The Health and
Social Care
Alliance
Scotland
(the ALLIANCE)

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people at the centre

Right to breaks and timescales for support plans for unpaid carers consultation
ALLIANCE response

Introduction

The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to respond to the consultation on the right to breaks and timescales for support plans for unpaid carers[1]. Our response is informed by engagement with our members, including those with lived experience of being an unpaid carer and professionals who work in the sector through an open-ended survey which is complemented by engagement with national carer organisations.

The ALLIANCE welcomes the Scottish Government's ambition to strengthen support for unpaid carers. There is strong agreement across our membership that recognising the importance of breaks to unpaid carers' health and wellbeing is both necessary and long overdue. Raising awareness of unpaid carers' rights and improving consistency in how support is understood and delivered are positive steps forward.

However, our overall view is that while the intent is positive, the proposals do not yet go far enough to ensure that this right can be realised in practice. A key concern raised by members is the gap between what is being proposed, and the reality unpaid carers are currently facing. Many unpaid carers already struggle to access meaningful breaks due to limited availability of services, regional disparities, workforce shortages and a lack of appropriate, trusted replacement care, rather than due to the presence or absence of a clearer definition. Without addressing these underlying issues, there is a real risk that the right to breaks becomes something that exists in principle rather than a lived right that unpaid carers can benefit from.

Clarity and consistency are also central concerns. While flexibility in defining what a "sufficient break" looks like is critical to recognise the diverse needs of unpaid carers, members were clear that flexibility without clearer guidance risks creating inconsistency and reinforcing existing inequalities. Unpaid carers' experiences should not depend on where they live, how confident they feel advocating for themselves, or how decisions are interpreted locally. For this reason, we are calling for clearer statutory guidance, stronger accountability and a more outcome-focused approach that ensures breaks are meaningful and improve unpaid carers' wellbeing.

Members also emphasised that caring is inherently relational. A break is only a break if it works in practice, and this depends heavily on whether suitable, trusted support is available for the person being cared for. Without this, breaks may not provide respite and can instead increase stress and anxiety. The proposals would benefit from more clearly recognising this reality, alongside the emotional dimensions of caring, such as guilt and responsibility, which can affect whether an unpaid carer feels able to take a break at all.

We are also concerned about how certain activities are framed within the proposals, particularly where they are defined as not constituting a break. While we agree that activities such as attending medical appointments, for example, are not breaks in themselves, we believe that this could be interpreted too rigidly in practice. Without explicit recognition that support should still be provided to enable unpaid carers to attend healthcare, there is a danger that unpaid carers may delay essential appointments. This would directly undermine the stated aim of supporting wellbeing and preventing negative outcomes.

We also welcome the introduction of clearer timescales for support plans, particularly given the lengthy waits many carers currently experience, and support an 8-week timescale for ACSPs and the introduction of a shorter timescale for young carers. However, members were clear that timescales must not focus solely on producing plans but also on ensuring support is delivered in a timely way. Without this, there is a risk that success becomes measured by administrative processes rather than whether carers are experiencing meaningful improvement in their wellbeing.

Alongside this, our engagement highlighted the need for clearer criteria and greater flexibility within the system to ensure that unpaid carers experiencing urgent or escalating pressures outside of terminal illness pathways are also able to access similarly timely support. Members consistently reflected that the impact of caring is cumulative, situational and can deteriorate rapidly. We therefore recommend an Equality and Human Rights Impact Assessment (EQHRIA) is undertaken to help identify groups of carers who may be at heightened risk of crisis or poorer outcomes, ensuring that accelerated or priority support pathways are applied equitably and consistently.

Overall, our position is that the right to breaks is a vital and welcome development, but it must be underpinned by clear guidance, consistent implementation, and sufficient investment in services and workforce capacity. Without this, there is a risk that the policy raises expectations without delivering meaningful change. What matters most to unpaid carers is not the existence of a right on paper, but whether they are able to access support that genuinely allows them to rest, recover and sustain their caring role over time.

Question 1: Is this definition clear enough to make decisions about a carer's eligibility for a break from caring? If you answered "no", how could it be made clearer?

No

The ALLIANCE supports the intention behind the proposed definition, particularly its emphasis on wellbeing and flexibility, and we welcome the move towards a clearer definition to help inform unpaid carers of their rights. As one survey respondent highlighted, "clarity around this is a good thing … lots of people I know who are carers don't know they are entitled to this … they are just getting on with it". Raising awareness of entitlement is therefore a positive and necessary step.

