CHAPTER 5

Invisible labour, visible consequences: Scotland's care economy in crisis

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- **Scotland's economy depends on unpaid carers – predominantly women – whose invisible labour props up collapsing childcare, social care and health systems at immense personal, financial and emotional cost.**

- **The spiralling childcare crisis, gendered poverty, deteriorating health of carers and stalled policy reforms reveal a systemic refusal to value care as essential economic infrastructure.**

- **Without bold structural change – including investment, rights-based support and political leadership that centres lived experience – Scotland will deepen inequality and jeopardise its future resilience.**

INTRODUCTION

Imagine living in a country where the most essential work – the care that sustains life – is treated as an afterthought. In Scotland today, this isn't hypothetical. It's reality. Behind closed doors, women are

holding society together, often at enormous personal cost. The costs to the public purse, to our economy, are not hidden – they're there, in plain sight, in increased sickness, in people being unable to work and in poorer mental health. Unless politicians acknowledge these policy intersections, we will never progress in creating an environment that better values unpaid care and supports those who provide it.

Consider the facts:

- Around 694,000 unpaid carers in Scotland, including 27,000 young carers; 63 per cent are women (Scottish Government, 2023).

- Nearly 25 per cent of women aged 45–64 provide unpaid care, and 16 per cent of carers provide 50+ hours weekly.

- Unpaid care is worth £15.9 billion annually (Carers UK, 2024).

- Twenty-eight per cent of unpaid carers live in poverty, with 8 per cent in deep poverty; carers are 56 per cent more likely to experience poverty than non-carers (Carers UK, 2024).

- Childcare costs: full-time nursery for a two-year-old averages £235–85 per week; part-time (25 hrs) costs £124.75 weekly (daynurseries.co.uk).

- Pregnant Then Screwed findings: 83.7 per cent of mothers say childcare costs equal or exceed income; 71 per cent of mothers and 50 per cent of fathers say working doesn't make financial sense; 41 per cent of parents rely on debt or savings to pay childcare; four in 10 women cite childcare costs as a reason for terminating a pregnancy (Pregnant Then Screwed, 2024).

- Gender pension gap: Women retire with 35 per cent less pension wealth than men; average retirement income for women is £12k versus £17k for men (Strauss, 2024).

- Social care charges: Despite a 2021 pledge to abolish non-residential care charges, progress is slow; disabled people face inconsistent and rising fees, deepening poverty (Cowan and Williams, 2025).

These figures tell a story of systemic undervaluation – a story that intersects with gender, class and race. It is a story of women who are expected to absorb the failures of public policy, often at the expense of their health, income, and future security. And it is a story that is becoming more urgent as Scotland faces a polycrisis: economic instability, demographic shifts, climate emergencies and the lingering effects of the Covid-19 pandemic and austerity. This chapter explores why care remains undervalued, how women bear the brunt of this injustice and what needs to change to create a fairer, more sustainable Scotland.

THE VALUE OF CARE VERSUS THE INVISIBLE COSTS

Care – whether for children, older people or those with disabilities – is the invisible infrastructure of society. Without it, economies collapse, communities fracture and lives unravel. Yet historically, care has been treated as a private responsibility rather than a public good.

In Scotland, unpaid care is worth over £15 billion annually, according to Carers Scotland (Carers UK, 2024). This figure dwarfs many sectors of the economy, yet carers receive minimal recognition or support. Carer's Allowance, for those who qualify, is just over £80 per week – a sum that barely covers basic living costs. Childcare tells a similar story. Scotland has some of the highest childcare costs in Europe, with full-time nursery fees averaging £270 per week (Pregnant Then Screwed, 2024). For many families, returning to work after having a child is financially impossible. Pregnant Then Screwed's 2024 survey found that 83.7 per cent of parents said childcare costs were the same or more than their income.

The undervaluation of care is not accidental. It is rooted in structural gender inequality (Scottish Women's Budget Group, 2024).

Women are more likely to work part-time, earn less and take career breaks for caregiving. They are also more likely to be single parents – 95 per cent of lone parents in Scotland are women. These patterns are reinforced by policy choices that fail to treat care as an economic investment.

