

Social Care Analytical Unit: Areas Of Research Interest 2026-2029



Health and Social Care

Contents

Aims.....	3
Introduction.....	3
Adult social care in Scotland.....	4
ARI key topics and associated questions.....	8
1. Understanding need, unmet need, prevention, and early intervention in social care 8	
2. Access to care and understanding how social care is distributed across the population, and impact of access to care.....	10
3. Developing the evidence base on the socio-economic value of social care.....	12
4. Research about unpaid carers.....	13
5. Research about community-based social care.....	14
6. Research about adult care homes and residents.....	15
7. Research about the social care workforce.....	16
8. Improving social care data.....	17
9. Cross cutting themes.....	18
Getting in touch / Working with us.....	20
Tools, methods, and disciplinary approaches.....	22
What types of evidence do we use?.....	22
Supporting Research: information on current work.....	23
References.....	26

Aims

The aims of this document are to:

- Summarise the priority research themes that the Scottish Government's Social Care Analytical Unit is focusing on to build a stronger evidence base for social care.
- Encourage dialogue and collaboration with researchers to share knowledge and ideas.
- Support researchers to understand how they can share their work with the Scottish Government and help inform decision-making.

Introduction

Areas of Research Interest (ARI) publications set out research priorities that have been identified for a policy area. They highlight the Scottish Government's evidence needs to those with an interest in policy and research, to promote the alignment of research with real-world policy needs. An ARI is not a statement of policy priorities, nor a commitment to commissioning research, but makes research priorities visible to institutions and funders.

This publication sets out the current ARI for the Scottish Government's Social Care Analytical Unit (SCAU). SCAU is part of the Scottish Government's Health and Social Care Analysis Division. It is responsible for developing and communicating the evidence base for adult social care in Scotland, to support policy making. The unit is made up of social researchers, statisticians, economists and operational researchers, who abide by professional codes of practice¹. SCAU works collaboratively with social care policy teams, other analysts, finance, service designers and external partners such as Public Health Scotland.

This ARI focuses on adult social care and the people who use or provide it, including the workforce and unpaid carers. It focuses on research priorities, knowledge exchange, making the best use of existing data and data improvement opportunities. The broad scope of the ARI is reflective of the scale and complexity of social care, and the diversity of the ways in which it is delivered and of people who are supported. We have prioritised strategic and cross-cutting research, where there are gaps in data or evidence, and where we need to deepen our understanding to support policy and service improvement. There is scope to address these themes through both the synthesis of existing research and through the development of new research.

This ARI is set out in the form of themes and research questions, which are not listed in any order of priority. However, research and evidence which are relevant to the implementation of the [Care Reform \(Scotland\) Act 2025](#) is considered as being of

¹ For example: [Code of Practice for Statistics](#) and [Government Social Research Code](#)

strategic importance. The majority of the themes and questions are relevant to all forms of care as they are delivered and should be considered as applying to care at home or in the community or in residential settings. There are also themes that highlight specific considerations for different aspects of how social care is delivered.

The research themes in this document reflect current strategic evidence priorities, but the list is not exhaustive. They are designed to remain relevant over time and therefore are not linked to individual policy programmes. The themes focus on areas where further research would add the most value to long-term understanding of social care to inform policy development. These priorities may evolve over time as the evidence base and wider context develop.

The ARI covers the period from Spring 2026 to Spring 2029, at which point it will be reviewed. The review will take into account ongoing policy development and requirements, as well as feedback on the extent to which this ARI has delivered its aims.

The ARI is for anyone with an interest in social care research and policy in Scotland. We hope this document helps researchers and funders to focus on the kinds of research that could make the biggest difference to future government decisions.

This is not a call for bids or research proposals and it does not have any funding attached to it. It is separate from the work of the [Chief Scientist Office](#) to support research development in Scotland.

Adult social care in Scotland

This short overview of adult social care in Scotland describes social care and sets out the context for this ARI and its research themes. It summarises evidence about social care and the strategic and cross-cutting challenges facing social care policy and delivery in Scotland (now and into the future), outlining the role and importance of research and evidence to inform policies and decision making.

Social care supports people with daily living so they can be as independent as possible. It can also help people who look after a family member or loved one, as an unpaid carer. Social care is provided in the community, in people's homes and in residential settings. Social care support is delivered in a diverse range of settings by a wide range of providers, supporting people with a variety of different needs and it interacts with healthcare and with other community services.

The need for care

Research plays a vital role in evidencing adult social care policy now but also how policy may need to evolve into the future. The demographics of Scotland, the population's

health, opportunities to access support, how we live in our communities, ability to care for others, and expectations are also evolving, and this all impacts on the need for adult social care and how it is designed and delivered. There are also a range of challenges facing adult social care, some of these are summarised below for context.

