



CONFERENCE REPORT

22<sup>nd</sup> November 2025

Glasgow Grosvenor Hotel

The Scottish Women's Convention

**The Realities of Scottish Social  
Care for Women**



# **Agnes Tolmie**

## **SWC Chair**

For decades, Scotland's social care system has been resting overwhelmingly on the shoulders of women. From frontline care staff to unpaid carers supporting their families and communities, women provide the labour, the skill, the resilience, and the emotional load that keeps our failing social care system functioning in Scotland. And yet, this vital work that underpins our whole society remains undervalued, underpaid and all too often overlooked.

Here at the Scottish Women's Convention (SWC) our aim is not just to have a polite conversation about this issue, instead we need to get to the very heart of the matter, to hear the concerns of the many women who are undertaking low paid, precarious work as well as those who are juggling home lives, careers and unpaid caring responsibilities. This is the only way that we can help to forge real change.

We hope that the SWC's work on social care can be looked on as a turning point for this change and through our research, we plan to show policymakers that there is indeed a better way forward.

The SWC believes that the future of social care in Scotland must be equitable, sustainable, and unapologetically shaped by the very women who live it, lead it, and hold it together every single day.

Only then can Scotland say it has created a fair and just social care system for all.

## **Key Points & Recommendations**

- **Improve training and professional standards across the care sector.**
- **Strengthen pay, contracts and safe working conditions for paid carers.**
- **Prioritise continuity of care and person-centred approaches to care.**
- **Simplify access routes to care to reduce administrative burdens.**
- **Further investment in local authority care and increased community based and preventative care services.**
- **Recognition and support for unpaid and young carers.**
- **The implementation of improved communication and safeguarding measures for carers and service users**
- **Address women's discrimination and challenge societal expectations on unpaid care delivery.**
- **Address rural and remote inequalities directly.**
- **Clarify data sharing and strengthen transparency, as highlighted in our recent NHS Delivery consultation response.**

## Sara Cowan

Sara joined Scottish Women's Budget Group in September 2020. Sara has spent her career working on social justice issues, with 11 years spent in various campaigning roles at Oxfam working on inequality, climate change, and humanitarian issues. Prior to that Sara worked in Glasgow as an individual advocate for people with physical and mental health difficulties.



Sara stated that the SWBG was set up 25 years ago to campaign for women's equality and to research and analyse how public money is raised and spent. Through their work, the SWBG helps support women's groups in their campaigning activities for better rights and services, offers advice and training to local authorities on how to best understand gendered issues and undertakes research in order to influence national policy. Up until 5 years ago, this work had been undertaken entirely by volunteers.

Sara went on to deliver a presentation highlighting some of the organisation's work over the past couple of years with a focus on care, both paid and unpaid, an area of work the SWBG has long supported.

"We need an economy in which care is both visible and valued."

Key findings from this research were very clear and showed that:

- Investment in social care would have to double in order to support fair wages and to deliver sufficient hours of care for those in need.
- Higher wages for care workers could also strengthen local economies and increase tax revenues.
- Improved social care access would allow more disabled people to participate in society and reduce the growing need for unpaid carers.

**"Care isn't a cost – it's what keeps our communities alive."**

Sara went on to speak on some of the SWBG's most recent research when they held interviews with social care workers to better understand job quality, financial security and how valued they felt as employees. The research findings from their report *Voices from the Front Line* reinforced the long-standing concerns previously highlighted by both the Scottish Women's Convention and trade unions in that:

- Although the Real Living Wage is welcome, in real terms it does not accurately reflect the complexity and skills related to social care work.
- Any meaningful change to the social care system requires better pay, more robust workers' rights and continued and sustained investment in social care.
- Social Care staff consistently reported feeling undervalued, overworked and financially insecure.

**"We give everything to the people we support, but the system doesn't give anything back to us."**

Sara went on to discuss some other key pieces of research undertaken by the SWBG this year, some of which considered the impact of charges for non-residential care. Non-residential social care charges, which are applied to such areas as day centres, telecare systems and transport costs, vary widely across Scotland with each local authority being responsible for setting their own charging

policies. This means that people needing care in one area of Scotland may be paying much more than their counterparts elsewhere and, in many instances, people were not able to pay for the vital services they so greatly needed.

