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*Buyacarehome Interview with*

**ARLENE BUNTON**

Director, Mac Research and Consultancy Limited

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*Twenty Years of Driving Change in Scottish Health and Social Care*

Research • Regulation • Real-World Impact

Published April 2026

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## Introduction

*Arlene Bunton is not the kind of leader who sits behind a desk and theorises about social care. Over two decades, she has worked across every level of the sector — from care home floors to integrated joint boards, from homelessness casework to national policy tables — and she brings that frontline credibility to everything she does. Today, as Director of Mac Research and Consultancy Limited and Operations Director for several companies in Scotland (and England) giving the level of oversight and direction needed, she combines academic rigour with a practitioner’s instinct for what actually works.*

*In this interview for **Buyacarehome**, Arlene speaks candidly about what drives her, why evidence-based practice matters more than ever, and what she’s learned from twenty years of pushing for better in one of the most challenging, and most rewarding, sectors there is.*

### **Let’s start at the beginning. What drew you into health and social care?**

Honestly? People. It was always people. I came into social care through community work — I didn’t arrive with a grand career plan. I just knew I cared deeply about fairness, about dignity, about the way we treat the most vulnerable people in our society. And once you’re in it, once you see the difference that good care makes — and the damage that poor care causes — you can’t walk away from that.

I started at the sharp end. Homelessness casework, frontline care, working directly with people in crisis. Those early years taught me things no textbook could — how to sit with someone’s distress without trying to fix it immediately, how to listen properly, how to navigate systems that weren’t always designed with the person at the centre. That grounding has shaped everything I’ve done since.

### **You’ve worked across an extraordinary range of roles — from local authority care homes to national policy. How do you make sense of that breadth?**

I think every role I’ve held has given me a different lens on the same fundamental questions: how do we deliver care that genuinely puts the person first, and how do we build systems that enable that to happen consistently? Whether I was managing care homes in Argyll and Bute, leading homelessness casework in East Dunbartonshire, representing the independent sector at Scottish Care, or heading up operations for Fulcrum Care across Scotland — the thread has always been the same. What does good look like? Where are the gaps? And what are we actually going to do about them?

The breadth isn’t accidental. I’ve deliberately moved across different parts of the sector because I believe you cannot advise on what you haven’t experienced. When I sit with a care home manager now and talk about inspection readiness, I’m not speaking theoretically. I’ve been the one worrying about staffing rotas at three in the morning. I’ve dealt with challenging inspections. I know what that pressure feels like, and that matters.

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## **Tell us about Mac Research and Consultancy. What was the vision behind it?**

Mac Research and Consultancy was born out of a frustration, really. I kept seeing the same problems repeated across the sector — services struggling with Care Inspectorate registration, policies that were copied and pasted from templates and bore no relationship to what was actually happening on the ground, quality assurance that ticked boxes but didn't change practice. And I thought: I can do something about this.

The vision was simple — to bring research-informed, evidence-based thinking into the everyday business of running care services. Not in a way that's abstract or academic, but in a way that's practical, grounded, and directly useful to the people delivering care. We do everything from Care Inspectorate registration support and policy development to quality assurance, dementia training, HR services, digital integration, and property management. But the golden thread through all of it is evidence. I don't believe in guesswork. I believe in knowing what the evidence tells us, understanding the regulatory landscape, and then building systems and practices that reflect both.

## **You're also pursuing doctoral research at the University of Stirling. How does academic research sit alongside consultancy work?**

Beautifully, actually. They feed each other constantly. My doctorate focuses on intersectionality and the experience of spousal care partners accessing formal care in the community — it's grounded theory research, so it's about generating knowledge from real experience rather than testing someone else's hypothesis. And that's exactly how I approach consultancy work too.

For nine years now, I've studied full-time alongside working full-time. People sometimes ask how I manage it, and I give the same answer every time: education has never felt like a chore to me. It has always been something I feel empowered by. The MSc in Applied Social Research gave me the methodological toolkit — how to collect, analyse, and critically interpret qualitative and quantitative data. The Postgraduate Diploma in Dementia Studies gave me the specialist depth. And the doctorate is where all of that comes together into original contribution.

In practical terms, it means when I develop a policy for a care service, it's not a template — it's built on the evidence base, mapped to the relevant legislation, and designed to actually change practice. That's the difference research makes.

## **You're clearly passionate about dementia care, and particularly about LGBTQ+ inclusion. Tell us about that work.**

This is where my heart really is. My published work in the Journal of Dementia Care — 'Silver Pride: A Celebration and Challenge' — came from seeing a gap that nobody seemed to be talking about. We have an ageing LGBTQ+ population, many of whom grew up when their identities were criminalised, and they're now navigating a care system that often doesn't see them. Add a dementia diagnosis to that, and the layers of invisibility multiply.

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I co-organised Scotland's first Silver Pride event in East Ayrshire, which was covered by STV News, and I've co-authored a book on LGBTQ+ Dementia and Ageing with the Dementia Services Development Centre at Stirling. I've also co-developed a full training course on the subject. This isn't niche work — it's about fundamental person-centred care. If we claim to put the person at the centre, we have to see the whole person, including their identity, their history, and the barriers they've faced.

