Scottish Care Nursing Workforce Survey 2026

Briefing report | August 2026

Central message

Social care nursing remains one of the sector's greatest strengths. However, persistent recruitment difficulties, increasing complexity of care, workforce pressures and growing administrative demands continue to place significant strain on the sustainability of the nursing workforce.

About the survey

Scottish Care conducted its 2026 Nursing Workforce Survey between July and August 2026. The online survey received 53 responses. Following data validation, two responses were excluded: one invalid entry and one organisation reporting zero services and zero registered nurses. This left a final analytical sample of 51 providers operating nursing services across Scotland.

Respondents represent a broad cross-section of social care providers, including private, voluntary and not-for-profit organisations across every Local Authority Area in Scotland. Services represented include care homes, care at home, housing support and specialist services. The findings draw on quantitative data and qualitative feedback from respondents and should be read as provider evidence about the current realities of social care nursing.

Executive summary: a strength Scotland must sustain

Social care nurses provide essential clinical expertise, leadership and continuity across Scotland. They support people with complex needs, guide colleagues, make autonomous professional decisions and help sustain care services embedded within communities.

The 2026 Nursing Workforce Survey shows that this contribution remains one of the sector's greatest strengths. Providers consistently described nurses as central to care quality, service resilience, workforce support and safe decision-making.

At the same time, the findings show a workforce under sustained and cumulative pressure. Recruitment remains difficult, care complexity is increasing, workload and stress remain high, and administrative and documentation demands are affecting the time nurses have for direct care, leadership and relationship-based practice.

The message for policy-makers, workforce planners, regulators, educators and partners is clear: Scotland cannot continue to rely on the commitment and resilience of social care nurses without strengthening the systems around them. As care complexity increases and more care is delivered within community settings, investment in social care nursing will be essential to achieving wider ambitions for care closer to home.

51	**valid provider responses were included in the final analysis, followin data validation.**
1,147	**registered nurses are employed by responding providers across at least 412 services.**
62%	**reported difficulties recruiting nurses.**
97%	**reported that care complexity or acuity had increased in the past 12 months.**
87%	**rated nurse stress levels as consistently or increasingly challenging.**
90%	**reported offering continuing professional development opportunities for nurses.**

Scottish Care position

Social care nursing must be recognised as a distinct, skilled and essential part of Scotland's health and social care workforce. Sustaining it will require national workforce planning, fair and realistic investment, stronger routes into the profession, equitable learning and leadership opportunities, and proportionate systems of governance and accountability.

1. Social care nursing: skilled, local and essential

Social care nurses continue to deliver essential clinical leadership and expertise across all areas of Scotland. The 51 providers included in the analysis operate at least 412 services, 345 of which employ registered nurses. Collectively, responding organisations employ 1,147 registered nurses and provide services across all 32 Scottish Local Authority areas.

Care homes account for 85% of responding services. Four in five respondents (81%) were private providers and 19% were voluntary or not-for-profit providers. The median provider operates two services, each employing registered nurses. Despite variation in organisational size, the findings underline that much of Scotland's social care nursing workforce is delivered through local, community-based services rather than only through large provider groups.

The workforce age profile remains similar to 2025. Around 76% of nurses are aged between 35 and 54, 8% are under 34 and 16.2% of responding organisations report an average registered nurse age over 55. This points to continuing succession planning needs and reinforces the importance of attracting, developing and retaining nurses at all stages of their careers.

What emerges strongly from the survey is the value organisations place on nursing leadership. Respondents described nurses as central to care quality, decision-making, workforce support and service resilience. This is the starting point for the report: social care nursing is not a marginal or supplementary part of the system. It is a skilled professional workforce on which people, families, colleagues and services rely.

> *"[Our organisation] has had a solid core nursing and staffing team which without the crucial leadership from nurses would have a detrimental effect on how care is provided."*

Key points

- Social care nurses provide clinical leadership and expertise across all 32 local authority areas.
- Responding providers operate at least 412 services, 345 of which employ registered nurses.
- The workforce age profile continues to point towards future succession planning needs.

- Provider comments consistently emphasise the leadership, professional judgement and value of nurses within services.

2. Care is becoming more complex, and nursing capacity must keep pace

One of the clearest messages from the 2026 survey is that the reality of care being delivered in social care settings is changing. Providers reported that people are accessing services with greater frailty, dependency, multiple long-term conditions, dementia, complex clinical needs, and palliative or end-of-life care requirements.