Current situation

While many services are delivering high quality care¹, there are a range of existing pressures² relating to, demand^{3,4,5}, workforce availability⁶, culture⁷, economic and financial constraints⁸ which are impacting on meeting the care needs of Scotland's population. Some of the challenges particularly impact on the shorter term demand and availability of care, for example increasing demand around winter and other year-round surges.

Scotland has the widest socio-economic inequalities in health⁹ of any country in Western Europe. While life expectancy varies between geographical areas, like local authorities and health boards, the difference in life expectancy is far greater when levels of deprivation are taken into account. These differences have an impact on the need for care. Furthermore, the proportion of individuals who have two or more medical conditions simultaneously (referred to as 'multimorbidity') has risen across high income countries, including the UK¹⁰, partly reflecting increases in life expectancy across recent decades. Projections suggest that this trend is set to continue¹¹. While these trends reflect the ageing profile of populations, it is important to note that multimorbidity is not restricted to older people¹².

The financial challenge facing the social care sector is high with increased demand for services¹³, growing complexity of needs^{14,15}, new technologies¹⁶, cost of living¹⁷, gaps in service provision, increasing spend and rising workforce costs across areas including pay and national insurance¹⁸. The financial challenges will impact local areas differently reflecting how adult social care is delivered across Scotland.

Many services report challenges filling jobs¹⁹ due to various reasons including low pay, antisocial hours and difficult working conditions²⁰.

Access to care services can also be a challenge for many people. Analysis of survey results²¹ over time shows that positive sentiment towards experiences of receiving help, care or support has generally decreased from 2015-16 to 2023-24.

For the first time in the Health and Care Experience Survey in 2023-24, people who reported needing help, care or support with everyday living were also asked directly about their experience of unmet need. This included both those who reported receiving some form of support but still felt that their needs were not fully met, and those who reported that they were unable to access any support. Those who did not feel that they were receiving all the help that they needed were asked which options best described

their situation. Among those people who responded, 44% of people who felt that they needed more help and care weren't sure if they were eligible for more, or any, support, 34% did not know how or where to ask for help, and 17% reported they did not qualify for services.

Not all adult social care is free in Scotland. Therefore, the ability to pay²² for adult social care may also be a challenge for some people in accessing services and support.

The future

The population of Scotland is ageing and changing²³. In 2022, adults aged 85 or older comprised only around 3% of the adult population. This is projected to double between 2025 and 2047²⁴. The proportion of Scotland's population of working age is not expected to increase.

With an ageing population the disease burden is expected to increase. The burden of disease is a measure of how disease and injury prevent us living longer and healthier lives. The proportion of individuals who have two or more medical conditions at the same time has increased in recent years and the burden of disease is expected to increase by around one fifth (21%) by 2043, especially for those aged over 65²⁵.

This support for increasingly complex needs is expected to potentially increase demand for services^{26,27} and require more holistic, person-led, coordinated care.

Additionally, any increase in the population's expectations for health and care provision or rising needs for diverse groups within the population could further increase the demand for support.

Older people are more likely to live alone. Women are particularly impacted by this because they tend to live longer²⁸. Single person households are projected to continue to increase. This is mainly due to the growth in the number of older people, as older people are more likely to live alone or in small households²⁹.

The ageing population means more people are living longer with long-term limiting illness and need to be cared for. Census data shows that the number of unpaid carers in Scotland was 627,700 in 2022, having increased by 27.5% (135,500) since 2011³⁰. Older people are more likely to be carers themselves, often caring for partners, younger family members or, in some cases, their parents, which has an impact on their own health and wellbeing³¹.

Scotland's budget, and within that the amount given to health and social care will likely remain very constrained into the future³².

Digital and technology enabled care can support services by changing the way things are done. Developing these approaches and other new efficient and effective models of care, along with the evidence base on how these can be applied, will impact how care is

delivered in future. This includes the potential for more prevention and early intervention approaches, to provide care and support earlier to people where it is needed.

ARI key topics and associated questions

This social care ARI covers a range of themes and topics, organised as follows:

1. Understanding need, unmet need, prevention, and early intervention in social care
2. Access to care and understanding how social care is distributed across the population and the impact of access to care
3. Developing the evidence base on the socio-economic value of social care
4. Research about unpaid carers
5. Research about community-based care
6. Research about care homes and residents
7. Research about the social care workforce
8. Improving social care data
9. Cross cutting themes

The ARI themes can be considered from the perspectives of people accessing care and support, unpaid carers, the workforce, the care market, the wider system, and equalities. Each theme could be approached by considering both a population and/or a setting. These settings can include individual homes, the community, care homes, and prisons. In addition to these underpinning elements, we have also highlighted other cross-cutting issues of interest in the final theme.

