

Overview of Adult Social Care in Scotland

This briefing summarises the most recent national data about adult residential and home care in Scotland. It looks at trends in demand and supply, funding, unmet need and the shifting balance of provision based on reports from the Improvement Service and the Accounts Commission/Audit Scotland.

According to the Improvement Service, the social care sector is suffering from “longstanding structural issues such as chronic underfunding, workforce issues, system fragmentation and supply chain limitations”.ⁱ

The market system of care provision and austerity economics are the root causes of these structural issues. However, in recent reports both the Audit Commission and the Improvement Service see the solution as being more of the same: stronger public sector intervention to sustain the market.

DEMAND FOR CARE

Demand for social care from elderly and disabled adults is rising and is projected to continue for the next two decades due to a combination of an ageing population, falling levels of healthy life expectancy and increasingly complex needs. It is the greatest significant source of pressure on Integrated Joint Board (IJB) budgets.ⁱⁱⁱⁱⁱ

- Levels of life limiting ill-health and disability have increased in the population, even in younger age groups, over the past decade.^{iv}
- Up to 2045, the number of people aged 65 and over is set to grow by nearly a third.^v
- In rural and island areas, eg Argyll & Bute, Dumfries & Galloway and the Western Isles, over 65s are already 27% of the population.^{vi}
- An estimated 1 in 25 people in Scotland received social care services funded (wholly or partly) by their local authority in 2022/23. The rate of females receiving care is 1.5 times that of males.^{vii}

Lothian provides an example of the consequences of this. Based on forecast population growth, an additional new medium-sized care home will be needed in Lothian *each year* for the next twenty years – **even after allowing for the continued trend to support more people at home.**^{viii}

Public funding

Collectively IJBs had a projected funding gap of £357 million in 2023/24, representing a 187 per cent increase from the previous year (£124 million).^{ix} Single year funding and the timing of funding settlements from NHS Boards are a major barrier to long term financial or strategic planning of services.^x

Improvement Service data shows councils have protected those areas of social care spending for which they remain responsible, in response to demographic change and central and local government shared priorities. However overall funding is still insufficient for population needs, to the extent that statutory duties are not being met.^{xi xii}

SUPPLY OF CARE

Shift in balance of care

Nationally, over the past 10 years (2013-2023) the number of registered places in care homes has fallen. Places in public sector care homes for older people by 19% and the voluntary sector/not for profit sector by 30%. The number of private sector places increased by only 2%.^{xiii}

IJB spending figures show in practice there has been a shift towards home-based support, with spending on care at home provision continuing to increase significantly faster than spending on care home provision for older people.^{xiv}

- **Spend on care at home has increased by 36% since 2010/11.**
- **Spend on care home provision has increased by 11% since 2010/11.**

However, this increased resource is being spent on a smaller number of people with the most complex needs. In other words, IJBs **are not yet delivering the step change from hospital to community-based care, or from acute care to prevention that was promised when they were set up in 2016.**^{xv}

At a local level the balance of care between residential and homecare varies considerably, reflecting local need, demographics, geographic challenges and local cost pressures. As does the balance of care provided by the public, private and third sectors.^{xvi} This includes areas such as Hospital Based Complex Clinical Care (specialist dementia care) and intermediate care (step up, step down) traditionally provided within the NHS, but in parts of the country now wholly or partly outsourced to the private care sector.

Trends in unmet needs

The long-term trends show a shift in the balance of care towards home-based support. But budgets are not sufficient to meet current (and growing) need for care and so care provision is rationed by social work services using Care Management.^{xvii} The outcome is scarce resources are concentrated on the most acute need leaving 'lower level' needs unmet. Intentionally not meeting need (e.g. through recruitment freezes, waiting lists, raising eligibility criteria) has become a standard way to manage the 'budget gap'. Audit Scotland says non-filling of vacancies/understaffing is responsible for the majority of IJBs being able to report a budget surplus in the most recent year.^{xviii}

Improvement Service data in 2022/23 demonstrates that resource is being concentrated on fewer people with the greatest needs. It provides clear evidence of current system pressures creating unmet need. However, only certain types of unmet need are being recorded. Figures for the areas of recorded need show that significant capacity issues are contributing to the delivery of:

- fewer hours of care at home (-2.5% in 2022/23),
- fewer people receiving personal care at home National Benchmarking Overview Report 2022-23 -0.4% in 2022/23) and;
- increasing delayed discharges (up 23% in 2022/23).

- In Oct 2024, 5,987 people were waiting on a social care assessment to enable them to live independently at home, so over-stretched are social work services which include Occupational Therapists in social work teams;
- An additional 3,220 people were estimated to be waiting to receive a care at home package after being assessed (note, this is just those who meet the very high threshold).^{xxix}
- **Because of this**, since 2011 the number of unpaid carers in Scotland has grown by a quarter (+28%, or +135,500) and stood at 628,000 in 2022.^{xx} Unpaid carers are disproportionately in the most deprived communities and mostly female. The Feeley Review estimated the value of this unpaid care as £36 billion per year.

These trends add to growing concern about levels of growing need within communities.

Trends - private sector dominance

The private sector has consolidated its dominance of residential care in recent years.

Its share of the care at home market has also grown as providers follow the money and the shift in public policy towards supporting greater numbers of people to live at home.