However, we do not consider the definition sufficiently clear to enable consistent and equitable decision-making in practice. The ALLIANCE recommends the definition should be strengthened through clear statutory guidance, outcome-focused criteria and mechanisms for accountability and challenge.

Feedback from both lived experience and professional respondents indicates significant concern around vagueness and subjectivity. Notably, 40% of survey respondents expressed negative views on the definition, with many citing a lack of clarity about what the definition would mean in practice.

Key terms such as "sufficient", "enough", and "negative consequence" are inherently subjective and risk inconsistent interpretation both across and within local authorities. While flexibility is important, the absence of clearer criteria creates a significant risk of variation in decision-making and raises concerns about a continuation, or even reinforcement, of postcode lottery conditions.

Reliance on professional judgement without clear criteria further compounds these risks. Unpaid carers may under-report their needs due to fatigue, fear of consequences, or low expectations of support, while assessors may have differing interpretations of what is “sufficient” or “reasonable”. This introduces the potential for inequitable outcomes depending on how vocal or informed a carer is, or how experienced an assessor may be.

To address these issues, the finalised definition must be supported by clearer statutory guidance, including outcome-focused criteria and examples of how sufficiency should be assessed in practice.
There must also be mechanisms for challenge and redress where unpaid carers disagree with decisions. Without these safeguards, there is a risk that flexibility becomes inconsistency.

There is also a risk that minimal or token reductions in caring responsibilities could be deemed “sufficient” without meaningfully improving a carer’s wellbeing. As our engagement revealed, for a break to be sufficient, it must be meaningful. This concern is reinforced through the framing of “avoid negative impacts” which suggests preventing further deterioration instead of improving an already poor baseline. As reflected in our engagement, this risks undermining the purpose of the right itself.

Finally, it is important to emphasise that clarity in definition alone will not deliver improved outcomes without corresponding investment in services and workforce capacity. Unpaid carers are already experiencing significant barriers to accessing breaks - as one respondent noted, the proposals risk being “unrealistic about the reality of services available on the ground and the lack of funding (for breaks)”. Redefining entitlement without addressing these underlying constraints risks raising expectations that cannot be met.

Question 2: Does this definition cover the appropriate aspects of the caring role to help make this decision? If you answered "no", what aspects of the caring role should the definition cover?

No

The proposed definition does not fully capture the complexity of the caring role. While it positively focuses on the unpaid carer's health and wellbeing outcomes, it does not sufficiently reflect the interdependent relationship between the unpaid carer and the cared-for person nor the practical realities that determine whether a break is meaningful. The ALLIANCE believes the definition should adopt a more holistic, relational approach that recognises the caring relationship as a system, rather than focusing solely on the unpaid carer in isolation, including emotional and practical realities.

A consistent theme in our engagement is that a break is only effective if the unpaid carer can trust the support provided in their absence. Without reliable, safe, skilled and appropriate replacement care that is acceptable to both parties, a break may only increase anxiety rather than provide respite. One respondent described how, in their situation, a break would be "worthless" because their autistic adult daughter would not accept care from unfamiliar people, resulting in ongoing stress rather than respite. This highlights that the availability and suitability of replacement care is not a secondary consideration, but a fundamental condition of whether a break can be realised.

This account emphasises how the definition does not sufficiently reflect the emotional dimensions of caring. Feelings of guilt, responsibility and concern for the cared-for person can significantly impact whether an unpaid carer is able to take or benefit from a break and these must be considered.

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

Yes

The ALLIANCE strongly supports providing illustrative examples of breaks, which are clearly framed as non-exhaustive and supported by localised information on availability.

Our engagement revealed strong support for specifying examples, as this can improve awareness and understanding of what may constitute a break. Many unpaid carers remain unaware of their entitlements, and examples can support both awareness and meaningful conversations during assessment. This is particularly important given that some unpaid carers can be too exhausted to identify what would help them without support and guidance.

However, there is equal concern that such lists must not become prescriptive. Breaks are highly individual and must remain flexible and person-centred. Lists risk being interpreted as an exhaustive menu, limiting creativity and excluding less formal but equally valuable forms of respite, such as informal social connection, attending life events or participating in cultural or faith-based activities.

It is also critical to ensure that unpaid carers are actively and consistently informed that breaks may be taken both with and without the cared-for person. We also strongly believe that a range of activities that reflect the wide range of ages of unpaid carers, should be included. Providing a tailored activity list to different age ranges, but especially for young carers, may increase the uptake of breaks and their value in improving health and wellbeing. These tailored lists should be developed with young carers themselves and organisations that represent this group.

