

**Scottish Women's Convention  
response to the Scottish  
Government's consultation on:**

**Rights to Breaks for Unpaid Carers**



**19<sup>th</sup> May 2026**

## **Premise**

Recent statistics show that every year, around 340,000 people in Scotland will take on unpaid caring responsibilities, equating to almost 1000 people per day. More than half (56%) of these carers are women and 44% of them will be in paid employment.<sup>1</sup> By the age of 49, people in Scotland have a 50% chance of becoming a carer with women adopting the role much earlier – typically by the age of 45.<sup>2</sup>

The Scottish Government estimates that there are around 700,000–800,000 unpaid carers in Scotland, ranging from 8% between the ages of 16-24 up to 23% for those aged 55-64.<sup>3</sup> Many carers struggle to access sufficient breaks and time away from their caring responsibilities. The following consultation proposes new duties under the Care Reform (Scotland) Act 2025 to assess whether carers can access sufficient breaks and where they can access support.

## **The Scottish Women’s Convention (SWC)**

The SWC is funded to engage with women across Scotland to ensure that their views are represented in policy and decision-making processes. The SWC uses the views of women to respond to a variety of parliamentary, governmental, and organisational consultation papers at Scottish, UK and international levels.

The SWC gathers information using different methods, including roadshows, thematic conferences, surveys, and both in-person and online roundtable events. This submission presents the views of a range of women, reflecting their opinions, ideas and lived experience. Working together with many other equalities organisations and community groups, we use our broad network to ensure that women from a range of backgrounds are heard and acknowledged. We are continually reviewing innovative ways of engaging with women and developing our trauma-informed and culturally sensitive practice to support vital contributions from as many women as possible.



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<sup>1</sup> Carers Scotland *Briefing: Women and Unpaid Care in Scotland* [briefing-women-and-unpaid-care-in-scotland-2026-vfinal.pdf](#)

<sup>2</sup> IPPR *Women in Scotland: the gendered impact of care on financial stability and wellbeing* [Women in Scotland: the gendered impact of care on financial stability and well-being | IPPR](#)

<sup>3</sup> Scottish Government *Scottish Health Survey: results and reports* [Scottish Health Survey: results and reports - gov.scot](#)

***“...the crisis in social care...is leaving unpaid carers on their knees and broken. They’re picking up the slack, because they have no choice... having to give up work, to support and care for their loved ones, because the local area is not implementing self-directed support the way it should be.... I think there’s going to be a catastrophe, unless something really serious happens.”***

SWC, Programme for Government: Women’s Priorities for 2024/2025<sup>4</sup>

**The Scottish Government proposes the following definition of “sufficient breaks”:**

**“Sufficient breaks” means “breaks from caring which enable a carer to have enough rest, leisure and time to:**

- a. avoid negative impacts from their caring role on their health and wellbeing; relationships with others; and life balance; and**
- b. help them to achieve their personal outcomes in these same areas”.**

**Question 1. Is this definition clear enough to make decisions about a carer’s eligibility for a break from caring?**

Somewhat. The proposed definition certainly provides a useful starting point, but we believe that eligibility must be based on the cumulative impact of caring on a person’s wellbeing and not just simply on the hours of care delivered. Some clarification on this would be helpful.

The definition should explicitly recognise and include terminology around the emotional and mental toll of caring responsibilities, including disrupted sleep patterns and the impact of caring on employment and education.

The Scottish Women’s Convention’s recent report on social care highlighted that many women providing unpaid care experience severe stress, isolation and loss of social interactions. Women reported feeling “on call 24/7” and having lost their own quality of life due to caring responsibilities. We believe that these experiences should be reflected in any proposed definitions.

***“I’ve entirely lost my social life...I’ve had to leave my job and move back to look after my mum and I have no one to speak to.”<sup>5</sup>***

**Question 2. Does this definition cover the appropriate aspects of the caring role to help make this decision?**

No. The definition should clearly include specific areas such as:

- emotional support and supervision
- overnight care

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<sup>4</sup> The Scottish Women’s Convention *Programme for Government: Women’s Priorities for 2024/2025*  
<https://www.scottishwomensconvention.org/resources/pfg-brochure-202425.pdf>

<sup>5</sup> Scottish Women’s Convention *The Realities of Scottish Social Care for Women*  
<https://www.scottishwomensconvention.org/resources/social-care-report-final.pdf>

- administrative responsibilities such as appointments, benefits and administering/managing of medication
- Emergency care and caring for multiple people
- the impact of trauma and potential bereavement in incidences of terminal illness
- the experiences of carers in rural areas and those with limited transport options.

***“People are just trying to muddle through at great cost to themselves and others.”***<sup>6</sup>

The definition should also consider intersectional inequalities and not adopt a standardised approach. Women, disabled carers, minority ethnic carers, older carers and those on low and limited incomes may experience additional barriers to accessing breaks.