We also have a general interest in learning about innovative or emerging best practice of relevance to national policy and how this learning can be applied in an adult social care policy context. Learning from other UK and international approaches to social care reform and to the future planning and delivery of care is also of interest.

1. Understanding need, unmet need, prevention, and early intervention in social care

We want to increase our understanding of adults' need for social care support in Scotland as well as adults' social care needs that are not currently met (unmet needs). This is a complex research area that has relevance across all areas of adult social care policy development. Robust definitions and measurement are critical to enable insights into variations and influencing factors.

Defining and measuring need and unmet need

Specific research questions include:

- How can we best define social care need and unmet social care need?
- How can we best measure social care need and unmet social care need?

Understanding the level and variation in need and unmet need

Specific research questions include:

- What is the level of social care need and unmet social care need amongst adults in Scotland, and how does it vary by demographic groups, client groups (e.g. older people, people with dementia, learning disabilities, physical and sensory disability², people at the end of life), people with multimorbidity, equalities protected characteristics, and geography?
- What are the factors associated with higher than average levels of unmet social care need and how strong are their effects? (e.g. household composition, geographic location, presence of specific conditions and/ or disabilities, equalities characteristics etc.)

Understanding changing needs over time

Specific research questions include:

- How has the level of adult social care need and unmet social care need varied over time?
- How will adult social care need change into the future given population changes? These kinds of population changes could include: increasing levels of multimorbidity (including in younger adults), changes in household structures / access to a carer (e.g. single person households, older people without children), and housing supply (e.g. rented accommodation which cannot be adapted).
- How can we better understand (by geography) future demand and supply, to help plan for the delivery of social care?
- How we can fund, organise and envisage the role of adult social care to meet future population needs? What can we learn from international approaches?

Understanding prevention and early intervention in adult social care

Specific research questions include:

- How have the terms 'prevention' and 'early intervention' been defined and understood across adult social care settings?
- What approaches have been implemented to contribute to a shift from crisis care towards preventative care and early intervention?
- What cross-cutting transferrable lessons can be drawn from preventative and early intervention approaches taken across the adult social care sector?

² The client groups wording here is from the Social Care Insights Dashboard and Care Home Census

- How can the further integration of health, community, and social care systems support tangible shifts toward prevention and early intervention in adult social care?
- How can commissioning and procurement be used to support the delivery of prevention and early intervention in adult social care?
- What are the barriers and enablers to the successful implementation of preventative and early intervention approaches in adult social care? How do these barriers vary for workforce, commissioners, and individuals receiving care?
- How might preventative and early intervention activity be measured across the sector?
- What are the equity considerations in implementing and measuring prevention and early intervention in social care?
- What impacts do prevention and early intervention have for those receiving and providing care, planning and commissioning services, and interactions with other services?

2. Access to care and understanding how social care is distributed across the population, and impact of access to care

Statutory adult social care is overseen and administered by local authorities, who provide data on this provision. However, this data is complex, and at times non-comparable or incomplete. There is also a substantial portion of the population who may access social care support outwith statutory provision, through privately funding part or all of their own care, as well as receiving support from unpaid carers. These individuals are often invisible in datasets that seek to track social care clients.

We want to increase our understanding of who accesses what kinds of social care, where, when, and how. Understanding how people are accessing social care includes understanding how social care operates as part of the wider system of health and social care and where there are opportunities to strengthen access through further integration of services. This could include for example, evidence on the application of the [GIRFE \(Getting It Right For Everyone\) principles](#).

Understanding the support that people receive

Specific research questions include:

- What is the full range of adult social care support that people in Scotland currently receive, how does this vary for different groups (e.g. age, type of social care need) and how does this vary across Scotland?

- How does the social care market currently operate in Scotland in terms of the services which are commissioned and procured? What are the gaps and pressures in the social care market? What are examples of good practice models?
- How does adult social care support complement other community health support and wider services (for example housing and housing support) in meeting needs?
- How do statutory adult social care support services combine with other statutory support (including but not limited to community health services), unpaid care, and self-funded care in meeting adults' care needs?
- What is the role of self-funding of social care and how does this compare to and interact with the publicly funded market and with unpaid care?

