Written Submission to Scottish Parliament Health, Care and Sport Committee – Evidence Session – 9 September 2026

Introduction

1. COSLA is a councillor-led, cross-party organisation, representing all 32 councils in Scotland. We champion councils' vital work to secure the resources and powers they need. COSLA works on councils' behalf to focus on the challenges and opportunities they face, and to engage positively with Governments and other key partners on policy, funding and legislation. We seek to help councils build better and more equal local communities. To do that we want to empower local decision making and enable councils to do what works locally.

2. COSLA welcomes the opportunity to provide evidence to the Health, Care, and Sport Committee on some of the key issues facing social care in Scotland. As the representative voice of Scottish Local Government, COSLA has a particular interest in ensuring that our communities have access to personalised, high-quality support when they need it. Within this context, local authorities must balance a range of statutory duties alongside broader place-based supports and services which promote individual and community wellbeing. It is therefore a key priority to ensure that local government has the resources, workforce, and funding required to ensure that social care and social work services can deliver for the individuals they serve.

Key Issues:

Financial Position of Local Government and IJBs

3. Public finances are facing significant challenges. In Audit Scotland's recent local government finance bulletin, they highlighted the growing gap between rising costs and demand, and the funding that is available to councils to meet these pressures. They also highlighted the impact of projected reductions in Scottish Government funding over the medium term which are 'expected to intensify financial pressures and increase the risk of councils becoming financially unsustainable, unless they stop, reduce or significantly redesign services'.

4. Alongside this, Integration Joint Boards face a £475m budget gap in 2026-27, representing around 3.9% of their total budget and contributing to £1.3bn of

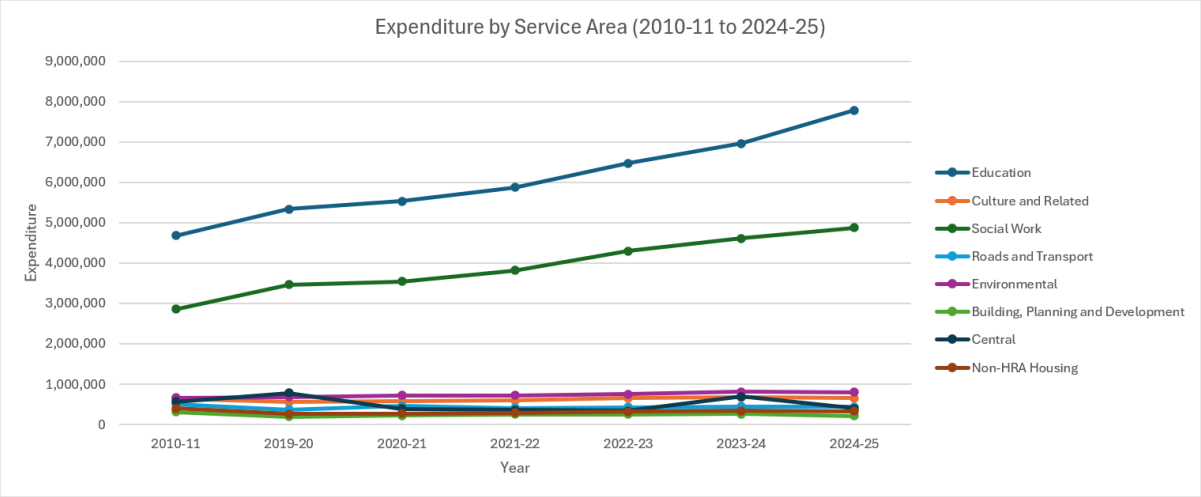
recurring pressure over the last three years. Longstanding pressures, coupled with a duty to set a balanced budget, have resulted in service reductions, including both a reduction in care at home provision and care home placements, reductions in the workforce, and the use of reserves to achieve in-year balance. According to Health and Social Care Scotland's linked report, 67% of IJBs now have no contingency reserves. These decisions have not been taken easily or lightly at a local level, but have been done so out of a necessity to ensure those who are most at risk are able to access care and support, within a defined and constrained pool of resource.

5. Some examples of service reduction savings proposed by IJBs in 2026-27 include:
   - £34m reduction in care at home (this equates to over 1.2m hours of homecare)
   - £9.3m reduction in care home placements (over 250 beds)
   - £41m staffing reduction (equivalent to 840 band 5 nurses)

6. Statutory duties have been prioritised out of necessity, often at the expense of non-statutory early intervention and prevention services, threatening future demand and greater cost.

7. Integration Joint Boards are funded annually through agreed contributions from both NHS Boards and Councils. The Scottish Budget, for several years, has included funding within the Local Government Settlement to uplift the Real Living Wage in commissioned social care services, and a minor uplift to provide Free Personal and Nursing Care. Although this is welcome, no additional, discretionary funding has been provided for social care that can contribute to the growing financial deficit. As a result, partner organisations – Councils and Health Boards – have required to increase their contributions so IJBs can deliver their statutory duties and achieve financial balance. As part of local budget setting in 2026-27, additional funding was passed through from partner bodies, over and above the previous year's 2025-26 contributions, and in addition to the 2026-27 directed SG funding. Based on information from local authorities, it is estimated that Council partners nationally made an additional contribution of approximately £100m to IJBs to help achieve financial balance.

8. Almost all Councils have stated that due to the significant rise in demand and constrained funding settlements, IJBs represent one of the biggest risks to their respective revenue budgets. Despite this Councils continue to prioritise and protect social care expenditure, at the expense of other discretionary services within Council budgets.



(Local government finance: statistics - gov.scot)

Demographic Pressures (Population, Demand, Complexity)

9. Alongside financial pressures, demographic change is a key driver of rising demand for social care across Scotland. Population trends vary significantly between areas, with some councils managing the implications of population growth while others face depopulation, an ageing population and challenges in sustaining a local workforce. Across Scotland, people are living longer and increasingly require support for multiple and complex conditions, often over extended periods of time. This is contributing to growth in demand for both community-based and residential care services, as well as an increase in the intensity of care required. These pressures are largely demand-led and unavoidable, yet the resources available to local authorities and Integration Authorities have not kept pace with the increasing volume and complexity of need. The result is growing pressure on already stretched budgets and difficult decisions about how limited resources are prioritised.

Provider Sustainability

10. As commissioners of care and support services, Local Government has a key role and interest in supporting the sustainability of care providers. A strong social care system with an active and thriving market ensures that individuals and their carers can have choice, control, and flexibility in the support they receive. However, given the aforementioned financial challenges facing councils and Integration Authorities, this is an increasing tension across the social care system and an ongoing challenge which must be contended with.

11. Provider sustainability is central to maintaining sufficient care home and care at home capacity, supporting hospital discharge, preventing avoidable admissions and ensuring that people can access person centred care within their communities. Sustainability challenges are no longer confined to isolated providers or short-term cost/business pressures but instead, reflect a systemic challenge comprising a combination of financial and commissioning constraints, rising operating costs, workforce challenges, and wider financial fragility across

the market. For councils and IJBs, this creates a direct commissioning and financial risk. Where care home providers become unstable, reduce capacity or exit the market, local authorities face increased difficulty securing placements, greater pressure on care pathways and reduced choice for individuals and families.

12. Since 2024, COSLA has participated in a Financial Viability Taskforce, jointly chaired by the then Cabinet Secretary and COSLA's Health and Social Care Spokesperson. The group brought together senior leaders from across local government and the social care sector to initially consider the impact of the changes to employer National Insurance contributions. However, discussions quickly highlighted that the financial challenges facing social care providers extend far beyond recent cost pressures. The sustainability and financial viability of providers across the public, voluntary and independent sectors have been subject to longstanding and cumulative pressures, driven by rising costs, increasing demand and constrained funding. Given the fragility of the sector, these challenges represent a significant risk to the stability and resilience of social care provision. Importantly, as provider sustainability comes under greater pressure, the impacts are not confined to organisations alone but are increasingly experienced by those who rely on care and support services, through reduced capacity, diminished choice and growing challenges in accessing timely support.

Fair Work and Wider Workforce Issues

13. Fair work for the social care workforce is a shared priority for both national and local government. Since 2021 significant progress has been made through the Fair Work in Social Care Group to advance recommendations from the Fair Work and improve pay and conditions for commissioned social care workers. In particular, the commitment to ensuring that workers are paid at least the Real Living Wage has represented an important step towards recognising the value of the workforce and supporting recruitment and retention.

14. While this has been an important step towards improving conditions for the social care workforce, substantial workforce challenges remain. Social care providers continue to experience difficulties recruiting and retaining staff, particularly in rural and island communities, while increasing costs of living have reduced the impact of previous pay uplifts. There is also a collective ambition to progress wider fair work priorities, including improvements to terms and conditions across the sector. Delivering these ambitions is inherently complex given the diverse nature of the commissioned social care market, which comprises thousands of independent and third sector employers.

15. There has, rightly so, been an increasing focus on ethical commissioning as a mechanism for promoting fair, sustainable, values-based commissioning and purchasing of care and support services. COSLA are committed to supporting ethical commissioning, having engaged in the national Adult Social Care Ethical

Commissioning Group, chaired by the Scottish Government. More recently this work has focused on new duties within the Care Reform Act with regards to guidance issued by Ministers. However it is fundamentally important that additional sustained investment is in place to enable Local Government to not only commission more care to meet growing demand, but also to uplift existing contracts to reflect fair work practices.

