



Scottish
Women's
Budget
Group



On behalf of

**A Scotland
that cares**

The Care Policy Scorecard for Scotland



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Introduction

Using a newly developed Care Policy Scorecard for Scotland, this project provides a cross-cutting assessment of care-related policies and their implementation.

The project was motivated by deep concern about the current undervaluation of, and lack of adequate investment in, all forms of care in Scotland, and a desire to support action to address this. The project was undertaken by the Scottish Women's Budget Group (SWBG) on behalf of the A Scotland that Cares campaign.

The scorecard measures performance and progress on policies across five dimensions: care services; unpaid care; paid care; care-supporting infrastructure; and cross-cutting services. It assesses whether the right policies exist, if they are adequately funded, whether they are accessible and reaching those they are intended to support, and whether they are well regulated and monitored. A gendered approach is taken to the assessment. This recognises the highly gendered nature of care and the impact this has on how it is valued and perceived by society.

The project seeks to assess the extent to which an enabling policy environment for care exists in Scotland and the impact that this is having on the people who give and receive care.

The findings are published as part of an ongoing process. We are mindful of the urgency to improve the experiences of those who need and access care, as well as all those who provide it. We welcome feedback on this scorecard as this will help us refine it for future use in assessing the care policy landscape in Scotland, and further our aim to promote discussion and action to improve the experience of care and carers.



Background

This project was conducted by the Scottish Women's Budget Group (SWBG) for and in collaboration with the campaign A Scotland that Cares.

This campaign was established in 2022 to push for the inclusion of a dedicated National Outcome on care in the Scottish Government's National Performance Framework.¹ Campaign supporters believe that this would help drive policy and spending action across all types of care, and that the development of robust National Indicators would support the tracking of progress, and help identify where more work needs to be done to fully value and invest in all types of care.

Following the Scottish Government's review of its National Outcomes in 2023, members of the A Scotland that Cares campaign were delighted that a new Care National Outcome was proposed to the Scottish Parliament in 2024. However, the Scottish Government halted implementation of its proposed new National Outcomes and announced a broader review of the National Performance Framework. This decision has had the effect of further extending the invisibility of care and carers within Scotland's National Performance Framework and associated National Outcomes.

SWBG has been an active supporter of the A Scotland that Cares campaign from its inception. This is because the majority of those who provide care, both paid and unpaid, are women, making this a highly gendered area. Critically, SWBG believes that action to better value and invest in care would in turn contribute to tackling gender inequality.

While A Scotland that Cares continue to advocate for care to be embedded within a dedicated National Outcome, the campaign has always recognised that making progress and achieving tangible change for carers across

Scotland will also require better implementation of existing policy, substantial new policy action, and increased and/or better targeted spending.

A Scotland that Cares therefore commissioned SWBG to develop a Care Policy Scorecard for Scotland and conduct an initial assessment using the scorecard. As such, while the assessment findings are those of SWBG, they have been tested with members of the wider campaign. SWBG received funding to complete and publish Care Policy Scorecard from Carers Trust, One Parent Family Scotland, Oxfam Scotland, and Scottish Care.





A snapshot of care in Scotland

Here we give a snapshot of progress across seven key themes. These show a mixture of slow progress in some areas, but a substantial or even deepening problem in others.

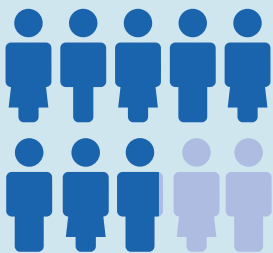


Quality of life of carers, care workers, and those experiencing care

% of unpaid carers who report a negative impact on their own emotional wellbeing

79%

(2022–2023)



86%

(2023–2024)



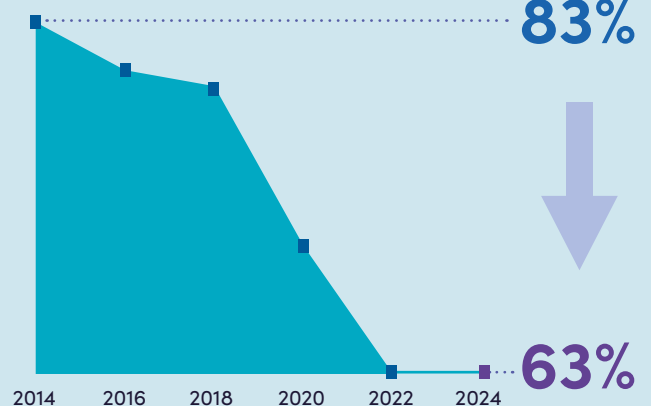
Source: Carers Census 2023–24



Quality of care for all

% of people experiencing care who rate the help, care or support they receive positively

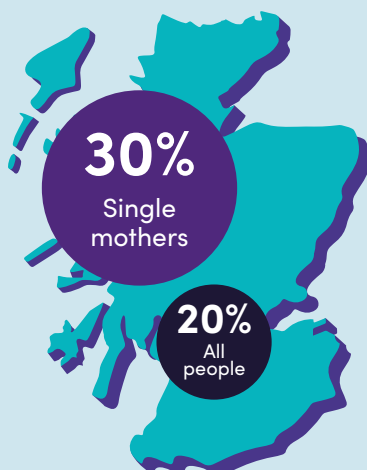
83%



Source: Scottish Government, Health and Care Experience Survey, 2023–24



Financial wellbeing of carers, care workers, and those experiencing care



% of single mothers living in poverty after housing costs compared with % of the whole population

Source: Scottish Government, Poverty and Income Inequality in Scotland 2021–24





Voice and influence of carers, care workers and those experiencing care

45%
in 2020

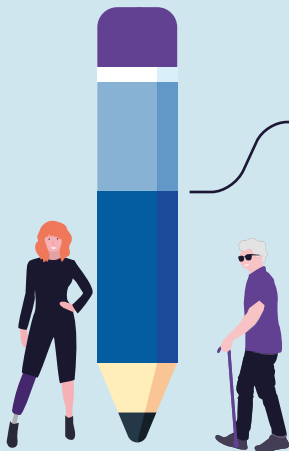
42%
in 2023

% of unpaid carers for people with additional support needs who feel they have a say in services provided for the person(s) they look after

Source: Scottish Government, Health and Care Experience Survey 2023-24



Access to education and training



61%

of disabled adults and children do not feel fully able to take part in education in Scotland

Source: Survey data from Inclusion Scotland's United Nations Convention on the Rights of Disabled People Shadow Report 2022



Adequacy of funding for care



Spending on adult social care in Scotland

Spending in 2022-2023

£3.5 billion

Required for a "transformative" service*

£6.8 billion

* Note: average pay of £15.21 per hour and wider access to free care. Costs will grow over time.

Source: Scottish Women's Budget Group, Towards a transformative universal adult social care support service for Scotland, 2023



Job quality for care workers



Hourly pay rate of social care and childcare workers

Current minimum pay:

£12.60

(rising to £13.45 in April)



Increasing average pay to 75% of nurses' wages:

£17.23*

* Note: this is in line with Nordic levels



Minimum pay for Scotland's carers is still well below levels in similar countries

Source: Scottish Women's Budget Group, Towards a transformative universal adult social care support service for Scotland, 2023

The Care Policy Scorecard

The Care Policy Scorecard for Scotland leans heavily on the international template launched by Oxfam in 2021.² The Oxfam template was developed following a collaborative process involving organisations and individuals working on the care agenda at the regional, national and global levels.

This included a rigorous peer-review process with care policy experts, researchers, civil society organisations, women's rights organisations and feminist economists. The Oxfam Scorecard seeks to capture the key components of a care-enabling public policy environment, and can be used at the national or sub-national level. It was developed to provide care advocates with a practical tool to measure and track government progress and commitments on policies that have a direct impact on care (both unpaid and paid) and provides policy makers with evidence and information to make informed decisions on these policies.

The tool draws upon the work of feminist and development economists. It also draws on the International Labour Organisation's 5R framework³: this means being able to **recognise**, **reduce** and **redistribute** unpaid care work, adequately **reward** paid care work, and **represent** care workers in collective bargaining and social dialogue.

The scorecard incorporates a set of indicators and questions that can be used to assess, monitor and evaluate progress systematically and holistically across relevant public policy areas.

The Scottish Women's Budget Group (SWBG) has undertaken the process of adapting Oxfam's global Care Policy Scorecard for use in Scotland and has led the assessment process on behalf of the A Scotland that Cares campaign. The campaign's steering

group, consisting of Carers Scotland, Carers Trust Scotland, MECOPP (Minority Ethnic Carers of People Project), Oxfam Scotland, Pregnant then Screwed, One Parent Families Scotland and Scottish Care, has funded and guided the work. Academics at the University of the West of Scotland, whose work has informed the wider A Scotland that Cares campaign, have also provided valuable guidance to the project.



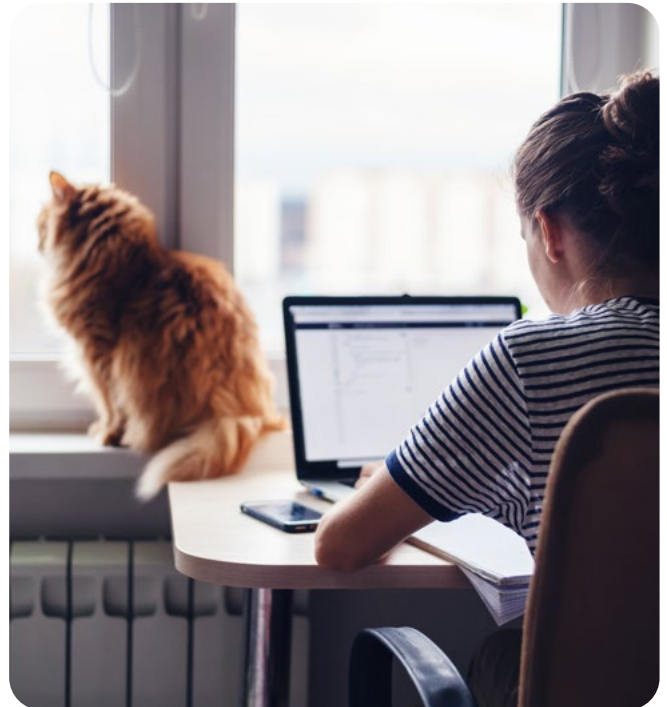
Methodology

This project involved two stages: tailoring Oxfam's original Care Policy Scorecard to the Scottish context, and carrying out the assessment for each indicator in the agreed Care Policy Scorecard for Scotland.

Tailoring the Care Policy Scorecard for Scotland

The process of adapting Oxfam's original Care Policy Scorecard for use in Scotland was undertaken by the Scottish Women's Budget Group (SWBG), working in collaboration with the A Scotland that Cares steering group. Tailoring the scorecard for Scotland was not straightforward and the work that was undertaken was constrained by the budget available.

The tailoring process resulted in a Care Policy Scorecard for Scotland comprised of 5 dimensions of care policy, encompassing 12 policy areas and 23 indicators. See Table 1 on page 9.



Dimension 1
Care Services



Dimension 4
Care-supporting infrastructure



Dimension 2
Unpaid Carers



Dimension 5
Cross-cutting services



Dimension 3
Paid Care

Table 1. Elements of the Care Policy Scorecard for Scotland

Dimension	Policy areas	Indicators
1. Care services	1A. Childcare	1A.1 Early learning and childcare
		1A.2 Out of school childcare
	1B. Adult social care	1B.1 Care services for people (aged 18–64) with additional care needs
		1B.2 Care services for older people (aged 65+)
2. Unpaid care	2A. Unpaid carers	2A.1 Support to unpaid carers
		2A.2 Targeted Scottish social security support to unpaid carers
	2B. Parents	2B.1 Targeted Scottish social security support to parents
		2B.2 Support with the cost of the school day
	2C. Care-supporting workplaces	2C.1 Flexible work
		2C.2 Sick leave and time to care
		2C.3 Leave for parents
		2C.4 Breastfeeding at work
3. Paid care	3A. Labour conditions and wages	3A.1 Living wage
		3A.2 Gender pay gap and equal pay for equal work
		3A.3 Right to social security
	3B. Workplace environment regulations	3B.1 Occupational health and safety in the workplace
		3B.2 Protection against gender-based discrimination, harassment and violence in the workplace
		3B.3 Workplace inspections and grievance mechanisms
	3C. Migrant workers	3C.1 Migrant workers' rights
	3D. Right to organise	3D.1 Right to representation and negotiation, freedom of association and right to strike
4. Care-supporting infrastructure	4A. Energy	4A.1 Access to energy efficiency schemes
	4B. Transport	4B.1 Access to affordable, reliable and well-networked public transport
5. Cross-cutting services	5A. Measurement frameworks and data collection	5A.1 Collection of time-use data

Each indicator was divided into four main sections, each focusing on a different assessment theme:

- **Accessibility and reach:** how policies prioritise under-served and marginalised populations, and ensure accessibility and affordability; whether services/supports are reaching the most under-served areas and populations.
- **Budget and administration:** whether the budget allocation assigned by government (Scottish or UK) supports policy delivery, is rising in real-terms, and is sufficient to implement the policy; whether there is sufficient capacity within government to implement the policy.
- **Regulation and monitoring:** whether there is a government department to deliver the policy; complaints, grievance and other monitoring or regulation mechanisms; collection and publication of disaggregated data; and monitoring and evaluation systems for the policy.
- **Design and impact:** whose voices are heard within policy consultation; explicit intention to address unpaid care work in the policy objectives; evidence of redistribution of unpaid care work; and women's representation in management and governance structures.

Where relevant, a fifth section on the theme of **legislation and ratification** of international conventions was included, particularly in relation to paid work policies.

Clear assessment criteria for each indicator were then identified – these can be seen in full in the [scoring spreadsheet](#).

The assessment and scoring process

Following adaptation of the scorecard, the identified criteria were assessed using information and evidence obtained from:

- A policy and literature review
- Focus group discussions with unpaid carers, young carers and parents
- Sense-checking interviews and reviews with third sector organisations.

Note that, within this process, the assessment drew on available evidence to consider how policies affect different overlapping and intersecting equality groups (women, young people and older people, disabled people, people from ethnic minority communities, people on low incomes etc.).

Based on this assessment, the identified criteria were scored as follows:

- 1 = fully met
- 0.5 = partially met
- 0 = not met

The scores for each criterion were then used to calculate:

- A percentage score for each indicator
- A percentage score for each thematic section for each indicator
- A percentage score for each policy area – based on the average score for all indicators within the policy area.

The percentage score for each policy area provides a sense of the degree to which policy and its implementation in each area is creating an enabling environment for care in Scotland. A score of 0% suggests that no policy exists. A score of 100% suggests that policy exists and is having a fully transformative impact.

A description of the full assessment and scoring process can be found in [Appendix 1](#).

Comment on the tailoring and assessment and scoring processes

SWBG recognises the subjective nature of the process undertaken to adapt Oxfam's global Care Policy Scorecard for use in Scotland, and the limitations of a scorecard-based approach.

While we have sought to be as comprehensive as possible, we recognise that some important policy areas, like looked after children and social care support for children, are not included as they were not part of the original global scorecard. These gaps could be addressed in subsequent updates to the Care Policy Scorecard for Scotland.

We fully recognise the complex links between care policies made at UK Government, Scottish Government and local authority levels. Because the A Scotland that Cares campaign has primarily focused on Scottish Government and parliamentary processes, we decided to focus the scorecard on Scotland-level policies. However, we recognise that decisions made by the UK Government and local authorities also affect care policy and the delivery of that policy – in some areas, substantially.

Therefore, in some cases, UK Government policies have been scored as part of the assessment process. More generally, the wider interactions between policy and spending decision-making at UK, Scotland and local levels should be kept in mind when interpreting the findings of the scorecard assessment.