I'm also sitting on the Executive Committee of the Scottish Dementia Research Consortium now, which gives me a platform to advocate for inclusive research practices at a national level. And later this year, I'm presenting at the Global Ageing Network conference in Boston on intersectional identities in community-dwelling spousal dyads. Taking Scottish research onto the international stage — that feels important.

## **Your work at Scottish Care placed you at the heart of sector reform. What did you take from that experience?**

Three years as Independent Sector Lead taught me how the whole ecosystem fits together — and where it doesn't. I was the voice of the independent sector at the Integrated Joint Board, the Strategic Planning Group, the Adult Protection Committee. I chaired the APC subgroup on Engagement and Communication. I sat on Scottish Government's Dementia Strategy Group and worked directly with the Care Inspectorate, and NES.

What I took from it is that integration only works when everyone's voice is genuinely at the table. The independent sector delivers the vast majority of care in Scotland, but its providers are often the last to be consulted and the first to be squeezed on funding. I spent those three years campaigning for realistic funding models, advocating for providers, and trying to ensure that commissioning wasn't just about driving costs down but about delivering outcomes. I'm proud of the relationships I built and the influence I had — but there's still a long way to go.

## **How would you describe your leadership style?**

Dialogic and empowering. I lead through inquiry, reflection, and collaboration. I create spaces where diverse voices are heard, where lived experience informs strategy, and where staff feel genuinely valued. I'm a natural empath — I see the potential in people, and I want to draw that out.

In practice, that means I empower the managers I work with by encouraging their professional autonomy and curiosity. I don't micromanage. I equip people with the tools and the confidence they need, and then I trust them. But I'm also direct. If something isn't working, I'll say so — respectfully, but clearly. I believe in constructive challenge. Some of the best outcomes I've seen have come from moments where someone had the confidence to say 'actually, the evidence suggests we should be doing this differently.' I want to build cultures where that's normal.

I also know what it takes to manage services under pressure. The legislative side, the operational side, the human side — they're all connected, and you have to be able to move

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between them fluently. Knowing which hat to wear in which circumstance — whether that's chairing a committee, presenting to government, or sitting with a staff member who's struggling — that's a skill I've honed over twenty years.

## **You have built partnerships with organisations like Konpanion, the National Robotarium. How do you manage all of this?**

With structure, with good people, and with clarity about what I'm trying to achieve. 247 Alba Care is a care at home and housing support company in East Lothian, and it's a direct expression of the values I hold — person-centred, community-embedded, focused on quality. Running it alongside Mac Research means I'm constantly working at both the strategic and the operational level, which keeps me grounded.

The partnerships are where things get exciting. With Konpanion, I'm the Social Care Specialist Lead and Research Partner, driving the innovation of an assistive technology robot called MAAH. That's about bringing technology into care in a way that's ethical, co-produced with users, and grounded in research. The National Robotarium partnership extends that into wider technological innovation.

I'm ambitious about where all of this is going. The care sector needs to embrace innovation — digital integration, assistive technology, data-driven quality improvement — without losing sight of the human relationships at its core. That's what I'm building towards.

## **What do you think the Scottish care sector needs most right now?**

Courage. Courage to fund properly, courage to listen to providers, courage to let evidence drive practice rather than politics. The workforce crisis is real. The funding pressures are real. But so is the extraordinary commitment of the people who work in this sector every single day.

We need regulatory frameworks that are supportive, not just punitive. We need commissioning that recognises the true cost of quality. We need to invest in research and evidence-based practice as standard, not as a luxury. And we need to value the social care workforce — not just in warm words, but in pay, conditions, training, and career progression.

I'm an optimist at heart. I see what's possible because I've seen it happen — in the services I've worked with, in the teams I've led, in the research I'm involved in. The potential is enormous. We just need the will to match it.

## **Finally, what keeps you going? After twenty years, what still gets you out of bed in the morning?**

Love. I know that sounds grand, but it's true. I love this work. I love the complexity of it, the human connection at its heart, the feeling when you see a service transform because the right support was in the right place at the right time. I love that moment when a manager realises they're better than they thought they were. I love the research — the rigour of it, the

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discovery, the privilege of hearing people's stories and turning them into knowledge that can change things.

I've been studying full-time alongside working full-time for nine years. That's not endurance — it's passion. When something matters to you at that level, it stops being about motivation and becomes about purpose. And my purpose has never wavered: to get the very best out of people, for people.

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### **About Arlene Bunton**

*Arlene Bunton is Director of Mac Research and Consultancy Limited and Operations Director at 247 Alba Care Ltd. She holds an MSc in Applied Social Research from the University of Stirling and a Postgraduate Diploma in Dementia Studies and is completing her doctorate in Dementia and Ageing. A published author, award-winning dementia champion, LGBTQ+ advocate, and member of the Scottish Dementia Research Consortium Executive Committee, Arlene has over twenty years' experience spanning frontline care delivery, national policy, quality assurance, and academic research. She was a finalist in the 2025 Leading Women in Care awards.*

*This interview was conducted by Buyacarehome in conjunction with Arlene Bunton, Director of Mac Research and Consultancy Limited [www.macresearchandconsultancy.co.uk](http://www.macresearchandconsultancy.co.uk)*

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