This is not a peripheral finding. 96.55% of respondents reported that the care complexity or acuity of residents had increased in the past 12 months. Correspondingly, 58.62% noted that this had increased nursing workload significantly, and a further 37.93% reported a moderate increase. These findings should shape how the rest of the workforce evidence is understood.

Recruitment pressures, stress levels, training needs, documentation demands and concerns about future sustainability are all being experienced in a context where the nursing role itself is becoming more complex and more accountable. Nurses are not only providing clinical care. They are coordinating multidisciplinary input, supporting families, leading teams, managing risk, contributing to governance and making skilled decisions in dynamic environments.

This makes the sustainability question more urgent. A workforce can only continue to provide this level of skilled care if it has the capacity, confidence, learning, professional recognition and system support required to keep pace with changing need.

> *"Much frailer and more complex needs on admission"*

The findings also have wider implications for Scotland's health and social care system. As Scottish Government policy continues to focus on prevention, reducing avoidable hospital admissions and supporting people to live well in their own communities for longer, social care services are increasingly caring for people with higher levels of need and complexity. The survey suggests that social care nurses are already playing a central role in delivering this care. Any ambition to provide more care closer to home must therefore be accompanied by recognition of, and investment in, the nursing workforce required to deliver it safely, effectively and sustainably.

Several respondents linked increasing complexity to changing admission patterns, reduced availability of other services and growing expectations on care providers.

"We are finding that placements are suitable for a general nursing home and probably need a mental health unit. However, there are little mental health units or resources within the area."

What this means

- The defining issue is not only whether vacancies can be filled, but whether nursing capacity can meet changing levels of care complexity.
- Workforce development must reflect the advanced assessment, decision-making, leadership and coordination required in contemporary social care nursing.
- Policy and regulatory expectations need to recognise the increasing acuity and complexity being managed within social care settings.

3. Recruitment remains difficult and retention is fragile

Recruitment remains the most significant workforce challenge identified by providers. Nearly two thirds (61.76%) reported difficulties recruiting nurses, and 82% identified registered nurse posts as the hardest vacancies to fill. These findings are significant not simply because they indicate pressure, but because they show the persistence of pressure year after year.

Insufficient applicants were cited as the main reason for recruitment challenges (64.5%), followed by competition from the NHS and other sectors (51.6%), geography (38.7%) and immigration or visa barriers (19.4%). Fife, Highland, Perth and Kinross and Renfrewshire were most frequently identified as areas with particular recruitment challenges.

Over the past year, 72.7% indicated that recruitment has either remained challenging or become more difficult. Looking ahead, 75.8% do not anticipate improvement in nurse vacancies, with 24.2% of these expecting vacancies to increase. Vacancy duration reinforces this picture: 24.2% of providers report vacancies remaining unfilled for over six months, while 51.5% fill vacancies within three to six months.

In seeking to fill vacancies, providers are using a range of recruitment routes. Online job boards are the most frequently used method, at 87.9%, followed by social media at 66.7% and word of mouth at 54.6%. The continued importance of informal reputation, local networks and familiarity with organisations suggests that recruitment is not only a transactional process. It is also shaped by the perceived value, visibility and attractiveness of social care nursing as a career.

Retention is equally important. The main reasons for nurses leaving responding organisations were moves to the NHS at 51.6%, retirement at 48.4% and personal or family reasons at 35.5%. This points to a sustainability challenge at both ends of the workforce journey: experienced nurses are approaching retirement, while other nurses are moving to alternative employment or sectors that offer different benefits.

> *"I am very lucky that I have a full nursing workforce but can see the challenges bigger homes face."*

Early career and return routes

The survey suggests that routes into social care nursing exist but remain fragile. Over half (56.3%) recruited newly qualified nurses in the past year. Some respondents described staff qualifying from within existing teams and remaining with the organisation, alongside international staff who are currently completing required qualifications.

However, 53.1% also experienced nurses leaving within six months of taking up a post. The reasons identified included other job offers predominantly in the NHS or local authority settings, personal reasons such as childcare challenges, and issues relating to misaligned expectations of the role and the knowledge and skills required. Return-to-practice routes remain under-utilised, with 93.8% reporting no use in the last year.