By design, a scorecard approach tends to seek binary numerical answers, and this can sometimes miss nuance. To address this, a consistent approach was applied to scoring across all indicators; the decisions taken on more complex issues are explained in [Appendix 1](#).

Despite this, SWBG believes the findings provide valuable insights that can inform wider debates on care policy in Scotland. We would welcome feedback on this inaugural Care Policy Scorecard for Scotland. Open discussion of care policy is essential and can contribute to improving the experiences of both people who access care and those who deliver it. As an advocacy tool, the scorecard's key purpose is to shape the care policy environment. We hope that feedback will directly inform future and improved versions of the Care Policy Scorecard for Scotland.



Findings

The scorecard assessment presented provides a summary of the findings for each indicator. The full dataset from the scorecard assessment process can be accessed [here](#).

Summary findings

This assessment considers five key dimensions of care: care services; unpaid care; paid care; care-supporting infrastructure; cross-cutting services. Within these dimensions, specific policy areas and indicators have been identified to explore different types of care. Table 2 shows the score for each indicator.

Table 2. The Care Policy Scorecard for Scotland

Dimension	Policy areas	Indicators	Score
1. Care services	1A. Childcare	1A.1 Early learning and childcare	55%
		1A.2 Out of school childcare	0%
	1B. Adult social care	1B.1 Care services for people (aged 18–64) with additional care needs	42%
		1B.2 Care services for older people (aged 65+)	42%
2. Unpaid care	2A. Unpaid carers	2A.1 Support to unpaid carers	53%
		2A.2 Targeted Scottish social security support to unpaid carers	55%
	2B. Parents	2B.1 Targeted Scottish social security support to parents	65%
		2B.2 Support with the cost of the school day	50%
	2C. Care-supporting workplaces	2C.1 Flexible work	67%
		2C.2 Sick leave and time to care	40%
		2C.3 Leave for parents	52%
		2C.4 Breastfeeding at work	26%
3. Paid care	3A. Labour conditions and wages	3A.1 Living wage – Social care – Childcare	62% 50%
		3A.2 Gender pay gap and equal pay for equal work	57%
		3A.3 Right to social security	50%
	3B. Workplace environment regulations	3B.1 Occupational health and safety in the workplace	67%
		3B.2 Protection against gender-based discrimination, harassment and violence in the workplace	61%
		3B.3 Workplace inspections and grievance mechanisms	34%
	3C. Migrant workers	3C.1 Migrant workers' rights	21%
	3D. Right to organise	3D.1 Right to representation and negotiation, freedom of association and right to strike	54%
4. Care-supporting infrastructure	4A. Energy	4A.1 Access to energy efficiency schemes	50%
	4B. Transport	4B.1 Access to affordable, reliable and well-networked public transport	50%
5. Cross-cutting services	5A. Measurement frameworks and data collection	5A.1 Collection of time-use data	35%



Dimension 1

Care Services

Care services cover a range of services and supports that individuals, society and the economy rely on. These include social care, childcare and even healthcare. They form a vital part of a country's social infrastructure. Where there is a lack of access to care services, pressure on unpaid carers grows. Therefore, care services play a central role in advancing gender equality and reducing poverty, making them a cornerstone of a just and inclusive society.

The scorecard reviews policies related to the following types of care services:



Childcare: early learning and childcare (ELC) and out of school childcare (OOSC)



Adult social care services: services for adults aged 18–64, and services for older people aged 65+

The scorecard does not include an assessment of services provided by Scotland's National Health Service (NHS). The NHS operates on the principles of universal provision and free access at the point of use. With a long-established history, and extensive oversight, it is already subject to significant scrutiny. Including NHS services could skew the results of the scorecard assessment, making it harder to accurately evaluate Scotland's progress in adopting and developing other care services, potentially distorting the overall assessment of care offered by the scorecard.





Policy Area 1A.

Childcare – 27%

Childcare – encompassing both early-years and school-age provision – is a vital service that supports children, families, and the wider economy. Its benefits are far-reaching: it nurtures children’s development, enables parents to work or study, and contributes to long-term and more inclusive economic growth.⁴ As social infrastructure, childcare plays a key role in tackling women’s economic and labour market inequality – with all the financial and wider benefits this should entail.⁵ This is because access to childcare is essential for enabling parents, especially women, to enter and remain in paid employment.

In Scotland, policy in this area presents a mixed picture. While developing early learning and

childcare (ELC) has been a flagship initiative of the Scottish Government in recent years, out of school childcare (OOSC) – also referred to as school-age childcare – has not received comparable attention. Unlike ELC, OOSC services are non-statutory, meaning local authorities are not legally required to provide them. As a result, these services are more vulnerable to funding cuts and policy neglect.

The score of 27% for childcare services in Scotland indicates an ongoing need for policy development, especially in relation to children under the age of three and those of school age.

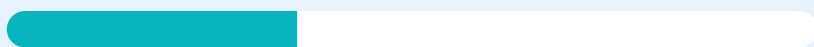


Indicator 1A.1

Early learning and childcare

Section scores:

Accessibility and reach 36%



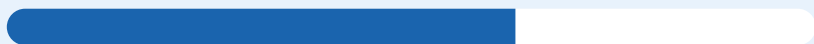
Budget and administration 50%



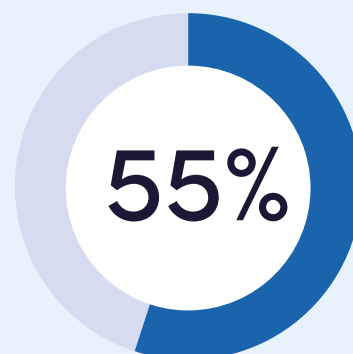
Regulation and monitoring 80%



Design and Impact 63%



Overall score



Performance bands



Very limited progress
0–25%



Early-stage development
26–50%



Developing policy
51–75%



Well-developed or transformative
76–100%

The Children and Young People (Scotland) Act 2014 provides the legislative basis for ELC policy in Scotland. This Act built on the statutory provision of childcare that was introduced by the Provision of School Education for Children under School Age (Prescribed Children) (Scotland) Order 2002. It increased the number of funded hours per child per year to 600 (around 16 hours per week over 38 weeks⁶), and extended this to all two-year-olds with parents in receipt of qualifying benefits.

The Scottish Government also committed in 2014 to further increase the number of funded hours per child from 600 to 1140 (30 hours per week over 38 weeks) by 2020.⁷ The impact of the Covid-19 pandemic meant that implementation of this policy was delayed until August 2021.⁸

The section scores for this indicator reflect the fact that Scotland has established strong regulation and monitoring frameworks for childcare, and has a robust policy structure in this area. However, there are significant challenges in relation to accessibility and reach. Current policy does not offer provision for children under the age of two. Evidence from SWBG and Pregnant then Screwed Scotland also highlights key barriers that limit accessibility, including a lack of flexibility, insufficient childcare places, and the limited financial value of funded hours for parents seeking year-round care rather than the standard term-time model of 38 weeks.

This means that the practical experience of families – particularly those with very young children – falls short of the needs of parents. Addressing these issues is critical to ensuring equitable access to childcare, supporting parents to enter and sustain paid work or education, and advancing gender equality in Scotland.

“The 30 hours does not fully cover the cost of year-round (private) nursery, and council nurseries offer term-time only.”

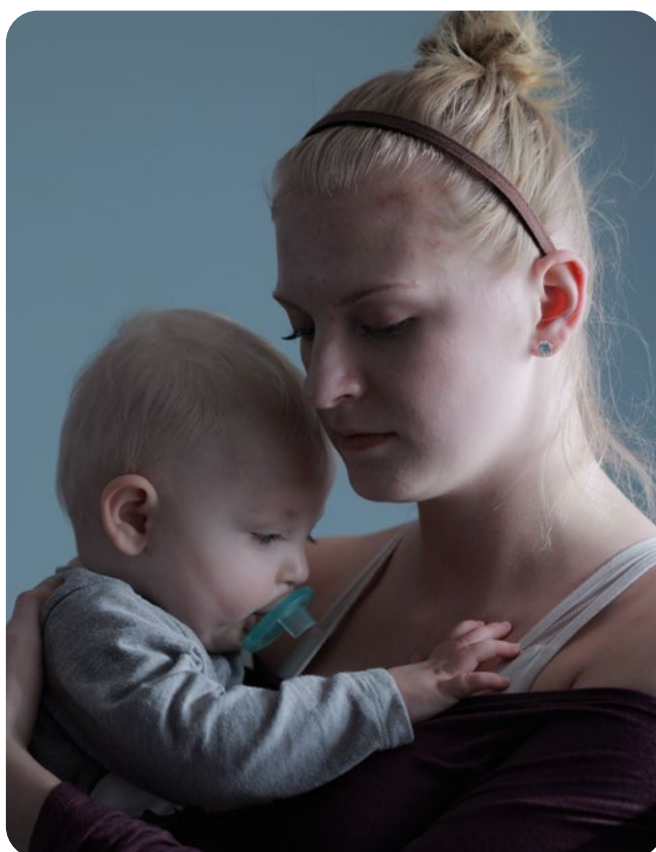
Parent quoted in Policy Briefing: Childcare Survey⁹

“Without funding wouldn’t have had a second baby.”

Participant in parent focus group

“It doesn’t pay to work which is really sad because I love working.”

Participant in parent focus group



Positively, ELC services prioritise populations requiring targeted support for funded ELC: for example, children in the care of their local authority, children of care experienced parents, and children whose parents are in receipt of certain benefits. However, with an estimated uptake of only 59% for eligible two-year-olds in 2024, it remains unclear whether the policy is effectively reaching the most under-served families as the available data does not allow for a definitive intersectional assessment.¹⁰

The absence of universal provision for all children under the age of three disproportionately affects women, who are more likely to reduce their paid working hours to take on essential unpaid childcare responsibilities.¹¹ In addition, focus group research for this project highlighted that many local authorities provide funded hours from the term *after* a child turns three, which can lead to a delay in accessing this provision of close to five months in some cases, potentially costing thousands of pounds in childcare fees for the parents during the interim period.

Accessibility to childcare for children with additional support needs (ASN) is another concern. Local authorities have a duty under the Education (Additional Support for Learning) (Scotland) Act 2004 to provide funded ELC to eligible children with ASN. A Scottish Government commissioned survey carried out in 2022 found that 31% of parents with a child with ASN experience difficulties accessing provision.¹² Evidence from the Indigo Group and the Scottish Centre for Children with Motor Impairments reveals that 62% of parents of children with profound and multiple learning disabilities (PMLD) reported being unable to access the full ELC entitlement for their child.¹³ These findings highlight the ongoing challenges facing parents trying to access childcare for children with ASN and arguably indicate a failure to comply with Article 23 of the United Nations Convention on the Rights of the Child (UNCRC).¹⁴

Audit Scotland reported in 2023 that the Scottish Government spends approximately £1 billion annually on the delivery of funded ELC.¹⁵ Their report noted that the sector remains fragile, facing financial pressures, workforce risks, and challenges to the sustainability of funded providers. It also stated that the Scottish Government does not have a full picture of how much councils spent on introducing the additional hours of ELC between 2018/19 and 2021/22. Ongoing issues with place availability and flexibility further suggest that current funding levels may be insufficient to fully deliver the policy as intended. Scottish Government Budget documents over the past three years cite “around a £1 billion investment” in the policy, but transparency of budget information could be improved.¹⁶ The private and independent sectors have also highlighted that rising food and energy costs have further exacerbated pressures, leading to the closure of some settings.¹⁷

The overall score of 55% for this indicator reflects a situation in which some positive fundamentals are in place, but further work and investment is needed to create a truly enabling care policy environment for all pre-school children.



Indicator 1A.2

Out of school childcare

Overall score

Out of school childcare (OOSC) refers to activities for primary school children provided before and after school hours and during school holidays. Although the Scottish Government committed to establishing an OOSC system by the end of this Parliament (i.e., by May 2026), no national policy has been implemented as of 2025. Current progress suggests the commitment will not be met by May 2026.

0%

The overall score of 0% for this indicator reflects the absence of a formal policy or system at national level.

However, to fairly reflect progress *towards* the existence of a policy, we scored the assessment criteria where relevant. The scores achieved reflect the fact that the Scottish Government has piloted OOSC approaches in six areas and has begun laying the foundations for wider rollout. This includes publishing a national delivery framework, and undertaking work on workforce support, and regulatory and legislative structures.¹⁸ Full details of scores for each thematic scorecard section for this indicator are not shown here. It was only possible to assess a few of the identified criteria, and the scores achieved are thus of limited value. Details of the scoring undertaken can be seen in the [scoring spreadsheet](#).

The Scottish Government's School Age Childcare Delivery Framework 2023 emphasises prioritising low-income families, for whom provision will be free, and acknowledges the need for flexibility and accessibility, particularly for children with ASN. However, it remains unclear whether access to OOSC provision will be universal or income based.

Nevertheless, Scotland does not yet have a functioning school-age childcare system, and provision remains inconsistent. Rural and island communities face particular challenges in accessing affordable, flexible and reliable services.¹⁹ A 2023 SWBG survey of Aberdeenshire parents found that 77% of respondents with children aged 5–11 were dissatisfied with current provision because it did not meet their needs.²⁰

Delays in implementing a national OOSC policy risk undermining the Scottish Government's child poverty targets for 2030²¹ – including that less than 10% of children are in relative poverty by 2030 – and could further entrench gender inequality by limiting women's access to paid work, education and training. The gap between political commitment, policy development, and parents' lived experience remains stark.

The overall score of 0% for this indicator should reinforce the need for significant work and investment to create a truly enabling care policy environment in this area.



Policy Area 1B.

Adult Social Care – 42%

Scotland's adult social care system is failing too many people – both financially and in its ability to properly monitor and respond to need. Warnings are coming from across the sector: providers are on the brink of collapse,²² and disabled people's organisations report that their members are not receiving the support they require.²³

In this scorecard assessment, adult social care services scored just 42%, a figure that adds to the growing evidence that change is urgently needed.

Adult social care support in Scotland is underpinned by multiple policies and pieces of legislation. It is rooted in the Social Work (Scotland) 1968 Act, and underwent a comprehensive update with the introduction of the Community Care and Health (Scotland) Act 2002. The 2002 Act introduced free personal and nursing care for those aged 65+ in Scotland, with this policy subsequently extended to those under 65 in April 2019. The Social Care (Self-Directed Support) (Scotland) Act 2013 strengthened people's rights to choice and involvement in decisions about their care, modernising Scotland's approach to social care. Finally, the Public Bodies (Joint Working) (Scotland) Act 2014 put in place arrangements for Health Boards and local authorities to work together to deliver integrated sustainable care services in their local areas, usually via the creation of an Integration Joint Board (IJB).

Beyond legislation, the Scottish Government has produced multiple strategies over recent years related to adult social care including:

- Age, Home and Community: A Strategy for Housing for Scotland's Older People 2012–2021 (2011) (Scottish Government and COSLA)
- Self-Directed Support Strategy 2010–2020 (2010) (Scottish Government and COSLA)
- Health and Social Care Delivery Plan (2016)
- Health and Social Care Standards: My Support, My Life (2017)
- My Health, My Care, My Home – Healthcare Framework for Adults Living in Care Homes (2022)
- Dementia Strategy for Scotland Dementia in Scotland: Everyone's Story (2023) (Scottish Government and COSLA)
- Health and Social Care Service Renewal Framework 2025–2035 (2025) (Scottish Government and COSLA).

