

Health and Care Experience Survey 2023/24: Analysis of reported unmet care needs among people aged 65+

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Health and Care Experience Survey 2023/24: Analysis of reported unmet care needs among people aged 65+

Key Points

This study uses Health and Care Experience (HACE) 2023-24 survey data to better understand the level of reported need and unmet need for care, support and help with everyday living - hereafter referred to as “support” - amongst the older adult population (65+) at a national level. This support could include help from any organisations, friends or family.

The full findings are contained in the body of the report. The key findings are:

Reported need and unmet need amongst older adults

- 22% of older adults (65+) in Scotland reported that they needed or received support over the past 12 months.
- 9% of older adults reported unmet support needs.
- 43% of those who said that they needed or received support reported unmet support needs.

Reported unmet needs in the overall older adult population

- Disabled older adults were more likely to report having unmet support needs (17%) than those without a disability (2%).
- The [Scottish Index of Multiple Deprivation](#) (SIMD) is a relative measure of deprivation between areas that compares income as well as access to resources and opportunities. Older adults living in the most deprived quintile (SIMD1) were more likely to report experiencing an unmet need (16%) compared to those in the least deprived quintile (SIMD5: 6%).
- Both of the above groups with comparatively higher levels of reported unmet need were also more likely to say they received support but not report unmet needs. This is related to these groups being more likely to report needing or receiving support.
- 8% of older men and 10% of older women reported an unmet need.

Reported unmet needs amongst those who needed or received support

- Amongst those who needed or received support, disabled older adults who said they were limited “a lot” in their daily activities were less likely to report having received no help despite needing it (11%) than those who said they were limited “a little” (14%). But, they were more likely to report having had help that did not fully meet their needs (35%) than those were limited “a little” (27%).
- Amongst only those who needed or received support, men (16%) were more likely than older women (11%) to say that they had no help but needed it.

- Of the older adults who had received support, those who reported that they only received unfunded support (i.e. self/ family-funded care or unpaid care) were more likely to report an unmet need (42%) than those who reported that they had received state-funded, local government-funded or charity-funded support as part or all of their support (34%). It is important to note that, amongst those who had received funded support, only 4% specifically selected the response option "My current care service is not enough". (Our [previous publication](#) provides more information and statistics on reasons for reporting unmet need, amongst adults of all ages).
- 50% of unfunded support recipients who were disabled and also said they were limited "a lot" in their daily activities reported an unmet need.
- When we looked at just the older adult population who needed or received support we found that across all geographical areas (i.e. rural areas, towns and urban areas) between 12-13% of older adults who needed or received support did not receive any.
- Older adults who needed or received support and lived in urban areas were slightly more likely to report that they received support and still experienced an unmet need (31%) than their counterparts living in rural areas (28%).

Introduction

Background

The Scottish Government's Health and Care Experience (HACE) survey asks about people's experiences of:

- accessing and using their general practice and out of hours services
- aspects of care and support provided by local authorities and other organisations
- caring responsibilities and related support

in the last 12 months.

It is an online and postal survey sent to a random sample of people registered with a general practice in Scotland. The survey is a successor to the GP and Local NHS Services Patient Experience Survey and has been run every two years since 2009.

Following the publication of the [national results](#) of the most recent HACE survey (2023-24) in May 2024, and publication of [further analysis](#) examining experiences of care and caring in October 2024, there has been interest in additional analysis specifically on the question of unmet need for care, support and help with everyday living.

This analysis of HACE data is the first analysis of reported need and unmet need for "care, support and help with everyday living" amongst the older adult (65+) population. All references to need, receipt of support and unmet need are self-reported measures, indicated through responses to the HACE survey. It builds on [previous HACE publications](#), with a focus on all older adults who do not feel they have the support to meet their everyday living needs. We have outlined both the [strengths](#) and [limitations](#) of our approach in the [Data and Methodology](#) chapter.

What this analysis provides

This analysis presents estimates from the HACE 2023-24 survey of the proportion of the older (65+) Scottish population who reported unmet need for support in the previous 12 months. It also presents estimates of reported need and unmet need by selected demographic, socio-economic and health-related factors, showing how levels, and types, of unmet need vary across different groups.

It is important to note that the HACE survey was not designed to estimate need and unmet need in the overall Scottish population. However, by limiting our sample to older adults (65+), for whom response rates were much higher, and for whom reported incidence of limiting long term conditions were very similar to estimates from Scotland's Census, we have assessed the analysis usefully provides the best available estimates for current levels of reported need and unmet need in the wider older adult population.

The factors we have explored are not an exhaustive list. We have only looked at factors that we were aware of being linked to unmet need in the existing literature, and that could be explored using the HACE data. We have excluded a number of equalities characteristics – such as ethnicity, religion and sexuality - from this analysis as the sample sizes for some responses to these characteristics were not sufficiently large to allow for robust analysis.

The [HACE national results](#) provides statistics on reported unmet needs amongst people who did not have any support but felt they needed it. However, we also recognize that individuals who did receive some support (whether funded or unfunded) may still have experienced unmet need. This could be because they experienced obstacles in accessing support, and/or that the support they received was not of the right kind, intensity or duration. This report produces estimates of both kinds of reported unmet need in the Scottish population aged 65+: older people who reported not receiving any support despite needing it, and older people who reported receiving some support but still indicated an unmet need. You can read more about the different need groups we have identified in the [Data and Methodology section](#).

Further descriptive information about the group of older adults who reported need and unmet needs can be found in [Annex A](#).

Presentation of data

Many of the estimates we have calculated are discussed in the text or are visualised in graph form. A full set of all the results is available in the accompanying [supplementary tables](#). This includes all the results presented in the graphs.

As the results are estimates calculated from survey data, some of the apparent differences between different groups of people are not statistically significant at the 95% level. A statistically significant result is one where the difference is sufficiently large that it's very unlikely to be random variation. (For more information please see the section on [Significance Testing](#).)

Where we describe results for different groups as “similar”, the difference between them is not statistically significant at the 95% level. Where we state a difference between different groups (such as higher, lower, slightly higher) the difference is statistically significant at the 95% level.

We have not included descriptors for all comparisons across different groups in the text. This is to keep the text readable and to focus on presenting the main points.

An Official Statistics in Development Publication for Scotland

These statistics are official statistics in development. Official statistics in development may be new or existing statistics, and will be tested with users, in line with the standards of trustworthiness, quality, and value in the [Code of Practice for Statistics](#).

Over the next 12 months we will engage with relevant users and stakeholders to understand how they are using these statistics, and whether they provide useful insights. If you have any questions or feedback on these statistics, or would like to be involved in this process of improvement please contact us using the details in [Tell us what you think](#).