**Question 3. Do you agree that it would be helpful to specify some of the types of support or activities which provide a break from caring?**

Yes. Providing examples would improve consistency across local authority networks and would help carers better understand their rights. However, any list should never be exhaustive and must allow a degree of flexibility and personalised support.

Different carers require different forms of respite and this is wholly dependent on personal circumstances. Breaks should be understood on broader terms and should include support that improves wellbeing and independent participation in everyday life.

**Question 4a . Are there any types of breaks you think are missing form this list?**

**List One: (Carers are more likely to have difficulty accessing this type of break)**

Additional types of breaks that should be included:

- overnight respite
- replacement care for people with complex needs or challenging behaviour
- breaks for carers in rural and island communities
- support which enables carers to attend medical appointments
- short breaks that allow carers to continue in employment or education
- bereavement and trauma support.

**Question 4b. Are there any types of breaks listed which you think should not be included?**

None of the categories listed should be excluded, provided they are person-centred and based on assessed needs.

**Question 5a. Are there any types of breaks you think are missing form this list?**

**List Two: (Carers are less likely to have difficulty accessing this type of break)**

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<sup>6</sup> Ibid

Additional types of breaks that should be included:

- Access to peer support groups
- Online or hybrid wellbeing activities
- Free or low-cost community activities
- Travel support linked to respite
- Access to counselling or mental health support.

**Question 5b. Are there any types of breaks listed which you think should not be included?**

No categories should be excluded, but there should be clear recognition that even supposedly “low-barrier” breaks are inaccessible for some carers due to poverty, digital exclusion, transport options or lack of replacement care.

**Question 6. Do you have any concerns that providing a detailed list would have any unintended consequences?**

Yes. There is a risk that local authorities may treat the list as exhaustive and restrict access only to listed forms of support. This could reduce flexibility and undermine personalised approaches.

In order to avoid this, guidance should clearly state that the lists are flexible and not exhaustive, carers are entitled to person-based assessments and differing forms of respite can be made available. There is also the possible risk of “sufficient breaks” becoming somewhat of a postcode lottery if there is significant differentiation across local authorities.

***“...caught in the middle of all of this bureaucracy [are] human beings: their carers and the service users themselves.”<sup>7</sup>***

**Question 7. Would it be valuable to specify a list of circumstances that should not be viewed as a break from caring?**

Yes. Providing clarity would help prevent any wrongful interpretation of “breaks” and ensure carers are not denied meaningful support.

***“You have to almost convince the system you need help before you get anything.”<sup>8</sup>***

**Question 8a. List of circumstances that should not be viewed as a break from caring. Are there any circumstances you think are missing from this list**

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<sup>7</sup> Scottish Women’s Convention *Women’s Priorities for 2024/2025*

<https://www.scottishwomensconvention.org/resources/pfg-brochure-202425.pdf>

<sup>8</sup> Scottish Women’s Convention *The Realities of Scottish Social Care for Women*

<https://www.scottishwomensconvention.org/resources/social-care-report-final.pdf>

Additional circumstances that should not count as breaks:

- periods where the carer remains responsible and available “on call”
- hospital admissions where carers are still expected to provide advocacy or support.

**Question 8b. List of circumstances (as above) that should not be viewed as a break from caring: Are there any circumstances listed which you think should not be included?**

None.

**Question 9. Do you agree that the law should specify accelerated timescales only for carers of terminally ill people?**

No. While carers of terminally ill people should absolutely receive accelerated support, there are other situations where urgent assessment is just as necessary, including:

- carers experiencing mental health crises
- young carers at risk of educational difficulties
- situations involving domestic abuse or safeguarding concerns
- emergency changes in caring responsibilities.

For these reasons, legislation should always be flexible to cater for a broader range of urgent circumstances.

**Question 10. In setting a timescale for preparing an ACSP for other adult carers, would you support 8 weeks, 10 weeks or another timescale?**

8 weeks. Many carers already wait too long for support while their own health deteriorates. Earlier intervention can prevent crisis situations and reduce pressure on health and social care services. There should however be interim support whilst waiting, potential fast track situations and clear accountability if timescales and deadlines are missed.

