

ESSS Outline

Values statements of disability organisations

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Introduction

This evidence summary seeks to address the following questions relating to developing values in a third sector disability organisation:

- *How can the diverse needs of disabled people be addressed in a values statement?*
- *What organisational values can support the workforce in delivering quality disability services?*
- *How are values integrated in third sector organisations?*

About the evidence presented below

We drew on a wide range of evidence, including academic research in the fields of disability studies, social work and business in relevant databases (e.g. ASSIA), using the Iriss National Social Services Search, Google Scholar and Scottish Government publications, as well as the websites of key organisations (e.g. SCIE, Centre for Welfare Reform).

We took a broad approach to finding information around several issues impacting on values in disability organisations, covering service users, employees, and the organisations themselves. As a result, the information presented below is wide in scope but limited in depth. There was very little evidence authored by the users of disability organisations, and the lack of their voice is another limitation of this summary.

Accessing resources

We have provided links to the materials referenced in the summary. Some materials are paywalled, which means they are published in academic journals and are only available with a subscription. Some of these are available through the [The Knowledge Network](#) with an NHS Scotland OpenAthens username. The Knowledge Network offers accounts to everyone who helps provide health and social care in Scotland in conjunction with the

NHS and Scottish Local Authorities, including many in the third and independent sectors. [You can register here](#). Where resources are identified as ‘available through document delivery’, these have been provided to the original enquirer and may be requested through NHS Scotland’s [fetch item service](#) (subject to eligibility).

Where possible we identify where evidence is published Open Access, which means the author has chosen to publish their work in a way that makes it freely available to the public. Some are identified as author repository copies, manuscripts, or other copies, which means the author has made a version of the otherwise paywalled publication available to the public. Other referenced sources are pdfs and websites that are available publicly.

Background

The ‘special values’ of third sector organisations can be the cornerstone of their competitive advantage ([Frumkin and Andre-Clark 2000](#)). The increased focus on operational efficiency, thought to be caused by the rise of commercial activities, rapid professionalisation and pressure from donors to document outcomes, can mean that value-led strategy is neglected ([Frumkin and Andre-Clark 2000](#)). More recent literature documents the tensions between social mission and economic rationales in third sector organisations, resulting in multiple and conflicting identities ([Chenhall et al. 2016](#)). Increased competition and limited resources can make it difficult for organisations to balance different pressures, such as equity, efficiency and quality ([Chenhall et al. 2016](#)), and securing resources can introduce multiple stakeholder interests and values in order to meet the demands of resource providers and regulators ([Chen et al. 2013](#)).

The [Voluntary Organisations Disability Group \(VODG\) \(2016\)](#) state that in the face of the escalating challenges posed by funding constraints and the rapidly changing social policy landscape, providers can still plan for a

sustainable workforce and take more collaborative steps to influence decisions that affect the future development of the sector. In addition, critical perspectives suggest that organisations within the disability sector face challenges that have the potential to endanger the quality of social care provision for people with learning disabilities ([Jackson 2015](#)). These challenges include:

- Commercialisation of social care
- Expansion of the 'for profit' private sector at the expense of the 'not for profit' voluntary sector
- Uncertainties caused by frequent changes in regulatory structures
- Shift to self-regulation of care services
- Neutering of the power and influence of advocacy services
- Inadequacies in the professional training of personnel working with people with a learning disability in health, education and social care services ([Jackson 2015](#))

Workforce issues concerning training, pay, and conditions in the sector can impact quality of care, and these have been addressed by in the [UNISON Ethical Care Charter \(UNISON 2013\)](#). This charter was developed based on the findings of a survey of 431 homecare workers, highlighting how poor terms and conditions for workers may contribute towards lower standards of care for people in receipt of homecare services. The overriding objective behind the charter is to establish a minimum baseline for the safety, quality and dignity of care. Broken into three stages, the charter covers:

- **Stage 1:** workers given time to provide appropriate care; paid for their travel time; and receive statutory sick pack
- **Stage 2:** clients allocated the same workers wherever possible; zero hour contracts not used in place of permanent contracts; clear procedures for following up wellbeing concerns; regular provision of training; and opportunities to meet co-workers
- **Stage 3:** all workers paid the Living Wage; and all workers covered by an occupational sick pay scheme

Based on the evidence reviewed, there are three key factors to consider when developing values statements for disability organisations. First, knowledge of the diverse needs and desires of service users is required, in particular, acknowledging the tendency to view people with learning disabilities as a homogenous group ([Cushing 2015](#)). Second, it is important to understand how to support the workforce to uphold the values professed by the organisation, especially due to the escalating challenges posed by funding constraints and the rapidly changing social policy landscape ([VODG 2016](#)). Finally, it is useful to have an understanding of how values can be integrated into an organisation, as well as considering how external pressures can push organisations away from their original purpose ([Berlan 2018](#)).