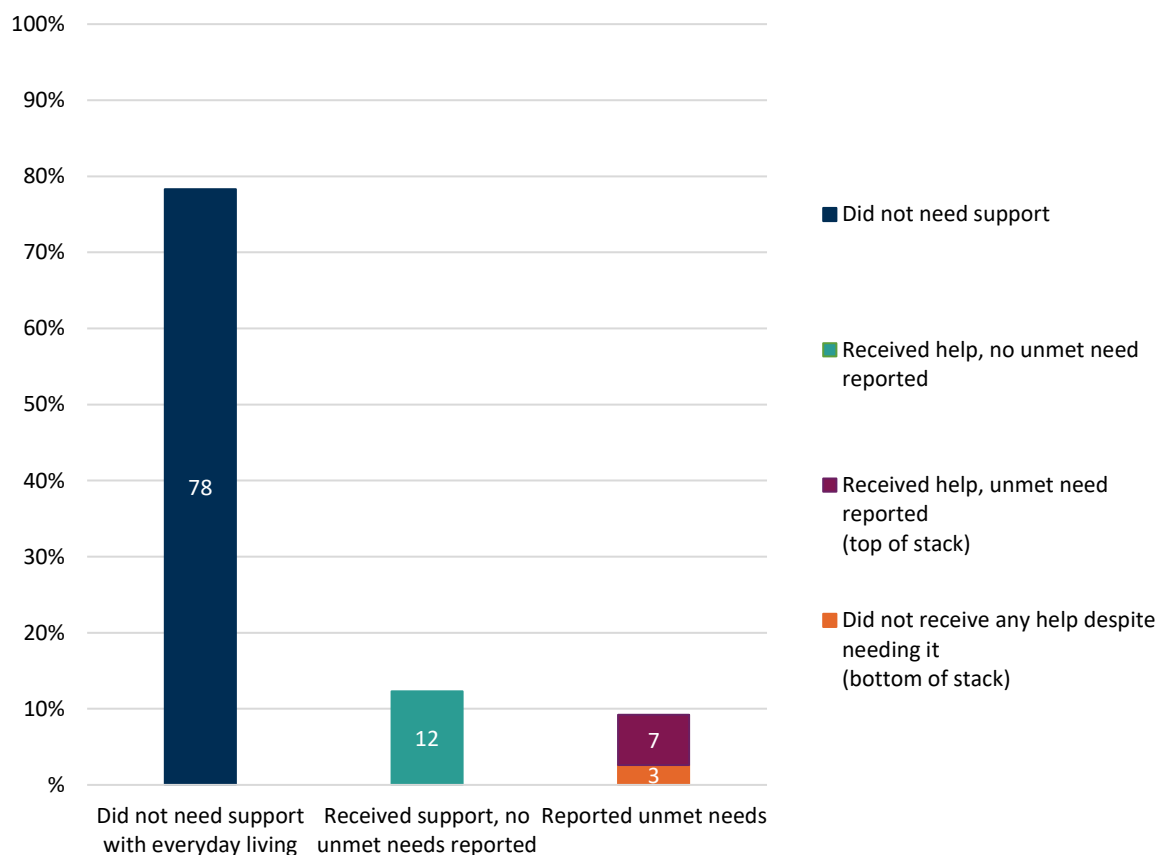
Scottish Government statistics are regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality and value in the [Code of Practice for Statistics](#) that all producers of official statistics should adhere to.

More information about Scottish Government statistics is available on the [Scottish Government website](#).

Total levels of need and unmet need for care, support and help with everyday living, in the Scottish population aged 65+

Figure 1: Most older adults in Scotland (78%) said they did not need support with everyday living, and 22% said they needed or received support.

Bar chart showing the percentage of adults aged 65+ living in Scotland in 2023-24 by their stated need for support.



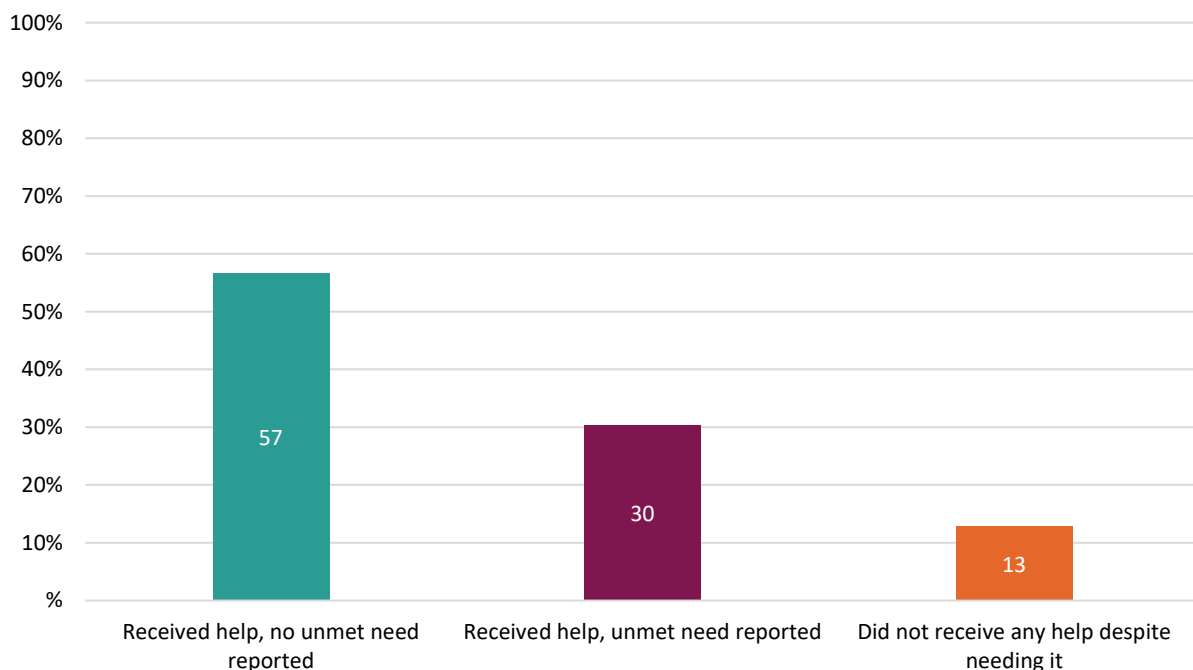
12% of all older adults said they received support and did not report any unmet need.

3% said they didn't receive any support despite needing it. A further 7% said they received support but reported unmet needs.

In total 9% reported unmet support needs. (Note that this total is not 10% - this is due to rounding. Please see the [Rounding](#) section of the Data and Methodology chapter for more information).

Figure 2: Just over half of older adults who said they needed or received support did not report any unmet needs (57%). However, 13% said they didn't receive any help, despite needing it.

Bar chart showing the percentage of adults aged 65+ living in Scotland in 2023-24 who said they needed or received support, by their self-reported unmet need status.



Of those older adults who said they needed or received support the majority (57%) did not report any unmet needs.

However, 30% reported receiving some support that did not fully meet their needs and a further 13% reported receiving no support despite needing it.

In total, 43% of older adults who needed or received support reported an unmet need.

Levels of unmet need reported by population sub-groups

This section of the report outlines how older adults' reported levels of need and unmet need varies with a range of different factors, such as demographic factors, geographic factors, and the type of support they received.

Disability and unmet need

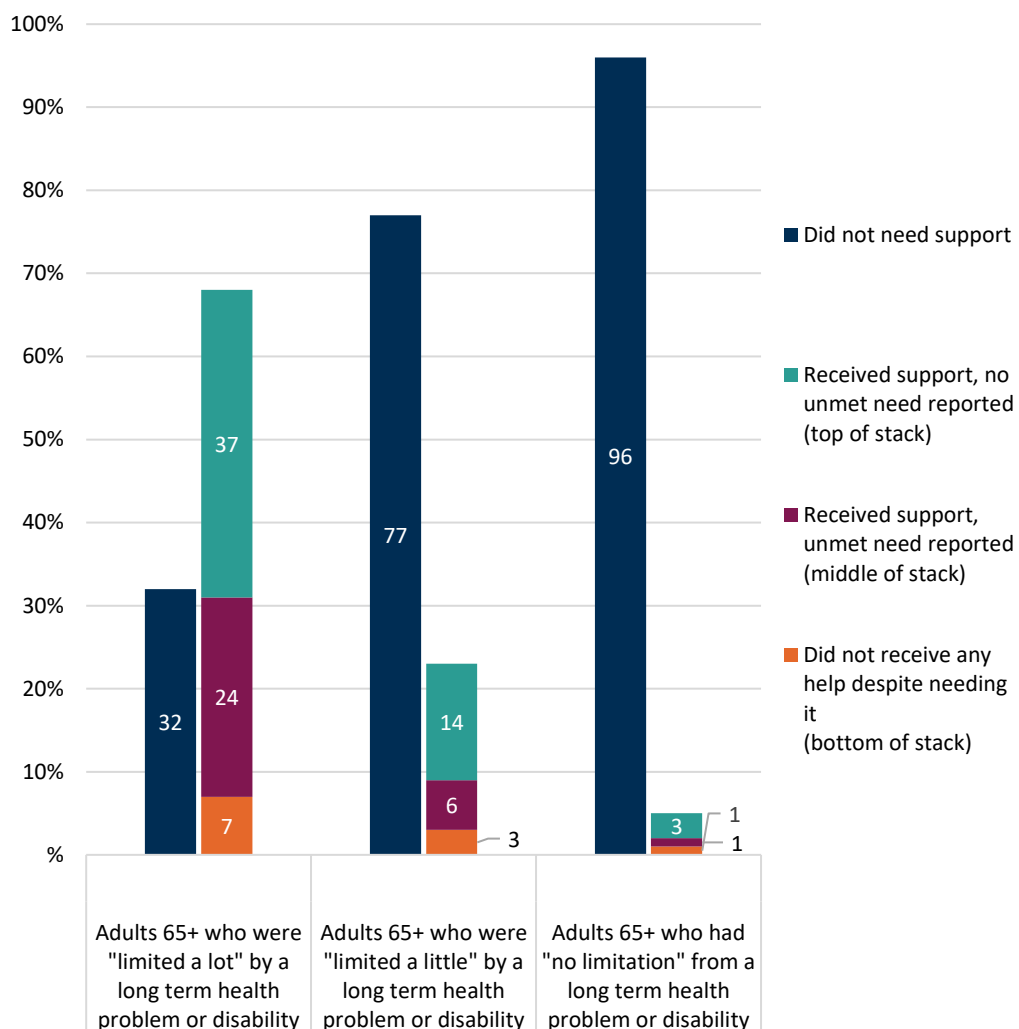
Those older adults with disabilities, and particularly those who said they were "limited a lot", were more likely to report that they needed or received support.