Despite this intersecting policy landscape, the Independent Review of Adult Social Care (IRASC), commissioned by the Scottish Government in 2020, highlighted the need for transformative change, noting the persistent gap between "promise and reality". The review found the process of accessing care to be "notoriously difficult, over-complicated and bureaucratic". Key barriers include restrictive eligibility criteria and a burdensome charging regime. For many

people on low incomes, charges for necessary services significantly undermine choice and control.²⁴ Alongside this, social workers expressed frustrations with the process and the pressure to be gatekeepers to services for cash-strapped local authorities.

The IRASC called for a cultural shift: recognising social care as an investment in society that enables rights, independence, and full participation. While there is broad agreement on the need for change, the path forward remains contested – as illustrated by the failure of the

Scottish Government’s National Care Service Bill to become law, and its replacement by the Care Reform (Scotland) Act 2025. While an extensive process went into the design of plans for a National Care Service these plans did not progress so the scoring on criteria within the design and impact section did not consider this.

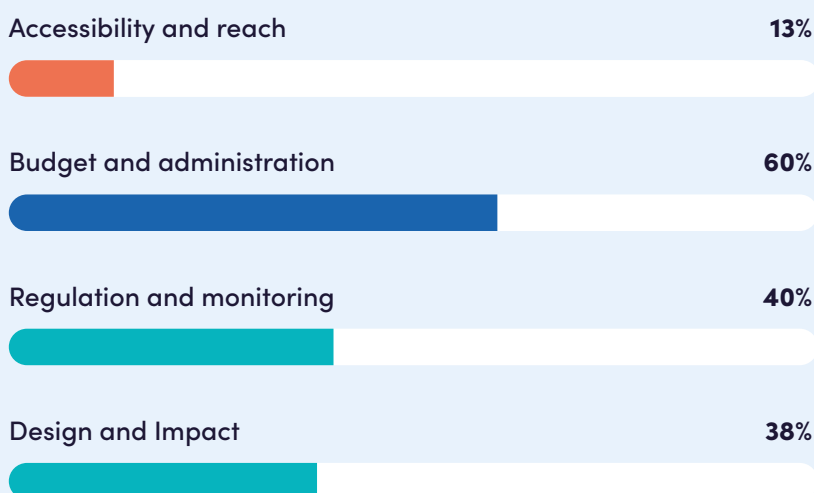
The score of 42% for this policy area is in line with the consensus that Scotland’s current social care policies and services are failing to meet need, and reform cannot be delayed.



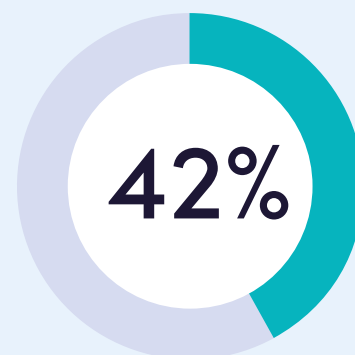
Indicator 1B.1

Care services for people with additional care needs

Section scores:



Overall score



Performance bands



“It shouldn’t be a fight to get the support I need, nor a fight to keep the support I have.”

Care-user quoted in *Independent Review of Adult Social Care in Scotland*²⁵

Social care policies for adults aged 18–64 largely mirror those for older people. In 2019, free personal and nursing care was extended to those under 65, representing an important step towards inclusivity. Similarly, Self-Directed Support (SDS) is widely recognised as a progressive policy in principle for this group. However, in practice, many people experience frustration due to the limited real choice in accessing care.²⁶

The low score for accessibility and reach for this indicator reflects the continuing significant challenge of accessing care. The Independent Review of Adult Social Care (IRASC) found that many people feel the system is overly difficult to navigate. Access to care also depends on location, as local authorities set their own eligibility rules and charges.²⁷

Local authorities are increasingly using tightened eligibility criteria to manage resources, and a Scottish Government commitment to overhaul the current system of setting eligibility criteria has not yet been followed through. There is no standard method for recording unmet need in care services; however, it is widely recognised that unmet need exists and that policies are not currently ensuring universal access.²⁸ People in the most deprived areas are also most likely to be amongst those who feel they need support but are not getting it.¹⁹ Financial barriers further compound these challenges. For example, in relation to non-residential care charges for adults aged 18–64, the income threshold for contributing to the cost of services is particularly low, at £8,840 per year for a single person and £13,416 for a couple. A 2023 survey of disabled women in the Greater Glasgow area carried

out by Glasgow Disability Alliance and SWBG revealed that 63% of respondents struggled to manage non-residential social care charges, with a further 26% having to alter other household spending to meet these costs.²⁹

Thus, in relation to accessibility and reach, there appears to be an implementation gap – that is, a gap between policy intention and people’s experience – and inconsistent provision across Scotland, whereby a disabled person in one area may access services free at the point of use, while someone in another area may not. More widely in relation to accessibility and reach, while SDS has been described by the Scottish Government as a policy with which “Scotland leads the rest of the world”,³⁰ its implementation has been inconsistent. While some individuals benefit from enhanced autonomy and choice, others struggle to access their allocated budget effectively.

The budget and administration score in this sub-area is somewhat more positive, as there was a real-terms rise in the budget from 2024/25 to 2025/26. However, this is set against a backdrop of long-term underfunding of the sector, a cause and consequence of undervaluing care, and dramatically rising costs in the provision of care support. Chronic underinvestment is the root of the challenges currently facing the sector. The 2024 Scottish Parliament Health and Social Care Committee review of SDS highlighted concerns about financial decision-making, funding constraints, and systemic underinvestment, all of which limit the policy’s impact in practice.³¹

Reports from Audit Scotland highlight that Integration Joint Boards (IJBs) face unprecedented challenges and uncertainty of funding, a widening inequality gap, increasing workforce pressures and increasing demand and unmet care needs. This is compounded by IJBs responding to short-term pressures rather than bringing about the long-term transformation that is needed³² and focusing on the preventative approaches articulated within the public service reform agenda.³³ In these circumstances, despite the budget increasing

in the last financial year, the total allocation is not sufficient to implement the policy and meet the needs of those requiring care services. Modelling work undertaken by SWBG has shown that investment in adult social care would need to almost double to bring about the transformative change required. This doubling of investment would also bring returns to the economy.³⁴

In terms of regulation and monitoring, the Care Inspectorate provides strong regulation of care quality. However, a critical barrier to reform in the adult social care policy area is the lack of reliable data. Data on unmet need is particularly sparse, creating a significant gap in understanding who is not receiving the support they require.

Research by the University of Glasgow has emphasised the urgent need for a statutory definition of unmet need, consistent recording practices, and a nationwide aggregation and analysis of social care gaps.³⁵ The absence of robust data limits Scotland's ability to target resources effectively and improve outcomes for those who need care most, and is a major factor in the scores awarded in the regulation and monitoring section.

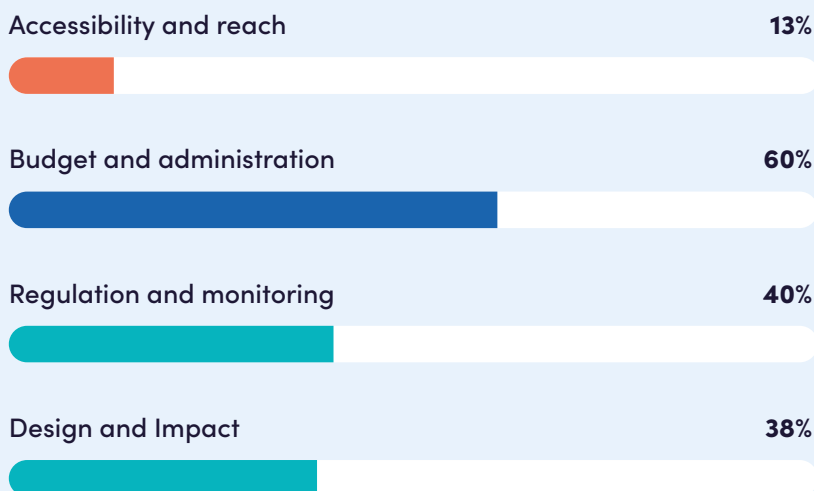
The overall score of 42% for this indicator adds to the existing evidence base highlighting the critical need for social care reform and additional investment to deliver for Scotland's population.



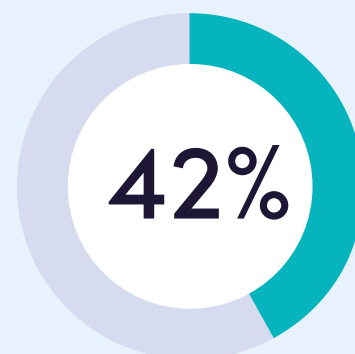


Indicator 1B.2 Care services for older people

Section scores:



Overall score



Performance bands



There are multiple policies that contribute to the delivery of social care for older people in Scotland. This includes specific guidance and strategies on issues such as housing and conditions such as dementia that predominantly impact older people.

Scoring for Indicator 1B.2 relating to care of older people (aged 65+) largely follows the scoring pattern for Indicator 1B.1 relating to care services for those aged 18–64. Information on policies relevant to both age groups and reported in relation to Indicator 1B.1 is not repeated in detail here. Instead, the focus is on issues that specifically impact older people and for which data is available.

The IRASC highlighted that while there may be good strategies in place, implementation of these is poor.³⁶ With changing demographics and growing numbers of older people, delivery of quality care services that meet the needs of older people is a pressing concern.³⁷

Delayed discharge from hospital (i.e. people remaining in hospital longer than is medically necessary because of a lack of suitable residential or care at home) has a significant impact on older people, with those aged 75+ accounting for 65% of the total delayed discharge bed days in financial year 2023/24.³⁸ Many of those affected were waiting for care assessments, care placements or care at home arrangements to be put in place. Audit Scotland have highlighted that while the Scottish Government has made numerous commitments to tackle delayed discharge, current rates are amongst the highest recorded since the Scottish Government began collecting comparable data in 2016.³⁹ The figures are a symptom of a social care system in crisis. This crisis has a particular impact on older people who require hospital care.

In addition to points raised on budget allocation in relation to Indicator 1B.1 (services for people aged 18–64 with additional care needs), it is

necessary to consider how budgets support the National Care Home Contract for Indicator 1B.2 (services for older people aged 65+), given that older people make up the majority of care home residents.⁴⁰ When considering free personal and nursing care in the care home setting there is concern that the amount of funding to deliver the policy is insufficient in meeting the true costs of care, therefore putting further strain on both individuals and services.

The overall score of 42% for this indicator reflects the need for social care reform to ensure that individual needs are met, with sufficient funding in place for policy delivery, and the importance of considering the needs of an ageing population within this.

People aged 75+ accounted for **65%** of the total delayed discharge bed days in financial year 2023/24.³⁸





Dimension 2

Unpaid carers

Whether caring for children, parents, partners or friends, Scotland relies on unpaid care to keep society and the economy moving. Yet all too often those undertaking unpaid care feel invisible, taken for granted and unsupported.

The scorecard assessment looked at policies in Scotland that exist to support unpaid carers and parents, how such policies are funded and if they are reaching those in need, and how social security powers in Scotland are being used to support those who provide unpaid care.

The care services outlined in Dimension 1 rely on the ongoing provision of unpaid care. Unpaid carers are a diverse group of people⁴¹ and recognition of and focus on specific groups of unpaid carers is necessary to make sure policy works for all carers. However, unpaid care is predominantly provided by women. Those who provide care are also significantly more likely than other people to live in poverty.⁴² Addressing issues of unpaid care is therefore critical to tackling both poverty and women's inequality.



Unpaid carers: support to unpaid carers and targeted Scottish social security support to unpaid carers.



Parents: targeted Scottish social security support to parents and support with the cost of the school day.



Care-supporting workplaces: services include flexible work, sick leave and time to care, leave for parents and breastfeeding at work.





Policy Area 2A.

Unpaid Carers – 54%

This policy area considers both financial and material supports unpaid carers can access in Scotland, through social security entitlements and specific unpaid carer support. While it is welcome that the Scottish Government passed the Carers (Scotland) Act 2016 and has developed a National Carers Strategy, the experience of carers across Scotland continues to highlight that there is a long way to go to improve the level of support in practice.

A score of 54% in this policy area highlights there is still some way to go to ensure the sufficient supports are meeting the needs of carers, especially the most marginalised carers.

“Aspirational legislation but woeful implementation.”

Participant in carer focus group



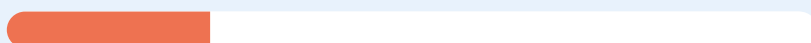
Indicator 2A.1

Support to unpaid carers

Section scores:

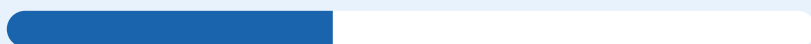
Accessibility and reach

25%



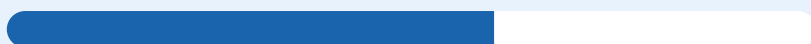
Budget and administration

40%



Regulation and monitoring

60%

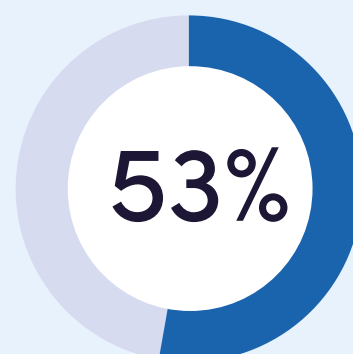


Design and Impact

75%



Overall score



Performance bands



Very limited progress
0–25%



Early-stage development
26–50%



Developing policy
51–75%



Well-developed or transformative
76–100%

“Constant juggling priorities. Always on high alert never time to relax. Living on adrenaline and energy drinks as care includes day and night. Feeling like everyone being kept down as they don’t get all the care they need.”

Unpaid carer quoted in State of Caring in Scotland 2024⁴³

The Scottish Government set out its commitment to unpaid carers in the Carers (Scotland) Act 2016, and the accompanying Carers’ Charter published in 2018 when the Act came into effect. The Scottish Government has also issued guidance for local authorities on fulfilling the statutory duties outlined in the Act, and, importantly, published a National Carers Strategy in 2022. The Act requires each local authority to develop a local carers’ strategy with the involvement of unpaid carers in their area. It grants the right to an Adult Carer Support Plan and a Young Carer Statement, highlights the importance of including unpaid carers’ views in care decisions, and enshrines the right to a break from caring.

Together, the Act and the National Carers Strategy make an important statement about the need to value and support unpaid carers, and recognise the need for systemic change. Alongside this is the principle of providing unpaid carers with access to advice and support services. Many unpaid carers report how critical these local services are to them. Yet a clear gap remains between policy intention and the experience of unpaid carers and local carer organisations – with carer organisations being clear that delivery of the action plan set out in an annex to the strategy is critical to improving the lives of unpaid carers.

The breakdown of scoring on unpaid carer support paints a concerning picture about the access and reach of the policy, the budget

committed to support policy delivery, and the level of impact policy is having.

A significant shortcoming of the policy on unpaid carer support is its inability to reach marginalised communities. Research from MECOPP (Minority Ethnic Carers of People Project) highlights that support for black and minority ethnic (BME) unpaid carers remains fragmented, under-resourced and culturally unresponsive. The research found continued marginalisation of BME unpaid carers and highlighted the significant gap between policy aspiration and implementation.⁴⁴ Alongside this, the Coalition of Carers in Scotland found that 51% of BME unpaid carers were unaware of the right to an Adult Carer Support Plan, compared to 34% of unpaid carers in the general population.⁴⁵ There is also limited provision for the needs of unpaid carers on low incomes.⁴⁶ These gaps undermine the policy in terms of its accessibility and reach and are particularly concerning given the growing number of people in BME communities providing unpaid care and the higher rates of caring in deprived areas.⁴⁷

Further, research carried out to support the scorecard assessment process highlighted that completing an Adult Carer Support Plan did not necessarily lead to delivery of the support identified within it, as there was a lack of budget to deliver further support.