Key findings from this research showed:

- Adults aged 18-64 are expected to contribute to care costs when their income exceeds £8000: an unrealistic threshold which does not reflect real living costs. Thresholds for older people are only slightly higher at £12,000
- No evidence was found of adequate impact assessments being carried out by local authorities, COSLA or the Scottish Government
- Disability related expenditure was being inconsistently applied meaning many disabled people were losing out financially.
- When people could not afford to pay social care costs unpaid care was rising, placing additional pressure on women in particular.

**“A proper recognition of what unpaid care entails is necessary in policy design to ensure a fairer system for social care in Scotland.”**

Sara commented that immediate improvements to counter this could include raising income thresholds to protect people on low incomes, ensuring that disability related expenditure is factored into any decisions made on availability to care and implementing technical fixes within existing legislation in order to reduce harm.

Sara ended this point by saying that the Scottish Government had committed to abolishing these additional charges by 2026 however, this now looked to be highly unlikely. Sara indicated that the SWBG considered these charges to be incompatible with rights-based and compassionate social care, which strongly aligns with the SWC’s findings from our previous research on health and social care.

**“...social care charging is supposed to mean that people will be left with an adequate income after care costs, but this is not a reality...inadequate impact assessments mean that people are being left behind.”**

Sara finished her contribution by speaking on SWBG’s latest research, due to be published in late November/early December 2025. This research focused on Scotland’s care policy and its use of international benchmarks on investment, accessibility, monitoring, and rights. Sara indicated that preliminary results showed that:

Scotland scores between 40-50% in key areas where a nation with Scotland’s ambitions should be scoring between 80-100%. Investment levels, service reach, and recognition of unpaid care remain far below what is needed. These findings are consistent with the Independent Review of Adult Social Care, which had strongly called for transformative rather than incremental change.

**“ Change is needed to make a valuable difference to people’s lives and to enhance their experiences of social care in Scotland. ”**



## Heather Calvo

Heather has a background of working in social care for over 30 years and her core value base is in human rights, namely that everyone should be included. In her current role as CEO of Neighbourhood Networks, Heather leads on work to set up peer support networks with vulnerable adults across the Central Belt of Scotland.

Neighbourhood Networks operates across eight local authority areas and was set up in 2001 as a way to support vulnerable individuals across local communities. From the beginning their work has focused on helping people with learning disabilities, physical disabilities, additional support needs and poor mental health to live active, connected and fulfilling lives. Their approach is a unique form of social care, centred around the Community Living Worker (CLW) role. Through this community-based approach, members build social skills to instil in them a sense of belonging in their communities. The organisation describes the CLW as “someone who must live in the same area, the same community as where the network is based.” These workers are natural connectors, well-embedded within their communities, and committed to making it a better place to live.

The CLW links together a group of people, helping them to form relationships, build skills, and develop confidence. The model focuses heavily on peer support, with the idea of this approach being to ensure that natural networks are strengthened rather than replaced by paid support.

Heather stated that this model of care offered several key benefits which included:

- Prevention and early intervention, whereby the consistency of the network “acts as an early warning system” when small issues can be identified and worked upon before they escalated.
- It is a very cost-effective form of social care, reducing reliance on crisis and specialist services.
- Improved wellbeing with members spending more time with friends and natural supports thereby experiencing “far less loneliness and isolation.”
- Developing skills whereby members are able to identify goals and outcomes around housing, budgeting, managing their health, spending time with friends, building confidence, and crucially, independent travel, which Heather described as “the key to an independent life.”

Neighbourhood Networks carefully maps each member’s journey with the aim of supporting them to grow, achieve outcomes, and eventually move on when they are ready. As the organisation emphasises,

**“People will not necessarily be in networks forever...we are about building people up.”**

Heather went on to discuss the Community Living Worker’s (CLW) role in more depth, highlighting that their role is to act as a facilitator, bringing people together through a series of monthly meetings and talking and engaging with the members to find out what they hope to achieve in their lives.

The CLW works on the mantra “what’s the least I can do to make this happen?” and this principle ensures that their involvement in the process is not getting in the way of the natural supports but is instead helping to identify the cues when people are ready to support one another. “This support is hugely important to help build self-esteem and confidence.”

CLWs work flexibly on average 16 to 20 hours per week, with their schedules shaped around members’ needs and community opportunities. Support may take place in the daytime, evenings, or weekends and

the organisation also provides an out-of-hours service. Heather stressed that Neighbourhood Networks is primarily a member-led organisation. Members participate in working groups, governance structures, and the Neighbourhood Networks Advisory Group (NAG). Many members with lived experience also serve as trustees, ensuring that their voices and stories are heard.