Effectiveness and sustainability of social care support

Specific research questions include:

- What can we learn from the research literature about sustainable social care services for example in remote rural locations, communities with population decline or areas with a rapidly ageing population?
- How effective are different social care pathways for improving service users' experiences and outcomes?
- What social care approaches and initiatives are effective in improving people's care and outcomes and experiences?
- How can technology support the provision and receipt of social care (including personal care, but also wellbeing and social connections)?
- To what extent does the impact of social care support in enabling people to remain living independently at home vary across social, demographic and geographic factors?
- What impact do social care services have on interactions between individuals and health services, and how does this influence health and social care needs / trajectories?
- How do health and social care pathways vary for different demographic groups (age, region, need, experiences, client groups and service users)?
- How can market shaping support the effectiveness and sustainability of social care? What is the evidence of where and how this has been used in practice?

Understanding health and social care integration

Specific research questions include:

- In what ways is the delivery of integrated health and social care helping to meet people's health and care needs, and where is further improvement needed?

- How are the boundaries and transitions between health and social care experienced by people accessing social care support, unpaid carers and health and social care services? What are the variations in outcomes and impacts?
- What kinds of models of care and support enable more timely discharge from hospital?
- What role does social care play in preventing the need for hospital admission?
- What is the role of culture as an enabler of change and integration?
- What cross-cutting lessons from the experience of delivering integrated health and social care can be applied to strengthen future policy and practice?

3. Developing the evidence base on the socio-economic value of social care

Adult social care plays a critical role in supporting the health, wellbeing, and independence of Scotland's population, particularly among older adults and those with long-term conditions or disabilities.

As Scotland faces demographic shifts – notably an ageing population – the demand for adult social care services is expected to rise significantly. This trend presents both challenges and opportunities for the public sector, which has a vested interest in ensuring that care provision is sustainable, equitable, and economically efficient.

However, the economic value and social value of adult social care – which can help decision makers – is not fully understood, with existing datasets often being fragmented, inconsistent, or lacking in granularity. This can make it difficult to accurately quantify the full economic costs and benefits of care provision, the social value of care to service users and communities, assess the long-term value of different care models or understand the indirect economic impacts, such as on unpaid carers, workforce participation, and healthcare system pressures.

We, therefore, want to progress towards addressing these gaps in evidence base and understanding.

Specific research questions include:

- What is the economic value, both direct and indirect, of adult social care to Scotland's national economy?
- What are the estimated economic costs of social care in Scotland, including both direct and indirect costs?
- How do the costs and benefits vary between different social care services and models of care? What are the supply and demand factors that influence this?
- How are the cost and benefits associated with adult social care expected to change over time and what are the determining factors of this change?

- How does investment in adult social care affect health service costs and outcomes?
- What are the costs and benefits associated with preventative approaches for long term conditions?
- What is the economic evidence of unpaid care and for the support for unpaid carers?
- What are the economic benefits of digital transformation in the Scotland's adult social care sector?
- What are the savings to the health and social care systems by unpaid carers being supported to look after their own wellbeing and therefore continue caring for longer?
- In what ways and how do individual care needs and the associated costs change over time?
- How does the social care market currently operate in Scotland in terms of the services which are commissioned and procured? What are the gaps and pressures in the social care market? What are examples of good practice models?

4. Research about unpaid carers

We are interested in developing the research evidence around unpaid care givers (including young carers) and for those who receive unpaid care. The impacts of unpaid care are known to be significant, ranging from physical health and emotional wellbeing, to impacts on finances and economic activity. It is vital to understand these impacts, to feed into policy decisions and target additional support where it is most needed.

Unpaid carers provide a significant amount of support that is not currently accounted for within the social care workforce more generally. As such, quantifying the amount of people providing care, and the amount of care they provide, is vital to enable efficient and accurate workforce planning and projections moving forward.

Unpaid carers provide support which also impacts on the amount and type of formal care someone receives; therefore, unpaid care is an important factor across many of the themes found in this ARI.

There are various datasets covering the provision of care ([Scottish Health Survey \(SHeS\)](#)) and experiences of carers ([Health and Care Experience Survey \(HACE\)](#)), [Carers Census](#)), however the data landscape is not consistent and some data sources represent specific sub-groups of carers, and as such, it can be difficult to draw conclusions based on these sources on the entire caring population.

Specific research questions include:

- What kinds of support enable carers to continue caring?
- What are the health and wellbeing outcomes for unpaid carers and how does this vary with the types of caring role; caring intensity; support being in place; employment status; and benefit uptake?
- What is the relationship between unpaid carers and those they provide care to; particularly when a carer provides support to multiple people? Including whether support is typically provided within the household (i.e. children, spouse), outwith the household (i.e. parents, neighbours), or both.
- What are the costs and benefits of support for unpaid carers, particularly short break support? How do the costs of delivering such support compare to the benefits for carers (which could relate to carer wellbeing; improved outcomes for the cared-for person; carers accessing employment; and savings to the health and social care system due to maintaining caring relationships).
- How do the education and employment outcomes for young carers compare with those who have not had caring responsibilities? How has this changed over time?
- What are the employment outcomes for unpaid carers and how does this vary with the types of caring role, caring intensity, and other support being in place?