***“I think, for many of us, when you come into the system, you expect the system to be there, what you are then met with is horrible forms, constant battles, exhaustion in trying to navigate this unrelenting system of process and procedure, which is really, really hard. You do that on top of caring, so is it... underinvested. I wonder if a lot of it happens because we just get on with it. Carers don’t have the ability to just go on strike, you know, like the bin-people do, or the teachers do, because we have loved ones who absolutely rely and depend on us.”<sup>9</sup>***

***“I felt as though I was being passed from pillar to post and back again.”<sup>10</sup>***

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<sup>9</sup> Scottish Women’s Convention *Women’s Priorities for 2024/2025*

<https://www.scottishwomensconvention.org/resources/pfg-brochure-202425.pdf>

<sup>10</sup> Scottish Women’s Convention *The Realities of Scottish Social Care for Women*

<https://www.scottishwomensconvention.org/resources/social-care-report-final.pdf>

**Question 11. Should the timescales for preparing a YCS for other young carers be the same timescales as for ACSPs?**

No. Young carers should receive faster responses because delays can significantly affect their educational attainment, attendance, their mental health and social development.

Young carers are often ‘invisible’ and could delay seeking help until situations become much worse.

***“People who need care for themselves are having to deliver the care for others.”<sup>11</sup>***

***“Carers need to identify themselves as carers...and often don't receive the support and advice they require”<sup>12</sup>.***

**Question 12. Would you support 8 weeks, 10 weeks or another timescale?**

For young carers, a shorter maximum timescale such as 4-6 weeks would be preferable with further support in place.

**Question 13. Do you agree with a phased approach for moving carers from the current system into the new system?**

Yes, provided the phased approach is transparent, properly funded and based on need. We believe that priority should be given to carers who currently receive no support, carers with poor physical/mental health, those who are delivering high intensity care and younger and older carers.

**Question 14. Under such a phased approach, how long should be allowed for all carers to have their needs reviewed?**

No longer than two years. A shorter implementation period would reduce inequalities and prevent carers remaining unsupported for prolonged periods.

***“Sometimes it takes a while for systems to kick in, so in the meantime, who is left to do the work?”<sup>13</sup>***

**Question 15. Do you agree with using an interim definition of “sufficient breaks” as proposed above, to prioritise carers in the greatest need while the new right is bedding in?**

Yes, but only if it is genuinely a temporary measure and properly monitored. We would suggest that there is indeed a practical case for prioritising certain instances during implementation, particularly where systems and workplace capacity are limited.

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<sup>11</sup> Ibid

<sup>12</sup> Scottish Women’s Convention *Women’s Priorities for 2024/2025*  
<https://www.scottishwomensconvention.org/resources/pfg-25-report.pdf>

<sup>13</sup> Scottish Women’s Convention *The Realities of Scottish Social Care for Women*  
<https://www.scottishwomensconvention.org/resources/social-care-report-final.pdf>

However, there is a risk that any interim definition would become overly restrictive and excludes carers with already substantial unmet needs.

In order for this to work, there must be clear review points which include equality monitoring and the removal of any barriers to future entitlements.

**Question 16. What would be the main benefits and risks of using an interim definition of “sufficient breaks” as proposed?**

Potential benefits would include:

- Prioritising the carers in greatest need (a difficult interpretation as all needs are valid and different)
- Supporting phased implementation
- Reducing pressure on services during the transition period
- Allowing for system and workplace planning.

Potential risks could be:

- Some carers may be excluded despite significant needs
- Inconsistencies across local authorities
- The creation of a two-tier system
- Carers losing trust if support is delayed too long.

***“More and more families are taking on the care of their loved ones because they just don’t trust the system.”<sup>14</sup>***

Evidence from our varied work on social care clearly demonstrates that many unpaid carers are already exhausted and unsupported. Delays or limited eligibility criteria risks worsening health inequalities and could also lead to increased poverty.

***“The government is relying on us to do the caring because then it isn’t coming out of their pockets.”<sup>15</sup>***

**Question 17. Do you think the timescale for moving from an interim definition of “sufficient breaks” to a broader definition covering more carers should be: set at the outset or guided by monitoring and evaluation?**

We believe that a blended approach would be most effective. There should be a clear maximum timeframe from the outset, for example three years, to provide accountability as well as regular monitoring and evaluation to ensure services are fully prepared and adequately resourced.

Without any clear deadlines there is a risk that interim arrangements become permanent and this cannot be allowed to happen.

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<sup>14</sup> Scottish Women’s Convention *The Realities of Scottish Social Care for Women*  
<https://www.scottishwomensconvention.org/resources/social-care-report-final.pdf>

<sup>15</sup> Ibid

## **Conclusion**

The right to breaks for unpaid carers is a significant and necessary reform. The legislation and guidance should recognise that unpaid care is often intensive, gendered and emotionally demanding work. A rights-based and preventative approach is essential. The new legislation must therefore be implemented in a way that is flexible, person-centred, equitable and adequately funded.

The SWC is grateful for the opportunity to respond to the Scottish Government's consultation on Rights to Breaks for Unpaid Carers. As an organisation, we will continue to work with women from across Scotland to gather voices and experiences relating to this topic and its effects on women's equality.

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