39% of older adults who had a disability said they needed or received support. This compares to 4% of older adults who said they had "no" disability or limitations. Disabled older adults were also more likely to report having unmet support needs (17%) than those without a disability (2%) (These data are not visualised but can be found in the [supplementary tables](#)).

Those with higher levels of self-reported limitations from disability were more likely to report that they received or needed support. 68% of those who said they were "limited a lot" by disability said they needed or received support, compared to 23% of those who said they were "limited a little". (Figure 3).

Figure 3: 68% of those who were disabled and said they were “limited a lot” in their daily activities said they needed or received support.

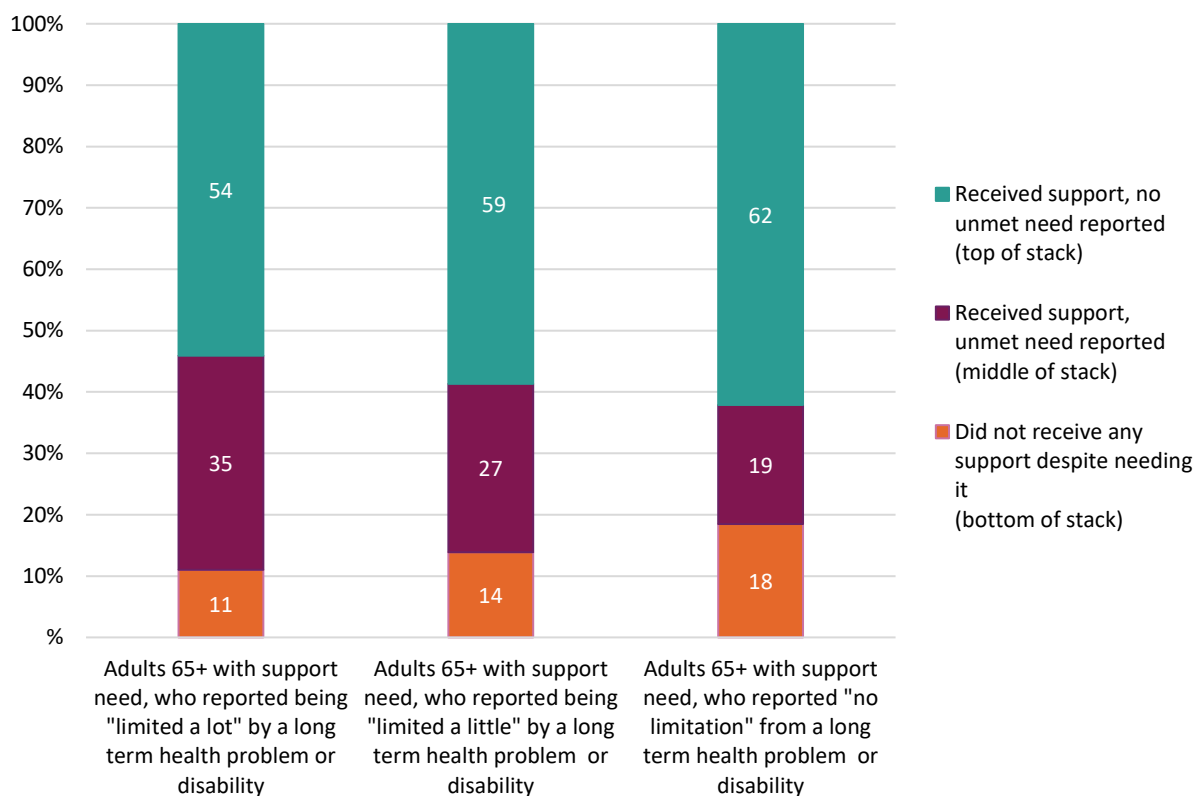
Bar chart showing the percentage of adults aged 65+ living in Scotland in 2023-24 by their stated need for support and level of self-reported limitations to daily activities resulting from a long term health problem or disability.



Those with higher levels of self-reported limitations from disability were also more likely to report an unmet need for support. 31% of those who said they were “limited a lot” by a disability indicated some kind of unmet need for support, compared to 10% of those who said they were “limited a little”. And 2% of those who reported no disability reported an unmet need for support.

Figure 4: Of the older adults who said they needed or received support, those who reported “no limitation” (18%), or “a little” limitation from disability (14%) were more likely to say that they didn’t receive any support despite needing it than those who reported “a lot” of limitation from disability (11%).

Bar chart showing the percentage of adults aged 65+ living in Scotland in 2023-24 who said they needed or received support, by their self-reported unmet need status and level of limitations to daily activities resulting from a long term health problem or disability.



However, those who said they needed or received support and were “limited a lot” were more likely to report having had support that did not fully meet their needs (35%) than those with “little” (27%) or “no limitations” (19%) resulting from a disability.

The reason for this is not fully clear from the survey responses, but this might suggest that people with the most complex needs are more likely to receive some support, but that their needs may be more challenging to fully meet.

Our categorisation of limiting long term health problems is based on responses to a question asking whether their day-to-day activities are “limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months”. Respondents were prompted to “include problems that relate to old age” and could select “yes, limited a lot”, “yes, limited a little” or “no”. Due to question wording, respondents who selected “no” cannot be interpreted as not having any sort of health problem or disability. They could have either a limiting health problem that is not expected to last at least 12 months, or a long-term health problem or disability that they do not consider to be limiting to their day-to-day activities.

Sex and unmet need

Figure 5: Older women (25%) were more likely than older men (18%) to report that they needed or received support.