5. Research about community-based social care

Social care support is delivered in a diverse range of settings by a wide range of providers, supporting people with a variety of different needs. Increasing our understanding of the ways in which social care is delivered is of relevance to several policy areas. This theme highlights some questions about understanding the role of community support in meeting people's care needs. However, many of the questions in the ARI themes can be applied to different care settings including care at home and in the community and can be considered alongside this theme. Specific research questions include:

- How is community-based social care defined and understood?
- How do people currently access community-based social care and how does that differ across Scotland?
- What is the impact of community-based social care in supporting people's outcomes and how does this compare to other types of social care support?
- How do informal forms of community support interact with adult social care, and what is their impact in supporting people?

6. Research about adult care homes and residents

We are interested in developing the data and research evidence around adult care homes and care home residents. The adult care home sector in Scotland provides care for adults and older people, individuals with learning and physical disabilities, neurological conditions, mental health conditions and brain injury. Some care homes also provide intermediate care and respite services for people on a temporary basis. Across each of these groups the health and care needs of those living in adult care homes is becoming more complex and requires more specialist interventions.

Understanding the role of adult care homes and the needs of residents

Specific research questions include:

- What is the future role of care homes as part of the provision of social care and support?
- How does the care home market in Scotland currently operate and what are the opportunities and challenges for meeting current and future social care needs?
- How are the needs of care home residents changing over time and how does this reflect changing needs and access to care in the community? What implications does this have for future care home demand and service provision?
- How can care homes help to maintain / improve the quality of life for the people who live there including supporting meaningful connections? What are the barriers and enablers?
- What supports people to live well in care homes? What are the barriers and enablers? How does this vary for different groups (for example people with learning disabilities, people with dementia, younger adults).
- How do multidisciplinary teams support people to live well in care homes? What are the barriers and enablers?
- What is the role of care home collaborative/support teams in enhancing care for people living in care homes?
- How can care homes support person-led approaches for people living in care homes?
- What role do care homes have in meeting people's health and care needs?
- How can temporary care home placements contribute to meeting care and support needs (including residential respite, reablement and intermediate care)?
- What are the differences in the needs of, and health and care outcomes for people with different pathways in and out of care homes?
- What are the challenges and opportunities for the current capital expenditure investment models for care homes for adults?

- What type of workforce and how many staff will care homes need based on the demand for places and the needs of residents? How is this projected to change over time?
- What is the public perception and attitudes towards care homes? How does this inform care planning and decision making?
- How can the experiences and outcomes for people living in care homes be measured and understood?
- What facilitates and impedes decision-making about a move to a care home?
- How much do care homes cost individuals and the state?
- How can understanding of the financial operations of the care home sector be improved?

Improving care home data

The [Care Home Data Review](#) (CHDR) was a multi-agency (Scottish Government, Public Health Scotland, and Care Inspectorate) review of the national data landscape relating to care homes for adults. The [report](#) from the first phase of the Care Home Data Review outlined a number of recommendations around ensuring a coherent and insightful suite of data collections, reducing the burden on data providers and meeting the existing and emerging needs of data users. Work on implementing the recommendations from the review is being taken forward by the Care Home Data Working Group, with representatives from across the care home sector. There are also opportunities for the research sector to help develop care home data through, for example, methodology development.

Specific research questions include:

- Who lives in a care home (including short term and respite stays)?
- How can we improve the completeness and accuracy of care home data through data linkage and better estimation techniques?
- How can the complexity of resident care needs be measured in care homes to inform skills mix, staffing levels and resources?
- How can we capture information and intelligence on the outcomes that matter for people living in care homes?

7. Research about the social care workforce

The social care sector is a major employer in Scotland and the number of people employed in adult social care has increased over the past decade. Population projections suggest that Scotland is likely to have more older people and fewer younger

people in the coming years, which has implications for the future supply of, and demand for, adult social care. The social care workforce is critical to the delivery of high quality, person-centred and sustainable care in Scotland but there are significant challenges facing the sector. Specific research questions include:

- What are the evidence-based approaches to improving and supporting recruitment and retention in the adult social care workforce?
- What approaches to social care workforce development, in Scotland or elsewhere, support high quality care and job satisfaction?
- What evidence is there of using person centred approaches to support staff and improve recruitment and retention?
- How can the social care workforce be empowered and supported to enable research and improvement?
- How can the expertise of the social care workforce be used to support innovation and develop good practice?
- What is the role of technology in supporting the social care workforce and what are the barriers and enablers for workforce adoption of new technologies?
- What is the role of the social care nursing workforce within the provision of social care?
- What type of workforce and how many staff will the social care sector need based on the demand for services and the needs of service users in the short, medium and long term?