Additionally, regional variation must be acknowledged when providing lists for unpaid carers. As one respondent noted, “what may be easily accessible in one area may not be that in another”. Consideration therefore must be given to providing localised information on available supports to avoid reducing inequalities.

Question 4: List One: (Carers are more likely to have difficulty accessing this type of break)

a) Are there any types of breaks you think are missing from this list?

We do not consider it appropriate to define what is missing from what is intended to be an illustrative list; however, current examples are weighted towards structured activities and do not sufficiently recognise informal or everyday forms of breaks, such as spending time with friends or participating in community or cultural life, which many unpaid carers identify as important to sustain wellbeing and reduce feelings of isolation.

b) Are there any types of breaks listed which you think should not be included?

The ALLIANCE does not consider any of the listed examples as inappropriate. The primary concern is ensuring the list remains as flexible as possible and does not become prescriptive or restrictive and removing types of breaks from the list may lead to this.

Question 5: List Two: (Carers are less likely to have difficulty accessing this type of break)

a) Are there any types of breaks you think are missing from this list?

The same principles apply as outlined in question 4. As with List One, it is important that the list is clearly framed as illustrative and that it reflects the diversity of unpaid carers’ experiences. Informal and less recognisable forms of respite should be acknowledged alongside more traditionally recognised models.

While the examples provided are relevant, the categorisation of these breaks as being “less likely to have difficulty accessing” does not reflect current experience. Our engagement with individuals with lived experience indicates that all forms of breaks are becoming increasingly difficult to access, particularly where they rely on the availability of replacement care or specialist services.

b) Are there any types of breaks listed which you think should not be included?

The ALLIANCE does not consider any of the listed examples as inappropriate. The primary concern is ensuring the list remains as flexible as possible and does not become prescriptive or restrictive and removing types of breaks from the list may lead to this.

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

Yes

The ALLIANCE believes there are risks associated with providing detailed lists in the current social care landscape. Detailed lists risk creating expectations among unpaid carers that certain types of support will be available, when in reality, services are limited, unavailable or not accessible. More fundamentally, the proposals assume that replacement care is available and acceptable. In many cases, this is not true, meaning breaks cannot be realised in practice. This gap between policy ambition and operational reality is a consistent concern and risks the right to breaks becoming symbolic rather than lived.

There is also a risk that lists concentrate demand on certain types of provision, particularly where these are more visible or better understood, placing additional strain on already stretched services, particularly in the third sector.

The risks could be mitigated through ensuring lists are non-prescriptive, supported by local availability information, accompanied by training for staff to ensure unpaid carers are proactively informed of their rights without bias.

Question 7: Would it be valuable to specify a list of circumstances (as above) that should not be viewed as a break from caring?

Yes

The ALLIANCE believes that providing clarity on what does not constitute a break can support consistent interpretation. However, any exclusion must be accompanied by clear explanation of its classification to avoid rigid interpretation.

Question 8: List of circumstances (as above) that should not be viewed as a break from caring:

a) Are there any circumstances you think are missing from this list?

The ALLIANCE does not believe any circumstances are missing from this list. The primary concern is ensuring the list remains as flexible as possible and does not become prescriptive or restrictive and adding further circumstances to this list may lead to inflexibility that does not reflect the wide range of circumstances that unpaid carers may view as a break.

b) Are there any circumstances listed which you think should not be included?

The ALLIANCE has significant concerns about how exclusions included on this list may be interpreted. In particular, excluding medical appointments and attending work risks being applied too rigidly.

We recognise that these activities are not breaks in themselves, however the support required to enable access to them is essential to wellbeing. Without this, unpaid carers may delay healthcare which directly contradicts the aim of avoiding negative impacts as proposed by the definition of “sufficient breaks”.

There is a risk that local authorities interpret exclusions as meaning support cannot be provided in these contexts. This could discourage preventative support, embed inequalities and increase long-term costs if unpaid carers’ health and wellbeing deteriorate.

Question 9: Do you agree that the law should specify accelerated timescales only for carers of terminally ill people? This is because (a) these carers can often need urgent support and (b) because local practitioners will be best placed to decide when other people need urgent support, based on their individual situation.

The ALLIANCE believes accelerated timelines should be specified for unpaid carers of terminally ill people, but clearer criteria and flexibility should be introduced to ensure other unpaid carers experiencing urgent or escalating need can access similarly timely support.

The ALLIANCE agrees that unpaid carers of terminally ill people should benefit from accelerated timescales, as our engagement revealed these situations are often urgent, time-sensitive and emotionally complex. However, it is important to recognise that the point of diagnosis may not always align with an unpaid carer’s readiness to engage with support. In cases of rapid or unexpected diagnosis, unpaid carers may feel overwhelmed and unsure of what they need initially. As such, accelerated timescales should be accompanied by ongoing, proactive check-ins to ensure that support evolves in line with developing needs. It is also crucial that breaks are presented as being able to be taken with or without the cared-for person.

