Social Care in Scotland: The Reality Behind the Reform Debate

Evidence from Scottish Care to the Health, Social Care and Sport Committee

September 2026

Executive Summary

Scotland enters a period of renewed discussion on the future of social care at a time when the sector faces some of the most significant challenges in a generation.
Whilst debate often focuses on reform, structures and governance, the immediate reality for many people drawing on support, families, providers and commissioners is characterised by increasing difficulty accessing care, growing complexity of need, workforce pressures and rising concerns about financial sustainability.

The evidence Scottish Care gathers from providers across Scotland points to six interconnected challenges:

- Access to care is increasingly constrained.
- Care needs have become significantly more complex.
- Workforce shortages continue to impact capacity.
- Provider sustainability is under unprecedented pressure.
- Financial challenges within Health and Social Care Partnerships are affecting delivery.
- Reform risks failure unless it is accompanied by capacity and investment.

The central challenge facing Scotland is not whether social care requires reform, but whether Scotland is prepared to invest in and sustain the social care capacity required to deliver that reform.

1. Access to care is becoming increasingly difficult

One of the clearest indicators of system pressure is not found in hospital statistics but in the experience of individuals attempting to secure care and support.

Across Scotland, providers report increasing delays in accessing care at home support, growing waiting lists and significant challenges in matching available capacity to assessed need.

Recent Scottish Care intelligence has highlighted examples where individuals are waiting months rather than weeks for appropriate support packages. Providers report that capacity is often unavailable not because staff do not wish to provide support, but because workforce shortages and commissioning restrictions mean that assessed need cannot immediately be translated into actual care.

Similarly, there is growing concern about the ability of people to access residential care when they need it. One provider described the current reality by saying that "three people need to die before one person gets the bed they require." Whilst anecdotal, this statement reflects the underlying issue of constrained availability and increasing occupancy pressures across many localities.

In care at home services, Scottish Care has also gathered evidence that in some areas fewer than half of available hours or packages are effectively repurposed and reallocated when capacity becomes available. This represents a significant inefficiency within a system already struggling to meet demand.

The consequence is predictable:

- Individuals remain without support.
- Family carers assume greater responsibility.
- Limits to workforce planning / certainty
- Risks escalate.
- Hospital discharge becomes more difficult.
- Preventative intervention occurs later.

The challenge therefore extends beyond delayed discharge and points instead to a wider issue of access to care.

There is a lack of clarity about how people can access social care support and what is paid for. This can cause unnecessary stress and uncertainty at a time when people are already experiencing significant change.

Our ask is for co-produced guidance for people and their families, providing a single source of truth to help them navigate the social care system and understand what support is free and what, if anything, they may need to pay for.

2. Social Care is supporting people with more complex needs

The profile of individuals receiving care and support has changed significantly over the last decade.

People are entering services later in life, often after years of managing multiple long-term conditions and increasingly complex health needs.

Scottish Care's 2026 Nursing Workforce Survey (August 2026) found that 96.5% of responding providers reported increased complexity and acuity amongst those they support, whilst 58.6% reported significant increases in nursing workload. The survey represented over 1,147 registered nurses working across more than 412 services in all 32 local authority areas.

Providers increasingly deliver support relating to:

- Advanced frailty.
- Multiple co-morbidities.
- Complex dementia.
- Palliative and end-of-life care.
- Behavioural and psychological distress.
- Mental health conditions.
- Continued clinical interventions previously associated with healthcare environments.

Social care has become increasingly clinical in nature whilst retaining its fundamental focus on relationships, rights, independence and wellbeing.

Yet funding and commissioning arrangements have often failed to evolve at the same pace as this increasing complexity.

The challenge Scotland faces is therefore not solely one of demand but of intensity and complexity.

3. Workforce pressures continue to undermine sustainability

Workforce shortages remain a defining challenge across social care.
Scotland's social care workforce demonstrated extraordinary resilience through recent years and continues to provide high-quality care in increasingly difficult circumstances. However, providers consistently report recruitment and retention difficulties affecting both frontline care staff and registered nurses.