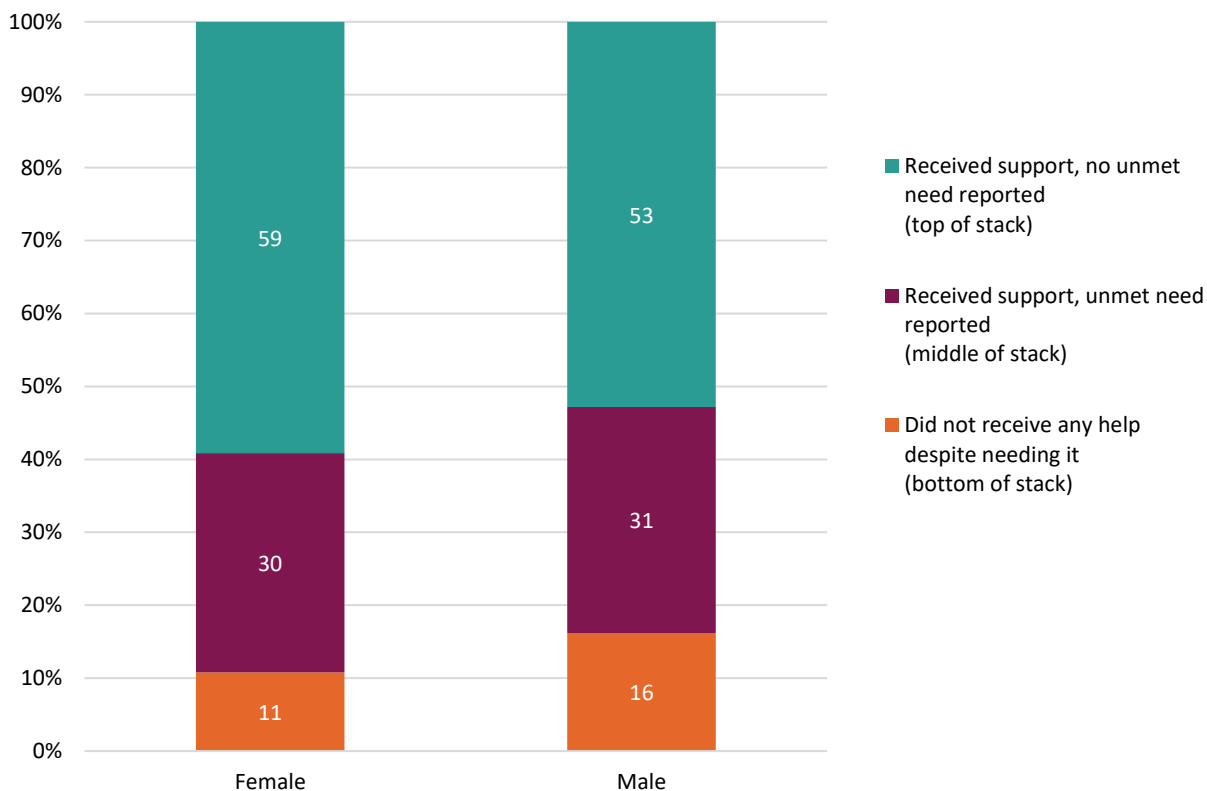
Bar chart showing the percentage of adults aged 65+ living in Scotland in 2023-24 by their stated need for support, and their sex.



In total, 10% of older women and 8% of older men reported an unmet need. (Please note that due to the [rounding](#) we have used, the total of two or more categories can be different to what would be calculated by adding together the rounded values presented in these charts).

Figure 6: Amongst only those who said they needed or received support, older men (16%) were more likely than older women (11%) to say that they had no help but needed it.

Bar chart showing the percentage of adults aged 65+ living in Scotland in 2023-24 who say they needed or received support, by their self-reported unmet need status and their sex.



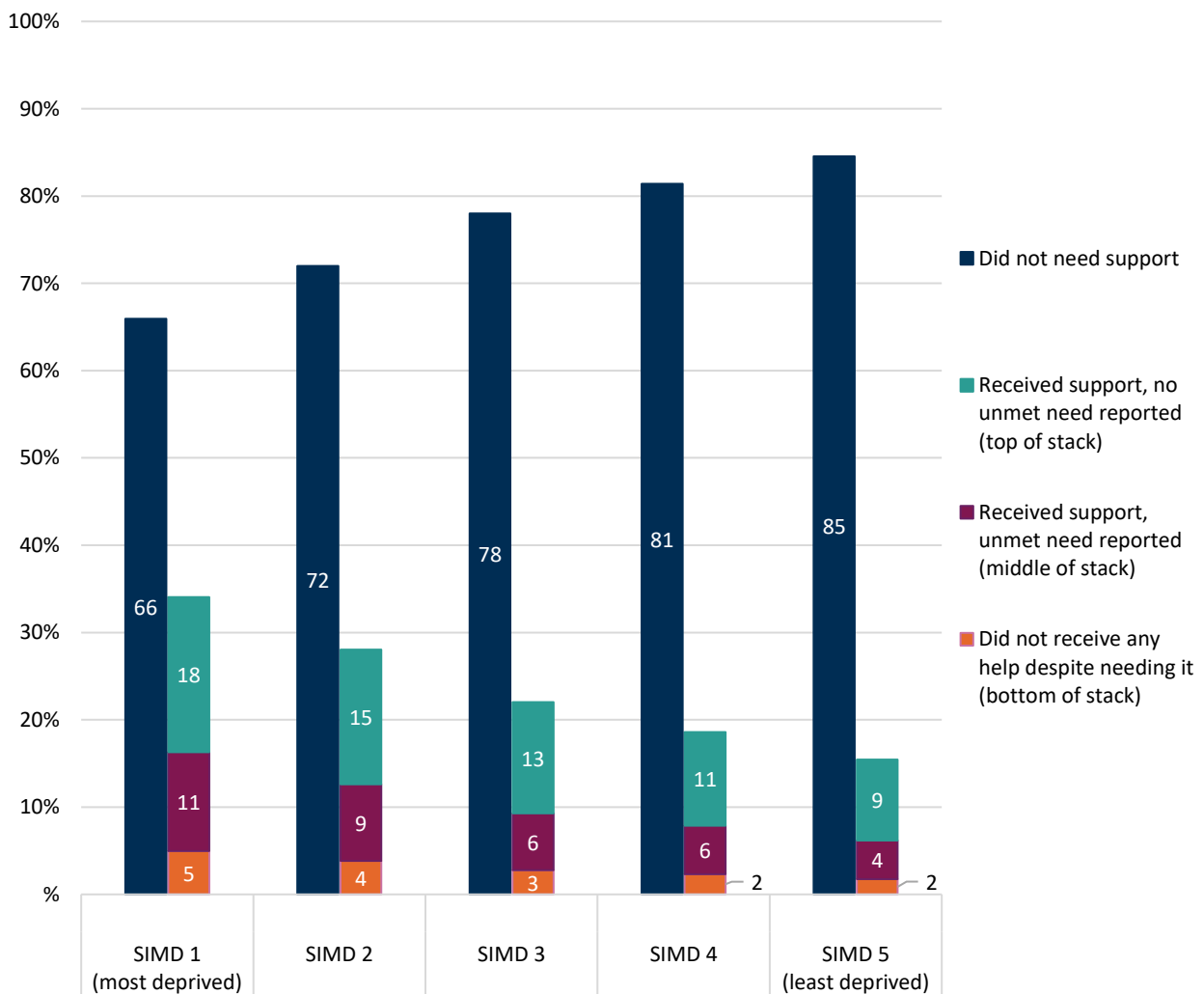
Amongst older adults who said they needed or received support, men (31%) and women (30%) received help but still indicated an unmet need at similar rates.

Unmet need and relative area deprivation (SIMD)

The [Scottish Index of Multiple Deprivation \(SIMD\)](#) is a relative measure of deprivation between areas that compares income as well as access to resources and opportunities.

Figure 7: Older adults living in the most deprived quintile of areas were more likely to report that they needed or received support (SIMD1: 34%) than older adults living in the least deprived quintile of areas (SIMD5: 15%).

