

**Fife Health
& Social Care
Partnership**



**Supporting Unpaid Carers in Fife,
to Access Information and Support
- Unpaid carers Feedback -**

**Participation & Engagement
Feedback Report**

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Table of Contents

1. Introduction	3
2. Engagement Purpose	3
3. The Engagement Timeline	4
4. Designing the Consultation	4
4.1 Engagement Methods.....	4
4.2 Engagement Reach	5
4.3 Equality, Diversity and Inclusion	6
5. Themes from Feedback	8
5.1 Understanding the Landscape.....	8
6. Conclusion	16
6. Next Steps	18
6.1. Appendices.....	18
Appendix 1.....	18
Appendix 2.....	18



1. Introduction

Recent data shows that around **44,000 unpaid carers live in Fife** ([Census-Scotland-2022-23](#)), providing essential support to relatives, friends and neighbours who cannot manage independently due to age, illness, disability, or addiction.

Feedback from previous **annual unpaid carers' experience surveys** (appendix 1) and from discussions through the **Fife Carers Forum** and **Fife Carer Providers Forum** (appendix 2) highlight a consistent message that many unpaid carers still struggle to access clear, timely and accessible information and support. Carers and professionals alike emphasised the need to strengthen visibility, clarity and reach of available services to ensure carers receive the help they need when they need it.

Because of this feedback, Fife Health and Social Care Partnership (Fife HSCP) recognised the importance of hearing from carers who fall within the **nine protected characteristics** (*Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy, Race, Religion or Belief, Sex, Sexual Orientation*) outlined in equality legislation. By expanding the reach of engagement to these groups, this consultation aimed to better understand their experiences, barriers and support needs, to ensure that future improvements reflect the diversity of carers across Fife.

Under the **Carers (Scotland) Act 2016**, local authorities and Health & Social Care Partnerships must ensure that carers can access information that is clear, accessible and tailored to their individual circumstances. The findings in this report contribute to fulfilling that duty by ensuring voices from across Fife's diverse communities are heard, valued, and used to shape future support.

2. Engagement Purpose

The purpose of this engagement was to develop a clearer understanding of the experiences of **Unpaid Carers** to better understand:

- How unpaid carers currently access information and support.
- Their awareness of the range of support and resources available to them.
- Opportunities to improve awareness, accessibility, and reach of information and support.
- What is working well, what is not working, and which forms of support have made a meaningful difference.
- Carers' willingness to seek help within their caring role.



- How organisations and service providers could improve access to information and support.
- The groups or clubs' unpaid carers attend and any barriers to participation.
- Suggestions for new services or improvements to existing support.

3. The Engagement Timeline



4. Designing the Consultation

The consultation was designed to ensure that the perspectives of **unpaid carers** were fully represented.

Engagement was also carried out with **Community Organisations**, which is presented in a **separate feedback report**. This can be accessed via the following link: [Publications | Fife HSCP](#)

4.1 Engagement Methods

The consultation took place between **20 October 2025** and **16 February 2026** and used a range of engagement methods to maximise reach, inclusivity, and accessibility:



- **Printed Surveys**
Printed surveys, including large-print versions, were distributed to carers' clubs and left in publicly accessible areas, such as Gyms, Libraries and cafes.
- **Promotion Through Key Networks**
Promotion was shared through established networks, including Fife HSCP's Equalities Network, Fife Carers Centre, Fife Young Carers, Fife Inclusion Network, SDS Disabled Persons Housing Group, LGBTQ+ hubs, Fife Centre for Equalities, and Fife Voluntary Action.
- **School-Based Carer Champions**
Carer Champions in Fife's primary and secondary schools supported engagement by sharing the survey link.
- **In-Person Engagement Sessions**
The Participation and Engagement Team delivered in-person sessions across a range of settings, including colleges and their health and wellbeing hubs, health and social care events, community clubs, and a mosque.
- **Online Interviews**
engagement was also supported through online interviews.
- **Engagement With Cultural Groups**
A wide range of cultural groups were invited to participate online, in person, or through feedback provided by their group leader. Although most groups chose not to take part, meaningful insights were shared by one group leader within the African community on behalf of their members.

