Scottish Care
Social care that works for Scotland

SCOTTISH CARE NURSING WORKFORCE REPORT SEPTEMBER 2025

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Thank You

We would like to thank members of Scottish Care for their engagement and support, particularly those who contributed to the survey that forms the basis of this report.

We are also grateful to those who have shared their experiences through forums, strategic groups, and other channels.

Your input has been valuable in informing our understanding and shaping our work.

Introduction

This briefing report presents findings from Scottish Care's 2025 Nursing Survey, the first since 2021, capturing the lived realities of nurses and providers across Scotland's independent social care sector. It builds on Scottish Care's ongoing work to advocate for a sustainable, respected, and well-supported nursing workforce within social care.

Drawing on responses from 48 organisations employing 780 nurses, the data reveals a workforce under sustained pressure, marked by persistent recruitment challenges, fragile retention, and rising stress levels. These issues are not isolated but deeply embedded in structural inequalities, including pay disparity with the NHS, limited access to professional development, and systemic undervaluing of social care nursing, which are shaping the journey of nurses into, through, and out of social care.

The independent social care sector employs approximately 3,600 nurses across Scotland. The survey sample accounts for over 21% of this workforce. Yet the survey evidences how fragile this workforce has become: vacancies are common, nurses are leaving at an early career stage, and international recruitment is hindered by administrative and financial barriers.

These shortages are not merely operational—they are systemic. Unfilled posts reduce capacity, drive agency reliance, and undermine continuity of care, creating a cycle that providers describe as unsustainable.

Since the last iteration of Scottish Care's Nursing Survey in 2021, Scotland's independent social care nursing workforce has faced an increasingly challenging landscape, with mounting pressures and systemic fragility.

The COVID-19 pandemic left lasting impacts, with heightened workforce pressures, sector scrutiny, staff exhaustion, and ongoing difficulties in recovery. Over this period, vacancies have deepened, with the independent sector in particular struggling to recruit and retain registered nurses amid sustained pay and conditions disparities with the NHS. International recruitment has provided some relief, but costs, visa barriers, not least in light of recent Home Office rule changes to restrict social care roles, have undermined its effectiveness.

According to the Scottish Social Services Council (SSSC), the number of registered nurses working in adult care homes declined by 1,440 between 2013 and 2023—a 28.2% drop, including a further 0.8% decrease in the latest year alone. The decline has taken place against rising clinical complexity and care needs, deepening workforce strain.

Simultaneously, resources and funding have become increasingly stretched, including funding for training and development. The removal of funding mechanisms such as the Flexible Workforce Development Fund has reduced access to professional development opportunities, compounding concerns about career progression and skills maintenance.

Taken together, these pressures have left the nursing workforce in social care increasingly fragile, with significant consequences for service continuity, hospital discharge processes, and the wider health and social care system.

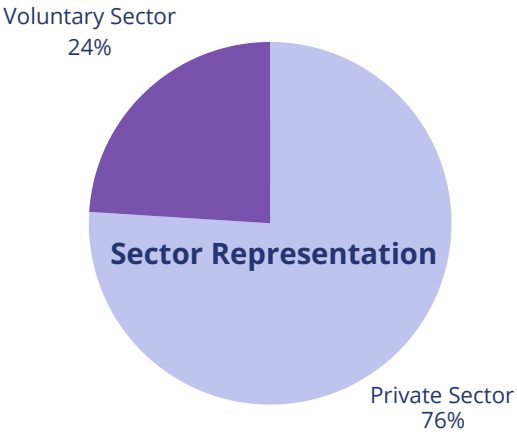
Respondent Profile

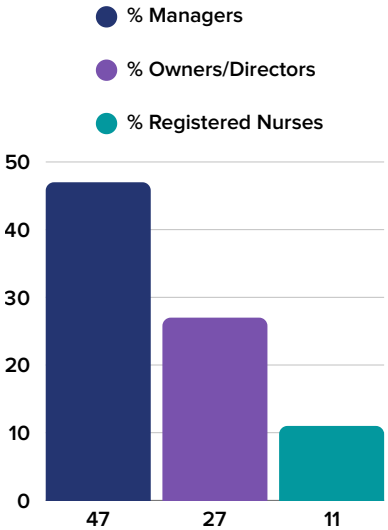
Across 48 responding organisations, the survey captures perspectives from a wide cross-section of independent sector providers:

234 care home services

All Scottish Local Authority regions except Orkney & Shetland

780 nurses
7,366 workers





Other respondent roles include Clinical Leads & Senior Managers

Organisations size ranging from single care homes to groups with 50+ services

Workforce Profile

Survey results highlight the ageing profile of the social care nursing workforce:

- **The majority of nurses are aged 45+, and 25% are over 55.**
- **Very few nurses are under 25.**

With a high proportion of nurses nearing retirement and limited evidence of younger entrants, sustainability of the workforce is in question. The sector faces a dual challenge: retaining experienced staff while making care home nursing an attractive option for new graduates.

Recruitment & Vacancies

Nurse recruitment pressures dominate provider experiences:

- **75% report difficulty filling nurse vacancies.**
- **79% identify registered nurse posts as hardest to fill.**

Whilst 52% noted no discernible change in recruitment success in the last year, 27% found recruitment is more difficult. 21% have seen improvements.

Services are predominantly utilising online advertising (85%) and word of mouth (61%) to recruit nurses, but a significant percentage of vacancies are long-standing:

- **36% of vacancies were filled within 3 months,**
- **36% within 3–6 months,**
- **24% take 6–9 months or longer.**

The survey identifies what organisations see as the barriers to successful recruitment:

- **Insufficient supply of nurses – 48%.**
- **Better opportunities elsewhere – 42%.**
- **Pay rates – 39%.**
- **Lack of quality relating to required skills – 26%.**

Qualitative responses suggest stigma and misconceptions persist around care home nursing, with perceptions of reduced clinical skill, as well issues with the practicalities of less favourable employment conditions for workers compared to the health sector.

This data points to a mismatch between what the sector needs in terms of nursing numbers, what it can offer, and what nurses are seeking in their roles.

The Social Care Nurse Journey

ENTRY INTO THE SECTOR

- New recruits mainly come from private sector social care (73%) and the NHS (56%), with smaller flows from university graduates and internal OSCE qualification for existing staff. 50% of respondents indicated that they have employed newly qualified nurses directly after graduating.

- The Return to Practice programme is having negligible impact: 94% of providers reported no nurses returning this way in the past year.

- 18% of organisations employ carers who were previously registered nurses and may be interested in returning to practice, but qualitative responses show these staff face systemic barriers — notably that placements and funding streams are NHS-focused.

DEVELOPMENT & PROGRESSION

- Nearly half of providers (47%) have identified a need for a greater skill mix in response to rising workload demands and increasingly complex care needs. This shift underscores the evolving nature of nursing roles within social care, where practitioners are often required to operate with advanced clinical autonomy and decision-making capacity.

"Nurses in care homes now need to have advanced skills and be able to work as lone practitioners."

- 61% of organisations report care staff leaving to pursue nurse training within the last five years, suggesting social care is functioning as a stepping-stone into the profession often with organisational support for this progression.

"We actively encourage and support our staff to gain the experience/qualifications they require to pursue a career in nursing."

- 97% offer professional development mechanisms, most commonly mandatory training, protected learning time, elearning, paid training hours and supervision. Some organisations also offer bespoke or specialist learning to support progression, for instance in relation to palliative care.

- 52% identify a need for more free or subsidised resources to upskill staff and support Continuing Professional Development.

"Finances affect all decisions and may limit the number of staff who can be supported to develop at any given time. Free resources are extremely beneficial."

- Some available training resources are described by some as NHS-oriented, limiting their relevance to care home practice.

