# RIGHT TO A BREAK CONSULTATION RESPONSE

## Introduction

The implementation of the legal right to a break from caring has the potential to be transformative for Scotland's unpaid carers and to lead to more positive outcomes for unpaid carers of all ages, cared-for people, and the wider health and social care sector.

As we have stated in previous consultation responses, we believe that the ability of this right to fulfil its potential is not dependent on the definition or legislation alone, but also on the necessary investment, resourcing, commitment and leadership to develop a sustainable short breaks sector that can meet the diverse needs of Scotland's carers. Our response to this consultation reflects this position.

## Methodology

At Shared Care Scotland, we believe it is vital that all of our work is informed by those we aim to support and those we work alongside in delivering that support, including local carer organisations, projects funded through the Short Breaks Fund, and delivery partners for our social tourism programme, Respitality. This response is therefore informed by a wide range of engagement activity, our longstanding policy and practice development work, and evidence from our 2024 survey on carers' experiences of short breaks and respite care.[1]

To hear directly from unpaid carers, we held a roundtable discussion structured around key themes in the consultation. This created space for carers to share what a short break means to them, the practical and emotional realities of taking a break, and their views on how the new right should work in practice. These perspectives were crucial in helping us understand both what carers value in a meaningful break and the concerns they have about implementation.

In addition, we hosted a roundtable for organisations involved in supporting unpaid carers and providing short breaks or related services. This offered valuable insight into the systemic challenges these organisations face, as well as their views on what the new right should achieve and what will be needed to make it work well in practice. Online polls on certain aspects of the consultation were used throughout the consultation period. These polls were accessible to participants regardless of location, ensuring a wider range of perspectives was incorporated into our response.

Our preparatory work for this response drew on both lived experience and wider sector insight, ensuring that the response reflects not only individual experiences but also common themes emerging across carers' circumstances, including access to short breaks, flexibility, implementation challenges, and the emotional impact of taking

breaks from caring. These themes have informed our views and the overall positioning of this response.

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

- Yes
- **No**
- Not sure

If you answered "no", how could it be made clearer?

No, the definition is not clear enough to support consistent decisions about a carer's eligibility for a break from caring. It remains ambiguous and could lead to highly subjective interpretations of a carer's need for a break. One carer commented on the current criteria:

"Breaks implies more than one, but what will be the eligibility of who determines a sufficient break?"

With the removal of eligibility criteria from carers' rights to breaks, it is vital that the test of "sufficient" does not itself become an alternative eligibility test.

The focus on rest, leisure and time in this sentence ["Sufficient breaks" means "breaks from caring which enable a carer to have enough rest, leisure and time..."] has been broadly welcomed. However, the inclusion of the word "enough" is unhelpful and introduces a further qualification similar to "sufficient", so we suggest that it is removed. Carers told us that they felt the term "enough" was unclear and had potentially negative connotations. For example, "just enough" to continue caring is very different from enough to feel well and enjoy a life that feels balanced.

A break should not simply be about giving a carer just enough time to recover before returning to their caring role. Instead, it should focus on giving carers choice and control over a meaningful break that can have an immensely positive impact both on the carer and on the wellbeing of the cared-for person.

This was reflected in discussions with carers. Carers described outcomes far broader than simply "continuing to care". It was clear that a lack of understanding of the intensity of their caring role was one of the main barriers to accessing breaks. The idea of a break was seen as very welcome, but carers often described "pre-break" preparation that felt insurmountable. This included, for example, writing a personalised itinerary or detailed instructions for the person providing care, emotionally supporting the cared-for person to prepare for a break, as well as the practical work of getting ready. Carers also wanted us to understand that pre-break anxiety can be high and that a break can help to alleviate this, only to be replaced by feelings of guilt during

and after the break. The work involved in regrouping after returning from a break also takes its toll, and a number of carers told us that the build-up to a break, and the work that follows it, can sometimes make them feel it is not worth it.