4.2 Engagement Reach

This survey received responses from **145 unpaid carers**

- **124** responses were completed via the **online link / QR code**.
- **0 Paper copies** were returned complete.
- **0 copies** were requested to be translated into a language other than English.
- **3 one-to-one** interviews took place with - a group leader who supports people from the African community, within a mosque with members of the community and a collaborative event supported by Fife Centre for Equalities – equalling **20 people**



The survey was shared via a QR code and email to over **100 organisations** that support unpaid carers across Third Sector and Carer Support Organisations, Equality, Inclusion and Community Based Organisations, Faith and Cultural Organisations, Education and Children’s Services, Statutory Services and Staff Networks

Additionally, **232 unpaid carers** and on the Participation & Engagement subscriber network received the survey.

The promotional flyer (right) was shared on social media by Fife HSCP, NHS, Fife Carers Centre, and Fife Voluntary Action.

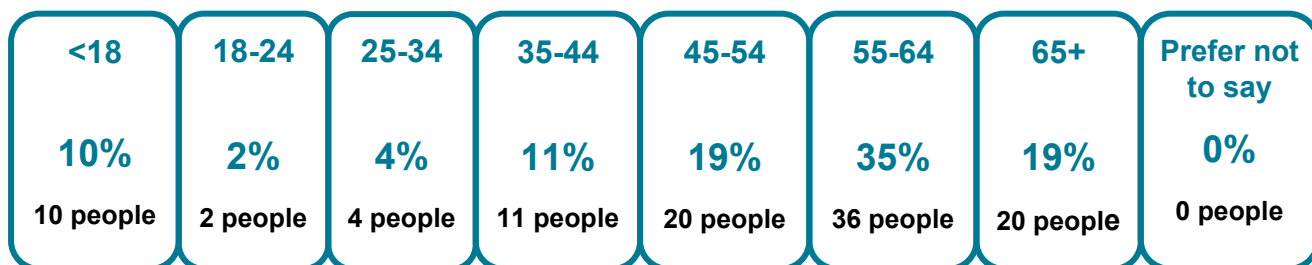
In addition, copies of the flyer were publicly displayed in various supermarkets, gyms and community notice boards.



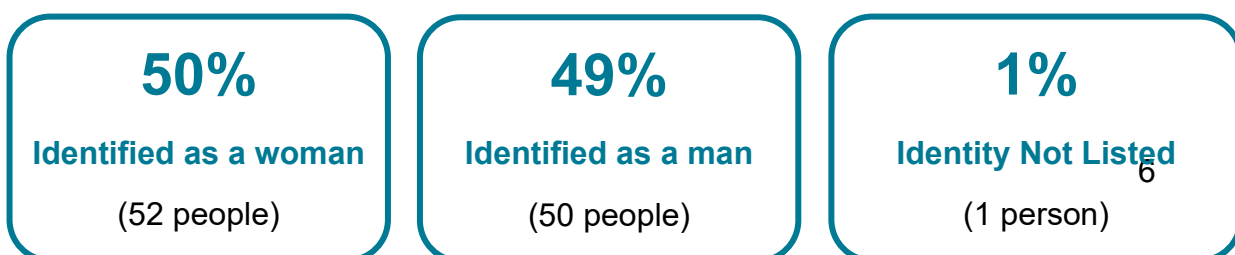
4.3 Equality, Diversity and Inclusion

143 people completed the **Equalities, Diversity, and Inclusion** question, which provided an understanding of respondents **age, gender, Sexual Orientation and ethnicity**. This data is used for monitoring and statistical purposes in the planning and delivery of health and social care services in Fife.

Age: 103 respondents provided their age:



Gender: 103 respondents provided their gender (*Other genders were available to choose from:*





Ethnicity: 103 respondents provided their ethnicity (*Other ethnicities were available to choose from*):

74% (76 people) said they were **white** (Scottish, English or Welsh).