Heather discussed the challenging nature of the current health and social care landscape in Scotland and reflected “I’ve been in this game for over 30 years, and I’ve never known such difficult times.” She went on to say that social care remains underfunded and is often overshadowed by the more demanding needs of the health services. Heather stated that funding varies significantly between local authority areas, creating a “postcode lottery” and any funding is wholly dependent on whether the Health and Social Care Partnership’s choose to prioritise investment in early intervention prevention, which is ultimately more cost effective in the long run.

Heather touched on recent financial pressures, namely the NIC Bill, which seen increases to employer’s national insurance contributions. Heather stated that as a member of the Coalition of Care Providers, she had witnessed the devastating impact this has placed on other social care providers, putting many providers at risk, with some even warning that they may not survive another year. Despite this, Neighbourhood Networks is continuing to do research, to evidence outcomes and to demonstrate the impact of early intervention, which they know is both effective and cost-saving.

Heather remarked that the organisation is also preparing for long-term sustainability, working to ensure that if Neighbourhood Networks is not there anymore then members will still have the connections and skills needed to lead a good life. One emerging area of development is the creation of independent networks and groups that require only ‘light-touch’ support but still allow members to retain the sense of belonging that they value so highly. The organisation’s networks contribute widely to their communities by raising money for charities, hosting events, and opening their doors to local residents.

In concluding her presentation, Heather shared with the women a recent example of the power of collective action in one of the areas where Neighbourhood Networks works. When a local authority moved to cut funding for several networks, members, carers, and families launched a large-scale campaign. They contacted councillors and MSPs, sought legal advice, and demonstrated clear demand for the service. Ultimately, the local authority reversed its decision due to not having followed due process or undertaken an equality impact assessment.

**“ The importance of social engagement can never be undervalued...  
we believe that together anything is possible. ”**

This experience strengthened the organisation’s commitment to supporting family voices. As a result, Neighbourhood Networks is now investing in parent and carer networks to ensure these voices remain influential and empowered. Despite the many challenges it faces, Neighbourhood Networks continues to deliver a powerful, community-based model that reduces isolation, builds skills, and enhances independence for people who are often excluded from mainstream support.

**“ Networks bring a sense of belonging, they make people feel included and  
valued, and this can only be seen as a positive step when making people feel  
more safe and secure in themselves. ”**



# Shubhanna Hussain

Shubhanna Hussain is the Partnership Development Officer at the Coalition of Carers in Scotland. Her work involves working with local carer organisations and engaging with policymakers, at both local and national level, to ensure that carers' diverse experiences and perspectives are meaningfully reflected in policy development. With a strong commitment to equalities and human rights, Shubhanna contributes to policy work that seeks to address the barriers faced by carers, particularly those from underrepresented communities.



Shubhanna, who is a council member of the Scottish Government's National Advisory Council on Women and Girls spoke not only on her paid work for a carer's organisation but also on her work as an unpaid carer when, due to a defining moment in her life in 2010, she was left caring for her seriously ill husband at the same time as her young son began displaying signs of complex disabilities. Shubhanna said that within months her family went from a dual income household to one relying almost entirely on welfare support.

**"Caring was never something I imagined would define my life."**

Shubhanna said that like many carers she spent years believing that she was failing but eventually realised that the support system she had become reliant upon like social care, welfare, health services, employment rules, assessments, and eligibility criteria were never designed with women's lives in mind. She stated that now even in 2025, unpaid care still falls overwhelmingly on women's shoulders.

**"It wasn't me that was failing – it was the system failing me, over and over and over again."**

She went on to question why the responsibility for unpaid care still falls on women. The answer she said is structural and is because much of today's policies on social care are still built around the assumptions that:

Women don't work; women don't need their own income; women will provide endless care for their loved ones without question and women will absorb the mental load and emotional labour by juggling and coordinating things seamlessly.

Shubhanna stated that these assumptions are still deeply entrenched in policy and decision-making processes and that policymakers take it as read that women will simply step in to do the work. Because of this, there is no real urgency to invest in social care or redesign services around existing family structures. Shubhanna went on to say that the results of this are visible everywhere with women providing the majority of intensive unpaid care, as much as 50 plus hours per week, mothers of disabled children being overwhelmingly the child's primary carer, daughters being left to coordinate every aspect of life and women of colour facing additional barriers such as racism, disbelief in their circumstances and a lack of culturally appropriate care for ageing parents.