16. COSLA remains committed to working in partnership with the Scottish Government, providers, trade unions and workforce representatives to advance fair work. However, it is essential that fair work ambitions are matched by sustainable, recurrent investment. Without adequate funding, local authorities and commissioned providers face the difficult challenge of delivering enhanced pay and conditions within already constrained budgets. Fair work is critical to building a stable, skilled and valued social care workforce, but its successful implementation depends on the provision of sufficient resources to meet the true cost of delivery.

17. Alongside the specific pressures and challenges facing the social care workforce, there are similar but distinct issues for the social work profession. Practitioners working across adult, children and families, and justice social work services play a vital role in empowering people to have choice and control in their lives, promoting wellbeing, supporting change and development, and advocating for a fairer society by tackling inequality. The challenges faced by social work profession include recruitment, retention, increasing levels of demand and complexity of need, complex governance structures and a complex and changing legislative landscape. As referenced elsewhere in this submission, the financial context alongside workforce pressures creates challenging conditions for social workers and impacts on the capacity to meet need and meet shared ambitions of more focus on prevention.

18. COSLA, the National Social Work Agency (NSWA) and Social Work Scotland (SWS) have formed the Scottish Social Work Partnership (SSWP) in response to these specific pressures. The SSWP aims to:

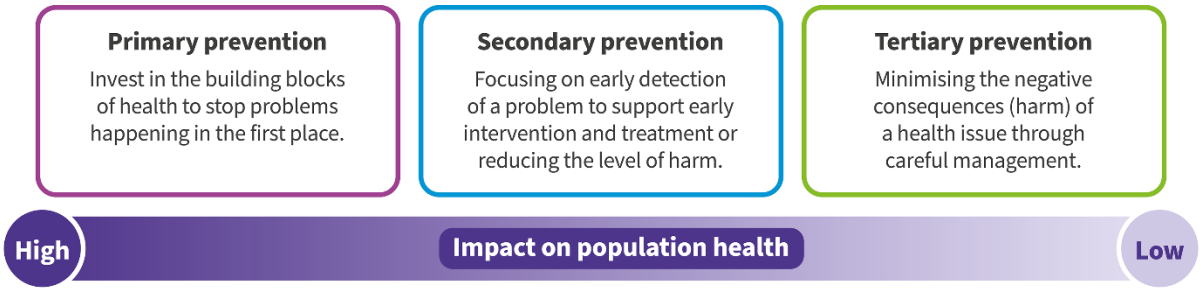
    ‘Ensure Scotland has a skilled, supported and sustainable social work workforce; one that upholds human rights, promotes social justice, and discharges statutory duties on behalf of Local Government; and to harness evidence-informed practice, promote social work principles and reinforce the value of social work in all systems in which it operates.’

19. The SSWP are engaging with the workforce and other stakeholders to shape the development of a Strategic Plan covering three years and a Delivery Plan to sit alongside. SSWP partners have identified three priority areas: Workforce Planning; Education and Learning; and Professional Leadership and Governance. These priorities have been agreed as areas for immediate focus,

each priority has one of the partners in a coordinating role but with understanding that involvement of all partners is essential.

Prevention and Population Health

20. Prevention can be hard to define as it means different things in different circumstances and exists on a continuum:



21. COSLA's and Scottish Government's Population Health Framework (2025-35) recognises that what shapes health outcomes is not just access to health and social care services, but a much broader set of factors – known as the wider determinants of health.

22. It is increasingly understood that there is a close link between these social, economic and environmental factors, and health outcomes – for example, having secure employment and income, safe, high-quality housing, and access to outdoor spaces have significant effects on our physical and mental health. Therefore, if we want to improve our health outcomes – increase life expectancy and quality of life – we need to focus our efforts "upstream". This approach is referred to as primary prevention – preventing issues before they arise by actively creating and promoting good health.

23. As much of 80% of what makes up our health comes from these non-health factors, outside of health and social care services. The Population Health Framework therefore calls for a whole-system and cross-government approach to prevention, ensuring the decisions made elsewhere in the system are understood for the impacts they can have on our physical and mental health.

24. Local Government plays a key role in creating the conditions for people to live longer, healthier lives. The services local authorities provide are closely aligned to the wider determinants which together support resilient communities.

25. The purpose of a preventative approach is not to prevent the need for care or support in all circumstances. Rather, a preventative approach to social care brings together housing, health, community services and families to support people earlier, for longer, at home or in homely settings for as long as possible. Ahead of the 2026 Scottish Parliament elections, COSLA set out our vision for a social care system that puts prevention at the heart of all decision-making: COSLA White Paper: A Social Care System Built on Prevention.

Growing misalignment between legislation, policy ambition and the funding reality

26. Local authorities and Health and Social Care Partnerships (HSCPs) – which provide the operational delivery for decisions taken by the IJB – operate within an evolving framework of national legislation and guidance, as well as national and local policy, that shape how services are delivered. There is growing misalignment between the stated ambitions for social care and social work, and the funding provided to local authorities and HSCPs to deliver expectations. HSCPs have been clear that the lack of sustainable funding is having a direct impact on the provision of services and is resulting in reduced access to care and support[1]. Despite the policy consensus around early intervention and prevention, as well as choice and control for people enabled through Self-Directed Support legislation and standards; financial pressures, workforce recruitment and retention challenges, and reduced care provider availability are introducing greater system fragility to meet ambitions.

27. While HSCPs are required to operate within the constraints set, new national legislation and policy is being layered onto existing expectations. For example, the Care Reform (Scotland) Act 2025 is introducing several new expectations for accessing services, without clarity on whether accompanying investment will be provided to support effective delivery, risking a greater implementation gap. For example, while there was in principle support for such changes within Local Government, amendments at Stage 3 for the Care Reform (Scotland) Act 2025 introduced the creation of an integrated health and social care record onto the face of the legislation, as well as continuity of care for disabled persons, neither of which were included within the Scottish Government's financial memorandums accompanying the legislation at previous parliamentary stages. These additions accompany the important extension of human rights represented through the right to breaks for carers within the Care Reform (Scotland) Act 2025. Like the rest of the Bill, it is essential that sufficient resource and support is provided to local HSCPs to realise new statutory responsibilities and ensure delivery is consistent with public expectations.

[1] https://hscscotland.scot/couch/uploads/file/ijb-financial-position-26-27.pdf

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.

CCPS written submission to Health, Care and Sport Committee: social care in Scotland

August 2026

CCPS is submitting this evidence in advance of our attendance on 9th September. This submission outlines the key challenges facing Scotland's social care sector and the reforms required to ensure social care can continue to support people, communities and wider public services across Scotland. It also highlights immediate actions that could provide urgently needed relief to providers and the people they support.

Key messages

- **Social care is a foundational public service** and a prerequisite for successful public service reform. Scotland's ambitions for prevention, early intervention and community-based support depend on a strong and sustainable social care sector.
- **Not for profit social care providers are essential partners** in delivery of public services across Scotland.
- The social care sector is **facing sustained and increasing pressure** from rising demand, workforce shortages and escalating costs.
- Scotland's social care system is not only **underfunded** but is also characterised by **complex and fragmented funding** and commissioning arrangements, that undermine sustainability and the implementation of policy.
- Without reform, providers will continue to **struggle to recruit and retain workers**, limiting their ability to deliver high-quality support and threatening wider public service outcomes.
- Alongside longer-term reform, there are **immediate actions** the Scottish Government could take to stabilise the sector and protect support for people and communities.

Who are CCPS

The Coalition of Care and Support Providers in Scotland (CCPS) represents some of Scotland’s largest not-for-profit social care and support providers. Our 84 member-providers operate across Scotland’s 32 local authorities. They have a combined income of £1.2 billion to invest in communities and employ a significant proportion of Scotland’s social care workforce. CCPS is therefore uniquely placed to share knowledge and insight from organisations providers delivering support on the front line of social care.

Social care is fundamental to public service reform

Social care enables people across Scotland to thrive, live independently, maintain relationships and enjoy lives with connection, dignity and purpose. Social care should not be viewed as separate from wider public service reform. Rather, it is one of the key mechanisms through which Scotland can achieve its ambitions for prevention, early intervention and improved public outcomes.

When properly funded and supported, social care delivers benefits across the whole public sector:

- It provides preventative, community-based support that helps people remain in their homes and reduces avoidable escalation into crisis or more intensive forms of care.
- It delivers vital interventions for people experiencing significant mental health challenges, frailty and other acute needs in community settings.
- It provides support to Scotland's estimated **722,000** unpaid carers[1]
- It reduces pressure on hospitals, primary care, local government services and other parts of the public sector.

Every failure to invest adequately in social care increases pressure in families and elsewhere in the system. Delayed discharge, avoidable hospital admissions, deteriorating wellbeing and increased demand for crisis interventions all carry substantial human and financial costs. Investment in social care should therefore be understood as investment in the sustainability of Scotland's wider public services.

The Scottish Government's public service reform ambitions cannot succeed without reforming how social care is funded, commissioned and delivered. This is particularly important given that the majority of social care is delivered by commissioned providers rather than directly by the public sector. Scottish Social Services Council data shows that **65.5%** of the registered social services workforce is employed by independent sector providers (41% in the private sector and 24.5% in the voluntary sector) [2].

Not-for-profit providers are therefore central partners in delivering public services and improving outcomes for people and communities. However, years of underinvestment, fragmented commissioning arrangements and workforce pressures have left many providers under severe strain. Without reform, Scotland risks undermining the resilience and capacity of a sector that is critical to supporting communities and driving long-term public service reform.