The consequences ripple across generations. Women who leave work to care for loved ones face long-term financial insecurity, including a gender pension gap so severe that a girl would need to start saving for retirement at age three to match a man's pension pot (Women's Budget Group, 2017).

THE GENDERED IMPACT

The burden of care falls disproportionately on women and is heavily intertwined with poverty, given that the poverty rate for carers is 50 per cent higher than for non-carers (Carers UK, 2024). Minority ethnic carers face additional barriers, including cultural stigma and a lack of culturally appropriate services. As one campaigner told the Coalition of Carers in Scotland: 'The system is broken and increasingly relies on the labour of unpaid carers. People told us they hadn't had a break for years, that they are exhausted, that their mental and physical health had been severely affected' (Coalition of Carers in Scotland, 2021).

CHILDCARE: SCOTLAND'S BREAKING POINT

Pregnant Then Screwed's 2024 State of the Nation report paints a devastating picture: childcare costs are so high that four in 10 women in Scotland who terminated a pregnancy said the cost of childcare was the primary reason (Pregnant Then Screwed, 2024). This is not just a statistic – it is a moral and economic crisis. The same survey found that 83.7 per cent of mothers say childcare costs equal or exceed their income, meaning many parents are effectively paying to work. A staggering 71 per cent of mothers and 50 per cent of fathers say it doesn't make financial sense to remain in employment.

The financial strain forces families into impossible choices: 27.8 per cent of parents report choosing between paying for childcare and buying essentials like food and heating. Nearly 41 per cent have had to rely on debt or raid savings to cover childcare bills, and 20 per cent have dipped into pensions. In cities like Aberdeen and Glasgow, over half of parents spend more than a quarter of household income on childcare, with 15 per cent spending more than half.

This crisis disproportionately affects women, especially single mothers – 95 per cent of lone parents in Scotland are women. The motherhood penalty compounds the problem: women returning to work after maternity leave face an average 32 per cent pay cut, and two in five never regain their previous status. Emotional tolls include exhaustion, identity loss and mental health struggles. Pregnant Then Screwed's advocacy highlights systemic failures: inadequate maternity pay, inflexible work arrangements and underfunded childcare infrastructure. Their petition to the Scottish Parliament calls for an independent review of childcare costs and availability, underscoring the urgent need for reform.

An example of the lived experience, provided by Pregnant Then Screwed, such as the following (names have been changed), helps humanise the picture behind the statistics. At 35, Louise was earning £34,000 a year in a mid-management role when she became pregnant. After maternity leave, she asked to return part-time. Her employer agreed – on the condition that she accept a junior role with a significant pay cut. Humiliated, Louise watched her salary shrink to early-career levels. With no family support, Louise paid for nursery care, but her wages barely covered the fees. The financial strain fractured her relationship, leaving her a single mother. Eventually, she gave up work and applied for benefits – a devastating blow after nearly two decades of employment.

Louise's experience is not unique. Childcare costs in Scotland are amongst the highest in Europe. A full-time nursery place for a two-year-old costs £270 per week (Pregnant Then Screwed, 2024). For many families, this means paying to work. Pregnant Then Screwed reports that 71 per cent of mothers and 50 per cent of fathers say it doesn't make financial sense to stay in employment.

The motherhood penalty is real. Women who take career breaks

face an average pay cut of 32 per cent when they return. Two in five women who leave managerial roles never regain their previous status. The emotional toll is immense: identity loss, exhaustion and isolation.

For single parents – 95 per cent of whom are women – the situation is even more precarious. Limited childcare options, inflexible work patterns and inadequate social security create a cycle of poverty that is hard to escape (Scottish Women's Budget Group, 2024). Carers of children with highly complex disabilities and intensive healthcare needs are often unable to access their right to nursery placements across Scotland (Children's Health Scotland, 2023).

Childcare is not a luxury but an essential infrastructure that supports our economy and gender equality. This is why Pregnant Then Screwed has recently worked with the New Economics Foundation to model what a better system, called Scotland's Childcare Guarantee, could look like. A system with a universal, guaranteed core of funded hours for all children from 9 months old, and a cap of 5 per cent on what families pay above that, linked to what they actually earn. At today's levels of childcare use, this cap would be broadly fiscally neutral – with potential net savings of around £31 million per year for the Scottish government (Pregnant Then Screwed & New Economics Foundation, 2025).

