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Who cares?

Scotland's 'sandwich generation' is struggling to look after children and parents, silently shouldering burdens a broken system couldn't handle – at a cost that's still unseen

At 8am, before most of Scotland has finished its breakfast, Amanda Winters is already managing a crisis.

A nurse is on the phone about her father's hospital discharge. A message flashes in from her son's school. From the next room, her other son calls for help.

Each demand is urgent. None of them can wait. None of it arrives in isolation.

"I'm the one who deals with it all," she says.

Across Scotland, hundreds of thousands of people are living this reality. But unlike pressures on the NHS or the cost of living, it remains largely invisible, absorbed behind closed doors, carried within families and rarely counted in full.

It is the quiet expansion of what has come to be known as the "sandwich generation": those simultaneously caring for children and ageing parents.

And, increasingly, it is no longer a temporary phase, but a permanent condition.

For Amanda, 54, from Falkirk, the shift did not arrive all at once.

For years, her responsibilities felt like an extension of ordinary family life. She was a mother. A daughter. Someone who stepped in where needed.

There was no moment when those roles changed, only a gradual accumulation.

Her younger son requires intensive, daily support. Her older son, now in his 20s, continues to rely on her in different ways.

At the same time, both of her parents, in their 70s, are in declining health, with repeated hospital admissions and intensive care needs.

What once existed separately now overlaps completely. "It's everything, all at once," she says.

This convergence is being driven by structural shifts far beyond any individual household.

Young adults are remaining at home longer, priced out of housing and navigating insecure work.

The average age of a first-time house buyer in the UK is now 34. Meanwhile, people are living longer, often with multiple and complex health conditions.

The result is not a sequence of care across a lifetime, but an overlap.

And it is midlife adults, most often women, who are absorbing the impact.

Clare Douglas.

Clare Douglas believed she had reached a turning point in 2017. Her youngest child had started school. She returned to full-time work. For the first time in years, it felt as though life might ease.

"You think that's it, you're moving into the next stage of life," says the 51-year-old. "That it's going to get easier."

Within two years, that expectation had collapsed. Her mother's memory began to deteriorate. Her father's health declined. At home, her four children continued to depend on her.

"There wasn't a single moment," she says. "It just kept building."

Then came the pandemic.

"I was working full time, home schooling the kids and trying to deal with my mum and dad," she says. "It was just everything."

Amanda Winters, left, with her son, Nathan, and mum Eleanor.

When her father was admitted to hospital, the balance shifted decisively. From that point on, she became the central point of contact, the person responsible not just for his care, but for navigating what came next. When he was discharged, that responsibility did not return to services.

Even now, as she undergoes treatment for cancer, those responsibilities remain unchanged.

"You don't get to step back," she says. "There's no pause button."

It is a pattern that extends far beyond a single household.

Across Scotland, carers describe a similar transfer of responsibility, one that does not arrive gradually, but through process.

Decisions are made, patients are discharged and what follows is no longer held within the system, but absorbed into family life.

For Amanda, this is where the reality of care becomes clearest.

"You're just seen as family," she says. "Until you start asking questions."

By then, she says, responsibility has already been assumed.

Without formal recognition, access to information is limited. Decisions are taken elsewhere. Navigating care becomes dependent on understanding processes that few people are prepared for.

"The first thing they ask in hospital discharge is, 'Do you have power of attorney?'" she says. "And if you don't, that's it."

Over time, she has learned how to push back, how to use the language that carries weight within the system.

"You have to fight," she says. "Otherwise, you're not heard."

Official figures only begin to capture the scale of what is happening.

Scotland's 2022 Census recorded more than 627,000 unpaid carers. The sharpest increase was among those aged 50 to 64, the group most likely to be caring both upwards and downwards. Around one in five provides more than 50 hours of care each week.

But campaigners warn that these figures underestimate the reality, particularly for those whose responsibilities are split across multiple people.

Paul Traynor, head of external affairs at Carers Trust Scotland, says the strain is becoming unsustainable.

"Sandwich unpaid carers are quietly holding families together," he says, "often caring for ageing parents and disabled children, and in many cases adult children with care needs at the same time."

"It is no surprise many are stretched to breaking point. Too many are juggling long hours of unpaid care, work and family life, with real consequences for their health, finances and wellbeing."

Despite this, support remains fragmented and often inaccessible in practice.

For Amanda, the gap between policy and reality is stark.

Legislation such as the Care Reform (Scotland) Act 2025 promises a right to a break for carers. But translating that right into reality is another matter.

"If you've got multiple caring roles, how do you actually take a break?" she says. "Who replaces you?"

Even for those caring for a single person, respite provision is limited. For those caring for several, it becomes almost impossible.

"I see people at the carers centre at crisis point," she says. "And they still can't get a break."

Financial support tells a similar story.

Amanda receives Carer Support Payment for one family member. As of this month, for additional caring responsibilities she will receive around £10 a week.

"It doesn't even cover the petrol to get to my dad," she says.

Eventually, she had to leave work.

"I was exhausted," she says. "There wasn't enough of me to do both."

Across Scotland, that same calculation is being made, often quietly, and without formal recognition.

Hours are reduced. Careers stall. Income falls away.

What appears, from the outside, to be a choice is often in reality the gradual disappearance of alternatives.

The long-term consequences are significant: reduced earnings, lower pensions and increasing financial insecurity, persisting even as caring responsibilities continue or intensify.

For Amanda, that future is already visible.

When she reaches pension age, her carer's allowance will stop, regardless of whether her caring role does.

"Why would the care stop?" she says.

Nothing else has.

What emerges from these accounts is not simply a collection of individual stories but evidence of a deeper structural reliance.

Scotland's system of care is increasingly dependent on unpaid labour, labour that is neither fully recognised nor sustainably supported.

The "sandwich generation" is often described as though it were a phase: a difficult but temporary stage between raising children and later life.

For many, that description no longer holds.

There is no clear beginning, no defined transition and, increasingly, no obvious end.

Instead, caring responsibilities accumulate, gradually, quietly, until they become embedded in everyday life.

And what remains largely unspoken is this: without them, the system would not function.

The pressure would not disappear. It would simply move back into services already stretched beyond capacity.

For now, that pressure is being absorbed.