Evidence

The following evidence covers the three areas highlighted above: disabled people and inclusion; supporting the workforce; and integrating values. We have drawn from reports commissioned by government and social care organisations, as well as scholarly literature in the areas of disability studies, social work and business.

Disabled people and inclusion

Some critics argue that third sector service delivery organisations do not adequately represent the views of those they are trying to assist or that they often fail to implement their values in their relationships with service users ([Nevile 2009](#)). [Chapman et al. \(2010\)](#) suggest that as meeting the needs of beneficiaries is a significant driving force which shapes nearly all other aspects of organisational activity in the sector, it is important to involve service users in the development of the mission. Similarly, [Faulkner \(2012\)](#) states that:

Co-production, service user involvement and user-led approaches were proposed by several people as ways for ensuring that the vision of service users is encapsulated in any policy or service and the delivery, monitoring and evaluation of that service.

Jackson (2015) also suggests that organisations must acknowledge and act on the fact that people with a learning disability do not constitute a homogeneous population, consistent with the UNISON Ethical Care Charter's (2013) emphasis around client need.

A common ideology within organisations that support people living with intellectual or developmental disability is one of community inclusion (Cushing 2015; Jackson 2015). However, best practices for many aspects of community inclusion are yet to be identified in the literature (Cushing 2015). Jackson (2015) states “inclusion is a system of values and beliefs which should help guide, not dictate, thought and action”, and the narrow view taken of inclusion by some organisations risks twisting opportunities into a rigid obligation that everyone be included in a particular way (Cushing 2015).

The evidence below outlines some of the debate around inclusion, including strengths and weaknesses of the current approach, and how third sector organisations might look at the manner of their working and the extent to which they are currently fit for purpose.

Cushing, P (2015) What counts as a community? Alternative approaches to inclusion and developmental disability. *International Journal of Developmental Disabilities*, 61(2), pp.83–92 (paywalled)

Cushing argues that a more realistic assessment of the possibility and limits of community can facilitate more genuine inclusion for people with developmental disabilities. The evidence in the field is criticised in this study for being too vague and overly optimistic about what “community” is, and what it can and cannot do for disabled people. In addition to this, there are inadequate comparative, empirical studies that centre on the experiences and desires of disabled people. Both of these factors have enabled

meta-narratives to develop that advocate a single, narrow version of inclusion. Some of the problematic features of these stories include:

- They reflect some people's experiences or desires but claim to represent everyone's
- Their proposed form of inclusion and community reflects a pan-disability perspective without regard for intra-disability differences, risks and support needs
- They build their case on an ideal of what community should be, rather than a realistic sense of what it is like

The author suggests that one way to serve this diverse group and enhance community inclusion would be to encourage and sustain a greater variety of provision options, and details three alternative communities for disabled people. Cushing emphasises that in disability organisations such as L'Arche, Camphill, and the Center for Discovery, people with disability are not an afterthought for these communities; they are not just tolerated or begrudgingly given rights, as can be common in mainstream settings.

Disability Rights UK (2014) *Five key messages from research into inclusive communities* (pdf)

A brief summary of key findings from a research project on disabled people and inclusive communities, focusing on social networks and social capital, diversity, inequality, social exclusion, citizenship, participation and the roles of disabled people organisations and local authorities. It highlights that disabled people do not have equal access to the processes that generate social capital and argues that contemporary local communities can only be strong if their diversity is considered and valued. Inclusive communities are those in which all citizens have the opportunity to participate – socially, economically, and politically. Disabled People's Organisations (DPOs) are critical in nurturing disabled people and acting as a springboard for wider participation and can support the leadership and capacity building of grass-roots groups.