International recruitment

International recruitment continues to be important for some providers, and respondents highlighted the valuable contribution international nurses make to social care services. At the same time, this route is becoming harder to use consistently. Of those using this method, 54.6% reported that international recruitment had become more difficult in the last year. Home Office practices were identified as the main barrier at 60%, followed by visa and salary thresholds at 44%. A quarter of respondents, 24.2%, do not currently recruit internationally.

The survey therefore presents international recruitment as both a valued contributor to nursing capacity and a constrained workforce route. The contribution of internationally recruited nurses should be recognised, while immigration and sponsorship systems need to be more responsive to the realities of social care workforce sustainability.

> *"My nursing team is 100% oversees staff without whom I would not have a team as we have been unsuccessful in recruiting non oversees staff."*

Key points

- Recruitment difficulty is persistent and expected by many providers to continue.
- NHS and wider sector competition, geography and immigration barriers continue to shape recruitment challenges.
- Early departures, retirement and limited return-to-practice activity create risks for the future workforce pipeline.
- International recruitment remains important but is becoming more constrained.

4. Nurses are carrying more, with less time to nurse

The changing reality of nursing practice is visible not only in the complexity of care, but also in the pressures placed on nurses day to day. Nursing practice within social care is increasingly complex, accountable and stretched.

Almost 87% of respondents rated stress levels as consistently or increasingly challenging. 35.5% reported rising sickness absence. The biggest drivers of stress were workload complexity at 56.7%, administrative burden at 40.0% and staffing levels at 33.3%. Respondents also highlighted issues of respect, professional esteem and public value.

The survey evidence suggests that formal wellbeing supports are present in many organisations. Providers described regular supervision, open-door management, clinical support, Employee Assistance Programmes, occupational health, counselling, Mental Health First Aiders, wellbeing apps, protected breaks and peer support. These are important and demonstrate provider commitment.

However, the findings also show that wellbeing cannot be separated from workload, staffing, complexity and professional recognition. Wellbeing initiatives can support nurses, but they cannot on their own resolve structural pressures if demand, administration and staffing constraints continue to increase.

Administrative and documentation demands

Documentation and administrative requirements emerged as one of the strongest qualitative themes in the survey. Providers recognised the importance of governance, assurance and accountability. The concern raised was not about whether good records matter, but about the cumulative effect of documentation, reporting and evidencing requirements on nursing time.

Respondents described administrative requirements as reducing the time available for direct care, professional engagement, leadership and relationship-based practice. In a context of increasing care complexity, this matters. If the systems around nursing absorb more time

without adding proportionate value, they risk weakening the very clinical leadership and judgement they are intended to evidence.

> *"Nursing staff find it increasingly difficult to manage the expectations of regulatory bodies and families and the ongoing increased level of documentation required."*

Professional esteem and partnership working

Respondents also raised concerns about respect, professional esteem and how social care nursing is perceived by wider systems. Some described frustration in dealing with GP, community and hospital teams, with nurses sometimes feeling inferior or judged before support was offered.

Partnership support was both rated and described as variable. 41.38% reported receiving external nursing support (separate from staffing support) from NHS teams, Health & Social Care Partnerships or other organisations. Among those rating that support, 48% described it as positive and 40% as neutral, while a smaller number raised concerns about lack of support, judgement or inconsistent collaboration across areas.

This points to an important opportunity. Where collaboration works well, it can strengthen confidence, consistency and system connection. Where it does not, it can reinforce the sense that social care nursing is not recognised as an equal professional partner.

Key points

- Stress levels remain a strategic concern, not only an individual wellbeing issue.
- Workload complexity, administrative burden and staffing levels are the strongest stress drivers identified in the draft data.
- Governance should support safe care and professional judgement, not unnecessarily reduce nursing time for direct care and leadership.
- Professional esteem and equal partnership with wider health and care systems are important to workforce sustainability.

5. Developing, supporting and sustaining nurses

Providers are not passive in the face of these pressures. Survey responses demonstrate a continued commitment to supporting and developing nurses within social care. Almost all respondents (90%) offer continuing professional development (CPD) opportunities, and all reported providing regular structured support for nursing staff. Providers described a range of support mechanisms including mandatory training, online learning, mentoring, supervision,

wellbeing initiatives and access to training resources. Many also highlighted collaboration with NHS and HSCP partners, care home support teams and external learning opportunities.