CARE FOR THE SICK, ELDERLY AND DISABLED: COMPLEX CARE WITHOUT SUPPORT

At the other end of life, women are again the default caregivers. Unpaid carers provide complex, often medical-grade care for disabled or elderly relatives. Many do so without respite, sacrificing their own health and income.

Scotland's ageing population means rising demand for elder care, yet unpaid carers – predominantly women – shoulder this responsibility without adequate support. Carers UK's State of Caring report reveals that nearly half of working-age carers lose £12,000 annually due to reduced hours or job loss. Over 54 per cent report deteriorating

physical health, and 28 per cent rate their mental health as bad or very bad, with 36 per cent experiencing suicidal thoughts. Providing care for sick relatives increasingly involves complex, medical-grade tasks – administering medication, managing feeding tubes, monitoring symptoms and coordinating hospital discharges – responsibilities once reserved for trained professionals. In Scotland and across the UK, unpaid carers, the majority of whom are women, are expected to shoulder these duties without adequate training, respite or financial support. This shift reflects systemic gaps in health and social care provision, where overstretched services rely on family members to bridge the 'expectation–capacity gap' left by austerity and workforce shortages.

Carers UK's State of Caring report highlights that 52 per cent of unpaid carers have seen their caring hours rise in the past year, with many providing over 50 hours weekly. Such intensification collides with economic strain: 49 per cent have cut back on essentials like food and heating, and one-third have resorted to debt to sustain their caring role. For women, the impact is particularly severe. Gender norms and structural inequalities mean women are more likely to assume caregiving responsibilities, often at the expense of employment. In Scotland, 59 per cent of unpaid carers are women, and one in three has left work entirely to care, whilst others reduce hours or accept lower-paid roles, eroding lifetime earnings and pension contributions. This contributes to a gender pension gap where women retire with 35 per cent less pension wealth than men (Carers UK, 2025).

The health consequences are stark. Caring for the sick is physically demanding – lifting, assisting with mobility and performing clinical tasks without professional guidance. Two in five carers report worsening physical health, and 20 per cent have sustained injuries linked to their role. Mental health outcomes are even more alarming: 74 per cent feel stressed or anxious, and nearly half experience depression, with some reporting panic attacks and chronic sleep deprivation. In Scotland, 81 per cent of female carers feel stressed or anxious, and 47 per cent report depression, figures that rise sharply amongst those struggling financially. Isolation compounds these challenges; carers often sacrifice social connections and leisure time, leaving

them vulnerable to loneliness and burnout. A 2025 review warns that unpaid carers are 'in a mental and physical health crisis,' with 36 per cent rating their mental health as bad or very bad, a figure that jumps to 59 per cent amongst carers in poverty (Carers UK, 2025).

Economic vulnerability and health deterioration are intertwined. Unpaid carers are 56 per cent more likely to experience poverty than non-carers, and 8 per cent live in deep poverty, forcing impossible trade-offs between essentials and care-related costs. Women, who typically begin caring earlier and for longer periods, face compounded disadvantages: reduced earnings, stalled careers and diminished financial resilience. For single mothers and minority ethnic women, the burden is even heavier, exacerbated by cultural expectations and limited access to culturally appropriate services. Geographic disparities add another layer – rural carers struggle with poor transport links and scarce respite provision, intensifying isolation and financial strain.

Policy frameworks, such as the Carers (Scotland) Act 2016, acknowledge carers' rights to assessment and support, yet implementation lags behind need. Promised reforms – abolition of non-residential care charges, improved respite access and flexible health appointments – remain slow, leaving carers to navigate fragmented systems. Reports from Carers UK and the Nuffield Trust underscore a persistent gap between policy rhetoric and reality: funding for carer breaks has fallen by 42 per cent since 2015, and local authority spending on carer services has dropped by 11 per cent, even as demand surges. Disabled people and their carers face a uniquely harsh reality. Glasgow Disability Alliance highlights the injustice of social care charging, which forces low-income families to pay for essential services. Despite a 2021 pledge to abolish non-residential care charges, progress has stalled, leaving thousands in financial hardship. Disabled households already face a 'disability price tag' – an extra £1,095 per month to achieve the same living standard as non-disabled households. Current charging policies compound this inequality, often requiring carers to use disability benefits intended for additional costs to pay for care. Legal challenges, such as BB v Glasgow City Council (2024), underscore systemic failures and the urgent need for reform. Carers often turn