Jackson, R (2015) *The impact of ideology, regulation and markets on the quality of life of people with an intellectual disability*. Centre for Welfare Reform ([pdf](#))

This report explores the recent history of services for people with intellectual disabilities (or learning disabilities) in the UK. It argues that services are slipping into the same institutional practices that were common at the beginning of the twentieth century. The suggested reasons for this backward drift in policy and practice include:

- Ideas like inclusion and normalisation have been interpreted in an overly simplistic manner, with one experience of disability dominating all other experiences
- Some forms of disabled people rights activism may exclude people with intellectual disability
- Charities are now largely service providers and increasingly passive in the face of pressure from government
- Regulation has led to increased bureaucracy and poorer human relationships
- The marketisation of social care has eroded quality of support and reduced salaries, skills and securities
- Technological solutions are increasingly seen as the only solution to a funding crisis
- Dependence on private-sector care homes

The report urges to abandon the sterile academic debate about the meaning of inclusion; protect those parts of the social and health care sector that provide high quality services; and reform the disability charities sector to ensure they defend more effectively the interests of the populations they represent.

Pye, M and Sayce, L (2014) *Inclusive communities: a guide for disabled people's organisations*. Disability Rights UK ([pdf](#))

This guide points to opportunities to develop more inclusive communities and provides examples of how it can be done. It outlines a number of approaches from seeking feedback through to full decision-making and leadership by disabled people and emphasises that to achieve fully inclusive outcomes - disabled people taking part in society - requires fully inclusive processes - disabled people participating at all stages in planning and decision-making. Key sections cover: citizenship and participation, involvement of disabled people and role of disabled people organisations, wider participation and decision making, tackling barriers to participation, and disabled people at the hearth of governance. Includes appendices on funding opportunities and reflective questions for DPOs.

Supporting the workforce

The literature suggests that employees' behaviours are vital for service quality and mission achievement in third sector human service organisations, and line managers play a key role in supporting this ([Knies et al. 2018](#)). The [UNISON Ethical Care Charter \(2013\)](#) highlights the link between the quality of care and the way that care workers are treated, providing a baseline for the safety, quality and dignity of care by ensuring employment conditions that do not "short change" clients and ensure retention of a more stable workforce through more sustainable pay, conditions and training ([Moore 2017](#)). [VODG \(2016\)](#) also advocates for values-based recruitment, emphasising empathy and compassion and the soft benefits offered by social care work.

The evidence below provides example codes and charters relevant to both ethics and values for the social care workforce, as well as the conditions of employment that enable these standards to be upheld.

British Association of Social Work (BASW) (2012) *The code of ethics for social work* ([pdf](#))

This Code of Ethics states the values and ethical principles which form the basis of the social work profession. It provides background to ethics in social work and gives an international definition of social work. The Code then statements of values and ethical principles relating to human rights, social justice and professional integrity, followed by 17 practice principles that indicate how these ethical principles should be applied in practice. The Code applies to all social workers who are members of the British Association of Social Work (BASW) members in all roles, sectors and settings in the UK

Citizens UK (2015) *The Citizens UK social care campaign. Building a movement: a charter of good practice for care providers and commissioners* ([pdf](#))

Citizens UK has developed a one-page charter outlining good practice for care providers and commissioners, based off conversations with both care recipients and providers. This charter covers the following points:

- **Proper training:** care workers trained to a high standard
- **Better relationships:** consistency of care worker to care recipient and strategies for community involvement
- **Enough time:** sufficient staffing, at least 30 minutes for home visits, and pay for travel time
- **Dignity in work:** living wages, sick pay and options for career progression

Family Rights Group (2016) *Mutual expectations: a charter for parents and local authority children's services* ([pdf](#))

While this charter is outside of the disability sector, it provides a useful example of how mutual expectations can be framed between employees and customers. This document was developed with the aim of promoting effective, mutually respectful partnership working between practitioners and

families when children are subject to statutory intervention. This charter is divided into themes and is based on the [BASW Code of ethics for social work \(2012\)](#). These themes are:

- **Respect and honesty:** for example, practitioners can expect their time to be valued
- **Information sharing:** for example, parents can expect to be given the information they need to fully participate in decision making
- **Support:** for example, practitioners can expect parents to work with them in their children's interests
- **Participation:** for example, parents can expect their knowledge about their family, including their cultural identity, recognised and respected
- **Communication:** for example, practitioners can expect constructive feedback

Moore, S (2017) *An evaluation of UNISON's Ethical Care Charter*. Work, Employment and Research Unit, University of Greenwich ([pdf](#))