All of this serves to emphasise that any definition of "sufficient" must reflect the wide range of factors that influence whether a break is experienced as meaningful and effective, with long-lasting impact. This is not just about measuring the sufficiency of the break itself, but also the support that is placed around it so that a carer and cared-for person can fully benefit from its intended outcome.

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

- Yes
- No

If you answered "no", what aspects of the caring role should the definition cover?

The definition covers several appropriate and important aspects of the caring role. It is welcome that the definition recognises that caring can impact a carer's health, relationships, life balance and ability to achieve personal outcomes. However, caring can be a highly unpredictable role that is constantly evolving and changing. We suggest that consideration be given to how the definition, or further regulations and guidance, could be extended to acknowledge this fluctuating need.

Our 2024 survey into unpaid carers' experiences of short breaks and respite care emphasises why the definition needs to be comprehensive and supported by tools and training that enable consistent and effective outcomes-based conversations. Almost half of carers who responded to the survey said that caring had a major impact on their personal time, and 15% said they were unable to engage in any personal activities. One carer described this frankly:

**"I have completely lost my sense of self as caring dominates my life,"** while another said, **"I struggle to wash some days, have no time for myself and no quality of my own life."**

The survey also found that around 44% of carers indicated that the time they did get away from their caring role was spent on essential everyday tasks built up due to the demands of caring. This included shopping, attending appointments or catching up on housework. This clearly shows that time away is often practical rather than genuinely restful. A sufficient break must be judged on its quality and outcome for the carer and cared-for person, not simply on whether time away has been provided.

We would further emphasise that, while the definition captures important aspects of the caring role, it will not on its own be enough to support clear and consistent decision-making in practice. Our engagement work highlighted that questions remain about who is responsible for determining a sufficient break and how local context, available resources and differing circumstances will be considered. The definition provides a helpful starting point, but it must be supported by clear guidance and a practical framework to ensure it can be applied fairly and consistently.

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
- No

If not, why not?

We do not agree that it would be helpful to specify a detailed list of the types of support or activities which provide a break from caring.

The definition should remain deliberately broad and should focus on whether the carer is able to experience sufficient breaks from their caring role in a way that is meaningful to them.

The definition of short breaks preferred by Shared Care Scotland is **"any form of service or assistance which enables the carer(s) to have sufficient and regular periods away from their caring routines or responsibilities."**

This broad definition covers a wide range of services and activities designed to support carers by giving them time to rest, recharge, and maintain their wellbeing while also benefiting the person they care for. We believe that providing a list is the opposite of an individualised or person-centred approach. The success of the right to a break must place emphasis on outcomes for the carer rather than on fitting support into narrowly defined categories.

Any examples that are included should therefore be illustrative only and aligned with broad categories of breaks, and it should also be made explicit that these examples are not intended to be definitive or exhaustive.

The broad categories of **short breaks that should be available for unpaid carers** to provide choice, flexibility, and support should include:

- **Specialist services** such as hospice care, condition-specific residential care, and culturally appropriate services

- **Condition-specific services** like dementia-friendly holidays taken with or without the carer
- **Community flats with care support**
- **Residential accommodation** with nursing or personal care
- **Building-based day centres or day services**

- **Breaks in the home of another individual or family** (sometimes called 'shared lives')
- **Breaks provided through care at home services**
- **Inclusive community-based activities and groups**
- **Holiday breaks** using mainstream or specialist holiday providers, with or without the carer.
- **Specialist play schemes and after-school clubs.**
- **Befriending schemes**
- **Peer support groups**
- Employing **a personal assistant** to join the supported person on breaks
- Hiring or buying **equipment** that helps facilitate breaks.
- Using **time-flexible vouchers,** exchangeable for assistance from registered care providers
- Membership of **leisure facilities**
- **Emergency breaks** for short-notice replacement care
- **Ancillary support to the carer for tasks such as housework, laundry, or gardening** to allow them to have time to focus on other things.

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

We do not agree that these lists are likely to help carers access suitable breaks.