“The assessment process doesn’t have a clear plan for next steps.”

Participant in carer focus group

Young carers also highlighted varying use of the Young Carer Statement, with some focus group participants reporting very good experiences of their school using the statement to provide ongoing support and others saying that the process felt pointless as the statement was not read by teachers.

Budget allocations are not always reaching unpaid carers and their supporting organisations. The budget allocated by the Scottish Government to support the Carers (Scotland) Act 2016 has been static since 2022/23, at £88.4 million per year. However, financial information relating to delivery of the Act lacks transparency. Analysis by the Coalition of Carers in Scotland found that only £62 million was spent on direct and indirect services for unpaid carers in 2022/23, £26 million less⁴⁸ than the budget allocation. Funding for unpaid carer support is provided to local authorities as part of a wider adult social care allocation and is not ringfenced. Local authorities then allocate funds to the local Integration Joint Board (IJB) for service delivery. At each step in the process budget information becomes increasingly opaque, with evidence of some of the unpaid carer allocation being placed in general funds.

Funds to support short breaks for carers were boosted by an additional £5million in the 2025-26 Scottish Budget, bringing the total to

£13million. A 2024 Shared Care Scotland survey of unpaid carers highlights a discrepancy between the need for breaks highlighted by unpaid carers and their ability to access them. Access to breaks from caring can be particularly challenging for those on low incomes. Almost a third (30%) of respondents to the Shared Care Scotland survey said that finances were the reason that they were unable to take a break.⁴⁹

What is clear is that policy in this area is designed to address levels of unpaid care work, ensuring unpaid carers have choice, control and support to make caring roles manageable. However, this project has found little evidence that a redistribution of care work has taken place as a result of this policy.

The score of 53% for this indicator reflects the major gap between policy intention and practice, which continues to be felt by unpaid carers across Scotland.

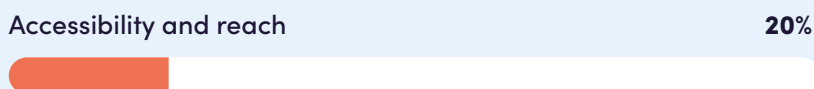




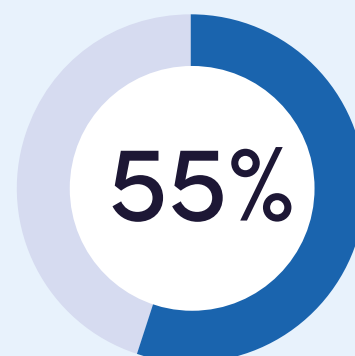
Indicator 2A.2

Targeted Scottish social security support to unpaid carers

Section scores:



Overall score



Performance bands



Carer Support Payment, Carer's Allowance Supplement and Young Carer Grant are the three main forms of financial support for unpaid carers in Scotland. Carer's Allowance Supplement and Young Carer Grant are unique to Scotland.⁵⁰

Eligibility for Carer Support Payment in Scotland closely mirrors that in place at UK level, meaning it is available to unpaid carers who provide at least 35 hours of care a week and earn less than £196 (financial year 2025/26) per week. However, positively, in Scotland eligibility has been extended to include students over the age of 20 on all courses and some aged 16–19, dependent on their course. In addition, and again positively, Carer's Allowance Supplement provides two extra payments of £293.50 (financial year 2025/26) in the year to Carer Support Payment recipients in Scotland. The Young Carer Grant is available to those aged 16–18 in Scotland who provide more than 16 hours of caring a week. It is a yearly grant of £390.25 (financial year 2025/26).

Of the estimated 800,000 unpaid carers in Scotland, around 90,000 receive the Carer Support Payment and Carer's Allowance Supplement. A further 3,700 out of an estimated 29,000 young carers receive the Young Carer Grant. These figures clearly indicate that the existing eligibility criteria seriously limit the number of unpaid carers able to access cash support. Young carers who took part in focus groups for this project highlighted that restricting financial support to only one young carer within a household demonstrated a lack of understanding of the whole-family role in caring. Focus group participants reported siblings having to split the payment. Young carers also described the application process as "daunting and stressful".

Accessibility and reach of the policy to support unpaid carers is also limited by restrictive eligibility criteria, particularly in relation to work. The earning threshold of £196 per week amounts to 16 hours at the national minimum wage. This limits the ability of those in receipt

of the payment to further boost their income by increasing the amount of work they do. Yet the value of the payment is inadequate, with the level in no way meeting the real costs of caring, resulting in too many unpaid carers living in or on the brink of poverty. Participants in the carer focus group described the payment as a “token gesture”.

Poverty rates amongst unpaid carers are unacceptably high and highlight the need for a more comprehensive safety net. Analysis by Carers Scotland found that 28% of unpaid carers are living in poverty with the poverty rate for unpaid carers 56% higher than for those who do not provide unpaid care. A critical driver of poverty identified by Carers Scotland is the difficulty unpaid carers have in accessing and staying in paid employment and the reliance on social security that this brings.⁵¹ Action to redress this sits across both the UK and Scottish Governments.

With regard to older carers in particular, a survey by Carers Trust Scotland found that for 82% of respondents had been financially impacted by caring.⁵² Eligibility criteria mean that those in receipt of the State Pension are unlikely to receive a Carer Support Payment. This situation is widely viewed as devaluing the role of unpaid carers who are also pensioners.

The score of 55% for this indicator reflects the action still needed to provide sufficient financial support to carers, including young carers. With the powers now devolved to Scotland, there is space for development and improvement on the current system.





Policy Area 2B.

Support to parents – 58%



The policy area of support to parents focuses on Scotland-specific social security payments for families. Limited social security powers are devolved to Scotland, giving the Scottish Government the opportunity to provide some targeted support. However, decisions on payments such as Universal Credit remain the responsibility of the UK Government. This significantly limits the impact of Scotland's social security powers.

The score of 58% for this policy area reflects the fact that important payments are in place for low-income parents in Scotland. While these payments are clearly intended to tackle poverty, our assessment found that they fall short in explicitly recognising and addressing unpaid care in their objectives and design.



Indicator 2B.1

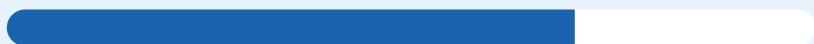
Targeted Scottish social security support to parents

Section scores:

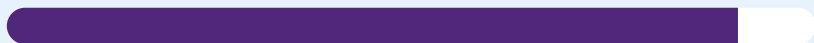
Accessibility and reach 50%



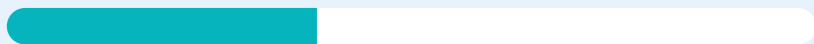
Budget and administration 70%



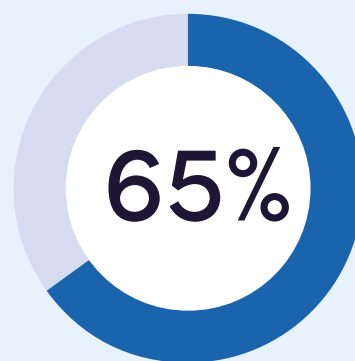
Regulation and monitoring 90%



Design and Impact 38%



Overall score



Performance bands

Very limited progress
0-25%

Early-stage development
26-50%

Developing policy
51-75%

Well-developed or transformative
76-100%

Positively, the Scottish Government provides additional social security payments to some parents through five family payments. Four of these payments (Best Start Foods and three different Best Start Grants) focus on a child's early years, while the Scottish Child Payment (SCP) is available for qualifying parents with children up to the age of 16. Eligibility for these payments is tied to income and eligibility for certain UK-wide benefits.

SCP is an important initiative, the first of its kind in the UK, that provides targeted financial support directly to families with children to help reduce poverty. The take-up rate for SCP is 89%, with the vast majority of recipients being women.

"I accessed a foodbank a couple of years ago, but the Scottish Child Payment being introduced helped me to provide food myself."

Parent quoted in Aberdeen Gender, Inequality and Poverty⁵³

However, despite the introduction of SCP, Scotland missed its interim child poverty targets. According to Scottish Government figures for 2023/24, 22% of children in Scotland lived in relative poverty and 17% in absolute poverty, compared with targets of 18% and 14% respectively.⁵⁴ An update published in June 2025 showed children in some groups to be particularly likely to experience relative poverty.⁵⁵ This showed rates of 36% for children in single parent families, 37% for children in minority ethnic families, 27% for children in families with a disabled member, 52% for children in families with younger mothers, 35% for children in families with a child under one, and 41% for children in families with three or more children. The 2025 update showed that children in these groups also face a higher than average risk of absolute poverty: 32% for children in single-parent families, 31% for children in minority ethnic families, 23% for

children in families including a disabled person, 44% for children in families with younger mothers, 25% for children in families with a child under one, and 36% for children in families with three or more children. Child poverty rates serve as a key indicator of family poverty overall.

The primary aim of the five family payments is to relieve poverty, rather than to value care. However, over the past two years, the End Child Poverty Coalition in Scotland has advocated for increasing SCP, highlighting concerns about sufficiency, particularly in the context of the Scottish Government's legally binding child poverty targets for 2030. Save the Children Scotland have also called for an exploration of using one of Scotland's family payments, such as Best Start Grants or SCP, as a targeted measure to increase the income of all low-income families with a baby.⁵⁶ Alongside this, it must be recognized that UK-wide policies – such as the two-child limit (to be abolished in April 2026),⁵⁷ the five-week wait and the rates at which Universal Credit are set – impact on the overall adequacy of cash transfers to parents in Scotland.

The score of 65% for this indicator reflects both the important additional payments available to support parents in Scotland on the one hand and the continuing need for bolder interventions that truly reflect the cost and value of caring on the other.

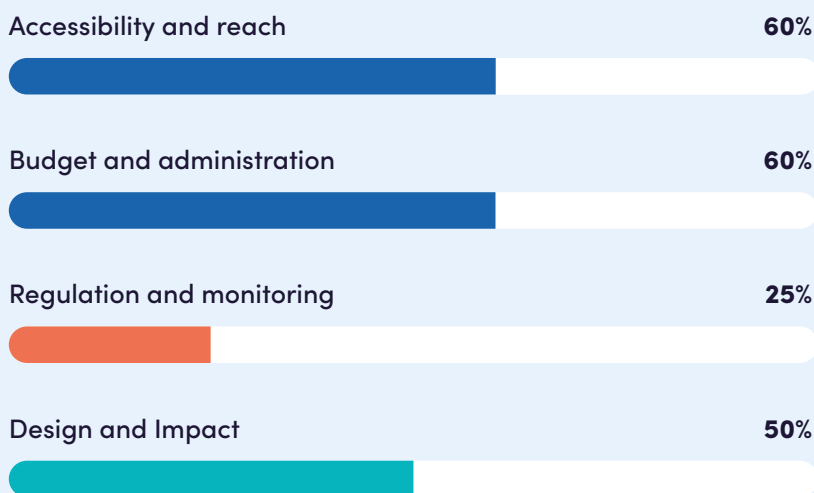




Indicator 2B.2

Support with cost of the school day

Section scores:



Overall score



Performance bands



Scotland has a national policy on school meals. First introduced in 2015, this now provides free school meals for all children from Primary 1 to Primary 5. Beyond this stage, eligibility prioritises children from low-income families or those experiencing financial hardship.

In addition, all local authorities in Scotland provide support with the costs of school clothing for families on low incomes. Eligibility is decided by local authorities but everyone who gets a school clothing grant will receive at least £120 for each primary school pupil and £150 for each secondary school pupil.⁵⁸ The policy prioritises populations in need of support, typically low-income households, which will include single-parent families, households with a disabled person, and ethnic minority households, with key social security payments acting as a passport to access school grants. While this support is crucial for many, SWBG research focusing on Aberdeen highlights the limitations of relying solely on benefit criteria to determine eligibility for school cost support, as many low-income families fall just short of qualifying for assistance.⁵⁹

Areas where this indicator scores particularly poorly are within the assessment themes regulation and monitoring and design and impact. On the former, we were unable to find evidence that these policies include provisions for oversight of the quality, accessibility, reliability, and reach of school meal or school uniform programmes. We also could not locate disaggregated data on policy implementation or associated targets. Regarding design and impact, the policies do not appear to have been developed in consultation with women's organisations, nor do they explicitly aim to address unpaid care work within their objectives. However, as with the five family payments, we recognise that the primary aim is to relieve poverty.

The score of 50% for this indicator reflects important groundwork that has been undertaken in the provision of free school meals and support with the costs of clothing but more needs to be done, particularly in relation to involving parents in the design of interventions that fully meet their needs.



Policy Area 2C.

Care-supporting Workplaces – 46%

Most of the legislation and policy on care-supporting workplaces is set at a UK level. As such, Indicators 2C.1 to 2C.4 assess UK policy; however, where the Scottish Government has taken steps to go beyond UK legislation, these actions are also considered.

Improving workplace recognition and support for unpaid care is critical not only to help more people enter and stay in employment, but also to tackle deeply rooted inequalities that exist within the labour market, such as occupational segregation and the gender pay gap (i.e., the gap between average hourly earnings for men and women). Strengthening care-supporting workplaces is a key step toward tackling such inequality and redistributing care more fairly between women and men.⁶⁰

The Scottish Government provides funding to support the Carer Positive Awards for workplaces, a programme delivered by Carers Scotland. Since its creation in 2014, over 265 organisations have received Carer Positive Employer recognition meaning a total of 495,560 people have access to workplace support for unpaid carers.⁶¹ However, engagement in the Carer Positive Awards programme is entirely voluntary, and there is currently no financial incentive for businesses to be involved. It should also be noted that, as at March 2024, there were an estimated 358,000 private sector businesses in Scotland, showing significant scope for wider engagement in Carer Positive.

The score of 46% for the care-supporting workplaces policy area reflects a mixed picture of policy development and delivery in relation to ensuring all workplaces can support all forms of care.



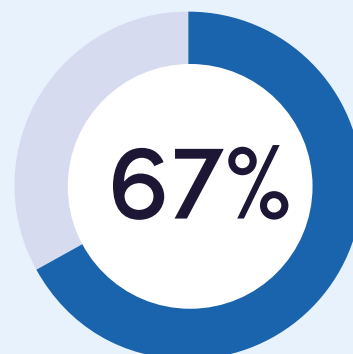


Indicator 2C.1 Flexible work

Section scores:



Overall score



Performance bands



There is a UK-wide national policy on flexible working. This gives all employees the right to request flexible work arrangements from the first day of employment, although it is up to the employer to decide whether to approve such requests. Flexible working rights are, however, expected to be strengthened as part of the Employment Rights Bill,⁶² which is currently progressing through the UK Parliament.⁶³

Current policy is strong on providing recommendations for home-working as well as opportunities to combine a series of flexible work options. However, there is limited scope for employees to appeal decisions they think are unfair. The only formal recourse available allows employees who feel they have been poorly treated or dismissed because of a flexible working request to take their case to an employment tribunal, which is a significant process for an employee (and employer) to go through.

There is a lack of oversight and regulation of flexible working practices, and a lack of published data on who can access flexible working. Current statistics produced by ONS (Office for National Statistics) offer no insight into the impact, positive or otherwise, of flexible working practices on care workers (who are mainly women) or on gender norms by encouraging men to take on more care-giving tasks. There is, though, evidence of a lack of awareness about the right to request flexible work, particularly amongst men.⁶⁴

In Scotland, Fair Work First guidance developed by the Scottish Government to support the delivery of the fair work principles goes further than the current legislative position.⁶⁵ This guidance covers a range of different aspects of employment and workplace practices and behaviours. Among other things, it highlights the role of flexible working and family friendly practices in creating more inclusive workplaces and explicitly mentions caring commitments.