21% (22 people) said they were **Asian, Scottish Asian** or **British Asian** – which equated to:

- **13 people** answering **Pakistani, Scottish** or **British Pakistani**,
- **5 people** answering **Indian, Scottish Indian** or **British Indian**
- **3 people** answering **Bangladeshi, Scottish Bangladeshi** or **British Bangladeshi**
- **1 person** answering **Chinese, Scottish Chinese** or **British Chinese**

1% (1 person) said they were **Caribbean** or **Black**.

3% (3 people) said they were **other ethnic group** – which equated to:

- **1 person** answering **Latin American**
- **2 people** answering **Jewish**

1% (1 person) answered **prefer not to say**.

Sexual Orientation: 82 respondents provided their sexual orientation (*Other sexual orientations were available to choose from*):

5% (4 people) said they were **Asexual** (*a person who experiences little to no sexual attraction to others*)

1% (1 person) said they were **Bi-sexual** (*a person's capacity for emotional, romantic, and/or sexual attraction to more than one gender*)

5% (4 people) said they were **Lesbian** (*a woman who is emotionally, romantically, or sexually attracted to other women*)

1% (1 person) said they were **Queer** (*an umbrella term for sexual and gender minorities who are not heterosexual or cisgender*)

79% (65 people) said they were **Straight / Heterosexual** (*attraction to the opposite gender*)

1% (1 person) said their **identity was not listed**

5% (4 people) said they would **prefer not to say**



5. Themes from Feedback

Feedback from **unpaid carers** highlights their lived experiences of accessing information and support, their awareness of available services and areas for improvement. It also captures their willingness to seek help, the challenges they face and ideas for new or improved support.

As outlined earlier, **one-to-one interviews** were also conducted with participants. One particular interview was carried out with a community group lead from the **African community**. This leader provided valuable feedback on behalf of **five** of their members who are unpaid carers. The group leader offered insight into some of the cultural and practical reasons why individuals may feel less able to engage directly. The perspectives shared through this interview have been incorporated throughout the report where relevant.

5.1 Understanding the Landscape

Unpaid carers were asked a series of questions to gain insight into the types of information and support they currently access. This enabled a clearer understanding of how carers are being supported, their awareness of available resources and the areas Fife HSCP should consider to improve the accessibility and visibility of these supports.

Respondents were first asked, if they see themselves as a carer or someone who helps another person to live independently.

145 responses from the online **survey** were received to this question.

100% (145 People) answered **Yes**

0% (0 People) answered **No**

A group leader from the African community, representing **five** unpaid carers, reported a **No** response, reflecting a belief that caring is an expected obligation and commitment to family members, stemming from cultural and family beliefs.

Unpaid carers were asked if they knew where to go to get information or support to help within their caring role

145 responses were received to this question.

66% (95 People) answered **Yes**

34% (50 People) answered **No**

A group leader from the African community, representing **five unpaid carers**, answered **No**, explaining that carers typically seek help from within their community



and see this as role and expectation to support their friends and family. Because of this, they would not actively look to seek help with from professionals. For those on temporary visas, concerns were shared about how engagement might influence future immigration decisions can also contribute to this hesitancy to ask for outside help.

Of those who said yes, we asked where they would go for information or support. We received 94 open-text responses to this question.

Most frequented services - Unpaid carers said they would go to Fife Carers Centre, which was by far the most frequently mentioned source of help. Many carers also said they would turn to Fife Council Social Work, GP practices and health professionals, such as community nurses or post-diagnostic teams. A significant number reported using the internet, including Google searches, social media (especially Facebook) and government websites such as Fife.gov.uk, Gov.scot, and Gov.uk.

Condition specific services - Several carers highlighted support from Alzheimer Scotland, Dementia UK, Parkinson's groups, STAND and local dementia groups. Others said they would seek help from Citizens Advice, Fife Voluntary Action and community-based organisations such as Later Life Choices, The Well and local clubs or support groups (including SDS groups and community-run carer groups).