This evaluation involved nine case studies based upon 51 interviews with local authority commissioning officers and/or service managers or with senior managers of organisations that had adopted the ECC along with providers, UNISON branch officers and/or reps responsible for homecare workers and homecare workers. The key findings were:

- **Importance of political and financial commitment:** particularly the influence on the pay and conditions of homecare workers
- **Commissioning on the basis of client need:** with workers having freedom to provide appropriate care and time to spend with clients
- **Payment for travel time:** a qualitative difference in the benefit to care workers
- **Moving away from Zero Hours Contracts:** some care workers appreciated the security, however others perceived this to be less flexible

- **Paid training and supervision:** extent of training and frequency of supervision varied and was more intensive where there was in-house provision
- **The Living Wage:** the element of the Ethical Care Charter that has had the most impact on homecare workers
- **Continuity of Care:** some providers showed reductions in staff turnover, as well as an increase in qualified staff and service user satisfaction
- **Occupational sick pay:** case studies show providers generally pay statutory sick pay
- **Monitoring:** case studies reflect a proactive approach to contract management although cuts in staff may affect the level of monitoring authorities can provide

Scottish Government (2017) *Health and social care standards: my support, my life* ([pdf](#))

These standards are designed to be used as a guideline for how to achieve high quality care and can be applied to a diverse range of services. Five outcomes are identified in these standards, with each making explicit reference to dignity and respect, compassion, being included, responsive care and support, and wellbeing. The outcomes are:

- High quality care and personalised support
- Involvement in decision-making
- Confidence in the workforce
- Confidence in the organisation
- High quality care environment

Voluntary Organisations Disability Group (VODG) (2016) *Thought leadership: how do disability organisations recruit, retain and develop the right workforce?* ([pdf](#))

Summarises the findings of a recent event organised by VODG, which involved more than 100 chief executives and senior directors of voluntary

sector disability organisations from across England, and aimed to identify workable solutions to tackling the workforce challenges and improve cross-sector communication and collaboration. Key topics covered in this report include:

- The financial fragility of the care market
- Minimum wage, national living wage and collaboration
- Commissioning and procurement
- Building stronger partnerships with commissioners
- Workforce recruitment and retention
- Collaborative campaigning
- Values-based, targeted recruitment

Integrating organisational values

While a commitment to a core set of values is a defining characteristic of many third sector organisations, particularly those involved in the delivery of complex human services ([Nevile 2009](#)), external pressures can push organisations away from their original purpose ([Berlan 2018](#)). At an event hosted by [VODG \(2016\)](#), which involved more than 100 chief executives and senior directors of voluntary sector disability organisations from across England, attendees made note of the disconnect between the mission and values of the organisation and the culture in teams or in the reality of frontline work. They suggest the solution might be in encouraging a greater focus on the core values of organisations, as well as how work patterns and roles are agreed and defined.

According to [Chen et al. \(2013\)](#), organisations implicitly or explicitly promote particular values through mission statements, organisational culture, and choices of organising practices. Researchers have not yet fully conceptualised how values shape organisations' forms, practices, and activities ([Chen et al. 2013](#)), but a review of third sector organisations conducted by [Chapman et al. \(2010\)](#) found that most organisations have well established values and organisational practices which affect their approach to planning for the future. [Stride and Higgs \(2014\)](#) found that values can also

drive staff commitment. The following section includes academic studies looking at how values can be integrated in third sector organisations, as well as example values statements from organisations working in the disability sector.

Case studies

Chen, K et al. (2013) How values shape and are shaped by nonprofit and voluntary organisations: the current state of the field. *Nonprofit and Voluntary Sector Quarterly*, 42(5), pp.856–885 ([paywalled](#))

This review synthesises classic and recent organizational and sociological research and argues that all organisations reflect, enact, and propagate values. Values may be discerned in any organisation’s goals, practices, and forms, including “value-free” bureaucracies and collectivist organizations with participatory practices, and this paper offers suggestions for enhancing understanding of how collectivities advance particular values within their groups or society.

Chenhall, RH et al. (2016) Managing identity conflicts in organisations: a case study of one welfare nonprofit organisation. *Nonprofit and Voluntary Sector Quarterly*, 45(4), pp.669-687 ([paywalled](#) and [author manuscript](#))

This qualitative study of a welfare nonprofit organisation found that identity within the organisation is promoted through organisational routines related to employee selection, periods of reflection and ‘values breakfasts’. These routines were used to help the organisation reinforce its social justice identity at a time when the organisation was under pressure at an increased emphasis on business-like concerns. Due to this increased financial pressure, program coordinators were required to juggle responsibility for both client care and financial matters, when previously they had focused solely on client welfare. By making accounting issues more visible, these workers were required to make space for an organisational identity that included economic considerations.