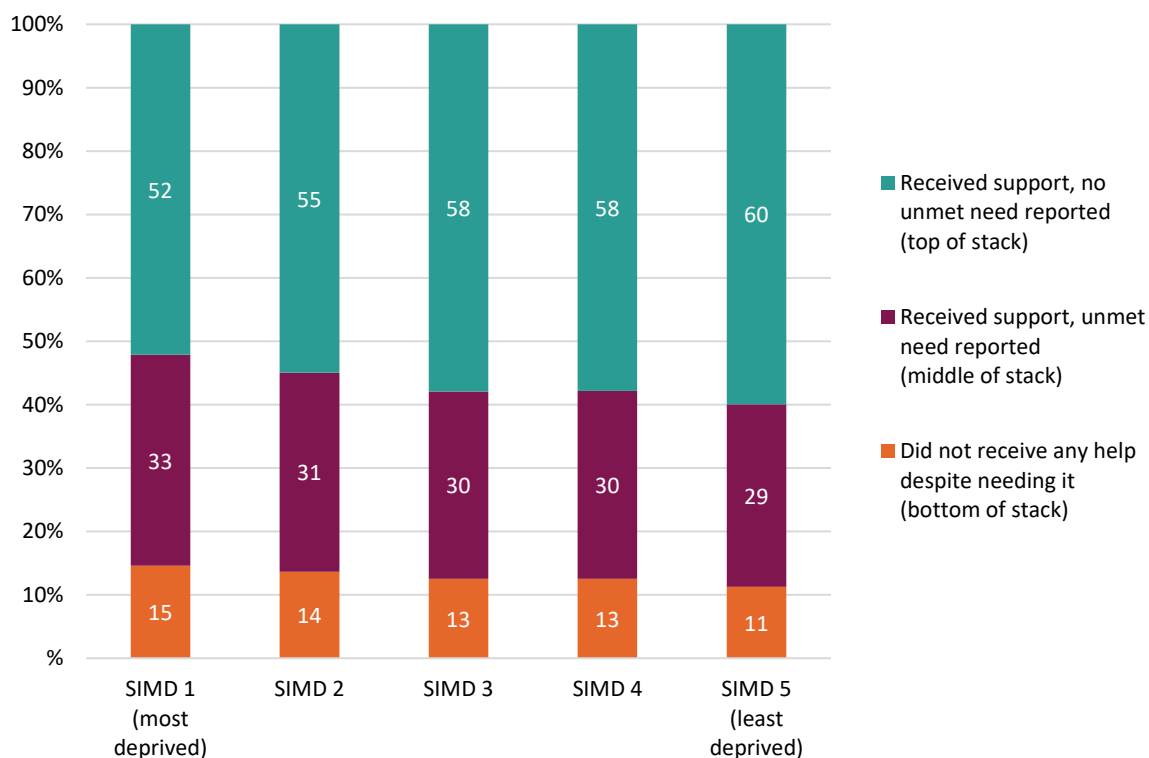
Bar chart showing the percentage of adults aged 65+ living in Scotland in 2023-24 by their stated need for support and the Scottish Index of Multiple Deprivation (SIMD) quintile



Older adults living in the most deprived quintile of areas were also much more likely to report experiencing an unmet need, with 16% of those living in the most deprived quintile (SIMD 1) reporting some kind of unmet support needs, compared to just 6% of those in the least deprived quintile (SIMD5).

Figure 8: Amongst older people who said they needed or received support, people in areas of higher deprivation were more likely to report unmet needs (SIMD1: 48%) than their counterparts living in the least deprived areas (SIMD5: 40%).

Bar chart showing the percentage of adults aged 65+ living in Scotland in 2023-24 who said they needed or received support, by their self-reported unmet need status and the Scottish index of Multiple Deprivation (SIMD) classification of their area of residence.



Older adults who said they needed or received support and who lived in the most deprived quintile (SIMD1) were more likely to report that they did not receive any support despite needing it (15%) than those living in the least deprived quintile (SIMD5: 11%). The rates of people reporting they did not receive any help despite needing it were similar across all other comparisons of SIMD quintiles.

Further analysis suggests the higher rates of reporting an unmet need for those living in SIMD1 than in SIMD5 is not only due to differences in underlying health or disability. Among older adults who were disabled and said they were limited “a lot” by a long-term health problem, those living in the most deprived quintile of areas (SIMD1) were still more likely to report some kind of unmet need (36%) than those living in the least deprived quintile (SIMD5: 28%) (data not visualised, but available in the [supplementary tables](#)).

Unmet need across urban areas, towns and rural areas

Older people living in urban areas (23%) and towns (21%) reported needing or receiving support at similar rates, and were slightly more likely to report that they needed or received support than those living in rural areas (19%).

Older adults who lived in towns and urban areas reported receiving support but still experiencing an unmet need at similar rates (6-7%), but those living in rural areas reported lower rates of this (5%).

Older adults who lived in rural areas were less likely to report that they did not receive any support despite needing it (2%) than those living in urban areas (3%). A similar proportion of older adults reported these across towns and urban areas (3%).

When we looked at just the older adult population who needed or received support we found that across all geographical areas (e.g. rural areas, towns and urban areas) between 12-13% of older adults who needed or received support did not receive any.

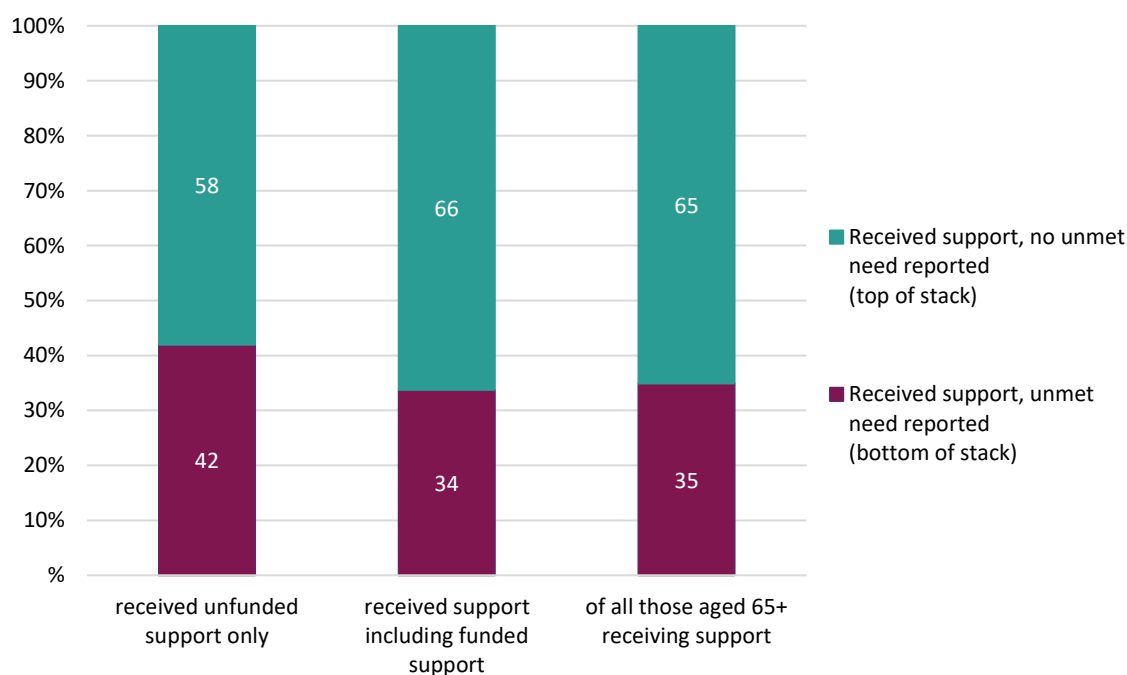
Older adults who needed or received support and lived in urban areas were slightly more likely to report that they received support and still experienced an unmet need (31%) than their counterparts living in rural areas (28%).

Source of funding and unmet need amongst those who received support

In the 2023-24 survey, people who told us that they received support for everyday living were asked who funded this support. Two response options indicated external sources of funding, i.e. receiving state-funded support or charity-funded support. We are referring to this as “funded support”. The other two response options reported receiving unfunded forms of support, i.e self/family funded support or unpaid care. We are referring to this as “unfunded support”.

Figure 9: Of the older adults who reported receiving support, those who told us they were receiving only unfunded forms of support were more likely to report an unmet need (42%) than those who reported receiving funded support as part or all of their care (34%).

Bar chart showing the percentage of adults aged 65+ living in Scotland in 2023-24 who reported receiving support, by their self-reported unmet need status and whether or not this support includes funded support.



42% of those who reported receiving only unfunded support reported an unmet need, which was higher than the average level of unmet need reported amongst all older adults who told us that they had received support (35%).