8. Improving social care data

Improving social care experience data

Understanding how people experience social care – either as people accessing or providing care and support – informs our evidence of what is working well for people, where there are challenges, and what factors influence positive and negative experiences. This evidence will guide future improvements and help us understand how existing policies, standards and outcomes are being put into practice. Survey data, qualitative research and mixed methods can all contribute to the improvement of social care experience data.

Specific research questions include:

- How do people experience the initial point of access to social care and how do they feel about how their needs were met?
- What are the key factors that influence social care experiences?
- How do experiences of accessing and providing social care vary by type of support, for different demographic groups and by geography?

- What are people’s experiences of different care pathways and transitions between services and how do these vary for different demographic groups and by geography?
- What are the experiences of people who provide unpaid care and how do these vary by demographic groups, protected characteristics, type of caring relationship, intensity of caring, and geography?
- How can the full range of social care outcomes be operationalised and measured (for example quality of life and wellbeing)? What are the advantages and disadvantages of different approaches?
- How does the staff recording of outcomes and experience data for the cared person impact on staff outcomes (for example perceptions of their role and role satisfaction)?

Improving other social care data

We are interested in research projects which can provide evidence and learning to improve qualitative and quantitative social care data and how these can be harnessed more effectively to inform social care policy making. For example: using data linkage to improve data quality / analysis, creating longitudinal datasets (including innovative longitudinal surveys with qualitative data collected from sub-samples), developing survey data and methods, improving metadata, standardisation and reuse of social care data for statistical and research purposes.

9. Cross cutting themes

In addition to the areas listed above we have a cross-cutting interest in:

- health, wellbeing and social care (e.g. dementia related research, learning disabilities related research, whole systems approaches)
- rurality and regional differences in Scotland, in terms of service and carer availability, access, and workforce issues
- research and data about frailty in social care service users
- research about loneliness in relation to social care need and support
- research on independent advocacy
- the value of the relationship between the provider/ staff/ carer and the cared for person in supporting outcomes
- climate change in relation to social care
- knowledge mobilisation in social care (i.e. how is evidence shared and spread within and across social care for maximum benefit and impact)
- methodological innovations to address evidence gaps
- innovative and emerging best practice (including technological innovations)

- intervention and evaluation evidence including evidence supporting scale up and spread

We are aware that the research areas set out above are closely linked and many overlap. Research projects that cut across identified topics are both helpful and impactful.

Furthermore, some proposed projects might also relate to areas outwith social care, for example, inequality, social security or housing. We see the benefit in such cross-cutting research and such projects can underpin and inform government policy.

Getting in touch / Working with us

General information on the Scottish Government approach to academic engagement is available in the [Academic Engagement Fact Sheet](#).

How to contact us

SCAU are keen to hear about the research that comes from this ARI. We are a small team and will endeavour to engage with the research community when we can. If you wish to discuss any aspects of this ARI, or the engagement information set out below please contact: arias@gov.scot. SCAU analysts will aim to provide an initial response within 20 working days. If you are contacting us please provide brief background on your organisation, your specific request and how it is aligned to the ARI. We will take into account policy alignment and priorities, purpose, timescales, ethical considerations, and availability of relevant capacity and expertise within SCAU when responding.

Stakeholder Engagement

Existing Stakeholder Engagement

Advisory Groups and Working Groups

Advisory Groups and Working Groups are commonly used in the Scottish Government to bring people with a range of expertise together to advise or assist in taking forward a project. Analytical working groups draw upon expertise provided by the wider research community. The groups can be short term or longer term.

Administrative Data Research (ADR) Scotland

[ADR Scotland](#) is a partnership that brings together specialists from the Scottish Government's Data for Research and Data Sharing Legislation Unit and academic researchers at the [Scottish Centre for Administrative Data Research](#) (SCADR). Together, they are transforming how public sector data in Scotland is curated, accessed and explored so it can deliver its full potential for policymakers and the public.

As part of this programme of work, ADR Scotland has developed a series of spotlight sessions to provide a platform for researchers, analysts and policymakers to showcase innovative research practices, explore existing and emerging datasets, and identify data and evidence gaps and priorities within specific policy themes. The series also encourages participants to propose new data linkage research ideas and projects that can provide valuable insights for novel policy solutions and impact.