Despite this commitment, respondents identified areas where further support is required. Development priorities idenitified include Stress and Distress training, care planning, electronic medication administration systems (eMARs), clinical documentation, competency assessment and mentor development. Whilst some cited and valued access to training from public bodies or universities already, some providers also highlighted the need for greater access to NHS and HSCP training, more face-to-face learning opportunities and additional support with protected learning time and preceptorship.

These priorities reflect the changing reality of social care nursing. Providers reported increasing care complexity and growing expectations around documentation, governance and accountability, alongside the need to support nurses to develop and maintain a broad range of clinical and leadership skills.

Professional development therefore remains an important component of workforce sustainability. Alongside recruitment and retention efforts, respondents emphasised the value of accessible learning opportunities, structured support, mentoring and leadership development in helping nurses to remain confident, skilled and supported in their roles.

Student placements and future visibility

Student nurse placements are a key opportunity to strengthen the future pipeline and challenge outdated perceptions of social care nursing. 59% of respondent organisations participate in student nurse placements. Others were at different stages of exploring and developing placement opportunities, or had opted out because of practical challenges.

Several providers described positive experiences for services, staff and students, including opportunities to demonstrate the range of skills, decision-making and relationship-based practice involved in social care. Respondents noted that placements can expose students to risk assessment, care planning, anticipatory care planning, deteriorating patient care, clinical observations and end-of-life care. Some also offer placements to other professional groups, including paramedics and speech and language therapy students.

This is an important positive finding. Student placements are not simply a recruitment mechanism. They are a way to make social care nursing visible, valued and better understood within the wider nursing profession.

> *“This allows us to show that working in a care home can be rewarding and you can learn*

new skills."

Bank, agency and internal capacity

The survey also highlights how providers manage short-term capacity pressures. Agency use varied across respondents, with 52% using agency nurses less than monthly and 22% using them weekly. 83% indicated that they draw on internal bank nursing staff, and 57% rely more on bank than agency nurses.

This suggests that many providers are seeking to maintain continuity through internal arrangements where possible. However, the wider sustainability issue remains: bank and agency arrangements may help manage immediate gaps, but they do not replace the need for a stable, supported and future-ready nursing workforce.

Key points

- Providers continue to invest in CPD, supervision, mentoring and wellbeing support.
- Development needs are increasingly linked to care complexity, leadership and advanced practice capability.
- Student placements offer a positive route to strengthen visibility, understanding and future recruitment.
- Short-term staffing solutions do not remove the need for long-term workforce planning.

6. The sustainability risk is cumulative

The evidence in this report should not be read as a set of separate workforce issues. Recruitment, retention, care complexity, stress, administration, development needs, professional esteem and partnership working are interconnected. Together, they create a cumulative sustainability risk.

Providers expressed mixed levels of confidence in meeting future nursing care and workforce demands. 21% reported being very confident, 66% somewhat confident and 14% not confident. This suggests that many providers continue to believe they can meet future demand, but often with caution and concern about the conditions required to do so.

The biggest risks identified by providers centred on competition from other sectors, particularly the NHS and agencies, alongside pay, accountability, stress, complexity of care, sector stigma and wider workforce shortages. Some also highlighted the need for a strong wider care team to support nurses effectively.

This is not a story of failure. It is a story of an expert workforce continuing to deliver while the conditions required to sustain it are becoming increasingly difficult. Social care nurses remain committed and valued. The challenge is whether the systems around them are sufficiently committed to recognising, developing and supporting them in return.

> The strength of social care nursing is evident in provider confidence, workforce pride and continued investment. The sustainability risk arises because that strength is being asked to absorb growing complexity, persistent recruitment challenges, early exits, administrative demands, workforce stress and variable system recognition.

7. Scottish Care calls to action

The findings from the 2026 Nursing Workforce Survey point towards practical actions that could strengthen the sustainability, visibility and resilience of social care nursing across Scotland. These actions require shared commitment across government, education, workforce planning bodies, regulators, commissioners, providers and the wider health and social care system.

1. Recognise social care nursing in national workforce planning and community care reform

Social care nurses play a critical role in delivering increasingly complex care, clinical leadership and professional expertise across Scotland's communities. National workforce planning, policy development and strategic discussions should consistently recognise social care nursing as a distinct and essential part of Scotland's nursing workforce. As Scotland seeks to support more people to live well in their own communities and reduce reliance on hospital-based care, workforce planning and investment must reflect the growing contribution social care nurses make to supporting people with complex needs outside acute settings. Sustaining this workforce is fundamental to delivering safe, effective and person-centred care closer to home.