Key issue 1: Funding and commissioning reform

Funding for social care consistently falls short of the cost of delivering high-quality support. Years of underinvestment have forced providers to absorb increasing financial risk while continuing to meet rising demand and increasing delivery costs. Demand for support and

[1] Scottish Government (2026) Scotland's Carers update release: June 2026
[2] SSSC (2025) WorkforceDataReport2024_211125.pdf, Page 24, Table 9.

rising delivery costs are outstripping any increases in funding that have been made available[3]

In CCPS' most recent member survey, **50** responding organisations reported that[4]:

- More than **8,500** people were expected to be negatively affected by reductions in support during 2025-26.
- They expected to lose almost **830** posts in 2025-26.
- **More than half** of responding organisations were drawing on reserves to remain financially viable.

Behind these figures are people who may receive less support to participate in their communities, sustain employment, maintain relationships or live independently. Reductions in social care support can have significant consequences for people's wellbeing, choice and rights.

However, the challenge is not solely one of funding levels. Scotland's funding and commissioning landscape is also overly complex and fragmented, creating barriers to effective partnership working and undermining implementation of policy commitments. The previous Health, Care and Sport Committee concluded that an unsustainable social care sector and the way services are commissioned and funded are hampering the effective implementation of Self-directed Support[5].

The complexity and fragmented nature of funding and commissioning is also undermining providers ability to deliver high-quality care and support. In CCPS's recent research into Governance, Planning and Funding Structures for Social Care, members told us[6]:

- They are not consistently involved in service design.
- Commissioning arrangements are fragmented and difficult to navigate.
- Poor contract management transfers risk onto providers.
- Funding decisions often fail to reflect the true cost of providing care.
- Providers have limited influence within the system.

Social care should be understood as preventative investment rather than solely a service cost. Timely support prevents escalating needs, reduces demand on acute services and enables people to remain active participants in their communities. Current arrangements too often prioritise responding to crisis instead of preventing it.

CCPS key asks: We are calling for a cross-party commitment to funding and commissioning reform, alongside sustainable long-term investment that reflects the true cost of delivering high-quality support and enables providers to pay their workforce fairly.

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[3] Fraser of Allander (2026) Setting the scene: Scotland on the eve of the 2026 election

[4] November 2025, Unpublished

[5] Scottish Parliament (2024) Post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013: Phase 2

[6] CCPS (2026) View From On The Ground: Local Gov Funding Report

Key issue 2: Workforce recruitment and retention

The social care workforce is highly skilled, professionally regulated and central to delivering support across Scotland. However, providers continue to face significant recruitment and retention challenges.

CCPS's recent research into workforce priorities found that low pay, limited career progression opportunities and insecure employment arrangements continue to make recruitment and retention difficult for social care providers[7]. Providers are competing in a labour market where equivalent public sector roles offer higher pay, greater security and clearer progression pathways. The result is persistent vacancies, turnover and increasing pressure on remaining staff.

Despite commitments to Fair Work, the gap between social care and public sector pay continues to widen. By April 2026, the annual difference between not-for-profit social care workers and equivalent NHS Band 3 roles had reached **£3225** annually[8][9].

If social care continues to be characterised by comparatively low pay from Scottish Government settlements and weaker employment conditions, providers will struggle to recruit and retain the workforce required to meet growing demand. This has direct implications for the availability and quality of support as well as Scotland's ability to deliver wider public service reform.

Sectoral bargaining could provide an opportunity to create a more sustainable workforce settlement and progress towards parity of esteem, pay and conditions. However, this must be accompanied by sufficient funding if meaningful change is to be achieved. A final deal between government, providers and unions remains outstanding.

CCPS key ask: We are calling for a long-term workforce strategy that delivers parity of esteem, pay and conditions between social care and public sector employers, underpinned by sustainable funding and a fully implemented sectoral bargaining framework in which government, employers and trade unions participate as equal partners.

Immediate actions

Alongside longer-term funding and workforce reforms, CCPS is seeking 'Immediate Actions' that the Scottish Government could take, which would provide immediate relief for our sector.

Value the workforce:

- Finalise and implement a fully funded sectoral bargaining process in partnership with provider representatives and unions.

[7] CCPS (2026) Workforce-Priorities-Report-2026-8.6.26.pdf
[8] Scottish Government (2026) Adult social care workers minimum pay
[9] Scottish Government (2026) NHS pay rates

- Agree a timetable towards pay parity with the public sector.
- Work with the sector to develop and implement a formula which accurately reflects workforce costs.

Improve sustainability:

- Support our calls to reverse the UK Government's decision to apply changes to eNICs thresholds and rates to social care providers.
- Pay sleepovers at 100% contact value.
- Address late payment practices that create cash flow pressures for providers.
- Allocate at least 30% of any in-year health and social care Barnett consequentials in 2026-27 and 2027-28 to social care providers.

Conclusion

Scotland's ambitions for prevention, public service reform and community-based support depend on the strength of its social care sector. Yet providers are operating within a system characterised by chronic underinvestment, workforce pressures and fragmented commissioning arrangements. Social care is not simply another spending pressure. It is critical public service that enables people to live independently, remain economically active, supports unpaid carers, reduces pressure on the NHS and helps other public services function effectively. Urgent action is needed both to stabilise the sector in the short term and to deliver the long-term reforms required to secure its future. CCPS urges the Committee to recognise social care as a strategic national asset and to support reforms that will ensure its sustainability for years to come.

CARERS TRUST SCOTLAND

Carers Trust Scotland's written evidence to the Scottish Parliament's Health, Social Care and Sport Committee

Introduction

Scotland's health and social care system depends heavily on the contribution of unpaid carers. Current estimates suggest that between 700,000 and 800,000 people provide unpaid care in Scotland. However, unpaid carers continue to report substantial unmet need, deteriorating physical and mental health, limited access to breaks and inconsistent recognition by health and social care services.

These pressures are interconnected. When social care, community services or health services are unavailable, reduced or difficult to access, unpaid carers often provide more care. This can affect their mental and physical health, finances, education, employment and relationships, while increasing their need for support from already stretched local carer organisations.

Carers Trust Scotland believes that social care reform must recognise unpaid carers as people with their own rights and needs, not simply as a resource within the wider system. Reform must be matched by sustainable investment, transparent accountability and meaningful involvement of unpaid carers and local carer organisations.

This evidence supports all three pillars of Carers Trust's strategy, *A Fair World for Carers*:

- **Fair Deal**, by strengthening local carer organisations and improving access to support close to home.
- **Fair Care**, by preventing crisis, improving health and wellbeing and enabling meaningful breaks from caring.
- **Fair Futures**, by protecting the education, employment and life opportunities of young carers, young adult carers and unpaid carers of all ages.

1. Carers (Scotland) Act 2016 and support for unpaid carers

Overview

The Carers (Scotland) Act 2016 established an important framework of rights for unpaid carers. It gives unpaid carers a right to an Adult Carer Support Plan or Young Carer Statement and places duties on local authorities relating to information and advice, support planning and consideration of breaks from caring. It also requires unpaid carers to be involved in the development of local carer services and in relevant planning for the person they care for.

However, there remains a significant gap between these rights and unpaid carers' experiences. An Adult Carer Support Plan or Young Carer Statement does not necessarily lead to timely or meaningful support. Eligibility thresholds, limited service capacity and differences in local implementation mean support can depend more on where an unpaid carer lives than on their assessed needs.

Coalition of Carers in Scotland evidence also raises serious questions about whether funding provided for implementation is consistently reaching frontline support. The lack of ringfencing, common reporting categories and transparent local monitoring makes it difficult to assess how investment is being used or what outcomes it is securing for unpaid carers.

The Act should therefore be subject to comprehensive post-legislative scrutiny, examining not only local compliance with statutory processes but whether the legislation is improving unpaid carers' lives.

Key data and evidence

- Coalition of Carers in Scotland Freedom of Information responses showed that £88.4 million was awarded to local authorities for implementation in 2022 to 2023, with £74.9 million reported as allocated to Health and Social Care Partnerships. Analysis suggests that up to £19 million could not be clearly accounted for as expenditure on unpaid carer support or implementation of the Act.
- Twelve local authority areas reported allocating less than 80% of their award to their Health and Social Care Partnership, with ten reporting an allocation below 70%.
- Separate evidence reported that completing an Adult Carer Support Plan or Young Carer Statement did not necessarily lead to further assistance, even where the assessment identified a need for support.
- Current data is not sufficiently consistent or transparent to determine reliably how the Carers (Scotland) Act 2016 investment is being used in every area or what difference it is making to unpaid carers.

Our policy positions

- The Scottish Parliament should undertake comprehensive post-legislative scrutiny of the Carers (Scotland) Act 2016, including the consistency, accessibility and impact of implementation.

- Scottish Government funding intended to implement the Act should be protected, with clear and consistent budget headings across all local areas.
- Local authorities and Health and Social Care Partnerships should be required to publish transparent information on allocations, expenditure, services delivered and outcomes for unpaid carers.
- Receiving an Adult Carer Support Plan or Young Carer Statement must provide an effective route to support, rather than becoming a procedural exercise.
- Local eligibility criteria should enable early and preventative support and should not require unpaid carers to reach crisis before receiving help.
- Implementation must be adequately funded, with investment linked to demand and to the capacity of local carer organisations undertaking statutory or commissioned functions.
- The Scottish Government should introduce and deliver a dedicated National Outcome on Care, as called for by A Scotland That Cares, to fully value and invest in people experiencing care and those providing it, including unpaid carers.