Word of mouth featured strongly, with carers stating they would ask family members, friends, colleagues, or fellow carers. A small number said they rely on **their employer, college guidance staff, or community group leads**, including groups within the **Muslim community**.

Some carers reported that they would not have known where to go without being referred by professionals, while others said access would be easier if there was a **single, named point of contact** to guide them through available support.

Those who indicated they did not know where to access information or support were routed to the next question.

Unpaid carers were asked if there was anything that prevents them from accessing information or support

137 responses were received to this question.

Respondents were provided with a text free box to share their feedback.

The main barriers to accessing information and support relate to *“lack of time”*, *“not knowing where to look”*, and *“difficulty navigating complex or inconsistent systems”*.



Many carers reported that **information** is either **hard to find**, **overwhelming**, or **unclear**, with limited signposting and few accessible resources in public places.

Digital exclusion was a **recurring theme**, with carers describing challenges such as not using the internet, or struggling to process large amounts of online information. Carers from **minority ethnic backgrounds** highlighted “*language barriers*”, **limited translated materials** and cultural expectations that can discourage seeking help.

Practical barriers including work commitments, caring responsibilities, mobility issues and limited tailored support further prevents carers from engaging with available services. Some expressed frustration with complicated co-ordinated information, long waits, or inconsistent responses from services.

Overall, the responses highlight an opportunity for clearer pathways, simplified information, better signposting and more accessible, culturally sensitive and offline options to support unpaid carers effectively.

Feedback from a group leader within the **African community**, representing **five unpaid carers**, further highlighted that some individuals do not hold indefinite visas and are therefore hesitant to access support

“People are scared to get help and support in case it effects their temporary visa”

Unpaid carers were asked if they thought information and support was easily available for those who needed it

145 responses were received to this question.

34% (49 People) answered **Yes**

66% (96 People) answered **No**

Feedback from a group leader within the African community, representing **five unpaid carers**, answered **No**.

We asked respondents to tell us further why they answered this way:

135 responses were received to this question.

Respondents were provided with a text free box to share their feedback. The experiences of those who had a positive experience and those who faced barriers are outlined below.

Those who had a positive experience accessing information and support explained that information was **generally easy** to find **online**, through Fife Carers Centre, or via support workers, GPs and other community contacts. Many described feeling well supported, noting that leaflets, posters and online searches provided the guidance they needed. Carers who felt confident using digital resources often found it straightforward to locate information independently, with several specifically



praising the Fife Carers Centre, post-diagnostic support services and college-based support staff for offering clear, responsive help. A smaller number said that information is available if you know where to look and felt empowered by their knowledge of local systems or previous experience in care roles.

Those who faced barriers accessing information and support reported difficulties accessing information due to not knowing where to start, unclear pathways, outdated or inconsistent information, as well as challenges understanding benefit entitlements or breaks from caring. Carers also described time pressures and digital exclusion, with some unable to use online resources, lacking digital confidence, or feeling overwhelmed by too much information.

Several noted a lack of information in public places, limited signposting and a perception that carers are expected to already know what support exists. Others were frustrated at being passed between services or finding that support was difficult to access in practice. Some carers also felt that available services did not meet the needs of younger carers or those in more complex caring situations.

Carers from minority ethnic communities reported challenges, including language barriers when engaging face-to-face with organisations, limited translated materials and a lack of culturally relevant support.

Unpaid carers were asked if they feel they might be hesitant to ask for help within their caring role

144 responses were received to this question.

58% (84 People) answered **Yes**

42% (60 People) answered **No**

Feedback from a group leader within the African community, representing **five unpaid carers**, answered **Yes**

82 respondents went on to provide further feedback through an open text box.