She continued to discuss how women are disproportionately impacted and how the system was continuing to fail them. Using some statistics, she said that Scotland has around 800,000 carers, with

three-quarters of those being women. Of these, many were delivering the equivalent of a full-time job without either a salary, pension contributions, or employment protections.

Shubhanna remarked that Carer's Allowance, now known as Carer's Support Payment, which was first introduced in 1976, was never designed with women's needs in mind and from the outset married women were unable to claim the allowance because caring was seen as part of a wife's duty to her husband.

Shubhanna indicated that although improvements have been made in Scotland, namely the new Carer Additional Person Payment, major problems remain. Rigid thresholds, with no gradual taper; the removal of carers allowance for the carer on reaching state pension age; universal credit deducting carer's payments and the level of support being offered bearing no relation to the real costs of caring all still exist.

She stated that in addition to this, women who juggle paid work and caring responsibilities are being pushed out of the job market due to unreliable support. Shubhanna stressed that this is not about women choosing part time work but is instead because we live in a system which removes choice. She shared that over the recent school summer holidays; her son received 12 hours of paid support to cover 6 and a ½ weeks of holiday: Shubhanna had to use 3 weeks of annual leave just to fill the gaps in his care during this time.

Under the present system, women have to reduce hours, turn down promotions, or leave work entirely, not because of lack of ambition but because support for them is just not there. Social care and specialist childcare are underfunded, inconsistent and often unavailable during working hours so in order to help combat this, economic and social care policies must be designed to complement one another.

**“Most carers claim benefits not through choice, but because social care gaps force them into intensive unpaid care.”**

**“This is what a fragile social care system looks like in a woman's working life.”**

Shubhanna mentioned that most intensive unpaid care was done by women over the age of 45, at precisely the stage when many are starting to experience perimenopause or menopause - yet carer strategies never make mention of this. During this time in their lives, women still have to manage medical issues, challenging behaviour, nighttime support, heavy lifting, and constant vigilance of those they care for. This silence around women's bodies, health and caring is a structural blind spot that must be addressed - an argument which strongly aligns with our previous Blether Report on women and the menopause.

**“This is all done while navigating brain fog, anxiety, hot flushes, broken sleep and physical strain.”**

Finally, Shubhanna touched on the Scottish Government's Care Reform Bill which passed into law the *Right to a Break* from unpaid caring. She went on to say that for this to work it must learn from past failures. Shubhanna stated that any good social care system must acknowledge that unpaid care is overwhelming carried out by women, that the financial impact of caring responsibilities is deep and long term, that there is an understanding of the intersectionality between menopause, ageing and caring and an acknowledgement that racism and sexism can shape access to support.

**“Support must work for the families that exist today, not the ones imagined half a century ago.”**

**“ We don't choose a life of unpaid care, if there was a better social care support system women could remain in work and develop their skills and career. ”**



# Discussion

After we heard from the guest speakers, we held a question-and-answer session during the morning session followed by roundtable discussions after lunch.

The following section will outline the views of the women we spoke to in our roundtable sessions. Women were invited to share their lived experiences of both receiving and delivering care, for themselves and others.

Their contributions highlight not only their individual struggles, but also what they believe to be the deep systemic failures that disproportionately impact women as service users, paid carers, family carers, and young carers.

Across all their experiences, these women expressed one common message:

**“The system is broken for those who need care.”**

## 1. Overreliance on Informal and Unpaid Care

The current issues within the health and social care system are placing a significant burden on unpaid carers. More and more families are being expected to compensate for the seismic gaps in formal care provision offered by local authorities and the private sector.

From our discussions on the day, it became apparent that this practice has now become normalised rather than being used as an emergency measure until adequate services are put in place. Unpaid carers are stepping in due to staff shortages and family members are increasingly filling roles that should be covered by trained professionals, mostly without preparation, training, or resources.

This over reliance on unpaid care is growing, both locally and nationally, yet the women delivering this care often receive no recognition, rights, or any form of adequate support.