Our actions

- We continue to press for post-legislative scrutiny and stronger accountability for implementation of the Carers (Scotland) Act 2016.
- We gather evidence from unpaid carers and local carer organisations about barriers to Adult Carer Support Plans, Young Carer Statements and support.
- We work with other National Carer Organisations and wider partners to scrutinise the allocation and use of funding intended for unpaid carer support.
- We support local carer organisations to understand and respond to changes in legislation, policy and statutory guidance.
- We represent unpaid carers' experiences in consultations, parliamentary engagement and discussions with Scottish Government.
- We promote person-centred and preventative implementation across policy, influencing and partnership work.
- We are a steering group member of A Scotland That Cares, supporting collective action to ensure all forms of Care is fully valued, visible and backed by sustained investment across Scotland.

2. Local carer organisations and their key role in social care

Overview

Local carer organisations are an essential part of Scotland's social care infrastructure. They identify unpaid carers, provide information and advice, deliver emotional and practical support, enable access to short breaks and help people navigate complex systems. In many areas they also undertake commissioned duties connected to the Carers (Scotland) Act 2016, including Adult Carer Support Plans and Young Carer Statements.

These organisations increasingly support unpaid carers whose needs are more complex and who are approaching services at, or close to, crisis. At the same time, many local carer organisations face insecure funding, standstill contracts, increased staffing and operating costs and difficulties recruiting and retaining skilled workers.

This is creating a system-wide sustainability risk. Demand and case complexity are increasing faster than organisations' capacity to respond. The likely consequences include waiting lists, tighter thresholds, reduced follow-up and a shift away from personalised and preventative support towards more reactive intervention.

Sustainable local carer organisations help keep unpaid carers well and reduce pressure on statutory services. Funding them should therefore be regarded as essential preventative social care investment.

Key data and evidence

- A survey of 34 local carer organisations found that 96% saw increased employment costs as a sustainability risk, with 40% describing the risk as substantial or catastrophic.
- Almost one third had already reduced services during the preceding 12 months, while 64% planned to use charitable reserves to manage increased National Insurance costs in the first year.
- Local organisations anticipated having to reduce staffing, support fewer unpaid carers, withdraw specialist provision or reduce core services.
- Analysis across 11 Carers Trust Network Partners (local carer organisations) found that registrations and case complexity were rising faster than active support capacity, increasing the likelihood of triage, prioritisation and longer waits.
- Evidence indicates that personalised and relationship-based support is being threatened by increased demand, limited capacity and difficulty sustaining outreach and accessible provision.

Our policy positions

- Scottish Government should provide increased, protected and sustained investment for local carer organisations, including young carer services.
- Commissioning arrangements should be longer term, reflect actual delivery costs and include appropriate inflationary and workforce uplifts.

- A guaranteed proportion of Carers (Scotland) Act 2016 funding should reach local carer organisations in addition to existing local authority investment.
- Funding decisions should reflect increases in the number of unpaid carers, the complexity of support needs and the preventative value of local services.
- Local carer organisations should be involved as strategic partners in social care planning, commissioning and reform, not treated only as contracted providers.
- National and local reporting should show clearly how much funding reaches frontline unpaid carer support and what outcomes this secures.

Our actions

- We provide funding, organisational support and development opportunities through our network of local carer organisations.
- We gather and analyse network intelligence on demand, staffing, funding, governance, service capacity and sustainability.
- We work with the other National Carer Organisations and wider partners to evidence the impact of funding pressures on local services.
- We advocate for fairer commissioning, transparent funding and sustainable investment in local carer support.
- We support local carer organisation quality improvement through our Excellence for Carers Award programme and wider network development activity.
- We amplify local organisations' evidence and the experiences of the unpaid carers they support in national policy and parliamentary engagement.

3. Short breaks and a Right to a Break for unpaid carers

Overview

Regular and meaningful breaks can protect unpaid carers' physical and mental health, maintain relationships and help prevent caring situations reaching crisis. However, access remains highly unequal. Many unpaid carers cannot find suitable replacement care, cannot afford available options, do not know what help is available or find systems too difficult to navigate.

A legal Right to a Break has the potential to be transformative, but legislation alone will not secure change. The right must be backed by sufficient services, accessible information, personalised support and sustainable investment. Without increased capacity, there is a risk that the right exists in law but cannot be realised in practice.

Breaks must be defined by their benefit to the unpaid carer rather than by a narrow list of services. They may involve replacement care, time to rest, social activity, a short regular break or a longer period away. Attending work, education, medical appointments or compulsory activities should not be treated as a break from caring.

Key data and evidence

- Shared Care Scotland evidence shows a very high level of unmet need for breaks among unpaid carers, with 96% saying they felt they needed a break and 62% saying they rarely or never received one.
- Only 7.5% reported receiving breaks regularly or frequently, and one third said they rarely or never received a break lasting more than two hours.
- Reported barriers from unpaid carers included services remaining closed following the pandemic, high costs, concerns about care quality, workforce shortages, transport and lack of suitable local provision.
- Financial barriers were prominent, with 30% saying finances had prevented a break and 23% unable to afford respite care costs.
- Evidence gathered from unpaid carers and local carer organisations to inform our response to the *Right to breaks for unpaid carer – implementation* consultation found that unpaid carers need flexible and personalised options, with strong concern that vague definitions, inconsistent interpretation and insufficient funding could reinforce a geographical lottery.

Our policy positions

- The Right to a Break must be implemented with sufficient and sustained funding for both statutory support and community-based short breaks.
- A national short breaks improvement plan should expand the volume, range and geographical availability of provision.
- Decisions about whether a break is sufficient must centre the unpaid carer's circumstances, judgement and intended outcomes.
- National guidance should be clear and consistent but retain flexibility, with examples that are illustrative rather than restrictive.

- Work, education, medical appointments, hospital stays and engagement with support services should not be counted as breaks.
- Implementation must meet the needs of all unpaid carers - including young carers, young adult carers, older adult unpaid carers, rural communities and people facing cultural, linguistic, financial or accessibility barriers.

Our actions

- We consulted with unpaid carers, young adult carers, local carer organisations, young carer services, older adult unpaid carers and mental health workers to inform our response on implementation of the Right to a Break.
- We advocate in partnership with the other National Carer Organisations for adequate investment and clear accountability alongside the new legal right.
- We build evidence on what makes a break meaningful, accessible and beneficial to unpaid carers' wellbeing.
- We work with National Carer Organisation partners to support local carer organisations to provide and develop flexible break opportunities.
- We promote approaches that recognise smaller, regular and preventative breaks as well as longer forms of respite.
- We continue to ensure the experiences of unpaid carers of different ages and backgrounds shape implementation.

4. Unpaid carers' mental health and wellbeing

Overview

Poor mental health among unpaid carers is both a major health inequality and a threat to the sustainability of social care. Unpaid carers can experience prolonged stress, exhaustion, loneliness, anxiety and burnout. These pressures are often intensified by financial hardship, lack of sleep, uncertainty, insufficient formal support and the emotional responsibility of caring.

Many unpaid carers do not receive help until they are close to crisis. Prevention must therefore be central to social care and mental health policy. Early identification, emotional support, counselling, peer support, meaningful regular breaks and effective involvement in the care of their cared for person can all help protect wellbeing.

Mental health and social care services must also recognise unpaid carers as equal partners. Evidence from the Mental Welfare Commission for Scotland identified a substantial gap between services' perceptions of their support and unpaid carers' actual experiences.

Key data and evidence

- The Carers Census reported that caring affected the mental health or emotional wellbeing of 86% of adult unpaid carers and 91% of young carers.
- In Mental Welfare Commission research, 84.9% of respondents said caring had affected their mental health.
- Only 33% of unpaid carers in that research said they had experienced health and wellbeing support, despite services reporting substantially higher levels of provision or referral.
- Nearly half of unpaid carers reported difficulties obtaining information about their cared for person, and more than half of those difficulties were not fully resolved.
- Research with older adult unpaid carers found that 87% experienced an impact on their mental health and wellbeing, with 32% reporting that it had been affected greatly.
- Evidence gathered through our Right to a Break consultation work found that mental health unpaid carers may remain psychologically "on call" even when physically away from their cared for person, limiting the restorative benefit of a break.

Our policy positions

- Unpaid carers should be recognised across mental health and social care policy as a population experiencing health inequalities.
- Routine identification and clear referral pathways to local carer organisations should be embedded across health and social care services.
- Investment should prioritise preventative, community-based support, including counselling, peer support, emotional support and meaningful breaks.

- The Triangle of Care initiative should be implemented consistently across mental health services to improve identification, involvement and support.
- Unpaid carers should be recognised as equal partners in care, with appropriate involvement in assessment, care planning, discharge and transitions.
- National and digital mental health services should explicitly consider unpaid carers and ensure their services are accessible and unpaid carer inclusive.

Our actions

- We influence mental health and social care policy so that unpaid carers' needs and experiences inform planning, commissioning and delivery.
- We promote the Triangle of Care initiative and partnership working between unpaid carers, professionals and people receiving services.
- We work with local carer organisations to strengthen access to wellbeing activities, peer support and emotional support.
- We convene and gather evidence through the Mental Health Workers Forum.
- We support implementation of the Right to a Break as an important preventative mental health measure.
- We amplify unpaid carers' experiences of mental health services, information sharing and involvement in national influencing work.

5. Unpaid carers' health and health checks

Overview

Caring can affect physical health through fatigue, interrupted sleep, stress, physically demanding tasks and reduced opportunities to exercise, eat well or attend healthcare. Unpaid carers may put off appointments or treatment because they cannot leave their cared for person, replacement care is unavailable or services cannot offer flexible appointments.

A third of unpaid carers reported that their general practitioner or someone within the practice was unaware of their caring role. Without systematic identification, healthcare professionals may miss opportunities to provide preventative support or connect unpaid carers with local services.