However, we do not agree that urgency should be defined solely by diagnosis. Evidence from our engagement highlights that the impact of caring is cumulative and situational, and can deteriorate rapidly. Unpaid carers outside of the terminal illness category may also experience crisis points requiring urgent support and intervention. Limiting accelerated timescales to a particular group risks excluding others in equally acute need. We recommend that clearer guidance is developed to support consistent decision-making, alongside consideration of wider factors such as socio-economic circumstances, which can significantly affect caring capacity. An Equality and Human Rights Impact Assessment (EQHRIA) should inform this to ensure that those most at risk are not overlooked.

Question 10: In setting a timescale (i.e. time limit) for preparing an ACSP for other adult carers, would you support: 8 weeks, 10 weeks, another timescale. Please explain the reasons for your answer. You may wish to reflect on points which are relevant to you, such as what may be achievable for local authorities or carer organisations who develop ACSPs on their behalf, or what seems reasonable for adult carers.

8 weeks

The ALLIANCE supports an 8 week timescale as a necessary and reasonable improvement. Evidence from our survey highlights that some unpaid carers are currently waiting in excess of six months for a support plan, an unacceptable delay which only contributes to increased stress, burnout and deterioration in wellbeing. Introducing a defined timeframe is therefore a welcome step.

However, there is significant concern that while proposals focus on the speed of assessment and plan creation, there is no corresponding expectation for when support will be delivered. A plan completed within 8 weeks is of limited value if unpaid carers then face prolonged delays in accessing breaks due to capacity constraints.

This raises a broader concern that the right to breaks risks being experienced as a procedural rather than a tangible right. Without a minimum level of provision or clear delivery timescales, unpaid carers may continue to face inconsistent access depending on geography, budgets and local interpretation, especially with current delays persisting at the point of implementation within Health and Social Care Partnerships. To help achieve this, we echo calls from Carers Scotland to increase and ringfence funding for Carers Centres to help meet demand.

We recommend that success should therefore not be measured solely by adherence to timescales and plan production, but by whether unpaid carers receive the breaks outlined in ACSPs within a certain timescale and whether this improves health and wellbeing outcomes.

Question 11: Should the timescales (i.e. time limit) for preparing a YCS for other young carers be the same timescales as for ACSPs?

No

The ALLIANCE believes that distinct timescales and processes for young carers should be developed that reflect their specific needs, circumstances and rights.

We do not support applying the same timescales to young carers. While parity may appear equitable, it risks overlooking the distinct needs and vulnerabilities of young carers. The current proposals mirror adult processes, which does not adequately reflect the different context in which young carers operate.

As our engagement outlines, young carers’ responsibilities can have immediate and long-term impacts on education, emotional wellbeing, and development. Delays in support can result in missed schooling, disengagement from learning and poorer life outcomes.

In addition, processes for young carers must take account of safeguarding considerations and the involvement of families and education providers. These complexities require a more responsive and tailored approach than a direct replication of adult systems.

Question 12: Would you support: • 8 weeks • 10 weeks • another timescale (please state)

Another timescale – shorter than 8 weeks

Please explain the reasons for your answer. You may wish to reflect on points which are relevant to you, such as what may be achievable for local authorities or carer organisations who develop YCSs on their behalf, or what seems reasonable for young carers. We would also welcome views on whether timescales should take account of key staff availability during school holidays

The ALLIANCE supports a shorter timescale for YCS, reflecting the more immediate risks associated with delayed support. The impact of caring on education and development means that timely intervention is critical. Even relatively short delays can have lasting consequences on attendance, attainment and wellbeing.

There is also a need for the system to be proactive in identifying young carers, as they are less likely to be aware of their rights or to seek support independently. Timescales alone are insufficient without a broader, more holistic approach to engagement that recognises these barriers.

Additionally, timescales should take account of the school calendar, including term times, transitions and periods of increased pressure, to ensure that support planning aligns with the realities of young carers’ lives.

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

Yes

The ALLIANCE supports a phased approach as a pragmatic way to manage the transition to a new system. However, it is essential that this approach is designed to enable long-term, sustainable change rather than simply managing demand in the short term.

This phased approach should therefore include built-in mechanisms for evaluation and review throughout implementation, ensuring that learning is captured and applied as the system develops. This will help ensure that when full implementation is reached, it reflects meaningful improvement.