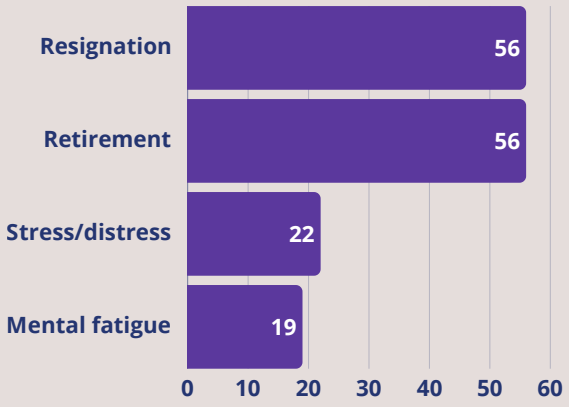
- 69% say induction and training processes are sufficient to support nursing staff, often developed internally to fit the service's context and needs, though qualitative responses note that opportunities to better support continuous improvement would be valuable.

- Preceptorship is common but variable, with some noting this to be informal and time limited due to staffing constraints, often falling under managerial responsibilities within the service.

Development pathways exist, but they are fragile. The sector supports progression into nursing but struggles to retain staff once qualified. Professional development is under-resourced and overly dependent on NHS models, leaving social care-specific competencies undervalued.

RETENTION & EXITS

% OF MAIN REASONS GIVEN BY ORGANISATIONS FOR NURSE EXITS

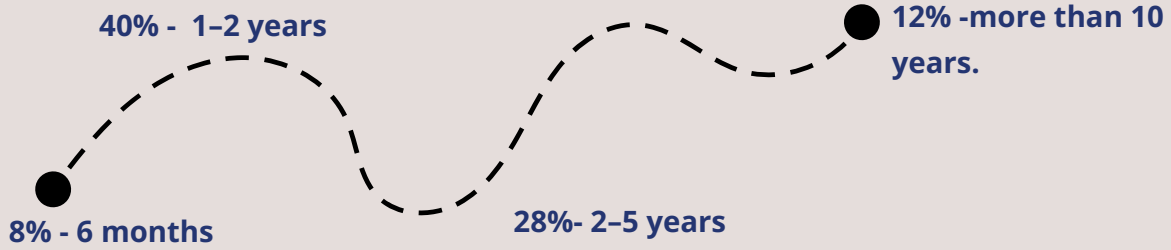


52% of respondents had nurses move to NHS roles

32% had nurses go to other independent sector services

19% experienced nurses leaving health and social care altogether

% ORGANISATIONS WHO PROVIDED AVERAGE LENGTH OF SERVICE FOR NURSES WHO LEFT IN THE PAST 12 MONTHS



Entry routes into social care nursing do exist — for example, the employment of newly qualified nurses and opportunities for existing staff to obtain OSCE qualifications. However, the absence of a functional return-to-practice pathway in social care remains a major missed opportunity to re-engage experienced nurses. While the sector attracts some NHS leavers, it also loses many back again, creating a cycle of instability.

Development pathways are present but fragile. Social care supports staff progression into nursing yet struggles to retain them once qualified. Professional development opportunities are under-resourced and often shaped by NHS priorities, leaving care-home-specific competencies undervalued.

Retention is especially weak. More than half of those surveyed indicated that staff who leave move to the NHS, and on average nearly 70% who left did so within their first five years with an organisation, highlighting unmet expectations and instability early in employment journeys. At the same time, high levels of retirement show fragility at the other end of the career spectrum.

Immigration & International Recruitment

International recruitment is utilised by some providers, but with mixed success:

- 21% recruit from the EU.
- 44% recruit from non-EU countries.
- 21% say international recruitment has become harder in the last year.

Barriers identified include :

- Visa and application processes – 59%.
- Cost of recruitment – 56%.
- Home Office practices – 41%.
- Retention concerns – 11%.

For those who recruit internationally, administrative and financial barriers are significant. The survey also indicates retention problems, with some recruits leaving for NHS roles once OSCE and registration are achieved. This places cost burdens on providers while undermining workforce stability.

Nearly half of providers do not recruit internationally at all, leaving them without this potential pipeline for key nursing staff.