Carers Trust Scotland alongside our National Carer Organisation partners supports annual health checks for unpaid carers. These should consider physical and mental health risks associated with caring, provide access to early intervention and link unpaid carers to appropriate support. Health checks must be supported by flexible appointments and replacement care where needed.

Key data and evidence

- Carers Scotland's State of Caring 2025 report found that a third of unpaid carers reported poor physical health, rising to more than four in ten among those receiving income-related benefits.
- Two thirds said that help to look after their own health was one of their main needs.
- 41% had put off healthcare treatment because of caring, while Carers Week 2024 research found that 24% had cancelled an appointment, test, scan or treatment.
- More than half said their physical health had suffered because of caring, with 20% reporting a physical injury.
- Our Older Adult Unpaid Carers in Scotland research found that 81% of older adult unpaid carers said caring had affected their physical health, while 46% had missed a health appointment during the previous 12 months.
- Four in ten unpaid carers received no support from care services, while two thirds said reliable, good-quality social care would make caring less stressful.

Our policy positions

- Annual health checks should be introduced for unpaid carers, covering physical health, mental health, wellbeing and the risks associated with their caring responsibilities.
- Primary, community and secondary care should be required to systematically identify unpaid carers and embed clear, consistent referral pathways to local carer organisations and wider support. This should include routine prompts, staff training, shared protocols and accountability for ensuring unpaid carers are recognised early and connected to help before their own health deteriorates.

- Health services should offer flexible appointments, including options that reflect the unpredictable demands of caring.
- Replacement care should be available where necessary so unpaid carers can attend routine appointments, screening and urgent treatment.
- Appropriate health checks and screenings must be accessible to all unpaid carers – including young carers, people from minoritised ethnic communities and those living in rural areas.
- Caring should be recognised explicitly as a social determinant of health within a funded national approach to tackling unpaid carer health inequalities.

Our actions

- We advocate for annual health checks, flexible healthcare appointments and improved access to screening for unpaid carers.
- We gather evidence about the health impacts of caring and the barriers unpaid carers face when accessing healthcare.
- We work with local carer organisations and national partners to strengthen identification and referral pathways.
- We promote replacement care and the Right to a Break as essential enablers of healthcare access.
- We ensure physical health, mental health and health inequalities are considered together in our policy and influencing work.
- We use research and unpaid carers' experiences to demonstrate the preventative value of investing in their health.

6. Young carers, young adult carers and transitions

Overview

Young carers and young adult carers require age-appropriate support that recognises their rights as children and young people and protects their opportunities in education, employment and wider life. They should not be expected to take on inappropriate or excessive caring responsibilities because statutory services are absent or insufficient. Young carers remain a particularly hidden group, with evidence showing caring can significantly affect school attendance, educational attainment, social participation, friendships and mental health.

At the same time, young carer services are experiencing growing demand and increasing referrals involving more complex needs, often linked to reductions in wider children's services and rising thresholds for support. Many services report concerns about whether they have sufficient capacity, specialist expertise and funding to respond effectively.

Transitions remain a significant challenge. Young carers and young adult carers may move between children's and adult health and social care services, young carer and adult unpaid carer support, education settings and social security systems. Poor coordination can create gaps in support at critical points in a young person's life, particularly when caring responsibilities are changing or intensifying.

Key data and evidence

- Young carers experience significantly poorer wellbeing than their peers. The Carers Census found that 91% of young carers reported that caring had affected their mental health and emotional wellbeing. In our Young Carer Survey Scotland 2023, 52% said they always or usually feel stressed because of being a young carer or young adult carer, 51% said they always or usually worry about their future, and 25% said they never or not often get enough sleep.
- Caring responsibilities can affect young people's education, social participation and relationships. Our survey found that 43% of young carers and young adult carers said caring always or usually affects the amount of time they can spend with friends. The Mental Welfare Commission for Scotland has also highlighted the impact caring can have on participation in education, friendships and social activities.
- Our consultation work with local young carer services found that 88% report demand for support is outstripping capacity.

Our policy positions

- A systematic approach to identifying young carers should be embedded across education, health and social care, with clear referral pathways to age-appropriate support.

- Young Carer Statements should provide a meaningful route to support and lead to timely assistance based on need rather than administrative thresholds.
- Sustainable investment is required to ensure young carer services can respond to increasing demand and more complex referrals.
- Transitions between children's and adult services should be planned early, coordinated effectively and involve young carers, young adult carers and families appropriately.
- The Right to a Break must reflect the realities of young people's lives, including their rights to education, play, friendships, development and wellbeing.
- Education, training and employment should never be regarded as a break from caring. Evidence gathered through Carers Trust Scotland's engagement on the Right to a Break highlighted strong support for this principle among young carers and young adult carers.

Our actions

- We support and represent young carer services through the Scottish Young Carers Services Alliance.
- We engage directly with young carers and young adult carers to inform policy development, consultations and influencing activity.
- We advocate for improved identification and support across schools, colleges, universities and public services.
- We promote effective implementation of Young Carer Statements and stronger planning and support during key transition points.
- We gather and present evidence from young carers and young adult carers, including through consultation responses.
- We amplify the voices, experiences and priorities of young carers through research, campaigns, parliamentary engagement and national policy work.

7. Older adult unpaid carers

Overview

Older adult unpaid carers may be managing their own health conditions while providing intensive, long-term or round-the-clock support to a partner, adult child, relative or friend. Some have provided care for decades and face increasing uncertainty about what will happen if they become unwell or are no longer able to continue.

Our research found substantial effects on physical health, mental health, finances, relationships and social connection. Some older adult unpaid carers also struggle to attend their own medical appointments because suitable alternative care is unavailable.

Policy must not treat older adults as a single group or assume that caring is simply part of ageing. Older adult unpaid carers have distinct rights and support needs. They should be involved in decisions affecting them and have access to preventative support, meaningful breaks, financial security and emergency and future planning.

Key data and evidence

- 80% of older adult unpaid carers that responded to our research said caring had affected their physical health, 87% reported an impact on mental health and wellbeing and 72% said their own health affected their ability to continue caring.
- 65% experienced loneliness some of the time and a further 19% experienced it often.
- 18% said they had no time for themselves, while 40% had taken a break but found it insufficient to recover.
- 82% said caring had affected them financially, while 37% had used less gas or electricity and 19% had skipped meals to save money.
- Research participants frequently raised concerns about emergency and future planning, including what would happen to the person they supported if they became ill or died.

Our policy positions

- Older adult unpaid carers should be recognised distinctly within ageing, dementia, health, social care and unpaid carer policy.
- Local authorities should ensure that older adult unpaid carers are offered emergency and future planning through Adult Carer Support Plans.
- Investment should support age-appropriate breaks, peer support, befriending and measures to address loneliness and isolation.
- Older adult unpaid carers with underlying entitlement to Carer Support Payment should receive appropriate financial recognition where State Pension overlapping benefit rules prevent payment.
- Older adult unpaid carers must be directly involved in the design, delivery and evaluation of services and policies affecting them.

Our actions

- We conducted dedicated national research into older adult unpaid carers' health, wellbeing, finances, isolation and access to support.
- We maintain engagement with older adult unpaid carers and use their evidence in national influencing and consultation responses.
- We advocate for improved health support, meaningful breaks, emergency planning and financial recognition.
- We work with local carer organisations to highlight effective community support, including counselling, peer support and befriending.
- We ensure older adult unpaid carers' experiences inform wider work on social care, dementia, health inequalities and unpaid carers' rights.

8. Unpaid carers supporting people affected by drugs and alcohol

Overview

People who provide unpaid care for someone affected by drug or alcohol use are an often overlooked and poorly understood group within Scotland's health and social care system. While it is estimated that around one in five adults in Scotland report hazardous or harmful alcohol consumption and approximately 46,000 adults report ongoing problematic drug use, the number of unpaid carers supporting someone affected by substance use remains unknown.

These unpaid carers provide a wide range of support, including emotional support, crisis management, help accessing treatment and services, financial assistance, support with day to day living, and helping manage substance use and recovery. Caring responsibilities often evolve over many years and are characterised by uncertainty, particularly around relapse, recovery and concerns for the future.

Carers Trust Scotland's 2026 research, undertaken with the University of the West of Scotland and Scottish Families Affected by Alcohol and Drugs, found that unpaid carers frequently experience significant impacts on their physical health, mental health, finances, relationships and social lives. Many described feeling isolated, constantly on alert and unable to step away from caring responsibilities due to concerns about the welfare of the person they care for.

A recurring theme was stigma. Unpaid carers described experiencing both explicit and implicit stigma from communities, professionals and wider society. Many reported that neither they nor the person they supported were recognised as needing support, while some did not initially identify themselves as unpaid carers and were therefore unaware of their rights and entitlements.

While Scotland's Alcohol and Drugs Strategic Plan 2026 to 2035, the National Drugs Mission and whole family approaches increasingly recognise the importance of supporting affected family members, evidence suggests that unpaid carers are not always meaningfully involved in treatment planning and often continue to "fill gaps" where statutory services are unable to meet need.

Key data and evidence

- Around one in five adults in Scotland report hazardous or harmful alcohol consumption and approximately 46,000 adults report a current problem with their drug use. The impact of substance use therefore extends to thousands of families and unpaid carers across Scotland.
- Carers Trust Scotland's research with unpaid carers found that caring responsibilities affect almost every aspect of daily life and are often characterised by uncertainty, fear and concerns about the future.
- Participants reported significant impacts on their physical health, mental health, finances, relationships and social wellbeing. Many described

feeling unable to switch off from caring responsibilities and constantly needing to remain available in case of crisis.
- Stigma remains a significant challenge. Participants reported experiencing stigma by association, negative assumptions and a lack of understanding from members of the public, professionals and wider support networks.
- Many unpaid carers did not initially recognise themselves as unpaid carers and therefore did not access support, information or their rights available under the Carers (Scotland) Act 2016.
- Peer support groups were consistently identified as one of the most valuable sources of support, providing understanding, reduced isolation and opportunities to share experiences with others facing similar challenges.