The Scottish Government uses this guidance, as well as duties set out in the Procurement Reform (Scotland) Act 2014: statutory guidance, as part of the public procurement process to encourage good practice beyond the letter of the law among organisations receiving public funding. However, there is scope for procurement processes to opt out of fair work practices and further analysis particularly of groups of workers this may impact the most is needed. There is also no current link between the policy ambitions of Fair Work First and financial policies, such as access to non-domestic rates relief.⁶⁶

The score of 67% for this indicator reflects the existence of positive policy in this area, with further improvements currently going through the UK Parliament, and additional action taken in Scotland. There remains a need to improve communication about the right to request flexible work, so that more people – particularly men – are aware of and make use of the policy. It also reflects the need for stronger policy design to achieve greater impact in transforming gender roles around caring.

Survey data from Flexibility Works highlights a trend of increasing flexible work within Scotland. Their 2025 survey finds that 67% of Scottish workers work flexibly. This rises to 72% for parents, but falls to 65% for women, 64% for people with a disability or long-term health condition, and 57% for those earning less than £20,000 per year.⁶⁷



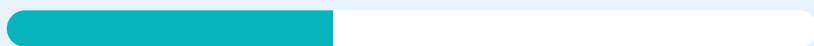


Indicator 2C.2

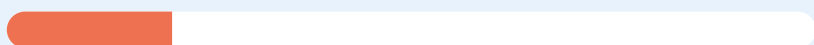
Paid sick leave and time to care

Section scores:

Accessibility and reach 40%



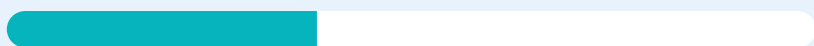
Budget and administration 20%



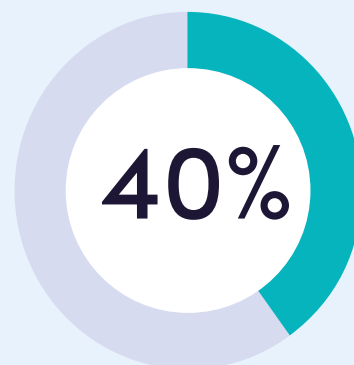
Regulation and monitoring 50%



Design and Impact 38%



Overall score



Performance bands



Requirements for Statutory Sick Pay (SSP) are set out by the UK Government. SSP offers payment of £118.75 a week for up to 28 weeks, beyond the first three days of sickness. SSP is not government funded; it is the responsibility of employers to cover payments except in some circumstances.

SSP is not available to self-employed workers. This means that those working in the “gig economy” on a self-employed basis, which often includes those from marginalised groups, are not covered by this policy.

Analysis by the Fabian Society has found that the UK system of SSP is one of the least generous of its kind. The rate of SSP is likely to push many workers into financial hardship during times of sickness, as it results in a significant loss of income. Moreover, by encouraging presenteeism (i.e., attending work while unwell), it can contribute to the spread of infectious diseases. The policy’s harmful effects go even further:

employers who offer more than the statutory minimum are at a considerable financial disadvantage compared to those who only offer SSP.⁶⁸

Work by Citizen’s Advice has highlighted that those on non-standard contracts are likely to be paid sick pay on minimum contracted hours or at statutory level only, which can lead to significant reductions in income.⁶⁹

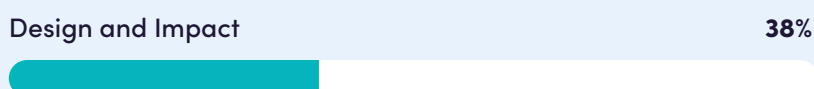
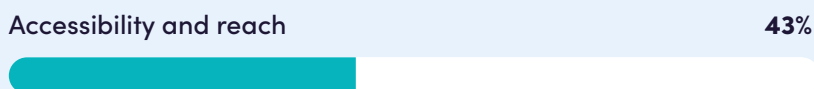
UK policy also sets the terms for emergency leave to care for dependents and carers leave. Neither of these forms of leave are paid. It is left to employers to voluntarily provide paid leave.

The score of 40% for this indicator reflects both the low rate of SSP, which leaves many workers facing financial losses when ill, and weaknesses in administration and budgetary practice.

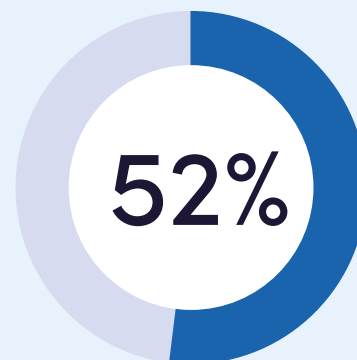


Indicator 2C.3 Leave for parents

Section scores:



Overall score



Performance bands



Parental leave policies – including leave entitlements within the first year of a child’s life for both parents, parental leave with respect to children up to the age of 18, and leave for parents adopting children – are set by the UK Government.

Maternity leave provides 39 weeks of paid leave. The first six weeks are paid at 90% of salary. After this, pay is set at the statutory rate of £187.18 per week (financial year 2025/26), or 90% of salary (whichever is lower).

Paternity leave provides two weeks of paid leave, also at £187.18 per week or 90% of salary (whichever is lower).

Adoption leave mirrors maternity leave, with the second parent eligible to apply for paternity leave.

The UK Women’s Budget Group has argued that implementing equal parental and caring leave policies is crucial to addressing the gender

pay gap and the pregnancy and maternity discrimination that women face. The gender pay gap is experienced particularly acutely by women with children, and is particularly pronounced in the over-40s age group.⁷⁰

The accessibility and reach of parental leave policies has considerable scope for improvement. Poverty rates of families with children under the age of one are high, with 35% of children in families with a child under one living in relative poverty, compared to 23% of all children in Scotland.⁷¹ For this reason, families with a child under one are one of the six “priority groups” identified by the Scottish Government. Participants in SWBG research have highlighted the negative impact of low maternity pay rates (payable during the first nine months of a child’s life) on their financial security.

“I went on maternity leave with no savings. I accumulated debt because I used credit cards to pay my bills because I was receiving Statutory Mat pay. My partner contributed his share towards our housing bills and it was expected that I should do the same.”

Parent quoted in Women's Survey 2024⁷²

“Only on statutory pay and being able to access some benefits during this time would have been very helpful.”

Participant in parent focus group

The UK statutory paternity leave offer is the least generous in Europe.⁷³ The current UK system does little to support the equal sharing of caring responsibilities. Instead, it reinforces a traditional model in which the primary carer – most often the mother – assumes the majority of childcare, while the other partner maintains paid employment. This is reflected in the low score for design and impact, as the current policy entrenches gender norms within households and hinders progress toward equality.

The score of 52% for this indicator reflects how much further statutory provisions need to go in the UK to improve accessibility, fight poverty and transform gender roles relating to care-giving tasks.





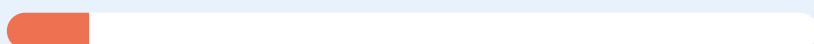
Indicator 2C.4 Breastfeeding at work

Section scores:

Legislation and ratification **50%**



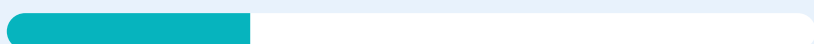
Accessibility and reach **10%**



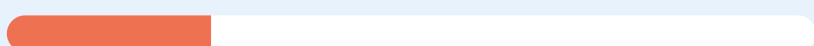
Budget and administration **50%**



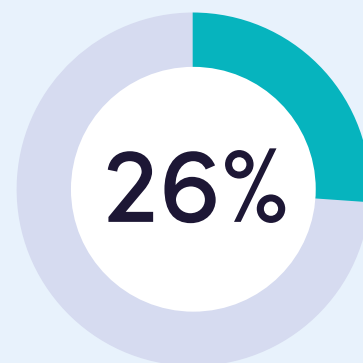
Regulation and monitoring **30%**



Design and Impact **25%**



Overall score



Performance bands

Very limited progress
0-25%

Early-stage development
26-50%

Developing policy
51-75%

Well-developed or transformative
76-100%

UK Government policy on breastfeeding at work is partial. Workplaces must provide somewhere suitable for breastfeeding parents to rest and take account of necessary health and safety precautions specific to the workplace; however, there is no legal requirement to provide somewhere to express and/or store milk. This limitation severely impacts on the accessibility and reach of the policy. Breastfeeding mothers could request flexible working, under the flexible working policy. However, the failure to provide a clear policy on breastfeeding breaks places responsibility for negotiating access to space and time for breastfeeding or expressing milk on the care giver. This can place those in insecure or informal work with less power to negotiate at the greatest disadvantage.⁷⁴



The scorecard assessment for this policy area focuses on UK policy. However, the Scottish Government seeks to go further to improve breastfeeding rates in Scotland. It has a stated vision for Scotland to be a country where breastfeeding is valued and supported by society, and where mothers have the best breastfeeding experiences possible and can continue to breastfeed for as long as they choose to.⁷⁵

The Breastfeeding Friendly Scotland Awards and the recently published Breastfeeding and Infant Feeding Strategic Framework are examples of how the Scottish Government is seeking to improve experiences of and safe spaces for breastfeeding.⁷⁶ By seeking a change in how breastfeeding is viewed, the framework aims to create an environment where action to support breastfeeding in public spaces, early learning settings, and workplaces becomes the norm.

The World Health Organisation recommends that infants are exclusively breastfed for the first six months of life and continue to breastfeed once they start on solid food up to two years of

age or beyond. Public Health Scotland statistics show that 68% of babies reviewed by a Health Visitor in Scotland in 2023/24 were breastfed for at least some time, while 21% of babies were receiving breastmilk at just over a year old (at the time of the 13–15 month Health Visitor review).⁷⁷ Increases in breastfeeding rates over the last 10 years have been greatest amongst groups that previously had the lowest rates, such as young mothers and those on the lowest incomes. While decisions around breastfeeding are multifaceted, the fact that both Scottish and UK rates are behind those in other countries suggests that further policy action may be required to support women during this phase of care giving.

The score of 26% for this indicator reflects the steps needed at UK level to improve the experience of and protections for breastfeeding at work. While the Scottish Government is working to improve the experience of breastfeeding in Scotland, critical changes are needed at the UK level to improve workplace experiences.





Dimension 3

Paid Care

The paid care workforce is overwhelmingly female. Women make up 83% of adult social care workers and 96% of childcare workers.⁷⁸ Any review of policy for paid care therefore reflects how a female workforce is treated.

The Scottish Government sets policy and allocates the budget for social care and childcare, shaping the experiences of those working in the sector. Scotland's fair work agenda further supports improvements for the paid care workforce and this is reflected in the indicators used in the scorecard assessment. However, employment rights and workforce protections remain the responsibility of the UK Government. As a result, scoring in this dimension takes account of policy at both the Scottish and UK levels.

Research by the University of the West of Scotland identified job quality as a key issue for care workers. Care workers frequently report challenges such as long hours, unpredictable shift patterns, limited access to sick pay, insecure contracts, and poor relationships with management. Given the persistent challenges in recruiting and retaining care workers, particularly in adult social care, improving job quality is essential if policymakers are to deliver meaningful fair work.



Labour conditions and wages:

including living wage (social care and childcare), gender pay gap and equal pay for equal work and right to social security.



Workplace environment regulations:

including occupational health and safety in the workplace, protection against gender-based discrimination, harassment and violence in the workplace and workplace inspections and grievance mechanisms.



Migrant workers: including migrant workers' rights.



Right to organise: right to representation and negotiation, freedom of association and right to strike.





Policy Area 3A.

Labour Conditions and Wages – 55%

This policy area encompasses minimum wage policies, the gender pay gap, and the right to social security. While these are primarily matters dealt with by the UK Government, the review also includes relevant Scottish Government programmes. Even with this, the score for the policy area is 54%. This highlights that significant progress is still needed to improve labour conditions and wage policies for care workers – particularly in relation to the design, impact and accessibility of such policies.

The Care Policy Scorecard for Scotland does not include indicators on working hours and child rights and labour protections, both of which are included in the global Care Policy Scorecard. In relation to working hours, the UK complies with the European Working Time Directive within care work. A more relevant issue in Scotland is

the stability of guaranteed regular hours and the use of “zero-hours” contracts. While this was not assessed in this iteration of the scorecard, this issue would warrant further consideration in future as roughly 11% of contracts in care involve a zero-hours element of some form.⁷⁹ Regarding child rights, Scotland has strong legislation in place for the protection of children, making such an indicator less relevant.

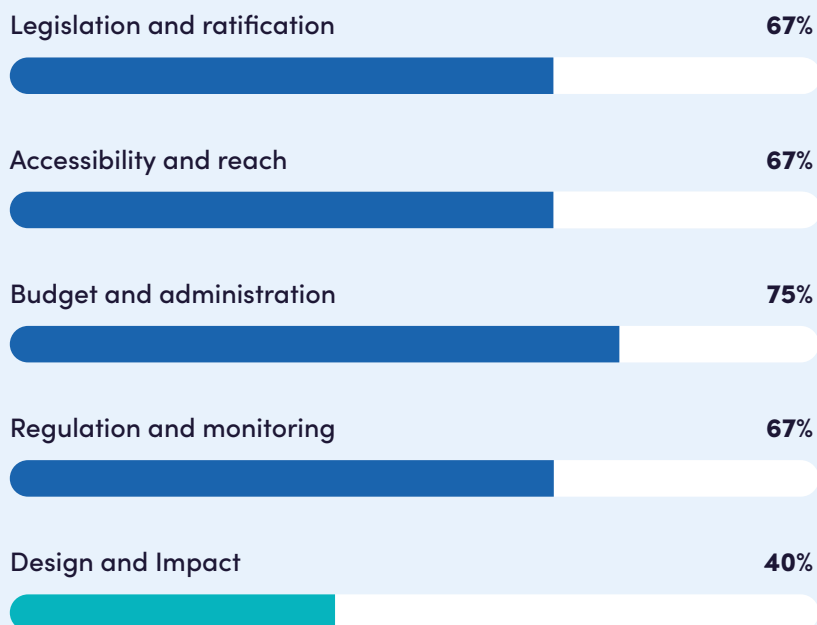
An area that lies outside the scope of this scorecard but should be further explored in future iterations is the role of modern apprenticeships in the care sector. Consideration should be given to how these apprenticeships are valued, how their skill levels compare to other apprenticeship schemes, and whether they provide genuine opportunities for progression upon completion.



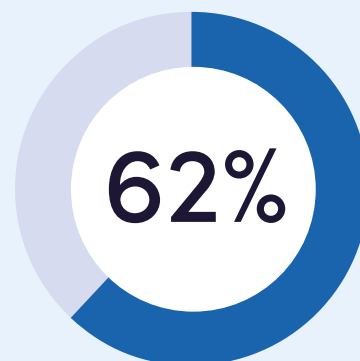


Indicator 3A.1 Living wage

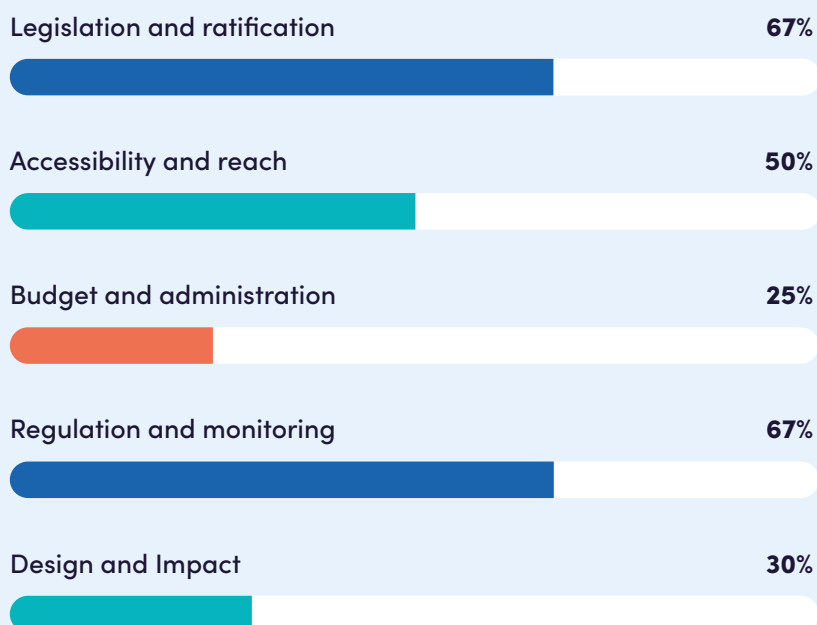
Section scores: Social care workers



Overall score



Section scores: Childcare workers



Overall score



Performance bands



“The skills required to care are often seen as innate (particularly to women) and therefore they often aren’t seen or valued.”