Nurse Wellbeing

The data indicates worrying levels of stress and sickness absence amongst social care nurses:

- 37% report increased stress levels among nurses, with only 7% reporting decreases.
- 19% report increases in sickness absence, while 61% say levels are unchanged.

Supports considered most important for wellbeing:

- Better pay – 65%.
- More training and development – 65%.
- More professional to professional support – 55%

Providers have also implemented a range of measures to support nurse wellbeing such as mental health first aiders, buddy systems, counselling and protected time. Regardless of specific measures, the key themes to emerge were of the importance of consistent, regular and accessible time for dedicated wellbeing support and connection – to colleagues, senior staff and external supports.

The findings illustrate the human cost of workforce shortages, with a workforce under sustained strain. Even where formal supports exist, structural issues like under-resourcing and pay disparities can overwhelm their impact. Stress and burnout are clearly driving exits and reducing resilience. Even where absence has not risen, stress levels have, suggesting presenteeism, with staff working despite ill health.

Impact & Supports

The survey findings highlight the cumulative impact of workforce shortages on service delivery, staff wellbeing, and organisational sustainability. Pressures are not just about filling posts but extend through care quality, continuity, and the resilience of the nursing workforce.

"We have not had the nurse leadership we needed for a time. The demands of the organisation continue to grow, without the full leadership it puts strain on all the others."

Whilst the majority either don't use agency staff or haven't changed this substantially over the last year, a fifth of respondents reported an increased reliance. 47% utilise agency staff infrequently, 29% monthly and 24% either daily or weekly.

Agency use is not simply a cost issue but a quality and continuity challenge, undermining team cohesion and consistency for residents. Providers see this as both a symptom and a driver of instability.

In terms of local collaboration and external support, 52% of providers reported positive experiences with local Care Home Collaborative Teams.

"I feel we are very supported by the Assurance Team in Aberdeen City."

Whilst no respondents indicated negative experiences, experience of support through Care Home Collaborative teams can be variable with some noting inconsistencies across areas and experience of lack of professional esteem, which impacts social care nurses.

"In some authorities, the input from CHST (Care Home Support Team) can be demoralising for qualified nurses. Recent discussions with a nurse have shown that the significant input from CHST does not allow the nurse within the home to make a clinical judgement, only relay observations to the team for them to make the decisions. The nurse felt undervalued and overqualified to be in the position of nurse within the care home."

In terms of support through local boards to address additional staffing needs on a short-term basis, only one respondent indicated that they had received this.

While collaborative support has the potential to improve workforce sustainability, the unevenness of delivery means it is not yet providing reliable system-level reinforcement.

Key messages

The survey data demonstrates that the independent social care nursing workforce is under critical strain.

The survey findings show that nursing pressures manifest as:

- Ongoing vacancies and subsequent agency reliance , driving costs and reducing continuity.
- Rising stress and sickness, pointing to burnout risks and long-term retention threats.
- Structural support gaps with employment conditions, pay, training and professional recognition repeatedly identified as the key levers for improvement.
- Patchy system support, where local collaboration works well in some areas but remains inconsistent.

The challenges are interconnected: recruitment difficulties, fragile retention, inadequate development opportunities, and rising stress levels all reinforce one another.

Key messages emerge from the survey findings, which must drive the required action to strengthen this crucial workforce :

Pay parity with NHS roles is essential to stem attrition and make social care nursing a viable career.

Funded, accessible training and CPD are needed, designed for care home practice rather than NHS default models in order to support consistency and person-led development within the sector.

More targeted and accessible entry routes to the sector, including for overseas staff, must be progressed, as well as a review of Return to Practice routes, to unlock both the experienced and emerging nursing workforce.

Sustainable workforce planning must embed social care nursing as a core part of Scotland's health, care and wellbeing system.

Investment is required to reduce agency reliance and enable safe staffing levels that support both quality care and staff wellbeing. The ongoing reliance on agency staff to counteract vacancies and nurse shortages is increasing costs and eroding continuity of care.

A more humane, streamlined, and sector-sensitive immigration system is required for a Scottish context —one that recognises the value of overseas nurses and supports their integration and retention within social care.

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