Scottish Care's immigration survey found that international workers represented 26% of the workforce within responding organisations. The 225 responding organisations collectively employed at least 43,456 staff and supported more than 46,000 individuals, including over 11,000 international workers.

Changes to immigration policy have therefore had a disproportionate impact on social care.

At the same time providers continue to face:

- Competition from NHS and agency recruitment.
- Competition from retail and logistics sectors.
- Challenges recruiting and retaining nurses.
- Increased agency expenditure.

- High turnover in some localities.
- Difficulty maintaining rural and island services. The issue is no longer simply recruitment. It is the sustainability of the future workforce pipeline.

Scotland's reform ambitions cannot be realised without a clear workforce strategy covering pay, professional development, career progression, nursing provision and international recruitment.

4. Financial sustainability has become the dominant concern for providers

Of all the issues currently facing the sector, provider sustainability is perhaps the most immediate

Scottish Care members consistently report that the gap between the actual cost of delivering care and the level of funding received continues to widen.

Providers describe cumulative pressures arising from:

- Increases in National Insurance contributions.
- Rising energy costs.
- Rising food costs.
- Technology, digital and data.
- Insurance inflation.
- Pension costs.
- Regulatory compliance requirements.

Property maintenance and infrastructure pressures. Costs associated with workforce recruitment and retention. Many services continue to absorb these costs rather than pass them on. However, this increasingly erodes organisational resilience and is reducing choice in the social care market.

Particular concern exists regarding the disconnect between nationally agreed approaches to fee setting and the reality of local commissioning arrangements.

Providers frequently report significant disparities between the rates necessary to deliver sustainable, high-quality care and the rates ultimately available through commissioning arrangements.

The result is a growing risk that some services will reduce capacity, withdraw from contracts or become unsustainable over the longer term.

The Committee should therefore view provider sustainability not as a commercial issue but as a public interest issue. If providers become unsustainable, access to care diminishes.

5. Financial pressures within the public sector are affecting care delivery

Alongside provider challenges, Health and Social Care Partnerships are themselves operating under significant financial pressure.

Across Scotland, projected financial gaps approaching £500 million are affecting local planning and decision-making.

This matters because financial pressures within commissioning organisations increasingly translate into operational pressures for providers and delays for individuals requiring support.

Providers report:

- Delays in fee decisions.
- Delays in payments by local authorities.
- Delays in commissioning new services.
- Unrealistic 'time and task' commissioning
- Increased restrictions on package growth.
- Greater scrutiny of placements.
- Reduced investment in preventative supports.
- Challenges implementing workforce improvements.

The practical effect is that financial challenge within one part of the system rapidly impacts the whole system.

Public service sustainability and social care sustainability are therefore inseparable.

6. Reform must focus on capacity, not solely on structures

Scottish Care welcomes the Scottish Government's commitment to engage widely on future reform and recognises the opportunity this creates.

However, experience suggests that structural reform alone is insufficient.

Reform will only succeed if it addresses the realities outlined in this paper:

- Delays in access to care.
- Workforce shortages.
- Provider sustainability.
- Increasing complexity of need.
- Community capacity.
- Prevention and early intervention.
- Financial sustainability.

There is broad agreement around the outcomes Scotland wishes to achieve:

- People living independently for longer.
- Reduced pressure on hospitals.
- Stronger prevention.
- Greater consistency.
- Improved experiences of care.

The challenge is ensuring that social care has the workforce, funding and operational capacity required to deliver these ambitions.

Social care should be regarded as national infrastructure. It underpins hospital flow, economic participation, family life, community resilience and public service reform. Its sustainability is not simply a sector concern; it is essential to Scotland's future.

The Gap Between Ambition and Reality

Scottish Care believes the most important issue currently facing social care is the widening gap between what Scotland expects social care to achieve and the resources, workforce and infrastructure available to deliver those expectations.

The evidence is clear:

- Access to care is becoming more difficult.
- People are presenting with more complex needs.
- Workforce shortages continue.
- Financial pressures are growing.
- Provider sustainability is increasingly fragile.
- Reform aspirations remain significant.