Social care worker quoted in Voices from the Frontline⁸⁰

National Minimum Wage policy is set by the UK Government, with the detail on provisions laid out in the National Minimum Wage Act 1998 which applies to all workers. However, in Scotland campaigns for a real living wage⁸¹ have long highlighted the shortcomings in UK policy, particularly in relation to the level at which the statutory rate is set, and the Scottish Government has committed to ensuring care workers are paid the real living wage. While there is no legislative basis to this commitment, Fair Work First guidance provides a framework for this, and budget allocations for social care have specified payment of the real living wage.

Given this context, the indicator has been assessed primarily on the basis of UK-wide legislation, with Scotland-specific examples drawn on where relevant. The overall score for this indicator is, thus, enhanced by the Scottish Government’s commitment to the real living wage for social care and childcare workers.

Although this scorecard assesses delivery of both the minimum wage and the real living wage, it is important to note that the A Scotland that Cares campaign has argued that care work is skilled work and should be remunerated accordingly. Tracking progress against the real living wage sets only a basic pay floor and does not recognise the skills involved in both childcare and adult social care, nor the wider economic contribution of this work.

Accessibility and reach of real living wage commitments vary across the two care workforces, social care and childcare, reflecting differences in Scottish Government policy. In relation to childcare, while the Scottish

Government recommends that all childcare workers receive the real living wage, it can only direct pay rates for those providing statutory early learning and childcare funded hours. Beyond this, it leaves decisions on pay to the private and voluntary sectors,⁸² and evidence highlights significant wage disparities between private, voluntary and public sector providers.

In relation to social care, the Scottish Government has committed to pay frontline workers the real living wage. Data from the 2024 ONS (Office for National Statistics) Annual Survey of Hours and Earnings (ASHE) shows that 12% of workers in Scotland in caring personal services earn below the real living wage, down from 23% in 2022.⁸³ While this reflects positive progress, broader trends reveal wage erosion in care. The Scottish Government committed in 2021 to paying social care workers more than the real living wage, but reverted to a commitment to pay the real living wage the following and subsequent years. Analysis by the STUC shows that pay growth has also lagged behind inflation, with residential care workers experiencing a 2.1% real-terms pay cut from 2020 to 2024; their earnings above the UK minimum wage have also dropped from 20% in 2020 to 12% in 2024.⁸⁴ Additionally, funding from the Scottish Government for the real living wage only covers those in direct care roles; it doesn’t account for those central to care delivery in other ways.

Care workers remain low-paid and undervalued, and are often seen as unskilled, even though registration and qualifications are required. Pay parity with similar roles in the NHS is lacking, and collective bargaining remains limited. The lower score for the design and impact assessment theme reflects the need for greater worker voice within pay discussions.

The undervaluing of care work is both a cause and consequence of gender inequality, as the workforce is predominantly female. Meaningful improvement requires investment, better terms and conditions, inclusion of care workers’ voices in policy design, and expansion of

sectoral bargaining to ensure pay reflects skill, responsibility, and contribution.

“Because I’ve been here for a number of years I’ve got a wide range of experience you see, but I’ve got same pay like if someone who has just come to the service, they get exactly same pay like I do. I don’t even get 19p more yet I have more responsibility.”

Care worker quoted in Voices from the Frontline⁸⁵

The overall scores of 62% for social care workers and 50% for childcare workers for this indicator reflect the significant progress still needed in recognising and properly remunerating paid care workers. The policies assessed in this scorecard represent a minimum standard, yet even these are not being adequately implemented.





Indicator 3A.2

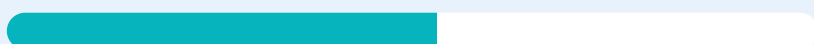
Gender pay gap and equal pay for equal work

Section scores:

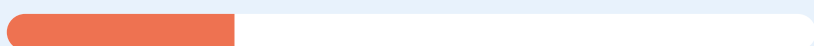
Legislation and ratification **100%**



Accessibility and reach **50%**



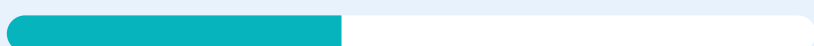
Budget and administration **25%**



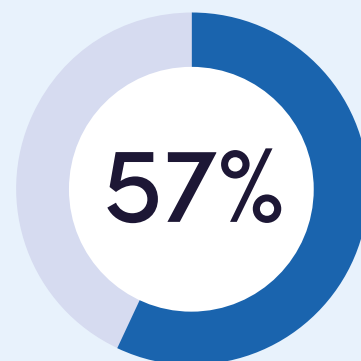
Regulation and monitoring **67%**



Design and Impact **38%**



Overall score



Performance bands

Very limited progress
0–25%

Early-stage development
26–50%

Developing policy
51–75%

Well-developed or transformative
76–100%

The Equality Act 2010 is UK-wide legislation that mandates equal pay for equal work, with requirements added in Scotland through the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. In addition, the Scottish Government set out commitments to tackle the gender pay gap in the 2019 A Fairer Scotland for Women: Gender Pay Gap Action Plan,⁸⁶ which has since evolved into the 2022 Fair Work Action Plan⁸⁷ which is underpinned by the principles of equity and equality. This legislation and action plan are not specific to care work but apply more broadly across employment in Scotland. The scoring in this section therefore takes account of actions at both UK and Scottish levels of government.

While legislation and follow-up measures are in place in Scotland, current scoring reflects the limited attention paid to care workers in the

design and impact of these policies, particularly regarding how care roles are valued compared with other public sector positions. Ongoing equal pay claims and disputes highlight that achieving equal pay for equal work remains a significant challenge. The GMB trade union has been especially active in contesting these cases, raising concerns that local authority job evaluation processes disadvantage care workers.⁸⁸

In relation to accessibility and reach, Scotland lacks robust intersectional data to assess how workers most at risk of marginalisation experience equal pay. There is limited commitment from government to examining the intersections of gender, disability and ethnicity, which restricts a full understanding of disparities. The Equality and Human Rights Commission has responsibility for oversight and

regulation of the Equality Act and the Public Sector Equality Duty including the gender pay gap, but a reducing budget means there is a lack of capacity within the system to support ambitions that had originally been set out in the Gender Pay Gap Action Plan and corresponding plans on disability and ethnicity.

Analysis by the STUC shows that Scotland's gender pay gap has widened in recent years, following a period of decline.⁸⁹ Close the Gap, a Scottish policy advocacy organisation working on women's labour market participation, notes that women remain concentrated in low-paid, female-dominated sectors. As a result, these sectors often record a lower than average gender pay gap because wages across the sector are uniformly low for all workers. For example, in 2022/23 the caring, leisure, and services category reported a 4.9% gap, compared to Scotland's overall figure of 10.9%.⁹⁰

However, the relatively smaller gap within care work does not offset the broader issue of persistently low pay across the sector. Close the Gap has also highlighted the need to go beyond reporting on gender pay gaps and require public bodies to publish gender pay gap action plans. Without such plans, there is a lack of accountability across the public sector for tackling gender pay gaps.⁹¹

The score of 57% for this indicator highlights the need for further steps in this key area for supporting women's equality. Care workers appear to be under-served by current policy measures with shortcomings in policy design and the need for publication of mandatory gender pay gap action plans.





Indicator 3A.3 Right to social security

Section scores:

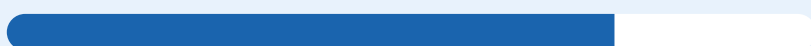
Legislation and ratification 50%



Accessibility and reach 50%



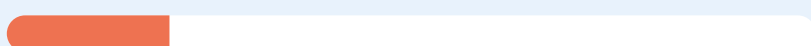
Budget and administration 75%



Regulation and monitoring 50%



Design and Impact 20%



Overall score



Performance bands

Very limited progress
0-25%

Early-stage development
26-50%

Developing policy
51-75%

Well-developed or transformative
76-100%

This indicator covers contributory, non-contributory, and means-tested benefits such as the State Pension, pension credit, sick pay, parental leave, and other forms of social security such as Universal Credit for people on low incomes and Job-seekers Allowance for unemployed people. Policy in this area is the responsibility of the UK Government, and the scoring in this section reflects UK level policy.

While legislation and policy exist to access social security, sick pay and pensions there is no particular focus on care workers within any of this legislation. However, care workers, particularly those in more insecure work, face particular challenges. For example, many people working as personal assistants (PAs) with disabled people are self-employed and may work for multiple clients. The onus is on such individuals to ensure National Insurance

contribution payments are made to maintain their eligibility for some benefits. This limits accessibility and reach in this policy area.

“PAs working for multiple people in their local community to get hours/income – but you’re not getting National Insurance and you’re not getting the benefits that you would do if it was just one employer. You know, when it comes to like Statutory Sick Pay, you have to be earning over £123 pounds a week, so they often miss out on that as well.”

PA quoted in Voices from the Frontline⁹²

Across the board, many charities and think tanks have highlighted the negative impact of the punitive and sanctions-focused social security regime. This can limit access and uptake, and exacerbate the low payment rates that already do not provide adequate protection against poverty.⁹³

This indicator scored particularly poorly on design and impact, because of the lack of consideration of care work – either paid or unpaid – when developing policy. This is likely to have a greater impact on women who undertake the majority of paid and unpaid care work.

The score of 50% for this indicator reflects the fact that although a basis for support has been laid, the adequacy of the safety net provided is limited by the low level of financial support provided, the difficulty accessing some forms of social security, the limited provisions for those on non-standard contracts and the lack of consideration of care in design of the policies.



Policy Area 3B.

Workplace Environment Regulations – 55%

Policies on the workplace environment are the responsibility of the UK Government. The scorecard assessment focuses on how such policies work for care workers in particular, and does not offer a wider consideration of the adequacy of these measures for all workers. In this regard, the particular considerations of care work are often missing from policy intent, which creates limitations to the protections these policies offer care workers.

The score of 55% for this policy area reflects the need for more focused attention on care work within the regulations.





Indicator 3B.1

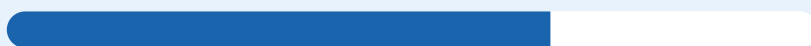
Occupational health and safety in the workplace

Section scores:

Legislation and ratification **75%**



Accessibility and reach **67%**



Budget and administration **50%**



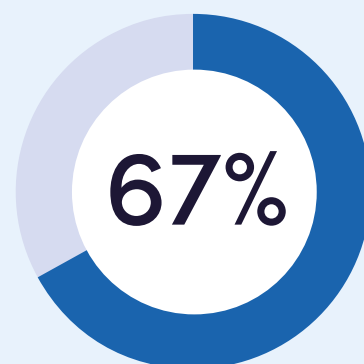
Regulation and monitoring **88%**



Design and Impact **50%**



Overall score



Performance bands



Legislation places duties on all employers to provide information, instruction, training and supervision on health and safety provisions. The Health and Safety at Work Act 1974 places a general duty on employers, the self-employed, employees, suppliers and owners of premises to ensure that their workplaces are safe and offer no risk to health. The Act empowers inspectors to conduct workplace inspections and enforce all health and safety regulations in place.

The policy provisions for regulation and monitoring are strong in relation to workplace health and safety; however, reducing budgets are putting implementation and enforcement in jeopardy. Research by the Work and Equalities Institute shows a 34% decrease in the number of Health and Safety Executive (HSE) inspectors between 2010 and 2020, which has had an impact on the number and quality of inspections carried out, and the number of enforcement actions pursued.⁹⁴

Experience during the Covid-19 pandemic left workers concerned about safety. Particularly in relation to lack of access to appropriate personal protective equipment,⁹⁵ with unions calling this a 'crisis within a crisis'.⁹⁶ While out of the immediate pandemic period some lessons have been learned but there is not strong enough evidence that all workers have access to the required levels of preventative measures.

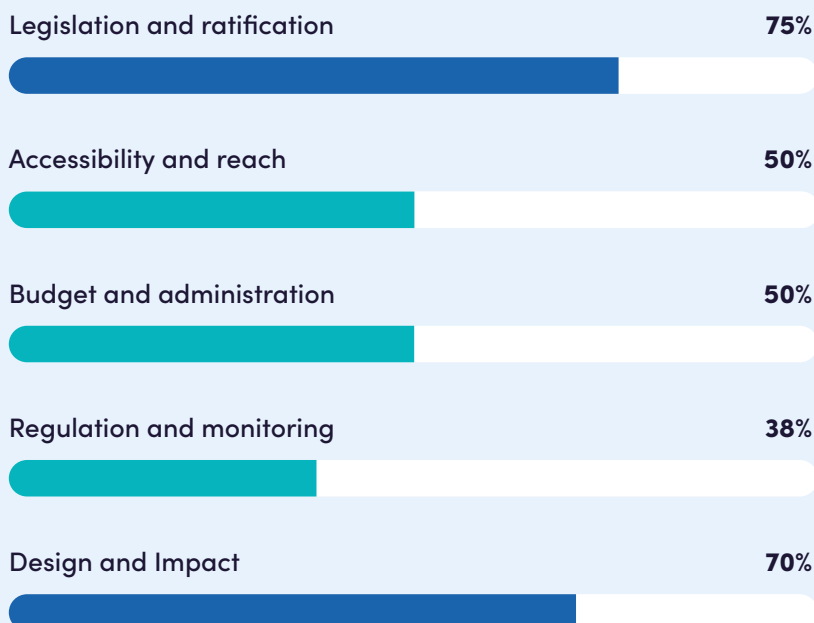
The score of 67% for this indicator reflects the fact that overarching policy provides an important degree of protection to care workers, as it does for all workers. However, there are areas that could be strengthened to take better account of the needs of care workers. This would include recognition of the type of activities care workers undertake and the safety concerns they face, particularly in relation to lifting and handling.



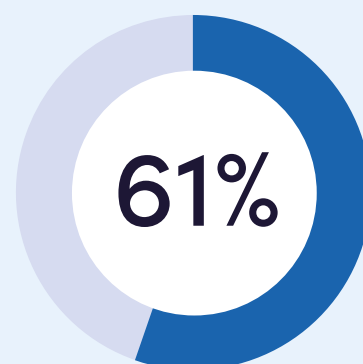
Indicator 3B.2

Protection against gender-based discrimination, harassment and violence in the workplace

Section scores:



Overall score



Performance bands



This is a challenging indicator to assess due to the interplay of UK and Scottish Government policies. The UK Government retains full responsibility for employment law and industrial relations, and for the majority of equality legislation and powers. In Scotland, the Scottish Government has introduced Equally Safe, a national strategy to prevent and address all forms of violence against women and girls, including in workplaces.⁹⁷ The assessment conducted for this indicator takes account of the delivery of UK legislation in Scotland as well as Equally Safe; however, areas such as legislation and ratification focus on UK Government policy.