- **“The government is relying on us to do the caring because then it isn’t coming out of their pockets.”**
- **“You have to almost convince the system you need help before you get anything.”**

The women also spoke on the emotional, physical, and financial strains they had experienced while delivering care. Both paid and unpaid carers indicated that they had experienced high levels of stress, deterioration in their own mental and physical health as well as financial difficulties due to reduced employment opportunities and out of pocket expenses.

- **“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.”**

Some of the older women spoke on how they had even lost their carer’s benefits on reaching state pension age but yet had continued to provide unpaid care for their older relatives, only now this care had to be delivered at their own expense.

Our discussions also highlighted that there is a distinct lack of respite or emergency support, with very few options existing for short term relief or specialised intervention, leaving carers with no safety net to fall back on. Unpaid carers have no automatic rights and lack statutory entitlements such as paid leave and flexible working hours, a few women indicated that they **“[felt] as though we are on call 24/7.”** Some women indicated that they had totally lost faith in the formal care system. Persistent gaps and poor communication had led them to lose confidence in the care their loved ones were receiving, and they felt they had no alternative other than to step in.

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

- **“People who need care for themselves are having to deliver the care for others.”**
- **“...how demoralising must it have been for them for their nieces to have to come over to change their catheter valve because their care package wasn’t in place?”**

From this conversation, the SWC believes that this dependence on unpaid care is not sustainable; it perpetuates women’s inequality and undermines workforce participation but largely it risks the health and wellbeing of carers and the people they support. Too many women are acting as buffers for a system that no longer meets demand yet are not being treated with the respect or dignity they deserve: their labour is crucial yet invisible. Without proper structural reform, such as guaranteed respite, financial support, and legal recognition, the Scottish social care system will continue to fail.

## **2. Barriers and Bureaucracy when Accessing Care**

The women spoke candidly about the repeated assessments they had endured in order to access relevant care services, the complex nature of having to deal with multiple agencies when making applications and the lack of any sort of communication for months on end: these were seen as being the central barriers to obtaining care for themselves and those they cared for.

Many of the women felt that despite the integration of Health and Social Care Partnerships over the past 10 years, the system is not working and that there is a lack of co-ordination between the two departments, leaving families struggling for answers and support.

- **“There are two different teams, and we can’t get answers from any of them.”**
- **“She comes every week to tell me that I can’t get any help...why the hell is she coming?”**
- **“...caught in the middle of all of this bureaucracy [are] human beings: their carers and the service users themselves.”**

From our discussions it became apparent that women were facing overwhelming challenges when trying to access care services, with too many people involved in the assessment and decision-making processes.

- **“I felt as though I was being passed from pillar to post and back again.”**

The women felt they were being left to navigate a confusing system, filling out endless forms and paperwork and facing lengthy waiting times for decisions to be made, only adding to the stress they were already under.

- **“You have to fill in so much paperwork just to convince them you need the help.”**
- **“Someone with a clipboard has decided how much care I need.”**
- **“It was always me versus the system.”**
- **“The whole system is lacking in compassion; it’s a bureaucratic nightmare.”**
- **“Sometimes it takes a while for systems to kick in, so in the meantime, who is left to do the work?”**
- **“The form was overwhelming, so we just left it.”**
- **“They’re terminally ill, they’re not going to get better...they have needs now not in 6 months’ time.”**
- **“I think the problem is people don’t know where to go for help, it isn’t publicised enough.”**

As well as this, women found that some of the assessments were overly intrusive, particularly when asking them for details of their financial situation.

- **“Why do they have to go through all your financial details, they’re infringing my privacy. It’s not a nice feeling.”**

On the day, women described to us a system that they felt was procedurally heavy yet largely ineffective, leaving them feeling exhausted, burnt out and completely lacking in any trust of the social care system.

### **3. Inconsistency and Quality Issues in Paid Care**

The women we spoke to informed us that they felt the quality of care varied drastically between carers, agencies, and local authorities. They described incidents of poor hygiene standards, a total lack of engagement, little to no time for conversation with the service user, a lack of person-centred approaches, care being undertaken by untrained or inexperienced staff as well as missed visits and inconsistencies in the overall service delivery.

