overarching recommendation: Scotland needs one organisation to hold the ring on developing and delivering a coherent and integrated workforce plan in full collaboration with the sector.

CCPS, with its members, are ready to work with national partners, using the recommendations in this report as a starting point so that we can, collectively, change the narrative and improve outcomes for the social care sector and the people it supports.

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