2. Strengthen routes into social care nursing

Recruitment challenges continue to affect providers across the sector. Greater collaboration between education providers, employers and workforce planners is needed to increase awareness of social care nursing careers, expand student placements, support newly qualified nurses and improve return-to-practice opportunities.

3. Invest in social care-specific learning, leadership and advanced practice

The increasing complexity of care requires investment in workforce capability. Social care nurses should have equitable access to funded learning, development and leadership opportunities that

reflect contemporary social care nursing practice, including clinical decision-making, mentoring, preceptorship, documentation, digital systems and advanced practice capability.

4. Support workforce wellbeing and retention through structural action

Wellbeing support should be maintained and strengthened, but it must sit alongside action on workload, staffing, recognition, supervision and career sustainability. Retaining experienced nurses is as important as attracting new recruits.

5. Reduce unnecessary administrative burden and protect time for care

Policy-makers, regulators, commissioners and providers should work together to ensure governance and documentation requirements are proportionate, reduce duplication and support rather than detract from direct care, professional judgement and nursing leadership.

6. Strengthen professional partnership and recognition across the system

Collaboration between social care, NHS, HSCPs, regulators and education partners should be built on respect for social care nursing expertise. Partnership support should be consistent, constructive and focused on shared outcomes for people receiving care and support.

7. Support ethical and sustainable international recruitment

International nurses make a valued contribution to social care services. Immigration, sponsorship and recruitment systems should recognise that contribution and support ethical recruitment, integration and retention within social care.

Conclusion: protecting one of social care's greatest strengths

The findings from Scottish Care's 2026 Nursing Workforce Survey present a picture of a workforce that remains skilled, committed and central to the delivery of high-quality care across Scotland. Social care nurses provide clinical expertise, professional leadership, reassurance and continuity for people whose needs are becoming increasingly complex.

At the same time, the findings demonstrate that this strength cannot be taken for granted. Recruitment remains difficult, retention is fragile, international routes are increasingly constrained, return-to-practice pathways remain underused, and nurses are working in a context of rising complexity, workload, stress and administrative demand.

Providers are continuing to invest in their nursing teams through supervision, learning, mentoring, wellbeing support, internal bank arrangements and student placement opportunities. But organisational commitment alone cannot resolve system-wide workforce pressures.

Social care nursing remains one of the sector's greatest strengths. The task now is to build the workforce planning, professional recognition, development opportunities, investment and proportionate systems of accountability needed to sustain that strength for the future.

Scotland's social care nurses continue to demonstrate exceptional commitment to those they support. The challenge is to ensure that the systems around them are equally committed to supporting them in return.

> *"I think they do a marvellous job under difficult circumstances"*

Appendix: methodology and review note

The survey was completed by 53 respondents. Following data validation, two responses were excluded, leaving a final analytical sample of 51 providers operating nursing services across Scotland. Respondents included private, voluntary and not-for-profit organisations, with care home services forming the largest area of representation.

The findings primarily reflect provider perspectives. They offer important evidence about workforce, operational and professional realities within social care nursing, but they do not directly capture the experiences of frontline social care nurses, people receiving care or family carers.

The statistics quoted are drawn from survey respondents and relate to the data from each survey question. It should be noted that some respondents will skip questions and therefore the statistics should not be interpreted as a comprehensive picture of the sector but an insight into key issues, priorities and experiences that respondents chose to share.

About Scottish Care

Scottish Care is the representative body and voice of the independent social care sector in Scotland. We are a membership organisation, thinktank and social care futures designer, working to ensure that social care is valued, visible, visionary and viable. We work to influence policy, support providers, shape practice and create the conditions for sustainable, high-quality care that works for the people of Scotland.

Scottish Care represents over 400 organisations, covering almost 900 individual services, delivering residential care, nursing care, day care, care at home and housing support across Scotland's communities. We work in partnership across health, social care and government to

evidence impact, share innovation and advocate for a fair, human-rights-based social care system.

Scottish Care is a registered charity, SC051350, and operates with respect, transparency and accountability in support of independent care and support providers and the people who rely on their services.

Scottish Care

Social care that works for Scotland