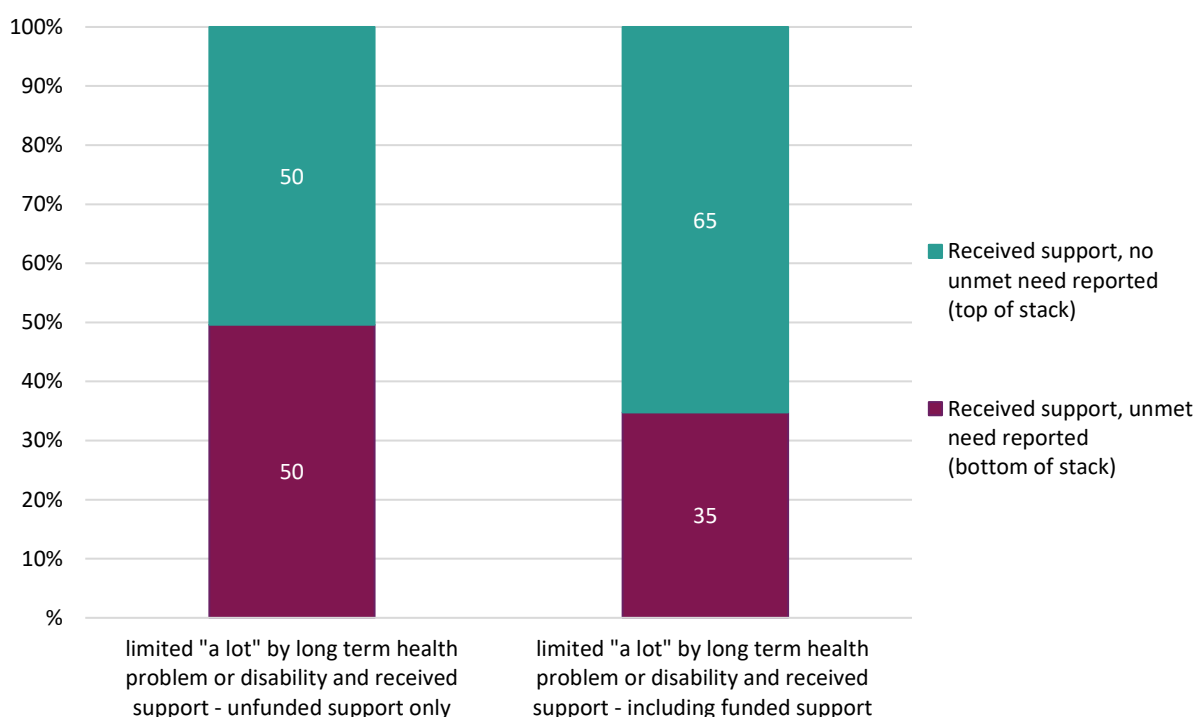
34% of those who received funded support as part or all of their care reported an unmet need. This was similar to the average level of unmet need reported amongst all older adults who had received support.

It is important to note that, amongst those who had received funded support, only 4% specifically selected the response option "My current care service is not

enough" as a reason for reporting unmet need. The remaining 29% indicated other reasons for reporting unmet need. (Our [previous publication](#) provides more information and statistics on reasons for reporting unmet need, amongst adults of all ages).

Figure 10: Amongst just those older adults who reported receiving support and who also told us that they were limited “a lot” by a long-term health problem or disability, the reported level of unmet need rose to 50% for those who were receiving only unfunded forms of support.

Bar chart showing the percentage of adults aged 65+ living in Scotland in 2023-24 who reported receiving support and said they are limited “a lot” in their daily activities by a long term health problem or disability, by their self-reported unmet need status and whether or not this support included funded support.



For those who had received funded support, the level of unmet need reported remained similar at 35% even for those who were also limited “a lot” by a long term health problem.

This suggests that those who received only unfunded forms of care may be more likely to experience unmet needs than those who received some funded support, and that this risk grows as the level of limitation from long term health problems increases.

We have excluded those who did not respond on the source of their funding from this part of our analysis, as we found they were also more likely to not respond when asked about unmet need and so their inclusion could produce misleading results. We have included them in our breakdown on the source of funding for just

the population with unmet need (see [Annex A](#)) as this group did answer when asked about unmet need so there is no non-response risk for them.

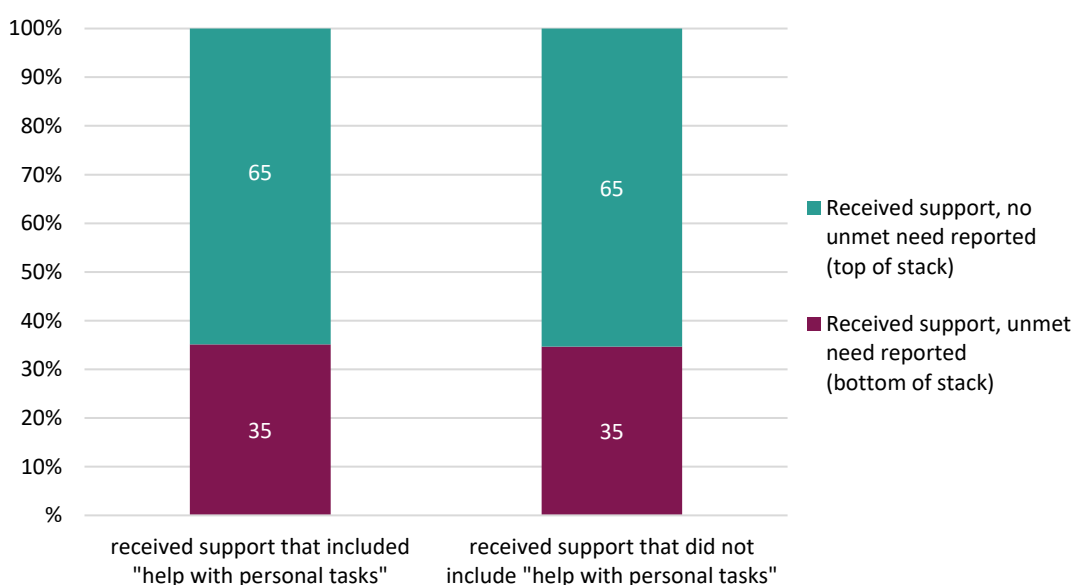
Unmet need for those who had received help with personal tasks

Adults aged 65 or over who are assessed by their local authority as needing personal care are entitled to receive this without charge. The Community Care and Health (Scotland) Act 2002 sets out a list of personal care tasks that may not be charged for by a local authority. Examples are given on [this Scottish Government webpage about personal care](#), and can include support with personal hygiene, at mealtimes, immobility problems, medication and general wellbeing.

In HACE 2023-24 we asked respondents whether they received “help with personal tasks”. Whilst respondent understanding of what “help with personal tasks” may not align entirely with official definitions of “personal care”, we expect there to be substantial overlap.

Figure 11: 35% of older adults who reported receiving “help for personal tasks” (including those with funded and unfunded support) reported an unmet need, which was similar to the proportion of older adults reporting unmet need who received forms of support that did not include “help for personal tasks” (35%).

Bar chart showing the percentage of adults aged 65+ living in Scotland in 2023-24 who had received support by their self-reported unmet need status and whether or not this support included “help with personal tasks”.



It is important to note that these results are not direct indicators of the level of unmet need for personal care (or other forms of support). This is because HACE 2023-24 respondents could indicate receiving multiple types of support (e.g., help for personal tasks, help for household tasks) but were not asked which of these they needed, or needed more of.

The results show that a substantial proportion of adults who received support for personal tasks, and other forms of support, reported an unmet need.

It is important to note that of those who said that they received support that included help with personal tasks, only 4% specifically selected the response option "My current care service is not enough" as a reason for reporting unmet need. The remaining 31% of people who received support that included help with personal tasks and reported an unmet need indicated other reasons for that unmet need. (Our [previous publication](#) provides more information and statistics on reasons for reporting unmet need, amongst adults of all ages.)