Our policy positions

- Improve awareness, identification and recognition of unpaid carers supporting someone affected by drugs or alcohol across health, social care and alcohol and drug services.
- Ensure Alcohol and Drug Partnerships, treatment services and other relevant agencies consistently and systematically identify unpaid carers and connect them with local carer support.
- Fully implement family inclusive practice, ensuring unpaid carers are appropriately involved in treatment, recovery and support planning where this is consistent with the wishes and rights of the person receiving support.
- Address stigma through workforce development, public awareness activity and improved understanding of substance use and its impact on families.
- Ensure unpaid carers affected by substance use have access to dedicated emotional support, counselling, peer support and wellbeing services.
- Deliver a more unpaid carer informed approach to alcohol and drug policy, ensuring family members receive timely information, practical guidance and support throughout a person's recovery journey.

Our actions

- We work with the University of the West of Scotland, Scottish Families Affected by Alcohol and Drugs and unpaid carers to strengthen evidence, policy and influencing on substance use and unpaid caring.
- We advocate for family inclusive approaches that recognise unpaid carers' own rights, needs and support requirements.
- We work with local carer organisations and national partners to improve awareness, identification and referral to support.
- We use research and lived experience to influence stronger support for unpaid carers affected by alcohol and drug related harm.

Conclusion

Scotland cannot achieve sustainable health and social care reform without recognising and investing in unpaid carers. Across the evidence, the same structural issues emerge: rights are not implemented consistently, support is difficult to access, preventative services are under pressure and funding is not sufficiently transparent.

The Committee should encourage a whole-system approach which:

- Strengthens implementation and accountability under the Carers (Scotland) Act 2016.
- Sustains local carer organisations as essential social care partners.
- Fully funds and implements the Right to a Break.
- Treats unpaid carers' physical and mental health as a prevention and health inequalities priority.
- Protects the rights and futures of young carers and young adult carers.
- Recognises the distinct needs of older adult unpaid carers.
- Recognises unpaid carers affected by drugs and alcohol and improves identification, referral and family inclusive support.

These measures would advance **Fair Deal** by strengthening support close to home, **Fair Care** by preventing crisis and protecting wellbeing, and **Fair Futures** by ensuring caring does not limit people's opportunities or quality of life.

Submission to the Health, Care and Sport Committee

31 August 2026

Executive Summary

Self-Directed Support (SDS) was introduced to transform social care by placing choice and control in the hands of people who require support. The legislation sought to move away from traditional service-led models towards personalised approaches that enable people to live independently and participate fully in society.

More than a decade after its introduction, Scotland's system of social care is experiencing significant strain. Despite the ambitions of the Social Care (Self-directed Support) (Scotland) Act 2013 and subsequent reform programmes, evidence suggests that the current system is increasingly characterised by restrictive eligibility criteria, workforce shortages, administrative burdens, and a growing disconnect between policy intent and lived experience.

Research and practice evidence indicate that many disabled people, unpaid carers and frontline social workers experience the current system as one focused on gatekeeping access to support rather than enabling independent living. This has resulted in increasing pressure on families, widening inequalities, and growing concern regarding the sustainability of Scotland's social care model.

This paper argues that Scotland requires a renewed strategic direction for SDS, one which restores the original principles of choice, control and independent living while addressing operational realities facing local authorities and social work services.

A central consideration is the separation of direct payment administration from social work intervention through the transfer of Option 1 administration to Independent Living Fund (ILF) Scotland. This would allow social workers to focus on assessment, intervention, safeguarding and relationship-based practice while providing disabled people with more consistent and specialist support to manage direct payments.

The findings outlined in this paper draw upon; recent research examining the implementation and impact of SDS changes; evidence from frontline social work and social care practice;

engagement with disabled people, unpaid carers, advocacy organisations and social care professionals; and emerging discussions within national reform programmes, including work associated with the National Care Service agenda.

The Current Social Care Landscape in Scotland

Scotland's social care system is facing a convergence of challenges and pressures, which are increasingly visible throughout the system. While legislation emphasises choice and control, implementation is often constrained by resource limitations and organisational risk management. This has the consequence of eroding trust between people and public services. This is at a time where Scotland's population is ageing, meaning further demand on social care services likely in the future.

SDS option 1 has its basis in Scotland's Independent Living Movement and was designed to enable disabled people to exercise maximum control over their support through direct payments. However, evidence suggests that Option 1 is increasingly being used in ways that diverge from its original purpose.

Recent Self Directed Support Scotland (SDSS) Changes to Self-directed Support Direct Payments in Scotland research (2026) highlights higher social care eligibility thresholds; an increased focus on essential care tasks; risk management rather than risk enablement approaches; increased difficulty in navigate assessments and reviews; less transparency, consistency and accountability with SDS; increasing restrictions on how DPs could be used; and increased Personal Assistant (PA) recruitment and retention difficulties.

Changes to Self-directed Support Direct Payments in Scotland research (2026) also draws attention to the most common types of changes to direct payments, including reductions following reviews or reassessments (74%); restrictions on how funds can be used (66%); delays in reviews or budget setting (61%); reclaiming of unspent funds (61%); changes to local eligibility criteria (61%); reductions without review or reassessment (47%); and changes to charging policies (28%).A recurring concern raised by both practitioners and people accessing support is the growing influence of financial considerations on decision-making. Evidence suggests that in some circumstances financial assessments are effectively shaping access to support before a comprehensive assessment of need has been completed.

Although many local authorities continue to describe their eligibility frameworks using established terminology, practitioners report increasing pressure to prioritise only the most critical cases. As a result, individuals with substantial but non-critical needs may struggle to access timely support, with an increasing move towards prioritising critical needs only.

Restricting access to preventative support ultimately undermines the sustainability of the wider system.

Unfortunately, we increasingly find that in times of austerity, where eligibility tightens, correspondingly so does flexibility. Recommendations coming from our research and from the National Care Service Advisory Board prioritise a need for improved data and increased flexibility. A risk averse culture, however, works contrary to this.

In some areas, direct payments have become a default response to limited service availability rather than a genuine expression of informed choice. Individuals may find themselves responsible for becoming employers, payroll managers and commissioners of their care without sufficient support, preparation or indeed choice. This shift risks transforming a mechanism intended to increase autonomy into one that transfers responsibility and risk from public services onto individuals and families.

Another impact of these changes is less partnership working between Independent Support Organisations (ISOs) and Health and Social Care Partnerships (HSCPs). SDSS' By My Side (2024) research identified the crucial role that HSCPs play in referring people to their local ISO for support deemed as "essential" or "very helpful" by 86% of participants. Further pressures to the social care system are likely to further erode the relationship between ISOs and HSCPs, leaving disabled people and unpaid carers in a more precarious position when accessing SDS support, advice, advocacy, and brokerage.

Although existing online tools and resources designed to support people to independently navigate SDS, including SDSS' online suite of SDS, PA and PA employer Handbooks which are used by over 4,000 people annually, this is no replacement for quality independent support, advice, advocacy, and brokerage. SDSS signposts 1,400 people to their local ISO for this purpose on our online Find Help service.

SDSS also notes a growing reliance on unpaid care. In the Scottish PA Workforce Survey (2025) by SDSS, a significant number (40%) of PAs said they provided unpaid support to their employer outside of paid hours, and this is at risk of increasing should changes to direct payments continue.

One of the most significant findings emerging from practice and research concerns the changing nature of social work. Many social workers report spending increasing amounts of time undertaking administrative functions associated with budget management, resource allocation and compliance processes. As a result, less time is available for relationship-based practice; preventative, community-based approaches; safeguarding and therapeutic, strengths-based work. This has contributed to a perception that social workers are becoming gatekeepers of scarce resources rather than professional agents of social change and support. A sustainable social care system requires social workers to operate at the top of their professional capability

rather than becoming primarily administrators of constrained budgets. A further consideration must be that reductions to individual budgets may bring people below the required levels of income for ILF consideration.

The overall result of these changes is that some disabled people experience greater administrative burdens while receiving little additional control over the support available to them. The result of pressures in other parts of the system ultimately undermines Scotland's vision for social care, creating perceived need for regulation and scrutiny which undermines autonomy.

Personal Assistant (PA) Workforce Challenges

The PA workforce is a critical workforce in ensuring disabled people can live independently within their communities, reflected in the fact a clear majority of PAs (94%) feel proud to be a PA, an increase from 86% in 2023. Although most PAs year on year have agreed that they feel better valued (51%), fewer PAs feel that their work is better recognised (31%).

Most PAs have job security, with 51% of PAs on permanent contracts. However, a significant lack of contractual clarity persisted for over a quarter (26%) of the workforce. This included PAs with no contract, uncertain terms, or on zero-hours arrangements, which will likely be exacerbated should current trends in direct payment practice continue.

The sustainability of SDS option 1 depends heavily on the Personal Assistant workforce. However, recruitment and retention difficulties continue to affect many parts of Scotland. A large proportion of PAs are nearing or are at retirement age (45%). 34% of responding PAs now fall within the 55–64 age bracket, a 5% increase from 2023, while a further eleven percent are aged 65 or older. Most PAs work part time, with 71% of PAs working fewer than 30 hours per week, and were paid an average of £13.13 per hour in April 2025.