Our experience, supported by evidence gathered through carer feedback, is that difficulty in accessing breaks is not a single or consistent experience. It is shaped by a complex range of factors, including local availability, practitioner confidence, interpretation of eligibility, the nature of the caring role, and the individual circumstances of the carer and cared-for person.

The same carer may have very different experiences depending on which practitioner they speak to or which local area they live in. In practice, the best outcomes are achieved when carers are enabled and empowered to use breaks flexibly, creatively and in ways that reflect their own needs and preferences, regardless of the type of activity or support involved.

A stronger route to carers being able to access a wide range of breaks would be to improve how breaks are identified, recorded and monitored through Adult Carer Support Plans, in line with the personalised approach and ensure that this is done in a more coordinated and consistent way. There is a unique opportunity with the implementation of the Right to a Break to work with carers centres, local authorities and carer organisations to develop and deliver a national adult carer support plan that can be used across areas. This would also allow for greater efficiencies in monitoring the implementation of the right to a break and could potentially mean the use of digital tools that could be applied more consistently to provide automations in recording monitoring and evaluation data.

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

Rather than adding further categories, we would emphasise that a list is unhelpful and that any guidance should focus on broad categories and remain open-ended. If examples are provided, they must reflect the wide range of ways in which carers may experience a break, including breaks taken with the cared-for person as well as breaks taken apart from them, while avoiding any implication that support must fit within fixed groupings. The priority should be flexibility and recognition of individual outcomes, not the completeness of the list itself. We often tell carers that there is no “one-size-fits-all” model of breaks from caring, and we believe that this principle should underpin the guidance.

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

We are extremely cautious about taking a list-based approach and emphasise that the issue is often not the nature of the break itself, but the inconsistent systems, practice and local provision surrounding access to it. If categories are retained, they should not be framed in a way that risks discouraging carers from identifying what they actually need.

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

We would make the same broad point in relation to this list. Categorising breaks as easier to access may appear helpful, but in practice it risks oversimplifying carers' experiences and creating assumptions about what should be offered. A break that is relatively accessible for one carer may be entirely unsuitable or unavailable for another. The focus should remain on what is effective and meaningful for the individual carer, rather than on steering people towards options perceived to be easier for services to provide.

As above, we would avoid trying to make the list comprehensive. If examples are included, they should reflect a broad category of experiences and should not imply that some types of break are inherently more valid than others. What matters is whether the support helps the carer achieve sufficient breaks in a way that sustains their wellbeing, relationships and life alongside caring.

We would caution against presenting such a list in a way that encourages a limited menu of options or creates pressure for carers to choose what is most available rather than what is most appropriate. Personal choice and control should remain central.

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

- **Yes**
- No

Yes. We have concerns that providing a detailed list could have unintended consequences and could work against the person-centred approach that the new right is intended to support. There is a real risk that any list, even if well meant, could come to be treated as exhaustive or definitive in practice, whether by misunderstanding or by design. This could result in support being constrained by what appears on the list, rather than being shaped around the carer's own circumstances, outcomes and preferences.

We also know that carers can find it difficult to identify for themselves what would constitute a meaningful break. Feelings of guilt, emotional strain and lack of time or headspace can make this especially difficult. That is why the quality of the conversation with the carer is so important. The risk of a detailed list is that carers are presented with this list as a finite set of options or suggestions and asked to choose from them, rather than being supported to explore what helps them rest, recover, reconnect with their own identity and sustain a life alongside caring. This is particularly a risk with the staffing, capacity, and resource challenges currently facing the Health and Social Care sector.

We firmly believe it would be very effective to invest in stronger Adult Carer Support Plans, better recording and monitoring of breaks, and improved tools and practice support for staff. Resources such as the Inspiring Breaks Toolkit

and the Shared Care Scotland short breaks brokerage programme point to a more constructive approach based on guided conversations, flexibility and choice.