Many unpaid carers said they hesitate to seek help due to **emotional, cultural and practical pressures**. A strong sense of pride and responsibility, feeling they should “*just get on with it*”, was often highlighted by participants and discouraged people from asking for support, especially when caring for close family members. For some, cultural expectations reinforced this, with one carer noting: “*In the Muslim culture, we keep help and support within our community. We use prayers to help each other.*”

Several carers said they **did not initially recognise themselves as carers**, which delayed seeking support. Others felt overwhelmed by **complex systems**, unclear pathways, long processes and being passed between services, leaving them without the time or energy to look for help.



Communication and **accessibility** barriers were also highlighted, particularly by carers whose first language is not English or who have visual impairments. As one respondent explained: *“English is not my first language, so it can be off-putting... It is easier just to leave it.”*

Some carers felt anxious, unsure who to contact, or worried the person they care for might resist outside involvement.

Overall, carers said they often reach a point of strain before seeking help and would benefit from **clearer information**, **trusted points of contact**, and **more accessible and culturally sensitive support**.

Unpaid carers were asked what would help improve their understanding of how to access information and support

121 responses were received to this question.

Respondents were provided with a text free box to share their feedback

Carers shared the need for **clearer pathways** into services, **increased visibility** of available services and more **personalised support**. Several carers explained that they simply *“don’t know how”* to find information or what is available, while others said they would benefit from *“a single, central point of contact”*, described by one carer as *“a one stop place for help.”*

A strong **theme** was the desire for **simple, accessible** and **easy-to-understand information**. Carers asked for *“less wordy sites”*, a *“central portal for all relevant information”*, and *“consistent information”* that can be revisited when needed. Many felt that **printed materials** would make a significant difference, suggesting *“a booklet explaining what is available and how to access it”*, *“leaflets/flyers at GP surgeries”*, and *“a mail shot to every household advising of help contact details.”*

Carers who **do not use** the **internet**, or who **speak English** as their first language highlighted the importance of **accessible formats** and translated materials. Some asked for *“information in my language (Pakistani)”* or *“Romanian”*, while others said that more public-facing information is needed, requesting *“more information in public areas”*, *“leaflets in libraries and supermarkets”*, and *“pop-up stalls”* in community settings, schools, and colleges, which was referenced earlier in this report.

Carers from **minority ethnic backgrounds** emphasised the value of receiving information through **trusted spaces**, stating: *“Having leaflets brought into the mosque”*, *“leaflets next to the collection tin”*, and *“someone coming to my community group and telling me.”* These approaches were seen as **culturally appropriate**, accessible, and confidence-building.

Across many responses, carers stressed the need for a **named person** or point of contact, describing how helpful it would be to have *“someone to talk to face-to-face”*,



“someone to help me through each stage”, or “a dedicated person to ask for help and guidance.” This was particularly important for those who found long forms overwhelming or who felt anxious navigating services alone.

Digital resources such as short videos on YouTube and online toolkits were also commonly requested, with carers saying that “*YouTube videos would help tell you what help is out there*” and that videos in different languages or formats would make information easier to process.

Unpaid carers were asked if they attend any groups or clubs

144 responses were received to this question.

35% (50 People) answered **Yes**

65% (94 People) answered **No**

Feedback from a group leader within the **African community**, representing **five unpaid carers** answered **Yes**, and this was supporting with employment consulting, business mentoring and volunteering.

Respondents shared they attended a wide range of groups offering social connection, emotional support and practical guidance. Many joined clubs to reduce isolation and to “*socialise as I don’t very much because of my caring role,*” while others valued “*peer-to-peer support*” and “*networking with others in the same situation.*”

Carers said these groups helped them and their loved ones stay active, providing “*variety and stimulation*” and keeping them “*active both physically and mentally.*” They took part in community, health-related and condition-specific groups, including dementia groups such as STAND and Alzheimer Scotland, as well as “*Parkinson’s disease support group*” and “*Sporting Memories.*” Creative and social groups—like craft and book clubs were also appreciated for helping carers “*relax*” and enjoy time for themselves.