Nevile, A (2009) Values and the legitimacy of third sector service delivery organizations: evidence from Australia. *Voluntas*, 20(1), pp.71–89 (paywalled)

Using six case studies, this article examines whether organisational values are the same as those of service users, and whether this matters in terms of services having a positive impact on service users. The findings indicate there was a high degree of congruence between the organisational values and those of program participants, with evidence that this contributes to client satisfaction. However value congruence was not absolute, with service users, but not staff, consistently identifying emotional outcomes as important.

Stride, H and Higgs, M (2014) An investigation into the relationship between values and commitment: a study of staff in the UK charity sector. *Nonprofit and Voluntary Sector Quarterly*, 43(3), pp.455–479 (paywalled)

This study looks at values alignment in two UK charities, and analyses questionnaire responses from 286 respondents. The findings indicated that it was the perceptions of organisation values that had the greatest impact on staff commitment, and that alignment of organisation values only had a degree of effect within one of the charities.

Values

Blackwood Group (2015) *Strategy and business plan 2015-2020* (pdf)

The Blackwood Group identify four core values, which they state are embedded in their culture. They emphasise the importance of employees and customers knowing these values, and also the importance of working with partners and suppliers who share these values. These values influence decision-making and behaviour, from the board to operational service delivery. These values are:

- Open and honest
- Taking responsibility

- Respect and understanding
- Keeping our promises

C-Change Scotland (n.d.) *Mission and values* ([website](#))

This statement takes an asset-based approach to support and emphasises the importance of community, with reference to human rights. Some of these values include:

- Involvement in decision-making
- Inclusion in the community
- Respecting voice and the right to be heard
- Emphasis on the individual

Cornerstone (2017) *Strategic plan 2017-2020* ([pdf](#))

This plan identifies the challenges currently faced in the Scottish social care sector due to the ‘fast changing and challenging external environment’ and outline how Cornerstone will use this strategy to position themselves for continued success and a sustainable future. Their organisational values are:

- **Caring:** feel and exhibit concern and empathy for others
- **Customer-focussed:** offer a truly personalised service
- **Professional:** a high standard of service that meets all regulatory requirements, delivered by qualified staff
- **Pioneering:** strive to be innovative in our thinking and to lead the way in the care sector

Enham Trust (2018) *Our values* ([website](#))

Enham Trust is a pan disability organisation that works with close to 8,500 individuals each year throughout the South, giving them independence, choice and control in the cornerstone areas of their lives; housing, care, work and skills development. Their values are:

- **Determined:** driven to make changes that positively affect people's lives

- **Passionate:** committed to engaging with disabled people as individuals, and to enabling them to achieve their aspirations
- **Agile:** responsive and flexible to the needs and aspirations of people who use our services and adapt our services and support accordingly
- **Influential:** trusted experts who lead the way and speak up with and for the rights of disabled people

Scottish Government (2014) *Care and support in Scotland: statement of values and principles* ([pdf](#))

This statement, which is based on a human-rights approach, relates to people of all ages who are eligible for care and support, or who may require it in the future; carers; people who provide support in voluntary and independent sector organisations; people who provide support in local authorities and the NHS; and people in inspection and monitoring agencies. The values are identified as: respect; fairness; independence; freedom and safety, and principles are listed as follows:

- **Collaboration:** individuals supported for better outcomes
- **Dignity:** facilitated throughout the support received
- **Informed choice:** supported through the provision of impartial information
- **Involvement:** co-production enabling people to be involved through all stages of support
- **Participation:** including the right to be involved in decisions
- **Innovation:** development of creative and flexible solutions to meet personal outcomes
- **Responsibility:** for choice and for activities to meet agreed outcomes
- **Risk enablement:** people are empowered and trusted to set the parameters of their own risks

References

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UNISON (2013) *UNISON's ethical care charter* ([pdf](#))

Voluntary Organisations Disability Group (VODG) (2016) *Thought leadership: how do disability organisations recruit, retain and develop the right workforce?* ([pdf](#))

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