The Scottish Government has taken positive steps in this area with the introduction of Equally Safe. This strategy to prevent and eradicate all forms of gender-based violence stemming from women's inequality was developed with

partners. It recognises the workplace as a key site for prevention and mitigation, and its strong focus on prevention – grounded in a feminist analysis which understands violence against women and girls (VAWG) as both a cause and consequence of gender inequality – represents a significant strength. The involvement of women's organisations in the strategy's development is evident, particularly in relation to its design and impact. This contributes positively to the overall score for this indicator. However, other themes score less well.

There is no coordinated national campaign on gender-based violence, especially in relation to care workers. This weakens the scoring for the assessment theme related to accessibility and reach. In terms of budgeting and administration, organisations tasked with delivering the strategy are already overstretched, there can

be a lack of awareness about VAWG across other departments/areas across government, and capacity issues impact on the ability to undertake the additional preventative work required to fulfil the strategy's vision. It can therefore be argued that the uplift to the Equally Safe allocation in the last Scottish Government budget was insufficient.

Finally, on regulation and monitoring, limitations remain. There is insufficient data to assess whether the incidence of workplace gender-based violence has decreased as a result of the strategy, and there are no clear mechanisms to measure its impact on paid care workers. This reflects a broader, long-standing challenge in Scotland, consistently raised by women's organisations: the lack of intersectional, gender-disaggregated data.

In areas where the UK Government has responsibility, further shortcomings are evident. The Equality Act 2010 does not fully meet the standards set by the UN Convention on the

Elimination of All Forms of Discrimination against Women (CEDAW)⁹⁸ and, while the Public Sector Equality Duty contained within the Act was intended to address some aspects of gender-based discrimination, its implementation has been weak.

The score of 61% for this indicator reflects the existence of both notable strengths and persistent challenges. Scotland has taken positive steps, particularly with the introduction of the Equally Safe strategy. However, weaknesses remain. Organisations delivering the strategy are overstretched despite budget increases, and limitations in regulation and monitoring (particularly the lack of intersectional, gender-disaggregated data) impede the ability to assess progress, including in relation to paid care workers.





Indicator 3B.3

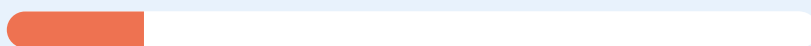
Workplace inspections and grievance mechanisms

Section scores:

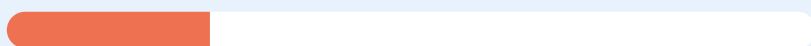
Legislation and ratification 50%



Accessibility and reach 17%



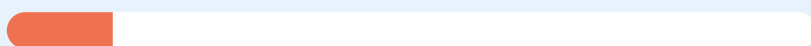
Budget and administration 25%



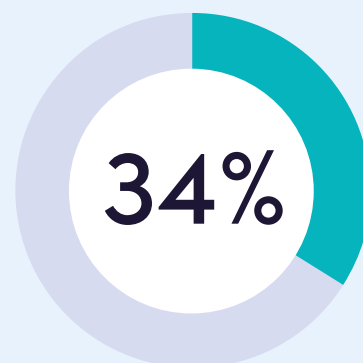
Regulation and monitoring 50%



Design and Impact 13%



Overall score



Performance bands



Very limited progress
0–25%



Early-stage development
26–50%



Developing policy
51–75%



Well-developed or transformative
76–100%

Provisions for workplace inspections and grievance mechanisms involve multiple policies and regulatory bodies, both UK and Scotland-specific. A range of bodies, such as the Health and Safety Executive (HSE), HMRC, the Advisory, Conciliation and Arbitration Service (ACAS) and the Care Inspectorate, all have a role to play in workplace inspections and within grievance mechanisms. Despite this, this policy area scores a mere 34%.

A poor score for accessibility and inclusivity for this Indicator highlights the lack of consideration of the care sector within general legislation on workplace inspections and grievance mechanisms, alongside a lack of specific consideration for migrant workers within these processes. There is also evidence of funding gaps for key bodies, such as the Care Inspectorate.⁹⁹



Scoring in the design and impact section similarly highlights the lack of meaningful engagement with care workers in developing policies that could transform social norms within the care industry or encourage the reporting of abuse. Engagement on proposals for a National Care Service in Scotland may have offered an important change in terms of consultation processes. However, following the Scottish Government's decision to not proceed with its plans, the process for social care reform is likely to remain fragmented. Engaging with care workers about this reform is critical to ensuring their views and needs are appropriately considered.

Pressures across the employment tribunal service demonstrate a system under strain. However, a lack of data on who is able to access justice via the tribunal service means there is no clear picture on the situation for care workers at a UK level.¹⁰⁰

The score of 34% for this indicator reflects the lack of specific consideration of care workers within available processes as well as the impact of funding gaps for workers seeking to access redress.





Policy Area 3C.

Migrant Workers – 21%

There is no specific policy or national strategy in Scotland or the UK that outlines rights for migrant workers. The closest document are proposals set out by the Scottish Government in response to the UK Government's White Paper.¹⁰¹ Instead, migrant workers' experience is impacted by a range of policies including UK-wide employment and exploitation protections and immigration law. As well as Scotland-specific provisions to prevent human trafficking and exploitation and the migrant-focused Ending destitution together: strategy.¹⁰²

The lack of defined rights for migrant workers is highlighted in the poor scoring for this area, of just 21%. The extreme vulnerability that work-based visa regulations place on migrant workers presents serious issues related to the accessibility of wider worker protections. This, coupled with problems related to the 'budget and administration' and 'design and impact' assessment themes, contribute towards the low score.



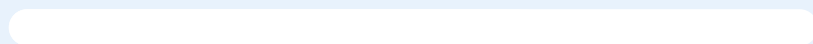


Indicator 3C.1

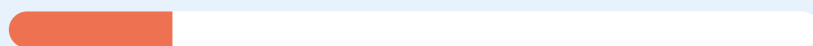
Equal rights and protections for migrant care workers'

Section scores:

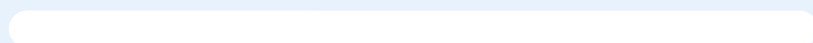
Legislation and ratification 0%



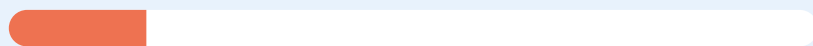
Accessibility and reach 20%



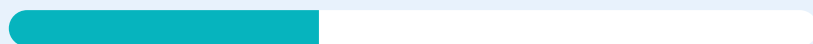
Budget and administration 0%



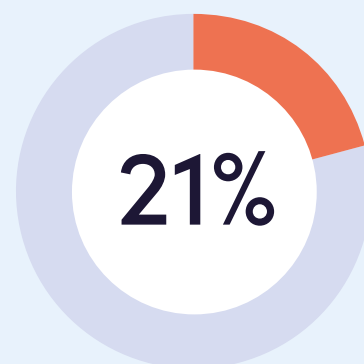
Regulation and monitoring 17%



Design and Impact 38%



Overall score



Performance bands



The scorecard assessment for this policy area considers UK Government policy on worker protections and immigration status, and how these shape rights and protections for migrant care workers. Relevant legislation includes the Modern Slavery Act 2015, the points-based immigration system for health and social care visas, and the Employment Rights Bill currently progressing through the UK Parliament. In Scotland, the key anti-trafficking legislation is the Human Trafficking and Exploitation (Scotland) Act 2015, which provides additional safeguards. Under the current immigration system, visas are available for those who wish to migrate to Scotland for work within health and social care provision (as well as other temporary seasonal work outside the care sector). However, there is no comparable immigration scheme for the childcare sector, and migrant workers would be unlikely to qualify for an employer sponsored visa in this field.

Critically, there is not a specific policy to ensure the protection of migrant workers. Therefore, consideration in this scorecard has been given to both UK and Scottish Government policies that interact with protections for migrant workers.¹⁰³ However, the points-based immigration system has been said to create a hostile national policy environment for migrant workers. The Workers Support Centre in Scotland has described a system which in practice does not allow for the realisation of workers' rights, where the employer has almost total control through the sponsorship regime. This is compounded in Scotland by a lack of service provision for displaced workers, leaving workers who fall out of employment in an incredibly vulnerable position of destitution, abuse and exploitation or imminent forcible removal within months of their sponsor employer losing their licence, effectively leaving the worker abandoned without support. Recognising that migrant workers in care

are primarily women from minoritised ethnic communities in Scotland, the lack of protective support in this area is both gendered and racialised.

Migrant workers have no recourse to public funds which impacts other areas of workplace regulations and protections that have been reviewed in this scorecard.

For those who face severe exploitation, additional policies provide a safety net via the Modern Slavery Act 2015 and the Human Trafficking and Exploitation (Scotland) Act 2015. However, accessibility and inclusivity remain limited. Anti-trafficking protections apply universally, but wider employment rights often exclude informally employed workers. Visa conditions that tie workers to specific employers further discourage complaints about exploitation,¹⁰⁴ and the process to change employer can be costly.¹⁰⁵

The budget and administration assessment theme scored 0%. In Scotland, relevant spending is reported as part of the victim/witness support budget. While this budget has increased, there is a lack of transparency on how funds are allocated across a wide array of areas.

The Scottish Government's Human Trafficking and Exploitation Strategy 2025 acknowledges financial constraints. At the UK level, labour enforcement has been described as fragmented and under-resourced, with reliance on business self-regulation.¹⁰⁶

In developing its Human Trafficking and Exploitation Strategy 2025, the Scottish Government took steps to ensure the inclusion of a diverse range of organisations. However, evidence of UK Government consultation processes is more limited. This, alongside the specific lack of consideration of care workers within the UK system, results in a low score for policy design and impact on care workers.

Overall, the score of 21% for this indicator reflects the exceptionally vulnerable position migrant workers are placed in and the need for significant further work to create an environment that is supportive of and offers protection to migrant workers.





Policy Area 3D.

Right to Organise – 54%

The right to organise is a cornerstone of fair work, enabling workers to come together to negotiate for better pay, conditions, and security. In a sector where low wages, insecure contracts, and poor job quality are common, this right is especially important. Collective organisation strengthens workers' voices, helps prevent exploitation, and creates opportunities to influence sector-wide policy and reform. For a workforce that is predominantly female, often part-time, and includes migrant workers,

the right to organise is also central to advancing equality. Ensuring care workers can participate in collective bargaining and policy design is critical to addressing the long-standing undervaluation of care work and securing fair recognition of the skills and responsibilities of care workers, and the contribution they make to society.

There was only one indicator to assess within this policy area, resulting in a score of 54%.





Indicator 3D.1

Right to representation and negotiation, freedom of association and right to strike

Section scores:

Legislation and ratification **75%**



Accessibility and reach **50%**



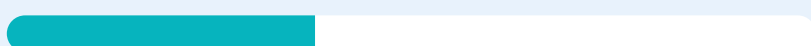
Budget and administration **50%**



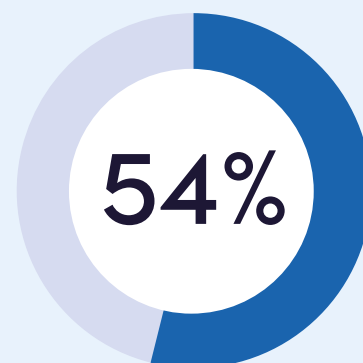
Regulation and monitoring **50%**



Design and Impact **38%**



Overall score



Performance bands

Very limited progress
0-25%

Early-stage development
26-50%

Developing policy
51-75%

Well-developed or transformative
76-100%

The right to representation and negotiation, freedom of association and the right to strike are all guided by UK-wide policy; however, the Scottish Government also has an important role in establishing mechanisms for effective worker voice, particularly in areas such as collective bargaining. The scorecard assessment therefore accounts for the roles of both governments.

The Trade Union and Labour Relations (Consolidation) Act 1992 is the core UK legislation that protects workers' right to join a representative body, most commonly a trade union. While rights of representation have been amended over time, this Act remains the foundation of workers' right to organise in the UK. The Employment Rights Bill (currently progressing through the UK Parliament) is set to remove or amend some of the more

restrictive changes introduced over the last 15 years. The UK Government has ratified relevant International Labour Organisation conventions and together these put the UK on a strong footing for legislation and ratification.

For the care workforce, the right to organise is particularly significant. Care workers face challenges such as low pay, insecure contracts, and limited career and pay progression, making collective organisation an important route to improving job quality and influencing sector reform. Trade unions and other worker associations provide a collective voice that can help secure better terms and conditions, ensure fair recognition of the skills involved in care work, and challenge the structural gender inequality that contributes to its long-standing undervaluation.

However, as a sector with low rates of union representation, the design and impact of current policies are clearly inadequate. The Scottish Government has stated its commitment to deliver collective bargaining for the social care workforce, but the process for doing this remains unclear.

Based on the assessment criteria used in this scorecard the UK-wide provisions have scored poorly on regulation and monitoring. There is a lack of national data on the participation of paid care workers in collective bargaining and trade unions and a lack of mechanisms to measure the impact of the policy on paid care workers, for example, through ease of registration or efficiency of bargaining.

Overall, the score of 54% for this indicator reflects the fact that the UK provides a basis for workers' right to representation and negotiation. However, specific actions to improve these rights for care workers in Scotland are yet to materialise, despite being highlighted as part of the process of social care reform.





Dimension 4

Care-supporting Infrastructure

The original global Care Policy Scorecard focuses on infrastructure that is especially relevant to low-income countries, such as access to piped water or household electricity, both of which offer significant labour savings for households. These areas are of less relevance in Scotland. The Care Policy Scorecard for Scotland therefore focused on two areas of care-supporting infrastructure relevant to the Scottish context: access to energy efficiency schemes, and transport. The scorecard assessment explores how policies in these two areas support care giving by both paid and unpaid carers in Scotland.



Energy: including access to energy efficiency schemes



Transport: including access to affordable, reliable and well-networked public transport





Policy Area 4A.

Energy – 50%

Energy is essential for the provision of care (i.e., cooking, heating, doing laundry etc.). A 43% increase in the cost of gas and electricity since 2022 (linked to a wider cost-of-living crisis)¹⁰⁷ has worsened unpaid carers' (the majority of whom are women) and disabled people's experiences of poverty. Access to energy efficiency schemes would improve available care-supporting infrastructure in Scotland by reducing energy

consumption, thus making energy bills more affordable. Such schemes are the focus of assessment within this policy area.

The score of 50% for this policy area reflects the need for greater understanding of the reach of the policy and whether it is meeting the intended target groups.





Indicator 4A.1

Access to energy efficiency schemes

Section scores:

Accessibility and reach 50%



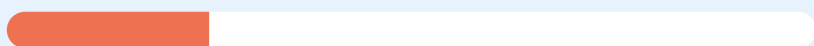
Budget and administration 60%



Regulation and monitoring 50%



Design and Impact 25%



Overall score



Performance bands



Very limited progress
0–25%



Early-stage development
26–50%



Developing policy
51–75%



Well-developed or transformative
76–100%

Scotland has a national policy plan to expand access to energy efficiency schemes, as set out in the 2021 Heat in Buildings Strategy.¹⁰⁸ Within this, there are different schemes for different population groups. These include the Warmer Homes Scotland Scheme, the Home Energy Scotland grant and loan scheme, and area-based schemes designed and delivered by local authorities which mainly focus on the fitting of solid wall insulation in homes in areas with high levels of fuel poverty. This scorecard assessment focuses on Scottish Government schemes, although the budget and administration assessment takes account of support to area-based schemes.