Several carers were involved in SDS Disabled Persons Housing Groups and Seescape groups for blind and deafblind individuals, which offered tailored and accessible activities. Others highlighted the value of community-based groups that provide “*mutual support and information*” and help them stay informed about available services.



Unpaid carers were asked if there was anything that prevents them attending a group or club

85 responses were received to this question.

Respondents were provided with a text free box to share their feedback.

Unpaid carers described a wide range of barriers that make attending groups difficult, with **lack of time** being the most common. Many were juggling work, family and caring responsibilities, leaving them with “*no time*” or feeling that attending a group would be “*something else to fit in.*” Some could not leave the person they care for due to high dependency or safety concerns - “*I can’t leave my wife on her own*” or the person “*can take TIA’s or stop breathing.*”

Others said they were **not aware of what groups exist**, did not know where to go, or did not use the internet, so felt limited in terms of knowing what is out there. Some felt groups were aimed at older carers and not suitable for those in their 30s–50s. A lack of culturally relevant options was also highlighted, with one person saying “*there is nothing for the Muslim community.*”

Emotional and confidence barriers were also common. Some carers felt “*embarrassed to go for the first time*”, anxious about language barriers, or uncomfortable in group settings. Carers with speech, social or visual impairments found groups difficult to access.

Transport issues were another barrier, with some explaining it could take “*three buses to do a short journey.*” Others simply felt groups “*aren’t for them*” or that they did not currently need this type of support.

Unpaid carers were asked if any support or service should be created or improved to help within their caring role

89 responses were received to this question.

Respondents were provided with a text free box to share their feedback.

Unpaid carers highlighted several priorities for improving support. The strongest theme was the need for **respite**, with carers asking for “*definitely respite*” and expressing concern about the loss of services like Crossroads that previously offered meaningful breaks. Many also wanted **better day-service options** that support with real-life pressures.

Carers repeatedly called for a **single point of contact**, describing the need for “*a dedicated contact within Fife*”, “*one central point where access to all available help is available*” and clearer pathways through “*a booklet explaining what is available*” and **drop-in hubs**.

Those balancing **work and caring** asked for support that recognises their circumstances, including “*more focus on assisting carers who also work*” and



changes to carers leave, which is “*always unpaid*.” Financial pressures were a common concern, with some saying carers should be paid to reduce the strain of managing full-time work alongside caring.

There were strong calls for **specialist** and **culturally relevant support**, such as “*a carers group for the Muslim community*”, information in other languages, and technology that “*automatically changes language*.” Carers from minority ethnic backgrounds emphasised the need for services that understand cultural norms and language barriers.

Transport barriers were referenced in this section, with requests for “*improved transport links*” and “*supported pick-up and return services*” to help carers and cared-for people attend activities and appointments.

Carers also asked for more **practical and emotional support**, including mental health support, “*practical workshops*”, regular check-ins, and someone to “*visit now and again*” to reduce loneliness. Some stressed the importance of services that carers and cared-for people can **attend together**, supporting social connection for both.

Unpaid carers were asked if there is anything else they would like to share on how to better support unpaid carers now or in the future

62 responses were received to this question.

Respondents were provided with a text free box to share their feedback.

Many emphasised the need for **greater financial support**, clearer information on **benefits** and simpler processes, noting ongoing confusion about entitlements and the impact of delays and backlogs on already pressured households.

A strong theme was the call for **more consistent and accessible respite**, with carers describing current provision as limited, difficult to access, and often withdrawn, leaving them isolated.

Carers also stressed the need for **better signposting and clearer access points**, including “*a designated contact*”, more information through GPs, visible public-facing materials, and support offered in multiple languages. Several highlighted that services often feel “*geared towards older carers*”, leaving younger carers overlooked.

Many reflected on wider system challenges, such as staff shortages, long waits, funding gaps, and services that feel “*out of touch*”. Carers called for better coordination, more responsive services, and improved workplace support, including paid carers leave.