Data and methodology

This analysis uses data from the 2023-24 Health and Care Experience survey. We selected all respondents aged 65 or older.

In 2023-24, HACE received 107,538 total responses - a 20% response rate. 48,876 responses were from people aged 65+ - a 42% response rate. Of these, 10,385 reported some kind of need for care, support and help with everyday living. Response rates to individual questions in the survey varied, as did response rates between different groups of respondents, as detailed in the [HACE 2023-24 Technical Report](#). The total number of responses included at each stage of the analysis is included in the [supplementary tables](#).

HACE was designed to measure patient and client experiences of a range of health and care services. Originally, the survey only measured experience of GP services. However beginning in 2013 a range of other services were added to the survey. This analysis substantially expands on the initial purpose of the survey, but can still provide some meaningful insights on reported need and unmet need for care, help and support with everyday living. We have outlined both the [Strengths](#) and the [Limitations](#) of this analysis below.

Definitions of need and unmet need

This report identifies four groups of adults aged 65+ living in Scotland:

- 1. No need for care, support and help with everyday living.** The first group are those who selected “No, I didn’t need any help” when asked whether they had had any care, help or support with everyday living over the past 12 months.
- 2. Did not receive any help despite needing it.** This is made up of those older adults who said “no, not had any help but I feel that I needed it” when asked about any care, support and help with everyday living that they had received in the past 12 months.
- 3. Received support, unmet need reported.** The third group is made up of those who told us that they did receive some care, support and help with everyday living in the past twelve months, but went on to indicate an unmet need when asked to select all options that applied to them if they were “not receiving all the help and care services” they felt they needed. For example, somebody told us that they had received help with personal tasks in the past 12 months, and then went on to select the option “my current care service is not enough” in a following question, would be classed as receiving support but reporting an unmet need.
- 4. Received support, no unmet need reported.** The fourth group is made up of those who told us that they did receive some care, support and help with everyday living in the past 12 months, but did not go on to indicate an unmet need. We consider people who selected “not applicable” or didn’t select any options at question 32 (“If you are not receiving all the care, support and help

with everyday living that you feel you need, which options describe your situation?") as not having indicated an unmet need.

We identified the groups using their answers to the survey questions:

- 27 ("In the last 12 months, have you had any help or support with everyday living?")
- and 32 ("If you are not receiving all the care, support and help with everyday living that you feel you need, which options describe your situation?")

Question 32 also gave the option for respondents to leave a comment if they selected the response option "Other" to the latter question. We analysed the comments to identify those which referred to an unmet need. People whose comments indicated they had an unmet need were counted as having an unmet need. This approach is consistent with our previous publication [on further analysis of care experience](#).

The [survey questionnaire](#) is available online.

Strengths

- 1. This analysis of HACE data is the first of its kind, and provides our best estimate of the current rate of reported unmet need for care, support and help with everyday living, amongst the older adult population, at a national level.**

There are limited data available to understand reported unmet need for care in Scotland. There are some datasets that provide additional evidence on this area (outlined in [Annex B](#)). This analysis of a recent, large sample survey is the best available assessment of older adults' current self-reported care needs and unmet needs, and adds significantly to the evidence base.

- 2. This analysis takes a holistic approach to defining care, help and support with everyday living.**

The HACE 2023-24 survey does not take a prescriptive approach to defining what "care, help and support with everyday living" is, and it encourages respondents to include help that they get from "organisations, friends or family". This is a very holistic approach to defining need. The benefit of this approach is that we are not asking respondents to interpret their own need through predefined service categories – categories which may not be suitable for them or they may not be familiar with. The downside is that this leaves some uncertainty around what kind of service provision is needed to address self-reported unmet need.

- 3. This analysis recognises that unmet need can still occur even where some support has been provided.**

[Existing literature](#) has highlighted that unmet need can still occur even where some support has been provided, and that, especially where this support is not of the right kind, frequency or duration, its presence may not meaningfully improve outcomes for the supported person. This analysis recognises this possibility by

including two unmet need groups: those who receive no support and those who do receive some support but still reported an unmet need.

Limitations

1. This analysis does not provide insights on the needs or unmet needs of people aged under 65.

Adults under 65 have been excluded from this analysis because response rates among younger adults were lower, and there were higher than average reports of limiting long term conditions amongst those that did respond when we compared these estimates with other national datasets. As such, estimates for those under 65 may misrepresent the level of self-reported need and unmet need in the wider population.

Younger adults made up a minority of HACE respondents. Around 18% of total HACE respondents were aged between 17-44 whereas 36% of the Scottish population were aged 17-44 at [mid-year 2022](#). In contrast, adults aged 65+ made up more than 40% of HACE respondents.

As well as having a high response rate, the 65+ age group showed prevalence and severity of limiting long term conditions, including those limited to old age, that were very similar to population [figures from Scotland's Census](#), and the [Scottish Health Survey](#), whereas they were not similar for adults aged 17-64 responding to HACE. We have assessed that this gives a good level of confidence that information from the HACE survey provides reasonable estimates of self-reported need and unmet need for the wider population aged 65+.

2. This analysis uses the existing survey weights for HACE which may not be optimally designed for measuring need and unmet need.

Since the survey's intended purpose is to measure care experience amongst service users, the survey weights may not be optimally designed to estimate the level of need in the Scottish population. The presence and severity of limiting longterm conditions is strongly linked to the need for care, support and help with everyday living.

As mentioned above, we believe that the 65+ age group were sufficiently representative to be satisfied that meaningful insights can be drawn for this group.

3. There is a risk that non-response to the survey is affecting our understanding of need and unmet need.

Not everyone who was sent the HACE survey responded to it. When the people that do not respond to the survey all share a characteristic that relates to the subject of the survey – for example, if they all had a very high need for support - this can bias the results. This is known as “non-response bias”. As far as possible, the [survey weights](#) seek to adjust for these general risks, but we have noted that we did not use custom weights for this analysis.

4. We cannot tell from HACE what kind of care, support and help with everyday living people with unmet need require.

The HACE survey asks people to select from a list of reasons why they feel they haven't received all the help and care services that they feel they need. However, it does not ask them what kind of help and care services they need. For example, it does not ask them if they need personal care.

We cannot meaningfully estimate what kind of care, support and help with everyday living people need from the data available in HACE. We can produce an estimate of how many people who received help with personal tasks in the past 12 months reported an unmet need. However, we can not tell if the unmet need they reported was for more help with personal tasks, or for another kind of help and support.

5. Our estimate of unmet need does not include all of those who had received help or support services, but expressed dissatisfaction with what they received.

Our measures of unmet need are those in which respondents directly indicated that they had no help but needed it or were not receiving all the help and care services they felt they needed.

This does not include others who may have indicated they had the care they needed, but answered in Q30 that they were dissatisfied with services (e.g., they disagreed with the statements "people took account of the things that mattered to me", or "my health, support and care services seemed to be well coordinated").

This analysis then potentially under-represents some aspects of the broader experience of help or support services that could be classified as unmet care needs. Dissatisfaction with care services amongst HACE respondents has been reported on in the [HACE national report](#) and also in the [further analysis of care experience](#).

6. Certain groups of people are likely to be missing from the HACE sample, or under-represented.

We know that some groups of people who live in Scotland are less likely to receive the HACE survey questionnaire than others. The HACE survey is sent to a sample of people aged 17 and over who are registered with a GP practice in Scotland. You can read more about how the sample for the 2023-24 survey was selected in the [sample design chapter of the HACE 2023-24 technical report](#). If a person's address with their GP practice is out of date, or they are not registered with a GP, they will not have received the survey.

Most importantly for this analysis, which looks specifically at people aged 65+, this could mean that some individuals who have recently moved into care homes may be missing from the survey. It is also possible that individuals who live in care homes may require more support to complete a survey, and so may be less likely to respond. It is therefore possible that individuals aged 65+ who are living in care homes may be under-represented in this analysis.