There is also a risk that lists framed around what is more or less difficult to access may unintentionally influence carers' choices. Carers may avoid identifying what they genuinely need if they believe a particular option is scarce, costly or better reserved for someone else. Our experience is that carers often self-limit in this way. Similarly, where carers receive a Self-directed Support budget, they may still require practical help to navigate options and secure appropriate services. A list on its own cannot provide that support. For these reasons, any framework should avoid signalling scarcity or creating a hierarchy of acceptable breaks and should instead reinforce the principle that support must be led by the carer's own outcomes and circumstances.

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

- **Yes**
- No

We agree that it would be valuable to specify circumstances that should not automatically be viewed as a break from caring. This should include, for example, time spent in education or work, time away for medical appointments, and periods of rest or recuperation following medical treatment or ill health.

We would also caution against assuming that time when a child with additional support needs is in school should automatically be treated as a break for parent carers. Many parent carers describe themselves as being effectively on call at all times, including during school hours.

More broadly, it should not be assumed that a break exists simply because the cared-for person is elsewhere. The mental load of caring may remain significant, and in some situations the carer may continue to provide substantial support even when the cared-for person is in hospital, residential care or another setting. The guidance should therefore make clear that these circumstances should not automatically be counted as a break. The central question should always be whether the carer is genuinely experiencing sufficient time away from the demands and impacts of caring, consistent with the personalised approach reflected in wider discussion of the new right to a break.

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

Circumstances that may also need to be reflected include situations where the cared-for person is temporarily elsewhere, but the carer remains responsible, available or mentally preoccupied with coordinating care, responding to crises or managing uncertainty. This is particularly important in situations where the caring role continues at a distance, or where the absence of hands-on care does not equate to rest, recovery or freedom from responsibility.

We would suggest explicitly including circumstances where the cared-for person is in hospital, residential care, school or another service setting, but where the carer continues to provide advocacy, emotional support, planning, liaison or ongoing oversight. These examples would help reinforce that a break should not be inferred solely from the cared-for person's location.

We would be cautious about excluding any circumstance if doing so could imply that it should always count as a break. The key point is that these examples should be used to guard against automatic assumptions, not to create another rigid framework. As with the wider guidance, the emphasis should remain on individual experience, professional judgement and a person-centred assessment of whether the carer is actually receiving a meaningful break from caring.

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.

We believe that the law should specify timescales for all carers, with additional accelerated timescales for carers of terminally ill people. This is important, as we recognise that in some instances carers may wait for very long periods of time in order to receive an Adult Carer Support Plan. We would also emphasise the need for consideration to be given to the full pathway of support and how it works from end to end: from a carer requesting an Adult Carer Support Plan through to the break being delivered. In addition to long waiting periods for ACSPs, we are also aware of lengthy delays in delivering the support identified as part of the ACSP, leaving carers without support that is recognised as being needed for many months, or more. Feedback from both unpaid carers and local organisations stressed the extensive waiting times carers face to access support identified within support plans. For some, the caring situation has significantly changed, or even ended, by the time an ACSP is processed, rendering the original support plan outdated and no longer reflective of need.

We therefore strongly caveat our support for the introduction of timescales for ACSP with a call for this to be sufficiently resourced. Without suitable resourcing, the introduction of timescales for support plan preparation would apply further pressure on local services and prevent the full benefit of this new right being experienced.

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 state)**

There are other organisations better placed to suggest specific timescales. However, it is important that timescales reflect the time required to ensure plans and the support process are person-centred and holistic. It can take several conversations between a carer and practitioner to prepare a support plan, often affected by fluctuating caring roles and the sensitivity of the discussion. However, by embedding support planning within ongoing discussion, carers can be supported to feel truly heard and to have autonomy over their support. Our 2022 report in partnership with IRISS[1] highlights the importance of personal outcomes within the planning of short breaks, noting that the conversation is often a meaningful intervention.

As highlighted under question 9, focus should be placed on the timescales for the delivery of support, as well as learning from good practice in how support plans are conducted to create uniformity across local authorities and improve overall experiences for unpaid carers.