Recruiting more PAs into the workforce, particularly younger PAs, will require conditions for direct payments which mean PA employers can offer PAs attractive working conditions, which are currently undermined by cuts to direct payments.

Although achievements have been made through the PA Programme Board to improve PA recruitment and working conditions, including by listing 1,600 PA vacancies on My Job Scotland in 2025-26, without targeted action, workforce shortages risk limiting the practical availability of SDS regardless of individual entitlement. Choice and control are meaningful only when a workforce exists to deliver the support people require.

Impact on Wider Inequalities

Disabled people face substantial additional costs associated with daily living, which impact on disabled people's ability to access social care Disabled people are particularly impacted in HSCP areas which have social care charging policies for support other than personal care.

- These costs may include increased energy consumption; specialist equipment; transport requirements; higher food and household costs; and costs associated with employing Personal Assistants (PAs).

The cumulative effect can create a significant poverty premium for disabled people and their families. SCOPE's "Disability Price Tag: The Extra Cost of Cuts" report estimated that in 2024 to 2025, disabled households needed on average an additional £1,095 a month to have the same standard of living as non-disabled households. Adult Disability Payment, as of August 2026, covers a maximum of £778.40 per month on an enhanced award. 61% of respondents who disclosed their household income in SDSS' My Support My Choice (2020) research were below the research's poverty threshold.

Carers UK in their "State of Caring: The Cost of Caring in Scotland" (2025) report note that one in five (20%) unpaid carers were struggling to make ends meet but this doubles to nearly half (44%) of those carers in receipt of a means tested benefit with a carer element or addition, such as Universal Credit or Pension Credit. This is exacerbated by social care charges.

At the same time, some people report concerns regarding the interaction between disability benefits and local authority charging policies. This can create a perception that support intended to offset disability-related costs is being used to contribute towards care charges. The overall effect is to increase financial insecurity and undermine the principle of independent living.

The Scottish PA Workforce Survey (2025) evidence shows 81% of the PA workforce is female. Unpaid carers also tend to be women (17% female compared to 13% male in Scottish Health Survey figures between 2021-2024), so the consequences of a struggling social care system are not experienced equally. When formal support is unavailable, responsibility frequently falls upon unpaid carers. Failures within formal social care systems therefore have broader implications for gender equality, employment participation, and household poverty.

Conclusion

Scotland's ambitions for social care remain widely supported, with a human rights focus. However, achieving those ambitions requires recognition that the current system is under significant strain.

The evidence suggests that social care has gradually shifted from a model centred on enabling lives to one increasingly focused on managing minimal resources. The challenge for policymakers is therefore not simply to improve administration but to restore the original vision of SDS legislation for social care: enabling people to live full, independent and connected lives.

Without significant reform, pressures on disabled people, unpaid carers and frontline professionals are likely to intensify. With decisive action, however, Scotland has an opportunity to create a social care system that is both sustainable and true to the principles upon which SDS was founded.

Scotland's SDS Improvement Plan reaches its conclusion in March 2027. The original intent of this strategic driver was to bridge the gap from its publication to the inception of the National Care Service, identifying some improvements that could be made by Scottish Government funded organisations. Those improvements included online SDS information (The SDS Handbooks), the achievements of the PA Programme Board, educational resources and the work of the National SDS Collaboration. These improvements have been made, with measurable impact.

Unfortunately, the enabling context, the wider social care landscape, has deteriorated. It is vital that the National SDS Collaboration co-produce a new national strategic driver, with its cross-sector partnership focus, its Independent Living Movement representation and involvement of disabled people, one that aligns with recommendations coming from the National Care Service Advisory Board, the body of research into Direct Payments, and the outcomes of the recent COSLA/Scottish Government summit on SDS leadership. A national approach to administering direct payments, such as through the Independent Living Fund Scotland, should also be considered to improve people's experiences of direct payments. When there are pressures on one part of the system, remedial action created pressures in other part of the system. An approach which considers the whole system from its earliest stages, in social worker education, to delivery of social care, is vital in realising Scotland's SDS vision for social care.

Written submission for the Health, Care and Sport Committee – Oral evidence, 9 September 2026

Introduction

We are grateful for the invitation to give evidence to the Committee and provide this submission for consideration ahead of the oral evidence session on 9 September 2026. The submission covers our role and responsibilities, and our approach to scrutiny and quality improvement, placed within the wider context of the policy landscape and the challenges and trends we are seeing in social care services. We would be delighted to provide further detail or information on any aspect of the subjects raised in this briefing to support the Committee's work now or in the future.

Everyone will come into contact with social care at some point in their life. As the independent scrutiny, assurance and improvement support public body for social care and social work in Scotland, we undertake the crucial role of regulating and working with services supporting people in their early years through to the later stages of life.

We note the Committee has 'Care' in its title and it is important in any discussion that this term reflects all the sectors we work with across the breadth of our remit. Social care, social work and early learning and childcare are all distinct yet interact and play a vital role in ensuring every one of us gets the care we need throughout the life journey. As we move into the new parliamentary session, we know that the structure and delivery of care in Scotland remain prominent policy issues. Services across various care sectors are facing significant challenges and pressures, including in relation to finances, the workforce, demographic changes and the extent to which social care is valued relative to other services.

Our new Corporate Plan aspires to a sustainable future for social care and social work and we continue to work to understand and reflect the different contexts that services operate within, while placing the outcomes of those experiencing care at the heart of what we do. We will continue to use our evidence to shape our work, share good practice and inform national policy, with the aim that everyone experiences high quality care which meets their needs and respects their rights and choices.

We also note that public service reform is a key priority for the Scottish Government. We stress the importance of ensuring that the value and distinct nature of social care, social work and early learning and childcare are taken into account in any consideration of public sector reform.

We look forward to engaging across a range of policy areas in the coming years, including any further proposals on the future of social care, proposed legislation on

learning disabilities, autism and neurodivergence, school age childcare, continued early learning and childcare expansion and ongoing delivery of The Promise. In relation to a proposed Human Rights Bill, we will continue to engage to help ensure consideration of an oversight duty fully takes into account existing processes and potential resource implications.

Who we are and what we do

The Care Inspectorate is the independent scrutiny, assurance and improvement support body for social care and social work in Scotland. Our wide scrutiny and quality improvement remit takes in services across the life journey, including early learning and childcare (ELC), childminding and school age childcare, services for children and young people, and services for adults and older people. We carry out our functions set out in the Public Services Reform (Scotland) Act 2010 and Public Bodies (Joint Working) (Scotland) Act 2014 and employ around 700 staff across Scotland.

We rigorously monitor services, gathering and analysing data and information, which helps to target our scrutiny and quality improvement approaches and use our resources effectively and efficiently, as well as helping to shape and influence local and national policy and practice.

We have powers to enter premises where services are provided, and to require changes in the delivery of care in regulated care services. We can make requirements for improvement and can take enforcement action where it is identified that people are at risk or their care is not meeting their needs. We have a complaints function for complaints against registered care services; we are the only regulator in UK to have this function.

We work with other scrutiny and improvement bodies, such as Healthcare Improvement Scotland (HIS), HM Inspectorate of Constabulary in Scotland (HMICS), HM Inspectorate of Prisons for Scotland (HMIPS), HM Inspectorate of Prosecution, HM Inspectorate of Education in Scotland (HMIE), to undertake joint inspections looking at how social work and social care is provided by community planning and health and social care partnerships. We also collaborate with the Scottish Social Services Council (SSSC), Mental Welfare Commission and Audit Scotland on shared interests. We work closely with HMIE to support early learning and childcare services to deliver high standards of care, play and education for children. We published our Quality improvement framework for the ELC and childcare sectors in September 2025.

Our new Corporate Plan for 2026 – 2031 has our vision at its core: that everyone in Scotland experiences high-quality, compassionate care, support and learning when they need it, delivered in a way that respects their rights and choices.

We work alongside the Scottish Government to support and advise on legislative and policy changes which seek to strengthen our regulatory approach, including most recently in areas such as fitness of providers, the review of the schedule 12 care service definitions, enforcement powers, child contact service and school age childcare. We have also supported the review of the Health and Social Care

Standards, bringing our unique understanding of the social care landscape to help inform and future proof any changes.

As a particular example, the Meaningful Connection, Visiting and Anne's Law Project was set up by the Care Inspectorate, with funding from Scottish Government, based on the core principle that experiencing connection which is valued, meaningful and person-centred, is essential to everyone's health, wellbeing and personhood, and fundamental to human rights. We welcome the enactment of Anne's Law and we continue to support and promote the importance of all types of meaningful connection for people who live in adult and older people's care homes.

Registration

It is a legal requirement that services providing care must register their service with the Care Inspectorate. During the registration process, we assess how well the proposed service will meet and uphold the needs, rights and outcomes of people experiencing care. Where we determine that a service will be unable to do so, we may move to refuse the application. We also have the ability to apply, agree or impose conditions at the point of registration. This enables us to manage identified risks, ensure compliance with legislative and regulatory requirements, and provide appropriate safeguards to support the delivery of safe, high-quality care. Once operational, providers must apply to the Care Inspectorate to vary their relevant conditions of registration if they wish to make changes to relevant aspects of the service. We undertake an assessment to determine whether the proposed changes can be delivered safely, and whether they will continue to uphold the needs, rights and outcomes of people experiencing care.

We progress all registration and variation applications in line with legislation and the Health and Social Care Standards. As such, due diligence is afforded to ensure any proposed service can, and will, meet and uphold the needs and rights of people experiencing care.