SCAU has developed a programme of work with ADR Scotland focusing on adult social care and carers. This includes the 2025 'Data with Impact' event on Adult Social Care, as well as work to enable national social care data to become more accessible for

researchers via the Scottish National Safe Haven. A report from the Social Care event can be found [here](#).

In their new investment period (2026-2030), ADR Scotland will establish multi-disciplinary groups to progress their five strategic research themes, including one on Health, Mental Health and Social Care. These groups will be supported by communities of practice, a suite of resources and an end-to-end supported service to help researchers and policy colleagues identify priority datasets for ingest and/or develop policy-responsive research projects using administrative data.

The ADR Scotland Engagement and Impact Team would welcome involvement in any of these elements. Please contact: ADRScotland@gov.scot.

Anticipated Stakeholder Engagements

Collaborating and sharing knowledge across the social care research community, the wider research community, the social care sector, policy makers and beyond are an integral part of the work of SCAU. There are a number of ways in which SCAU currently facilitate and benefit from collaborating with the social care research community.

Disseminating research to policy teams

There are numerous ways in which researchers can present their work to Scottish Government policy and analysts. For example, by providing an accessible research summary of key findings, presenting via established learning and development seminars, to bespoke spotlight presentations or roundtable discussions. SCAU can facilitate links between external researchers and Scottish Government colleagues on topics of relevance to policy making (and in some cases with colleagues from other public sector bodies with an interest in social care).

Workshops / seminars / conferences

SCAU is open to opportunities to participate in relevant events hosted by other organisations involved in research (for example presenting, networking, professional development or knowledge exchange). Recent examples of SCAU participation in workshops include those hosted by the [Scottish Policy and Research Exchange](#) (SPRE), the [Economic and Social Research Council](#) (ESRC) and the [Advanced Care Research Centre](#).

Commissioning research

Evidence is produced both in-house (by Scottish Government social researchers, operational researchers, statisticians and economists), and externally commissioned to independent research providers. Our approach to commissioning research is governed by the Scottish Government's procurement strategy. Contracts are awarded via fair

competition on the basis of both quality and price. Projects for tender are published on '[Public Contracts Scotland](#)' - the Scottish Government's official national portal for public sector contract opportunities.

Grant applications

SCAU are willing to consider collaborations with the research community on grant applications, where projects relate to this ARI or other relevant Scottish Government strategies or policies. Typically our involvement includes providing letters of support or participating in research advisory groups.

Please note that this ARI publication is not a call for bids or research proposals and it does not have any funding attached to it.

Short term projects / Internships / Fellowships / Placements

SCAU offer opportunities to collaborate with researchers on short term projects, internships, fellowships and placements. These are arranged via Scottish Government schemes and opportunities are advertised. This includes:

- the [Scottish Graduate School of Social Science](#) internship scheme
- the [UKRI \(UK Research and Innovation\) Policy Fellows](#) scheme
- the ESRC Impact Acceleration Account – University of Edinburgh – Scottish Government Policy Fellowship Scheme.

Examples of the type of projects which PhD student internships have undertaken include evidence synthesis, analysis of survey data, and gathering stakeholder insights.

Peer review

Occasionally SCAU may approach the wider research community (and other experts) to peer review draft publications or methodology. This helps to ensure that our publications present robust analysis for policy making and for the wider social care sector and public.

Tools, methods, and disciplinary approaches

What types of evidence do we use?

Recent research on defining, evidencing and improving social care³ indicated the importance of taking an inclusive approach to social care evidence which values a range of different types of evidence and knowledge.

Our evidence base is informed by qualitative, quantitative, mixed methods research and secondary data analysis. Though our focus is on the Scottish policy and delivery

³ [Respectful, responsive and relational: a mixed-methods qualitative study on how to define, evidence and improve social care in Scotland](#)

context, we also draw on evidence emerging from the rest of the United Kingdom, as well as internationally, where there are insights for Scotland. Our interests also include: evaluation and intervention evidence, work that takes innovative methodological approaches or techniques; and the research that makes best use of existing data where this might have limitations or gaps.

Work undertaken by researchers from a range of disciplines using an assortment of methods and approaches, including those that are innovative or seldom used, can inform government decision-making. As such, SCAU would encourage research projects to employ any methods or approaches that are appropriate for the research question being addressed.

While datasets are useful on their own, bringing them together means that researchers can find patterns and insights that we would not see if we only considered those datasets individually in isolation. Linking data can allow researchers to draw insights from across the data, looking at issues over time (longitudinally), across the population and examine nuanced issues impacting people's lives.