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

- **Yes**
- No

Similarly to preparation timescales for Adult Carer Support Plans, we believe that timescales for the preparation of Young Carer Statements (YCS) should be prescribed in law. Important elements of a young person's life must be considered in the preparation of YCS and in setting these timescales, for example education attendance and exam periods. These are likely to be impacted by providing unpaid care, as well as to determine the time needed to prepare a YCS, and will differ from child to child.

12. Would you support:

- 8 weeks
- 10 weeks
- **another timescale (please state)**

Again, while we are not best placed to determine exact preparation timescales, we believe a timescale for preparation of Young Carer Statements must consider the needs of young carers and organisations alike, ensuring all young carers experience equal opportunity and support across Scotland. Organisations must be fully resourced to prepare support plans for young carers.

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

- **Yes**
- No

We agree with a phased approach that prioritises the development of short breaks provision alongside the implementation of new legislation. Without sufficient funding, continued development of the short breaks market, and robust support for organisations and unpaid carers alike, the Right to a Break cannot be fully realised.

The review of current support plans would help all unpaid carers to understand their right to a break and access the correct support. However, the additional demand on capacity and resource for carer support organisations must be recognised and resolved. To create an equal and improved experience of short breaks access, attention should be given to a more consistent approach to the preparation of Adult Carer Support Plans, ensuring this is a person-centred and outcomes-focused process.

Many local organisations told us the integration of support plans to their routine discussions with unpaid carers allowed for greater focus on what carers would like to achieve, while removing the bureaucracy of support plan preparation.

A phased approach must also address the need for improved access to information and support. In our 2024 unpaid carers' survey, **44% of respondents told us the process of arranging short breaks was "somewhat" or "very" difficult**. Unpaid carers must have access to information and support on what short breaks are, their right to a break, what's available locally, and how to access this. Not only does this support unpaid carers to make better-informed decisions about their support needs, but it also helps ensure the right support is given to those who need it most.

We believe a phased approach should also prioritise the scaling up of "easy access" breaks through the voluntary sector and other routes that do not require further legislation. Easy access breaks potentially offer a route by which more carers can be supported to access sufficient breaks in small ways close to home with relatively low investment. Prioritising easy access and early intervention supports the preventative agenda, ensuring that fewer carers need crisis or costly statutory support. The evidence from the programmes of the Short Breaks Fund and Respitality shows the significant difference that these interventions can have on a carer and those they care for, and the ability of easy access breaks to meet the often modest needs of carers, ensuring that statutory resources remain available for those with the greatest level of need.

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

Discussion with support organisations and unpaid carers supports our view that transition timescales should be balanced, providing enough time for considerate and careful implementation without unnecessarily delaying the right's introduction.

We believe that carers have waited long enough for this right to be implemented, so we favour a faster implementation. However, timescales must ensure that unpaid carers across Scotland experience equality in their transition to the new right, regardless of locality.

Local authorities and carer support organisations must be fully resourced to conduct reviews of need and prepare for this new right

Timescales for transition should allow unpaid carers across Scotland to access their right to breaks effectively, and any review of needs must be more than a "tick-box" exercise.

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

- Yes
- **No**

No, we strongly disagree with using an interim definition of sufficient breaks. A definition should provide clarity about what carers are entitled to. Introducing an interim term risks creating confusion from the beginning about what carers are entitled to and what practitioners are expected to assess.

Carers will often understand their rights through conversations with practitioners, carers centres and local services. If these organisations are working from a temporary definition, this could lead to confusion, mixed messaging and inconsistent decisions, leaving carers unclear about whether the right applies to them.

The focus should be on having a clear and meaningful definition from the start. If implementation needs to be phased this should be conducted through planning, guidance and resource. It should not be carried out by creating a temporary definition that is unclear and unhelpful.

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

As stated in the previous answer, we do not support the use of an interim definition. The main risk is that it creates confusion about what carers are entitled to. A definition should provide clarity; a temporary definition could lead to mixed messaging between carers and support services, including carers centres and practitioners.