The challenge for policymakers is therefore not simply how social care should be organised, but how it can be sustained.

Without a sustainable social care sector, Scotland's ambitions for prevention, community wellbeing, public service reform and NHS recovery will remain difficult to realise.

What Scottish Care Asks the Committee to Recommend

Scottish Care believes that the current period of reform offers an opportunity not simply to revisit structures but to create the conditions that will enable people to access high-quality, rights-based support into the future. We therefore ask the Committee to consider recommending the following priorities for Government, Parliament and public bodies:

1. **Require meaningful independent sector participation in planning, commissioning and reform decisions at both local and national level**, recognising that independent providers deliver the majority of publicly funded social care support in Scotland and bring essential expertise, innovation and community knowledge.
2. **Establish a transparent, independently validated true-cost-of-care framework** that accurately reflects the real cost of delivering safe, high-quality care and support, including workforce, regulatory, environmental and service sustainability obligations.
3. **Require full economic cost recovery and timely payment within public contracts**, ensuring that providers are not expected to subsidise statutory responsibilities through unsustainable operating models.
4. **Enable social care providers to access investment through the Scottish National Investment Bank and other national investment mechanisms** to support innovation, digital transformation, environmental sustainability, housing development and local economic growth.
5. **Move towards multi-year, outcomes-based and ethical commissioning arrangements** which promote stability, partnership, innovation and long-term planning rather than short-term transactional contracting.
6. **Deliver a fully funded Fair Work and Workforce Strategy for social care**, addressing pay, terms and conditions, career progression, leadership development, nursing capacity, professional recognition, recruitment and retention, and international workforce pathways.
7. **Strengthen clinical and professional governance arrangements** so that social care staff, including nurses and allied professionals working in care settings, are recognised as integral contributors within Scotland's wider health and care system.
8. **Provide funded access to shared digital infrastructure, interoperability and proportionate information governance arrangements**, enabling providers to benefit from innovation while maintaining public confidence in the use of data and technology.
9. **Embed human rights, choice, control and participation at the heart of reform**, including strengthened accountability for the delivery of Self-Directed Support, meaningful rights-based impact assessment, and mechanisms that ensure the voices of people who access support, unpaid carers and communities directly shape decision making.
10. **Introduce a national social care sustainability, demand and capacity dashboard**, including rural and island indicators, workforce metrics, waiting lists, unmet need and market capacity data, to improve transparency, support planning and enable earlier intervention where services are at risk.

Additional Areas for Parliamentary Scrutiny

Alongside these recommendations, Scottish Care believes the Committee should maintain ongoing scrutiny of several cross-cutting issues.

First, Parliament should ensure that social care reform remains firmly grounded in human rights. Social care exists not primarily to reduce pressure on hospitals or public services but to enable people to live lives of dignity, autonomy, citizenship and belonging. Future reforms should therefore be assessed according to whether they enhance people's ability to exercise choice, maintain independence and participate fully in their communities.

Secondly, the Committee should examine the continuing gap between the aspirations of Self-Directed Support (SDS) and the reality experienced by many individuals and families. SDS remains one of Scotland's most important policy commitments to personalisation, yet access, flexibility and consistency vary considerably across the country. Renewed attention is required if choice and control are to become a lived reality rather than a policy ambition.

Thirdly, Parliament should consider the impact of climate change and environmental sustainability on social care provision. Increasingly severe weather events, rising energy costs, transport challenges, building adaptation requirements and resilience planning all affect the ability of providers to deliver safe and reliable support. Future reform should recognise social care as an essential component of Scotland's climate resilience and sustainability agenda and ensure that providers have access to the resources needed to contribute to the country's net-zero ambitions.

Finally, Scottish Care encourages the Committee to maintain a strong focus on accountability for delivery. The sector has seen many reviews, strategies and reform programmes over the last decade. The key challenge now is not identifying the issues but ensuring that commitments translate into measurable improvements for people, communities and the workforce. The success of reform should therefore be judged by whether it improves access to support, strengthens sustainability, advances human rights, expands choice and control, and enables people to live fulfilling lives in the place they call home.