Question 14: Under such a phased approach, how long should be allowed for all carers to have their needs reviewed: • 2 years • 3 years • Another period – please specify

Another period – Flexible approach

Please explain the reasons for your answer. You may wish to reflect on points which are relevant to you, such as what may be achievable

for local authorities or carer organisations who develop ACSPs and YCSs on their behalf, or what is reasonable for carers.

The ALLIANCE does not have a fixed preference for a specific timeframe such as two or three years. Instead, we emphasise the importance of implementing a realistic and achievable transition period that balances system capacity with the urgency of improving support for unpaid carers to ensure implementation is both meaningful and manageable.

Question 15: Do you agree with using an interim definition of "sufficient breaks" as proposed above, to prioritise carers in the greatest need while the new right is bedding in? Please explain the reasons for your answer

No

The ALLIANCE recognises the intention to prioritise unpaid carers in the greatest need, however we do not support the use of an interim definition that narrows eligibility to those experiencing significant negative impacts.

This approach risks creating a system that is reactive rather than preventative, where unpaid carers must reach a point of crisis before accessing support. It may also discourage early intervention and low-level enabling supports, which are essential to sustaining wellbeing and preventing escalation.

There is also concern that this approach represents a false economy. By limiting support initially, unmet needs may accumulate, leading to greater demand and more complex intervention in the future. Additionally, all plans developed under an interim definition may require reassessment once a broader definition is introduced, creating additional administrative burden.

Question 16: What would be the main benefits and risks of using an interim definition of "sufficient breaks" as proposed?

The primary benefit of an interim definition is that it may help systems manage demand during the initial stages of implementation by focusing limited resources on those in acute need.

However, the risks are substantial. Focusing on "significant negative impacts" discourages early support and may allow an unpaid carer's situation to deteriorate unnecessarily. This is likely to increase demand over time, as needs become more complex and require more intensive intervention.

There is also a risk of inconsistency and inequity, with unpaid carers receiving various levels of support depending on when they enter the system. Furthermore, the need to reassess plans once the full definition is implemented creates inefficiency and may delay access to appropriate support. This interim approach risks shifting demand downstream rather than addressing it effectively.

Question 17: Do you think the timescale for moving from an interim definition of "sufficient breaks" to a broader definition covering more carers should be: • set at the outset to provide certainty, e.g. 3 years, or • be guided by monitoring and evaluation of take-up, to ensure systems are geared up to support a greater number of carers?

The ALLIANCE believes this should not be an 'either or' approach but recommends combining a clear indicative timeframe with robust monitoring and evaluation to support an evidence-informed transition. We appreciate the value in setting a clear timeframe at the outset to provide certainty and manage expectations for unpaid carers and services.

However, it is equally important that progression to a broader definition is informed by ongoing monitoring and evaluation. This ensures that systems are genuinely ready to meet increased demand and that implementation is grounded in evidence.

A purely time-bound approach risks advancing before capacity is in place, while a purely open-ended approach risks delaying access unnecessarily. A combined approach offers the most balanced and effective pathway forward.

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector membership organisation for the health and social care sector. We bring together over 3,500 people and organisations dedicated to achieving our vision of a Scotland where everyone has a strong voice and enjoys the right to live well, with dignity and respect. Our members are essential in creating a society in which we all can thrive, and we believe that by working together, our voice is stronger.

We work to improve the wellbeing of people and communities across Scotland by supporting change in health, social care and other public services so they better meet the needs of everyone in Scotland. We do this by bringing together the expertise of people with lived experience, the third sector, and organisations across health and social care to shape better services and support positive change.

The ALLIANCE has three core aims.

We seek to:

- **Empower people with lived experience**: we ensure disabled people, people with long term conditions, and unpaid carers are heard and that their needs remain at the heart of the services and communities.
- **Support positive change**: we work within communities to promote co-production, self management, human rights, and independent living.
- **Champion the third sector**: we work with, support and encourage co-operation between the third sector and health and social care organisations.

The ALLIANCE is committed to upholding human rights. We embed lived experience in our work and aim to ensure people are meaningfully involved at every level of decision-making.

Working together creates positive, long-lasting impact. We work in partnership with the Scottish Government, NHS Boards, universities, and other key organisations within health, social care, housing, and digital technology to manage funding and develop successful projects. Together, our voice is stronger, and we can create meaningful change.

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[1] Scottish Government, "Right to breaks and timescales for support plans for unpaid carers", (27 February 2026), available at: https://www.gov.scot/publications/right-breaks-timescales-support-plans-unpaid-carers/