There is also a risk that the right could be narrowed from the start with this definition. Carers may be told there is a right to a break but after conversations find that the definition being used is temporary, limited or harder to meet. This could create confusion, reduce trust in the new right and lead to inconsistency across the country.

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?

Neither option is ideal, and we reiterate that we do not think an interim definition of sufficient breaks is the right path forward.

If a timescale were to be introduced, it could provide stability and certainty to service providers, carers and local authorities. However, there is a risk that it could be too rigid if it is not linked to evidence such as demand and capacity. In contrast, relying on monitoring and evaluation also carries several risks. There is a danger that the interim definition could be left in place for too long, with no clear pathway to widening entitlement.

## Access to information

The implementation of the Right to a Break must support unpaid carers to understand their right to breaks and how they can access information and support.

Our 2024 survey highlighted access to information on short breaks as a significant barrier to breaks for many unpaid carers across Scotland, with **39% reporting that they had not received any support to access a short break.** This suggests a significant number of unpaid carers are currently navigating complex systems themselves.

With this development in carers’ rights, it is vital that unpaid carers are supported to understand it. Equally, unpaid carers must have access to information on short break

options, enabling them to make informed decisions about their support and to exercise choice and control in how their short breaks are delivered.

In our carers' experiences survey, when asked what types of services would most effectively assist them to take a break, **over a quarter (27%) of unpaid carers told us that information and advice services would be most effective.** One carer also told us: **"Someone listening that I need a break and just making it hassle free. I'm so tired and exhausted, and it is so difficult to think of yet another meeting or form to fill in, so I would love someone to just step in and help sort something out for a bit of respite."**

The implementation of the Right to a Break must ensure parity across access to information and support on short breaks, helping carers feel listened to and seen as an individual.

## Capacity building

Since the first discussion of a new Right to a Break began a number of years ago, Shared Care Scotland has been clear that capacity building must be at the forefront of implementation. When 29% of carers say the availability of respite care is insufficient to meet their needs and 57% say they rarely or never manage to take a holiday or extended break, the concern is not only how a right is defined but whether the system can make that right a reality. Carers need accessible, flexible and realistic short break options in their communities.

One carer commented in our survey, **"Although we are lucky enough to receive some support, it is complicated to get, often driven by what can be offered rather than what we need, and we are often made to feel guilty for asking for it."**

This cannot continue to be the reality for carers. For the right to be a success, it will require a system that actively reaches out to carers, helps them to understand their options, and provides support that is timely, flexible and shaped around their circumstances rather than limited by what happens to be available locally. This means investing in the workforce, strengthening local short break provision, improving access to replacement care, tackling rural disparities, and ensuring partners such as carers centres and the third sector have the capacity to provide accurate information, support and direction. Without strong capacity building, there is a significant risk that the new right will raise expectations without improving carers' lives in practice.

This was recognised by the Health, Sport and Social Care Committee in their Stage 1 report on the NCS Bill in February 2024 which noted:

"The Committee welcomes provisions in the Bill detailing the right to breaks for carers, but remains concerned these implementation gaps will persist unless the right to breaks is matched by action to:

- Increase appropriate respite (and supportive) care provision and associated funding, and
- Improve flexibility and responsiveness to individual needs and circumstances."

The Committee also asked the Scottish Government to provide clarity on how the right to breaks for unpaid carers will be funded and what steps it will take to ensure any associated implementation gap is avoided.

We remain clear that implementation must be accompanied by sustainable funding, clear planning and a commitment to building a right that supports carers to live a meaningful life for themselves and the person they care for.

Shared Care Scotland is committed to working with the Scottish Government to ensure that this right delivers improved access to short breaks and respite for all of Scotland's carers.

Contacts:

Kate Hogarth, Chief Executive: Kate.hogarth@sharedcarescotland.com

Jenni McNab, Head of Policy and Communications: Jenni.mcnab@sharedcarescotland.com

Stephen Wright, Policy Officer: Stephen.wright@sharedcarescotland.com