Residential Care

- **Care Homes:** Between 2013 – 2023, the proportion of care homes for older people run by the private sector increased from 69% to 76%.
- **Care Places:** At 31 March 2023, there were 40,502 registered places in care homes for adults of which **79%** were in the private sector (up from 74% in 2013), 10% in the voluntary/not for profit sector, and 10% in the public sector.^{xxi}
- **Care Residents:** Between 2013 – 2023, the number of residents in private care homes increased slightly by 1%, whereas the number of residents in public sector care homes fell by 22% and the number in voluntary sector care homes by 31%. (PHS Care Home Census).

Care at Home

- At Sept 2024, registered care at home providers were 45% private, 40% vol org, 14% council & 1% NHS.^{xxii}
- The percentage of providers who are private, for profit operators **grew from 36% to 45%** between 2017 and 2024.
- Scotland's largest and fastest growing private home care provider CERA Healthcare is private equity backed and employs more than 1,000 workers in Scotland.
- The number of registered voluntary sector providers declined from 51% to 40%, while council providers increased from 12% to 14%.

Care for profit - evidence

- Analysis of Care Inspectorate data in Scotland has found that "Public and third sector providers were rated considerably higher than their for-profit counterparts on most observed outcomes".^{xxiii}
- Private care operators in Scotland had **nearly three times the rate of complaints** per care home as those in the public or third sector between 2020-2023.^{xxiv}
- In older people's care homes, staffing resources are 20% worse in the private sector compared to the not-for-profit sector.^{xxv}
- The growth in outsourcing of care provision has coincided with a care crisis and worse quality of care.^{xxvi}

For further information please contact:

Susan Galloway s.galloway@unison.co.uk
Bargaining & Campaigns Team

Further reading

[UNISON Scotland Briefing 146](#)

[National Benchmarking Overview Report 2022-23](#)

[Audit Scotland, IJBs Finance & Performance 2024](#)

[Scottish TUC reports on social care](#)

ⁱ [National Benchmarking Overview Report 2022-23](#) p.45

ⁱⁱ [National Benchmarking Overview Report 2022-23](#)

ⁱⁱⁱ In 31/32 councils, the budget for adult social care is delegated to Integrated Joint Boards (IJBs). Highland has announced it is moving to the IJB model. IJBs are responsible for the governance, planning and resourcing of adult social care services.

^{iv} <https://www.scotlandscensus.gov.uk/2022-results/scotland-s-census-2022-health-disability-and-unpaid-care/>

^v [Integration Joint Boards' Finance and performance 2024 | Audit Scotland](#)

^{vi} Mid-2022 Population Estimates, Scotland, National Records of Scotland, March 2024.

^{vii} [People and Services; Support provided or funded by local authorities in Scotland 2022/23](#)

^{viii} <https://democracy.edinburgh.gov.uk/documents/g7045/Public%20reports%20pack%2017th-Jun-2024%2010.00%20Edinburgh%20Integration%20Joint%20Board.pdf?T=10>

^{ix} [Integration Joint Boards' Finance and performance 2024](#) p.21

^x [Health, Social Care & Sport Committee, Pre-Budget Scrutiny 2025-26](#) pp.10-18.

^{xi} [National Benchmarking Overview Report 2022-23](#) i.e. those areas not delegated to IJBs/not part of local integration schemes.

^{xii} Council spending on social care has increased by 29% in real terms since 2010/11. This is despite the budget allocated to councils by the Scottish Govt increasing by only 1.3% in real terms over this period. The Scottish Government's own budget increased by 37% in real terms in this period.^{xiii} The prioritisation of education and social care including child protection, has meant heavy cuts for other council services, e.g. -35% in street cleaning, -27% in planning, and -26% in environmental health since 2010/11.

^{xiii} [National Benchmarking Overview Report 2022-23](#) p.45

^{xiv} [Integration Joint Boards' Finance and performance 2024](#)

^{xv} [Integration Joint Boards' Finance and performance 2024](#)

^{xvi} <https://www.stuc.org.uk/resources/profitting-from-care-report.pdf> p.11

^{xvii} [UNISON Scotland \(2024\) Care Management: Fit for Purpose?](#)

^{xviii} [Integration Joint Boards' Finance and performance 2024](#) p.16

^{xix} [People requiring a social care assessment and care at home services 29 October 2024 - People requiring a social care assessment and care at home services - Publications - Public Health Scotland](#)

^{xx} <https://www.scotlandscensus.gov.uk/2022-results/scotland-s-census-2022-health-disability-and-unpaid-care/>

^{xxi} <https://publichealthscotland.scot/media/23637/2023-11-21-care-home-census-report.pdf> 2023 Care Home Census, Public Health Scotland, Nov 2023.

^{xxii} Care Inspectorate, Quarterly Statistical Summary Reports. [Quarterly Statistical Summary Report - Qtr 4 \(2016/17\)](#)

[CI Stats Report Qtr2 24 25.pdf](#)

^{xxiii} [Does sector matter for the quality of care services? A secondary analysis of social care services regulated by the Care Inspectorate in Scotland | BMJ Open](#)

^{xxiv} <https://theferret.scot/tax-haven-care-homes-hundreds-of-complaints/> Based on analysis of Care Inspectorate data.

^{xxv} <https://www.stuc.org.uk/resources/profitting-from-care-report.pdf> p.

^{xxvi} <https://www.bmj.com/content/387/bmj-2024-080380>