Across the feedback, carers expressed a desire for **more compassionate, flexible, and proactive support**, including regular check-ins, emotional wellbeing support, and opportunities to attend activities with the person they care for. Carers from minority ethnic backgrounds also highlighted the need for **culturally sensitive**



approaches, such as bringing information directly into community spaces like mosques.

Unpaid carers were asked if they would like to be referred to Fife Carers Centre, so they can be offered relevant, straightforward information and practical help

143 responses were received to this question.

16% (23 People) answered **Yes**

60% (86 People) answered **No**

24% (34 People) answered they were **already supported** by Fife Carers Centre

Unpaid carers were asked if they would like to be told when the next Carers Forum is (Fife Carers Forum offers unpaid carers a supportive network and access to relevant resources and information, to improve the support and wellbeing for unpaid Carers in the community)

143 responses were received to this question.

24% (35 People) answered **Yes**

76% (108 People) answered **No**

To which their details will be forwarded to Fife Carers Centre so they can be informed of the next forum.

6. Conclusion

The feedback gathered from unpaid carers across Fife provides a detailed insights into the realities of accessing information, support and services while managing a caring role.

Improving Access to Information

- Develop an **online central information hub**, supported by printed, Easy Read and translated materials.
- Create **clearer pathways** and consistent messaging across services.
- Introduce a **single, trusted point of contact** to guide carers through available support.



Strengthening Signposting and Awareness

- Embed strong signposting across **GP practices, pharmacies, schools, community venues**, social media and partner websites.
- Provide **printed leaflets**, posters and QR codes to ensure information is visible and easy to revisit.
- **Raise awareness** of who an unpaid carer is to encourage earlier recognition and help-seeking.

Cultural Inclusion and Accessible Support

- Translate key materials into the **most commonly requested languages**.
- Improve culturally sensitive outreach and create **tailored groups** for minority ethnic communities.
- Provide clear information for carers with **temporary visa status** to increase confidence in seeking help.

Respite and Practical Support

- Expand **flexible, accessible respite options** throughout the caring journey.
- Improve support for **working carers**, including more flexible services and awareness of carers' rights.

Improving Participation and Reducing Barriers

- Enhance **transport provision**, including supported travel for carers and cared-for individuals.
- Ensure activities and groups are **age-appropriate, culturally relevant, and accessible**.
- Offer support **beyond standard office hours** to reflect carers' availability.

System Coordination and Workforce Support

- Strengthen collaboration across **health, social care, and third sector** organisations.
- Promote workplace recognition through initiatives such as **Carer Positive accreditation**.
- Equip frontline staff to proactively highlight the central hub and available supports.



6.1 Next Steps

The findings from this engagement exercise will help inform the refreshed 2026–2029 Carers Strategy for Fife, guiding further developments that enable Fife HSCP, and partners across the third and voluntary sectors, to work together more effectively to deliver what matters most to carers.

As of February 2026, the year-long communications campaign, being delivered by Fife HSCP, designed to raise awareness of information and support for unpaid carers in Fife will draw on this feedback to strengthen and enhance its delivery.

The Fife Carers Providers Forum and Carers Forum platforms also offers an opportunity to support the development of the identified improvement areas.

6.1 Appendices

Appendix 1

- [annual-unpaid-carers-experience-survey-2025.pdf](#)
- [fife-young-carers-experience-survey-2025.pdf](#)
- [annual-unpaid-carers-experience-survey-2020-and-2024-data-report.docx](#)

Appendix 2

Fife **Carers Forum** offers unpaid carers a supportive network and access to relevant resources and information, to improve the support and wellbeing for unpaid Carers in the community. More details can be found, by clicking the link below:

<https://www.fifecarerscentre.org/carers-forum>

The **Fife Carer Providers Forum** is a forum for Service providers from the third sector, public sector, and private sector who work with unpaid carers.

Facilitated by Fife Voluntary Action (FVA). Its purpose is to bring together management-level organisations that provide support to unpaid carers across Fife, to exchange knowledge, insights, examples of good practice and review feedback from the Carer Forum.