Several other groups are also likely to be missing from the HACE survey and therefore also missing from this analysis of unmet need. This includes undocumented migrants and incarcerated people. We know that [undocumented migrants](#) are more likely to be under 65+ and so would have been excluded from this analysis. In the case of incarcerated people, the [Scottish Government conducted an analysis of the need for social care in prisons](#) in 2021. That study suggests that the support [needs of incarcerated people are substantively different from the general population, and that the mechanisms through which they receive support are also different](#). As such, a study of their needs and unmet need would be best understood by a dedicated analysis, and would not be appropriate for inclusion in this general population study.

Weightings

As with the [main HACE 2023-24 publication](#), throughout this report the survey results are presented as weighted percentages. Different proportions of people were selected from each General Practice in Scotland to receive the survey, and the response rate varied by age and sex. Weighting is used to produce results which are more representative of the population eligible to complete the survey.

The details of how the weights for the main HACE 2023-24 analysis were calculated can be found in the [technical report of the 2023-24 survey](#).

Confidence intervals

Confidence intervals provide a way of quantifying uncertainty in the survey results. A 95% confidence interval means that, over many repeats of a survey under the same conditions, one would expect that the confidence interval would contain the true population value 95 times out of 100.

For example, given a result of 80% and a confidence interval of +/-3%, there is 95% confidence that the true result is between 77% and 83%.

There is more information on confidence intervals (including how they are calculated) in the [HACE 2023-24 technical report](#).

The confidence intervals associated with the results presented for this analysis are available in the [supplementary tables](#).

Where confidence intervals overlap differences observed between point estimates may not be statistically significant.

Rounding

The estimates we have presented in this report are rounded to the nearest whole number. The results to two decimal places are available in the [supplementary tables](#), along with the 95% confidence intervals for each percentage estimate.

We have calculated percentages that describe the sum of two or more categories from the original (unrounded) estimates and then rounded them to the nearest whole number for this text. This means that percentages in this text that refer to a

total across two or more categories may differ from what you would calculate by adding together the individual rounded estimates from each category.

For example, we would present a result of 2.80% as 3% (rounded), and a result of 5.60% as 6% (rounded). However, we would calculate the total (sum) of the two numbers as 8.40%, which we would present as 8% when rounded to the nearest whole number.

Significance Testing

All comparisons which are reported as “higher” or “lower” that are discussed in the report are statistically significant at the 95% level.

Where results for different groups are described as “similar”, differences are not statistically significant at the 95% level.

The approach to significance testing in this report remains consistent with the main HACE publication. Details of this can be found in the [HACE 2023-24 technical report](#).

Tell us what you think

We are always interested to hear from our users about how our statistics are used, and how they can be improved.

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Annex A: Breakdown of the 9% of older adults who report unmet needs for care, support and help with everyday living

This analysis shows that nearly one in ten older adult respondents in 2023-24 reported unmet support needs. This chapter provides another way of describing this group of older adults who reported unmet needs by breaking them down into different sub-groups that add to 100%. As can be seen from the tables below:

- Over 90% of those who reported unmet needs for support with everyday living were disabled. 58% of those with reported unmet needs were limited a lot by their disability (Table 1).
- The majority (66%) of those who reported unmet needs for support with everyday living indicated they were not receiving any funded support (Table 2). 37% were receiving only “unfunded support”, and a further 30% were not receiving any support despite feeling they needed it.
- 40% of those who reported unmet needs had received help with personal tasks (Table 3).

Table 1: Older adults who were “limited a lot” by a disability comprised the majority of those who reported unmet support needs.

Table showing the distribution of adults aged 65+ living in Scotland in 2023-24 who indicated they had an unmet need by the level of limitation they reported to their daily activities resulting from a disability.

Level of limitation	Percentage
Disabled – limited a lot	58%
Disabled – limited a little	33%
Not disabled / no limitation	9%
Total	100%

Table 2: The largest group of older adults to report an unmet need were those who reported that they had received “unfunded support only” (meaning self-funded or family-funded care, or unpaid care)

Table showing the distribution of adults aged 65+ living in Scotland in 2023-24 who indicated they had an unmet need by whether or not they received support, and whether or not this support included funded support (i.e. state-funded or charity-funded support).

Source of support	Percentage
Received support - unfunded support only	37%
Received support - including funded support	28%
Received support - source unknown	6%
Did not receive any support, despite needing it	30%
Total	100%

Table 3: 40% of older adults who reported an unmet need said that they had received “help with personal tasks” as part or all of their care

Table showing the distribution of adults aged 65+ living in Scotland in 2023-24 who indicated they had an unmet need by whether or not they received support, and whether or not this support included help with personal tasks.

Whether support received included “help with personal tasks”	Percentage
Received support, including help with personal tasks	40%
Received support, but not including help with personal tasks	31%
Did not receive any support, despite needing it	30%
Total	100%

Annex B: Further sources of information on need and unmet care needs in Scotland

[This analysis](#) presents a self-reported measure of unmet need for care, support and help with everyday living amongst older adults in Scotland. This is not precisely the same as social care, although there is likely to be considerable overlap. Amongst other uses, this is important information for strategic planning and policy development for adult social care, especially with limited data on unmet need for social care support.

Below are examples of other data that also give insights on need and unmet need for care / social care support:

People waiting for care assessments or for care arrangements to be put in place

Management information on [people requiring a social care assessment and care at home services](#) provide data on the number of people (not just older adults) waiting for an assessment for social care services, the number of people waiting for a care at home package and the number of hours of care people are waiting for.

There are also accredited official statistics on [delayed discharges in Scotland](#). These include people who are awaiting care assessment or for care arrangements to be put in place before they can be discharged from hospital.

We know from our recent [additional analysis of HACE 2023-24](#) that, of people who reported not receiving all the care, support and help with everyday living that they felt they needed, only 16% reported waiting related issues. This emphasises that data on people waiting for social care assessments and care at home services comprise just one particular group amongst others who may experience unmet care needs.

Activities of Daily Living and Instrumental Activities of Daily Living

In England, statistics such as those on [social care as part of Health Survey for England 2021](#) provide a range of detailed information about self-reported unmet social care needs for the older adult population (aged 65 and over), using the framework of need for and receipt of help with specific Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADLs).

In Scotland, the [Healthy Ageing in Scotland \(HAGIS\) Pilot Survey Report](#) provided information from a 2016-17 pilot wave survey of a representative sample of people in Scotland aged 50 and over, from 1057 household interviews, including statistics on ADL and IADL problems (page 56 of the report). 10% of respondents had at least one ADL problem and about 47% of them received care, the nature of such help reported as coming from spouses or partners, with daughters playing an important supportive role. 10% of respondents had at least one IADL problem and 83% received help from others. The study found that being old, female and married

made it more likely that there would be informal help with ADL and IADL activities (or these respondents were more likely to report getting help). The study found that people in areas with a high level of deprivation were found more likely to receive help with ADL activities, whereas people from areas of medium deprivation were most likely to receive help with IADL activities. The report highlights that, in addition to informal care, 36% of respondents reported having received paid help in the previous 2 years. As well as the HAGIS pilot wave survey, there are some data available on ADL and IADL difficulties from other surveys such as [Understanding Society](#).

Surveys such as the 2016-17 HAGIS pilot wave survey provide more specific insights on particular types of difficulty with daily living and the help received than in the present study of less prescribed reported need and unmet need for help, care and support for everyday living from a recent, much larger survey sample.

Recorded data on unmet social care needs for particular groups

Further data about unmet needs may be available for particular groups at a sub-national level. For example, the Glasgow Disability Alliance Community Navigator pilot, which received funding from the Scottish Government, provides support to “disabled people in the Glasgow region to overcome barriers to getting and/or utilising the social care they need, and to support services to remove those barriers”. Data on unmet social care needs amongst the 242 individuals of all ages supported in 2023-24 (not just older adults, as in the current study) were collected and included in the [research report](#) (p13). These give valuable insights on unmet needs amongst the particular group supported but are not intended to be a representative sample of the total population in Scotland with unmet needs.