- **“Some carers are not very experienced.”**
- **“She came in, didn’t wash her hands, and didn’t even introduce herself.”**
- **“They say they’ve fed her, but her meals haven’t been touched.”**
- **“Carers are constantly phoning her saying ‘we canny get your mum up’.”**
- **“Not enough time is given with each person to even begin to understand their needs.”**

### **4. Workforce Issues: Low Pay and Lack of Training and Development**

Some of the women we spoke to, who work in the social care sector, described a workforce under constant strain. Many of them were being placed under extreme pressure to do more and they felt that there was a total lack of any form of support for themselves and their work. Some even felt that they were being exploited by senior staff and agencies.

The women spoke of minimal or insufficient training, insecure contracts and unpaid travel time and a distinct lack of any professional recognition for the work that they do. So much so, many experienced care workers were now leaving the sector entirely to seek employment elsewhere.

- **“People leave because supermarkets pay more.”**
- **“You get three days training max... that’s nowhere near enough.”**
- **“Agencies are a major problem...a day and a half training and that’s you.”**
- **“Some staff who provide the worst care have been in the place for 10-15 years, they’re exhausted.”**
- **“Workers aren’t being looked after...some of them don’t even have contracts.”**
- **“Agencies are just businesses exploiting their workers.”**
- **“Paid carers are having to pay triple taxi fares on Christmas Day in order to get to work.”**
- **“When someone was mentoring me, you should have seen the way she was shoving the lady out of her bed...I mean it could have been my mum.”**
- **“Online training modules are just another box-ticking exercise.”**
- **“I do feel that caring is not for everyone, and I see a lot of people struggle trying to do it.”**
- **“Dignity and respect are training buzzwords...they don’t even consider intersectional experiences.”**
- **“I work from 8-11AM every morning. In that time, I am expected to deliver personal care, make breakfast, and give out medication to 15 people.”**
- **“After a 55-minute walk in the rain, I arrived at the client’s house and was told they didn’t need care that day.”**

### **5. Lack of Continuity and Relationships with Service Users**

The women we spoke to all agreed that stable relationships between carers and service users was a crucial element of care, particularly for those living with dementia, but this continuity is rarely provided.

The women spoke of the constant rotation of carers for their loved ones, often with distressing consequences. Even when families felt the need to contact the authorities on this, they were informed that no requests could be met when asking for a semblance of consistency in the services provided.

- **“Years ago, you had the same carer, now they constantly change them.”**
- **“When relationships form between the client and the carer, they move them on.”**
- **“...there is a lack of communication between carers and those needing care.”**
- **“Care packages that are being put in place aren’t replicating the care that is needed.”**

- **“It felt like there was a revolving door of strangers.”**

From this evidence, the SWC believes that it is no wonder that families are starting to lose trust in the system when relationships are consistently broken. Safeguarding policies that are in place are often unintentionally harmful to service users and their families. It is clear from our discussions that any form of relationship care is almost impossible when staff are having to rotate so frequently, pointing to a service that is impersonal and almost mechanical in its approach.

## **6. Geographic Inequalities in Care**

Some of the women we spoke to described chronic shortages in care for more rural areas leaving them with none or, at best, very limited options.

They informed us of severe staff shortages, excessive travel distances making care impractical, hospital closures, limited private sector alternatives and higher personal costs. Bearing all of this in mind, the women we spoke to felt they had no other alternative than to deliver unpaid care themselves.

- **“It’s incredibly difficult to get carers in rural areas.”**
- **“Even people with their own budgets can’t buy what they need because of staff shortages.”**
- **“Hospitals are closed parts of the week due to lack of staffing.”**
- **“People are just trying to muddle through at great cost to themselves and others.”**

It was apparent from this conversation that geography was greatly determining access to social care. Women in rural areas are facing systemic disadvantages, and this must be urgently addressed before any crises occurs.

## **7. Closure of Community-Based Support and Day Services**

Cuts to community services and the closure of long-standing day centres were putting increasing demand on unpaid carers, giving them no mechanism for respite, and curtailing social connections. The women we spoke to told us that they were relying on voluntary and third sector organisations for help and support but even they were struggling to meet demand as their government funding was always unstable. In addition to this, any services that people could access were coming at a cost which was unaffordable for many.

- **“You pay more and get less.”**
- **“Even small charges add up when you are on benefits or a pension.”**
- **“We had a very good day care service for many years... but they had to close it.”**
- **“People were just being left high and dry.”**
- **“Befriending services were simply disappearing.”**

We found from our discussions that these closures were having a direct impact on carers and their families leading to loneliness, carer burnout, and a decline in mental wellbeing.