The Scottish Government committed to spending £1.8 billion over the course of the current parliamentary term (2021–2026) to accelerate the use of heat and energy efficiency measures and decarbonize the heating of a million Scottish homes by 2030.¹⁰⁹ While this is a long-

term objective, information available indicates that progress towards this objective is slow. Despite the rise of budget allocations in the last financial year, the Scottish Government has acknowledged that the full cost of decarbonising buildings will require significant investment from both the private sector and individual households. Assessing the sufficiency of the budget is therefore difficult. Moreover, while the Scottish Government has scaled up existing energy efficiency schemes, Audit Scotland noted in its audit of the Government's approach to decarbonising heat in homes that it is too early to know whether these actions will be sufficient to meet the energy efficiency target set.¹¹⁰

The schemes initiated by the Scottish Government have targeted areas with high levels of fuel poverty. This targeting should mean that the policy reaches those most in need – this includes women, unpaid carers, disabled people and people from ethnic minority communities

who are among the groups at higher risk of fuel poverty. However, a lack of both disaggregated data on implementation and a nationwide monitoring and evaluation system mean that it is difficult to assess the degree to which the policy is meeting need, and whether it is doing so at a fast enough pace considering the impact of recent energy price increases on household budgets. Particular consideration should also be given to the experience of disabled people and carers living in rural Scotland who may have greater fuel needs, but less choice in available fuel sources.

The score of 50% for this policy area reflects the important groundwork undertaken to improve energy efficiency and tackle fuel poverty and the further work needed to reach some of the most marginalised groups.

The low score for design and impact reflects the lack of consideration of unpaid care work within the policy development process. There has also been a lack of proactive engagement with women and women's rights organisations.





Policy Area 4B.

Transport – 50%

Public transport systems play a critical role in supporting care-related journeys. When working effectively, well-networked public transport offers efficient travel times and is affordable, with ticket systems that work across multiple forms of transport.

Women are more likely to undertake care-related journeys because they are disproportionately responsible for the care of both children and adults. Care-related tasks include the collection of medicines, food and other shopping trips, and school pick-up and drop-off journeys. These journeys can often involve “trip chaining” – that is, journeys that involve multiple stop-off points for different purposes such as doing the school-run, going to the shops, and visiting relatives to provide support.

While the Scottish Government has strong ambitions on reducing inequality in access to transport – and is currently developing a Just Transition Plan for Transport which aims to address this ambition – the current design of public transport routes does not always reflect this.

The score of 50% for this policy area reflects the significant scope to improve how transport systems support care-related journeys in Scotland.



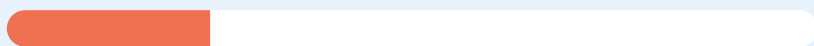


Indicator 4B.1

Access to affordable, reliable and well-networked public transport

Section scores:

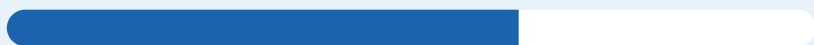
Accessibility and reach 25%



Budget and administration 50%



Regulation and monitoring 63%



Design and Impact 50%



Overall score



Performance bands

Very limited progress 0–25% Early-stage development 26–50% Developing policy 51–75% Well-developed or transformative 76–100%

Scotland's current transport policy is set out in the 2020 National Transport Strategy and accompanying annual delivery plans.¹¹¹ This strategy makes an important commitment to tackling inequality; however, the low score for accessibility and reach for this indicator is reflective of the experiences of women, disabled people and people – women, in particular – from minority ethnic communities. For the most part, Transport Scotland's own evidence confirms the poor experience of these groups.¹¹²

Safety on transport and getting to and from transport hubs remains a key concern for women – this is particularly so for minority ethnic women who experience more extreme verbal abuse, both sexist and racist, on public transport.¹¹³ Accessibility is a key concern for disabled people who highlight challenges associated with all forms of public transport, often leaving them to rely on expensive private options.¹¹⁴

Access to affordable, accessible and reliable routes is particularly challenging for those in rural areas of Scotland. This impacts both paid and unpaid carers in terms of the choices they make for employment, the costs of fulfilling a caring role, and the time it takes to care.

The picture for the regulation and monitoring assessment theme is varied and depends on the mode of transport. There is greater regulation of train and ferry transport, compared to bus travel. Bus travel does not have the same level of oversight, with the majority of bus services in Scotland being operated on a commercial basis by private companies who set fares and timetables. Similarly, levels of data availability vary across different forms of transport, but Scottish Household Survey statistics and some Transport Scotland statistics provide an important basis for understanding transport use.

However, the lack of disaggregated data on some key policy interventions, such as Scotland's concessionary bus travel scheme, is a serious gap. The availability of such data is essential if policy is going to effectively prioritise low-income groups and carers in particular.¹¹⁵

While Scottish Government budget allocations for transport have risen in the last year, there is a lack of transparency and detail on key spending areas, particularly for buses, and a question mark over the sufficiency of spend for all forms of transport. Investment plans for bus travel have stalled.¹¹⁶ Those adversely affected by this will include low-income groups, and particularly low-income women, who are more likely than other groups to use bus travel.

Transport operating models continue to focus on supporting 9–5 employees travelling on radial routes into city/town centres. Ticketing systems within Scotland's towns and cities also rarely connect, making trip chaining difficult and more expensive. Research by Public Health Scotland has also flagged issues of "transport poverty" that relate to connectivity and access to key services. This particularly affects how people in rural communities are able to access key services including healthcare, banking and job centre support.¹¹⁷

The overall score of 50% for this indicator reflects the considerable work still needed to address the Scottish Government's goal of reducing transport inequalities. Understanding and responding to how transport systems can support those fulfilling caring commitments is a vital step in achieving this goal.





Dimension 5

Cross-cutting services

Assessing how Scotland values care requires looking beyond the most visible aspects of paid and unpaid work. It also involves considering the wider set of interventions that shape care provision – particularly those aimed at addressing inequalities, which disproportionately affect women.

The global Care Policy Scorecard identifies two key policy areas that are relevant here:

- Social norms interventions, including indicators such as standards prohibiting gender stereotypes in advertising and media, government awareness-raising campaigns, and education policies that challenge gender stereotypes
- Measurement frameworks and data collection, including indicators on the existence of measurement frameworks and the collection of time-use data.

The latter of these two areas was included in the Care Policy Scorecard for Scotland.



Measurement frameworks and data collection: including collection of time-use data.





Policy Area 5A.

Measurement Frameworks and Data Collection – 35%

This project has highlighted the difficulty of accessing consistent, reliable, and intersectional sex-disaggregated data in Scotland. This gap is especially acute in relation to time-use data – that is, data on average daily time spent by adults on activities including paid work, unpaid housework, unpaid care, travel and entertainment. Given the critical role of unpaid care work in driving and reinforcing inequalities, this section focuses on the challenges and implications presented by this situation.

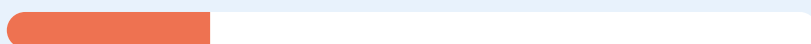


Indicator 5.1

Collection of time-use data

Section scores:

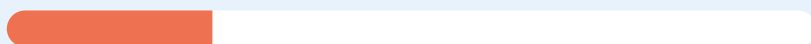
Accessibility and reach **25%**



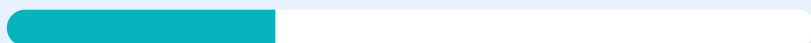
Budget and administration **50%**



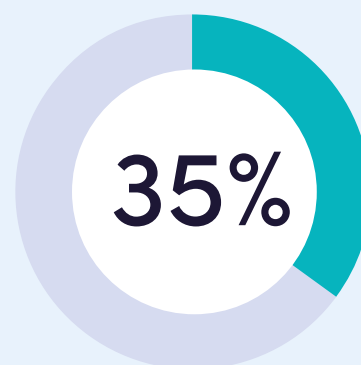
Regulation and monitoring **25%**



Design and Impact **33%**



Overall score



Performance bands



The ONS (Office for National Statistics) has conducted studies across England, Scotland, Wales and Northern Ireland on how people spend their time. However, there is no policy at either the UK or Scotland level that mandates the regular collection of time-use data.

In Scotland, the only statutory data collection mechanism is the Census, conducted approximately every 10 years. While the Census provides critical information for public policy, it does not include detailed time-use or unpaid care data as part of its standard set of questions. However, the Census does include a question on unpaid care: “Do you look after, or give any help or support to, family members, friends, neighbours or others because of either: long-term physical/mental ill-health/disability; or problems related to old age?”

Analysis of the responses to this question in 2022 showed that 59% of carers were women; the gap in caring responsibilities between women and men was highest in the 50–64 age group (23.9% of women in this age category provided unpaid care compared to 16.7% of men); and almost 20% of carers were aged 65 and over.¹¹⁸

Scotland does not operate its own specific time-use survey, nor is unpaid care systematically included in labour force or other surveys in Scotland. This indicator has therefore been assessed largely on the basis of UK-wide ONS data. Where possible, Scotland-specific examples are drawn on. For instance, the Scottish Government contributes to the ONS online Time Use Survey by funding a Scottish “booster” sample (i.e., an increased sample size) to ensure robust Scotland-level data, but this is not supported by legislation or by a policy guaranteeing periodic collection.

Although resources exist to fund boosted samples, there is limited capacity within Scottish Government to make full use of the data to enhance policy and its implementation.¹¹⁹

Overall, this indicator achieves a low score of 35%. The findings underscore the persistent undervaluation of unpaid care work, and the extent to which its contribution to society and the economy remains systematically excluded and rendered invisible.



Recommendations

The organisations involved in the A Scotland that Cares campaign have detailed recommendations for policy and investment across care – and therefore we do not seek to replicate these here. The recommendations shared below are overarching and drawn directly from the experience of conducting the Care Policy Scorecard for Scotland.

1

Transparently increase investment in care – across all areas of care, greater investment is needed to realise its transformative potential for individuals, society and the economy. Too often budget allocations are either not rising to support care policy or are insufficient to meet the aims of the policy – resulting in unmet or partially met care needs and gaps for those supporting someone. Improved transparency of budget allocations to support care policies is also needed to build stronger accountability into the system.

2

Ensure care services are fully accessible to all – care services need to be fully and consistently accessible to everyone across society. This Scorecard found that, too often, across multiple policy areas and indicators within them, this is not the case. Sustained effort is therefore needed to ensure that services are accessible in practice, particularly for the most marginalised communities in Scotland.

3

Actively recognise, reduce and redistribute care – the role of care, and unpaid care in particular, must be fully recognised within policy design and implementation. This means actively considering how each policy impacts on levels of unpaid care, who is undertaking this care and how the policy and the way it is implemented can actively support the reduction and redistribution of unpaid care work. This is particularly critical to ensuring policy is supporting greater gender equality, because the majority of those who provide care, both paid and unpaid, are women.

4

Enhance data collection and use across all areas of care – production of this scorecard has been challenging due to inadequate publicly available data. Better monitoring is essential to ensure policy delivery can be effectively evaluated. This must ensure disaggregated data is available across protected characteristics. Action is also needed to record unmet care needs. Without more robust data, Scotland's ability to target resources effectively and improve outcomes for those who need care most, will be severely hampered.

5

End the invisibility of care in Scotland's wellbeing framework – the driving force behind the establishment of the A Scotland that Cares campaign was the call for a dedicated National Outcome on Care. This remains a core recommendation for the campaign, and the need for this clear and strong commitment to fully valuing and investing in care is strongly reinforced by the results of this scorecard. Care must be fully reflected within the new National Performance Framework and supported by a comprehensive set of National Indicators, to ensure that the impact and outcomes flowing from improved policy action is fully assessed.

Action could begin immediately, including through the upcoming Scottish Budget for 2026-27.

The Scottish election in May 2026 also creates a substantial opportunity for all political parties seeking power in Scotland to make fully-costed, time-bound commitments to better value and invest in all forms of care, and to ensure policy ambition is realised in practice for all.



Appendix 1 – Methodology

Additional information

The approach taken in this project is described in the [Methodology section](#). This appendix provides additional information on two issues: taking account of overlapping and intersecting personal characteristics, and specific aspects of the scoring system.

Taking account of overlapping and intersecting personal characteristics

Given that people's experiences of care are informed by their overlapping and intersecting personal characteristics – for example, being a carer and being a woman – the assessment process considered how policies affect marginalised groups.

Depending on the policy area these groups include:

- Women
- Young people and older people
- Informally employed workers
- Single-parent households
- Minority religious, caste, racial, and ethnic groups
- Disabled people
- People on low incomes
- Migrants, asylum seekers and refugees
- Homeless people
- People living in rural areas
- LGBTQIA+ people.

For each policy area, the research team looked for:

- Information on how policies ensure reach and impact for marginalised groups
- Intersectional data across protected characteristics (which, in practice, proved to be very limited)
- Qualitative research capturing the perspectives of marginalised groups.

In some policy areas, certain groups are given more attention. For example, the assessment of childcare policies gave greater consideration to single-parent households as a marginalised group, in part in recognition of their status as an identified “priority group” within the Scottish Government's efforts to reduce child poverty.

The assessment criteria set out in the global template also provides focus to those working in informal employment. Recognising the nature of paid employment in Scotland, we took a broad view on this to incorporate informal workers and those in precarious employment such as zero-hours contracts, or short-term or insecure contracts.

Scoring process

By design, a scorecard approach tends to seek binary numerical answers, and this can sometimes miss nuance. To address this, a consistent approach was applied to scoring across all indicators, although some assessment criteria required a specific approach, as outlined below.

The budgeting and administration assessment theme included a standing assessment criterion for all indicators relating to there being adequate human resources and technical capacity for implementation of the policy.

As there was not always evidence of this, we often had to make an assumption that capacity did exist. As such, this criterion was scored in the following way: 1 if there was clear evidence that the area is well-resourced, **0.5** if an assumption was made or there was evidence of limitations to the capacity, and **0** if there was clear evidence of a lack of capacity.

The design and impact assessment theme asks whether women's rights organisations and carers' organisations were consulted about policies. This wording does not capture whether consultation was **meaningful** – that is, whether there was ongoing engagement and co-design with women's and carers' organisations. To reflect this, a score of **0** was given where there was no evidence of consultation, **0.5** was given where consultation took place, and **1** was given where there was evidence of meaningful consultation.

Also, within the design and impact assessment theme a criterion focuses on the level of women's representation. Here, the assessment was based on publicly available information about women in senior management and governance roles. However, this does not indicate whether those in leadership positions have gender equality competence (the skills, attributes and behaviours that people need in order to mainstream gender concerns effectively into policies).

Assessment process

SWBG undertook the initial scoring across all indicators in the scorecard using publicly available evidence to justify the score. Following this process, the scoring went through a sense-checking process with both the steering group of the A Scotland that Cares campaign and with organisational experts on the indicator topics. Three focus group discussions were also held with unpaid carers, young carers and parents, as part of the sense-checking process. Through this process, the scores were refined and a review was undertaken to ensure consistency of approach across indicators. While we recognise that the assessment process was necessarily limited by available resources and evidence we believe the sense-checking process increased the robustness and legitimacy of the Scorecard findings. That said, future iterations should seek to learn from this inaugural process to further strengthen the Care Policy Scorecard for Scotland.

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Scottish
Women's
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On behalf of

**A Scotland
that cares**

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About us

The Scottish Women's Budget Group (SWBG) is a charity that promotes women's equality. We do this by helping people understand how budgets and economic policy can tackle inequality. SWBG brings together a wide range of women from across Scotland who have an interest in women's equality and want to achieve better gender equality in our society. We have focused on encouraging active gender analysis in the Scottish Budget process since 2000.

www.swbg.org.uk

This project was undertaken for the A Scotland that Cares campaign. To find out more about the campaign visit: asotlandthatcares.org

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