down urgent medical treatment because they cannot access replacement care. They endure dehumanising assessments to prove eligibility for benefits like Adult Disability Payment (Glasgow Disability Alliance, 2024). And they live with constant anxiety about losing support due to budget cuts.

The latest Carers UK report reveals the stark costs of caring: the financial costs, the human costs, the wider opportunity costs, and the long-term costs (Carers UK, 2025). But this is not just a personal crisis. It is a public one. Scotland's health and social care system depends on unpaid carers to function. Hospital-to-home models assume family members will provide care. Without them, the system would collapse, and without urgent investment in training, respite and financial support, unpaid carers will continue to absorb the failures of public provision at immense personal cost. Their invisible labour sustains Scotland's health system – valued at £15.9 billion annually – yet remains chronically undervalued and unsupported. Addressing this crisis requires a gender-sensitive approach that recognises care as essential infrastructure, not a private burden, and delivers tangible rights, resources and respite for those who provide it.

Minority ethnic carers face additional cultural and systemic barriers, whilst many carers turn down urgent medical treatment because they cannot secure replacement care. The poverty rate amongst carers is 50 per cent higher than for non-carers, and 24 per cent provide over 50 hours of care weekly. This unpaid labour, valued at £15.9 billion annually, is the backbone of Scotland's health system – yet remains invisible and undervalued.

WHAT NEEDS TO CHANGE

The undervaluation of care is not inevitable. It is the result of choices – and it can be reversed. Here's what Scotland must do:

- Invest in affordable, high-quality childcare: treat childcare as economic infrastructure, not a private luxury. Expand funded hours and ensure provision during school holidays (Scottish Women's Budget Group, 2024).

- Reform Carer's Allowance and social security: raise payments to reflect the true cost of care. Simplify eligibility and reduce bureaucratic hurdles (Carers UK, 2024).

- Provide accessible housing and respite care: enable carers to live with dignity and maintain their own health (Coalition of Carers in Scotland, 2021).

- Promote workplace flexibility and return-to-work support: campaigns like the Open University's Mumentum show how education can help mothers re-enter the workforce.

- Embed gender-sensitive budgeting and impact assessments: every policy should consider its effect on carers and women (Scottish Women's Budget Group, 2024).

- Recognise social care as infrastructure (in addition to child-care): until care is seen as an investment in Scotland's future, progress will stall.

CONCLUSION

Scotland needs a dedicated Cabinet Minister for Social Care – someone with lived experience who can champion reform. This role, despite the overlaps, should be separated from the current combined Cabinet Ministerial portfolio of Health *and* Social Care so that it receives the focus it deserves. This minister should have authority to shape policy across health, education, housing and employment and be supported by Lived Experience Advisers. Genuine co-production must be at the heart of this approach. Carers should be in the rooms where decisions are made – not as token voices but as equal partners. We must learn from the failures of Covid-19, when life-changing decisions were made without consulting those most affected. In doing so, lessons must also be learned from the National Care Service debacle, in which the vision of a groundbreaking new care service merely led to the establishment of a non-statutory advisory board.

The 2026 Scottish Election marks a critical moment. Care must be central, and manifesto pledges need to be kept. Without bold action, Scotland risks deepening inequality and undermining its own economic resilience. Unpaid care has held society together. We exploit it at our peril. It's time to value care – not with warm words, but with structural change.

Scotland stands at a crossroads. The polycrisis – economic shocks, demographic shifts and climate stress – magnifies the urgency of valuing care. Without bold action, unpaid carers will continue to bear an unsustainable burden, deepening gender inequality and threatening social cohesion. A dedicated Cabinet Minister for Care is an essential step toward a fairer future. Invisible labour must become visible, and its value recognised in policy and practice.

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