## **8. Young Carers: Invisible and Unsupported**

The women we spoke to touched on the volume of young carers who were slipping under the radar due to lack of data and the absence of adequate social work or educational support. They stated that many young carers were hiding their caring responsibilities due to fear of ridicule and stigma, leading to a double bind of emotional burdening and isolation.

- **“What they’re doing doesn’t even show up in statistics.”**
- **“It’s not just the physical care that affects them, its everything the family can’t do together.”**

From our conversation, we found that young carers were facing the prospect of a poverty of opportunity which could ultimately affect their education, wellbeing, and life chances.

## **9. Women's Discrimination in Paid and Unpaid Care Work**

From our discussions, one issue remained highly prevalent: social care remains mainly a women's profession, both in formal and informal care settings. The women we spoke to told us that there is a common expectation that they should be responsible for undertaking most of the caring responsibilities for both their children and older relatives, with some of them feeling that it was their obligation to do this without question.

Many of the women we spoke to work in the social care sector and despite the low pay and high responsibilities they love their work and see it as a rewarding career.

- **"Caring is a vocation...you cannot teach compassion, but you can teach skills."**
- **"Women have that maternal instinct—they just do the caring."**
- **"Caring is undervalued as its seen as 'women's work'."**

During previous conferences, the SWC has highlighted that the feminisation of care is both a cultural and economic issue which must be urgently addressed. This continuous notion of expectation only further perpetuates the undervaluation of paid and unpaid social care work.

## **10. Discrimination, Racism, and Inequalities**

Black and minority ethnic carers described specific challenges, such as being racially abused, by service users. The women that we spoke to stated that they had not been offered sufficient protection or support on the occasions when this had happened. They told us that there were also instances when they had to face language barriers when carrying out their work and this made things even more difficult for them.

- **"Women of colour are being treated poorly by those they take care of."**
- **"Care workers don't know how to respond to racist abuse."**

## **11. Confidentiality, Data Sharing, and Trust Issues**

Many of the women we spoke to described confusion, fear, and distrust around how theirs, and their client's data was being shared. They remarked on how there seemed to be a lack of clarity over who would see personal information and they feared that there may be consequences over inconsistent data sharing practices and the possibility that they may be oversharing.

- **"Breach of confidentiality is always a huge worry for us."**
- **"People are scared to share information in case of scams and the like."**

## **12. Positive Experiences and Promising Models**

Although from the women we spoke to much of the narrative looked at the failings of the social care system, there were however models of good practice in some cases. Some of the women stated that despite the many challenges, some services were highly praised, but this was more to do with individual care staff than the services themselves.

- **"we were initially apprehensive... but ultimately had a great experience with social carers and occupational therapists."**

# Conclusion

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At our conference, women described a Scottish social care system that is underfunded, disjointed, bureaucratic, and increasingly reliant on unpaid care, a burden that falls disproportionately on women. The testimonies offered during our sessions revealed systemic gaps, including inconsistent quality of care, insufficient training for paid carers, geographic inequity, lack of coordination in services and extreme barriers in accessing support.

Across all discussions, the following systemic failings were highlighted:

- Underfunding and budget cuts
- Workforce shortages and poor conditions
- Inconsistent communication across agencies
- Health and social care integration not reaching the people it was set up to help.
- Geographic inequality
- Inadequate training for care staff
- An over reliance on unpaid carers
- Lack of advocacy routes or support mechanisms
- Declining community support infrastructure

The experiences of the women we spoke to paints a picture of a system under prolonged stress: one that fails to uphold dignity, stability, and compassion. Their testimony provides a clear direction for reform. Any meaningful change by policymakers must concentrate on women's realities, acknowledge that unpaid care is essential labour, invest in a more robust workforce and rebuild trust in Health and Social Care Partnerships by offering clearer communications, streamlined assessments and a semblance of compassion. **It does not take much to offer this.**





# Thank You!

The Scottish Women's Convention thanks all women who attended our conference and who contributed online and via email. We thank our speakers for providing their contributions on the day.

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## SWC CONTACT DETAILS

2<sup>nd</sup> Floor, The Albany Centre  
44 Ashley Street, Glasgow  
G3 6DS

Tel: 0141 339 4797

[www.scottishwomensconvention.org](http://www.scottishwomensconvention.org)

Facebook, Instagram and LinkedIn: @SWCWomen



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