We also investigate illegally operating services, which means we work with services which are operational and have potentially failed to obtain the required registration. If a service requires registration and fails to comply with the process, we may refer them to the Crown Office and Procurator Fiscal Service for potential prosecution.

We support and regulate almost 11,000 services (as at 31 March 2026) across public, private and voluntary sectors:

From 1 April 2027, we will also register and regulate child contact services in Scotland.

Inspection

The Care Inspectorate firmly believes that all scrutiny, assurance and improvement support approaches should be risk-based, proportionate, evidence-led and focused on the experiences and outcomes for people experiencing care. We use our data and information to identify high-risk services and prioritise our work accordingly. Balanced with the statutory inspections required in accordance with legislation, this allows us to tailor our scrutiny and improvement support, and target our resources where they will have the greatest impact on protecting people and supporting improvements in their care.

We inspect using bespoke quality frameworks, which have a primary purpose of supporting services to evaluate their own performance. They are then used by inspectors to provide independent assurance about the quality of care and support. By setting out what we expect to see in a high-quality service, we can also help support improvement. Within our frameworks we have included a scrutiny toolbox, which provides examples of the scrutiny actions we may use in evaluating the quality of provision. We provide resources as key practice documents that we have identified will help care services in their own improvement journey.

All of our inspections focus on the experiences of people and outcomes for people experiencing care, achieved through observation, hearing from people directly, meeting with families and the use of inspection volunteers.

From 1 April 25 to 31 March 26, we completed 4,773 service inspections (an increase of 8% from the previous year) and took robust action, including enforcement where we deemed it necessary to do so, based on the evidence available.

Services are evaluated using a simple six-point scale: unsatisfactory, weak, adequate, good, very good, or excellent. As of 31 of March 2026, 88.1% of registered services were evaluated good or better across all Key Questions, an increase from 86.9% at Q4 2024/25 and 85.2% at Q4 2023/24. However, it must be stressed that this figure covers all evaluated services and that the picture varies across sector and service type. Evaluations are recorded in the service's inspection report and on the Care Inspectorate website, where all inspection reports are published in full.

When a registered care service is inspected and not operating at the standard we expect, we can make formal requirements to improve outcomes for people experiencing care or make areas for improvement. We seek to support improvement, however the responsibility for making and sustaining improvement lies with the provider of the care service. We may also where necessary take enforcement action to improve outcomes for people.

Enforcement

We have enforcement powers to take action where we identify improvement has not taken place and people experiencing care are at risk. We can impose additional conditions of registration, serve formal improvement notices requiring significant improvement within a specified timescale and (subject to appeal to the sheriff) cancel registration if an improvement notice is not complied with. In the most serious cases, we can make an application to the sheriff for cancellation of registration based on the existence of a "serious risk to life, health or wellbeing", or alternatively, impose an emergency condition of registration which remains in place until removed by the Care Inspectorate or the court. Closing a care service is not common and is a last resort.

While we take enforcement action, we support services to improve and make the necessary changes, working with health and social care partnerships, social work and local authorities to support services and ensure outcomes for people improve. Our improvement team also offers support to services where we assess this will improve outcomes.

We have worked with the Scottish Government to enhance our enforcement powers. Under the Social Care and Social Work Improvement Scotland Cancellation of Registration Order 2026, we now have the ability to propose the cancellation of a service's registration without issuing an improvement notice in certain situations; where improvements are made by a service after an improvement notice is complied with but are not sustained, or where we are no longer satisfied that a provider is fit.

A common theme we are seeing across our enforcement action relates to staffing levels, skills and knowledge. We know that providers are struggling to recruit staff, particularly in rural areas, and a lack of the right staff and continuity of staff has an impact on outcomes. Other common themes from requirements issued include quality assurance, care planning, medication management, environment and cleanliness.

Complaints

Almost uniquely among health and social care regulators, the Care Inspectorate has the power to receive and investigate complaints about registered care services. Complaints are an important way in which we can identify issues and support improvement in care quality quickly. A complaints investigation can result in areas for improvement, formal requirements, and where necessary we may take enforcement action. Complaints also help us build a profile of what is happening in care services, informing our scrutiny work in terms of identifying risks, determining the most appropriate intervention and where we need to target resources, prioritising inspections where necessary.

As set out in Complaints about care services in Scotland 2019/20 to 2025/26, we received 5,721 complaints about registered services in 2025/26, an increase of 8% on the previous year, with most of the increase due to a 28% increase in complaints about standalone care at home support services. A total of 4,502 complaints were resolved using our four resolution pathways, with 70% upheld where we conducted an investigation.

We continue to receive and uphold more complaints about care homes for older people than for any other type of service – 71% of care homes for older people received at least one complaint, while 25% had at least one complaint upheld during 2025/26. As with previous years, specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people during 2025/26.

Strategic and joint inspections

In addition to regulated care inspections, the Public Services Reform (Scotland) Act 2010 gives the Care Inspectorate the power to carry out joint inspections with other bodies and report to Scottish Ministers on their findings. These inspections are carried out by our strategic inspectors. This work focuses on scrutiny of services for: children and young people; services for adults; justice services and protection in local authority areas. We undertake thematic work; for example we recently published: Prison-based social work review: Phase 2 report (2026).

We also undertake single agency inspections and national overview reports on particular topics. Examples include: A review of social work governance and assurance in Scotland (2025); Cross-border thematic review (2024); and Disabled children and young people's experiences of social work services: a thematic review (2024).

We also have important responsibilities around quality assurance of learning reviews for children and adults, serious incident reviews (SIRs) (Justice Social Work) and reviewing the deaths of looked after children. With Healthcare Improvement Scotland (HIS) we also jointly host the National Hub for reviewing and learning from the deaths of children and young people in Scotland.

We continue to work with His Majesty's Inspectorate of Constabulary in Scotland (HMICS), HIS and His Majesty's Inspectorate of Education in Scotland (HMIE) in conducting a national review into group-based child sexual abuse and exploitation, as requested by the Scottish Government.

Our strategic inspectors also provide valuable support for improvement to local partnerships. This involves a link inspector role which enables systematic monitoring of improvement in local areas, often following a joint inspection of adult or children's services.

Quality improvement

Quality improvement is integral to our core purpose and key activities, and we work collaboratively with services, providers, partnerships, communities and people experiencing care to build capacity, share learning and support sustainable improvement. We view every interaction with services as an opportunity to improve, while also supporting services and building a culture of continuous improvement through our unique quality improvement function.

Our Health and Social Care Improvement Team provides specialist quality improvement across a range of health and social care priorities, while the Quality Improvement team works with care services, providers and partnerships to develop improvement capability and support sustainable change.

Quality improvement programmes, such as Safe Staffing, Appropriate Adults and Digital Social Care, are uniquely positioned to support system-wide improvement by bringing together policy, practice, evidence and lived experience to address key national priorities across social care.

As set out in our Quality improvement 2025/26 highlights report, we completed 709 quality improvement consultancies between April 2025 and March 2026. The most common topic was medicines, followed by infection prevention and control. Alongside targeted quality improvement programmes, such as the Care Home Improvement Programme, Early Learning and Childcare Improvement Programme and the Promise in Partnership Programme, our universal quality improvement activity included topic-specific webinars, signposting to good practice and guidance on a range of topics.

Participation and Equalities

We put people who experience care services and their carers at the heart of our work. Lived experience is embedded through our quality frameworks, which supports self-evaluation, scrutiny and quality improvement. These frameworks place a strong emphasis on meaningfully involving both people who experience or have experienced care and those who provide care and support. We use a range of methods in this regard, including speaking to people directly, observation, questionnaires and the short observational framework for inspection (SOFI). SOFI was developed by the University of Bradford and, alongside other information ascertained during an inspection, is used to gather additional evidence of the quality of services, specifically exploring the experience of people who are unable to

communicate their views, through speech, signing or alternative tools or technologies.

We also have an inspection volunteer programme, which includes both adult volunteers and young volunteers. Through the programme people with experience of using social care services join our inspectors to review the quality of care in services together. The volunteers also provide valuable input into other aspects of our work such as developing policies, frameworks and strategies.

Equality, diversity and inclusion are mainstreamed throughout the Care Inspectorate's work as a regulator, scrutiny body, quality improvement agency and employer. Through this work we have strengthened rights-based quality frameworks and self-evaluation tools, increased opportunities for people with lived experience to influence inspections, reviews and quality improvement activity, and expanded our volunteer programme to engage more diverse and under-represented groups. We led and contributed to national work on children's rights, restrictive practices, dementia, trauma-informed practice, digital inclusion and adult support and protection, while also improving accessibility through inclusive communications, consultation and engagement approaches.

Digital transformation

We know that digital innovation will play a key role in meeting the objectives of public service reform. The Care Inspectorate is undertaking a major digital transformation project to modernise our legacy systems and improve how we deliver scrutiny and support improvement across social care. We are modernising our digital solutions to better support our regulatory and improvement work.

By leveraging modern digital technologies, we can focus on value-adding activities. This will enable us to target resources and help us to better support services, improve collaboration, and provide faster, more accurate insights to guide decision-making. It is also transforming and consolidating our data, enabling more effective decision making.

The transformation of our digital presence includes a new website (launched May 2026) and a new Manage my Service portal, to be launched in the coming months. The portal is a single, unified platform, which will replace eForms and the Care Inspectorate's Digital Portal following a two-year person-centred project. Manage my Service will simplify how services communicate with us, making processes more efficient and improving security, enabling a focus on improving the quality of care for people who experience care.