Data linkage (using administrative and survey data) provides not only opportunities to enhance our evidence base through analysis, but it also enables the use of other data sources to improve data quality. Working in partnership with [Administrative Data Research \(ADR\) Scotland and other stakeholders](#), opportunities for data linkage have been incorporated into our research priorities.

We currently produce a range of evidence that helps inform policymaking on social care. This includes statistics on adult support and protection, unpaid caring, free personal and nursing care, and experiences of help, care and support.

Evidence published by the Scottish Government forms part of a wider collection of evidence produced by other partners (for example, Public Health Scotland, the Care Inspectorate and the Scottish Social Services Council).

Many of the data sources which we draw upon for our analysis were published within the report: [Adult Social Care Data Sources - Mapping National Adult Social Care and Care Home Data Sources in Scotland: Baseline understanding and future potential: September 2022](#)

Supporting Research: information on current work

As set out in the [Health and Social Care Data Strategy](#), Scotland aims to support research and innovation by facilitating safe access to health and social care data. Social care data offers valuable opportunities to improve our understanding of people's needs, how care is delivered, and progress in reducing inequalities. Realising these

benefits depends on clear, timely and consistent information governance and ethical arrangements that enable data to be accessed, collected and used appropriately. SCAU is taking forward a range of work, in collaboration with partners across the Scottish Government and other organisations, to support social care research and improve access to high quality social care data.

Making national social care data ‘research ready’

SCAU are working with ADR Scotland, and PHS to enable three national social care datasets be made ‘research ready’. This means that the datasets are linkable and are stored in the [National Safe Haven](#) in preparation for researchers to access once appropriate information governance is in place. The social care datasets are:

- [Scottish Care Home Census](#)
- [Source \(Social Care\)](#)
- [Health and Care Experience Survey](#) (also includes health service experience data)

In order to maximise research opportunities, Scottish Government will also explore options for extracts of the above 3 datasets to be shared with the [regional safe havens](#).

In addition, SCAU are working with ADR Scotland to create an ‘Ageing Well’ flagship dataset which will include social care data and support both the research priorities identified in this ARI, but also the research priorities of ADR Scotland.

This programme of work supports the aims and commitments set out in the [Health and Social Care Data Strategy](#), to support research and innovation - specifically the commitments to maximise the opportunities for data-driven research and innovation and to “support access to health and social care data through trusted research and innovation environments, such as Scotland’s ‘Safe Havens’, with appropriate approval processes providing assurance that data is used in line with ethical principles.”

The programme of work also links to recommendations from the Care Home Data Review, being taken forward by the Care Home Data Working Group:

- Work with the Public Benefit and Privacy Panel for Health and Social Care (HSC - PBPP) and organisations like Research Data Scotland (RDS) and Administrative Data Research (ADR) Scotland to facilitate sharing of data for research with appropriate information governance in place.
- Where appropriate, work with the research and innovation sector to improve insight and data quality.

Change Management Board

The Scottish Government has established a new [Change Management Board](#) (CMB). The CMB will look at the end-to-end process for ingesting data into the National Safe Haven as well as how data linkage projects are approved and provided to researchers. These are the initial areas that the CMB will consider, other specific items of work will be defined in due course.

Social Care Research Ethics

The [Health and Social Care Data Strategy](#)³³ sets out our ethical approach and principles to using **all** health and social care data in Scotland. The Strategy states that “we want to embed an ethical, open, and human rights-based approach to the use of health and social care data in Scotland which maintains public trust and confidence.”

As part of the recent [Care Home Data Review](#), the [ethical review processes](#) for adult care home data was considered for its use in research, innovation and statistics. The review found that the ethical approval processes for research involving recipients and providers of social care are often unclear and complex. Some social care research is required to undergo review by an NHS or a university research ethics committee. For other types of social care research, there is no route for independent ethical review. Unlike in other parts of the UK, there are also no Research Ethics Committees (RECs) flagged to review social care research in Scotland. The findings from this review are also applicable for adult social care more broadly. SCAU in collaboration with CSO, and with support of the Social Care Research Ethics Working Group, are taking forward the recommendations from the Care Home Data Review with an ultimate aim of embedding an ethical based approach to the use of social care data in Scotland which maintains public trust and confidence. Outputs from the Working Group will be published on SG website.

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The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.

This document is also available from our website at www.gov.scot.
ISBN: 978-1-80775-043-5

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

Produced for
the Scottish Government
by APS Group Scotland
PPDAS1724766 (03/26)
Published by
the Scottish Government,
March 2026



Social Research series
ISSN 2045-6964
ISBN 978-1-80775-043-5

Web Publication
www.gov.scot/socialresearch

PPDAS1724766 (03/26)