



Every child, every chance

**Tackling Child Poverty Delivery Plan
Third Year Progress Report (2020-21)
Annex B: Child Poverty in Families
with a Disabled Adult or Child**



Scottish Government
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We would like to thank all those who contributed to this paper, particularly our research participants who gave up their time to speak to us.

Executive Summary



Families with a disabled member are **more likely to be in poverty**. This is particularly true for families where an adult is disabled. Overall, 42% of children in relative poverty in 2017-20 were in a family with at least one disabled person. Around three-quarters of these are also in at least one other priority group for tackling child poverty.



Being in work is not enough to stay out of poverty – around two-fifths of children in relative poverty with a disabled family member have at least one parent in work. Still, disabled parents are far less likely to be **employed** compared to non-disabled parents, and those who are employed tend to work less hours. Disabled parents are more likely to be underemployed, in terms of both hours and skills. For many disabled parents, or parents with a disabled family member, their health needs or caring responsibilities mean that it is not realistic for them to undertake employment. However many who are not currently in employment would like to be – but they face significant barriers to accessing employment. These include difficulties with transport, inaccessible job adverts and application processes, discrimination, lack of flexible working, lack of adequate support and effects on benefits.



Gaining **skills and qualifications** is a key step to finding and maintaining well-paid work as an adult. However disabled parents are much more likely to have low or no qualifications. Disabled pupils tend to have lower attendance at school and are more likely to be excluded.



The availability of high-quality, flexible and affordable services such as childcare and transport are important enablers for parents to access employment – as well as reducing costs of living. Families with long-term conditions find it harder to afford **childcare**. Some prefer to use informal childcare, while for others formal childcare that can meet their children's needs is not available. Disabled adults in low-income families have similar levels of **transport** satisfaction to non-disabled adults, but families with a disabled member do face specific transport barriers.



It is generally recognised that disabled people face **higher costs of living** than non-disabled people. Extra costs may include specialist equipment and home adaptations, specialist therapies, specialist toys and play equipment, paid-for care and increased transport and energy costs. Poverty rates do not generally account for this, but when disability benefits (designed to compensate for additional costs) are subtracted from household incomes, child poverty rates for children in households with a disabled person rise sharply. Levels of **unmanageable debt** are small but comparable between households with disabled members and those without, but families where someone has a long-term condition are less likely to have **savings**.



Social security is a complex picture between devolved and reserved agencies. We know that disabled families experience a range of difficulties with benefits currently delivered by the UK social security system. These include a lack of advice and support, lack of trust in the system, and a complex, inflexible or unsuitable application process. Scottish Government is currently working to address these problems for when disability benefits begin being delivered in Scotland. Due to their additional reliance on benefits, families with a disabled member are disproportionately impacted by cuts or changes to eligibility criteria in benefits or support services.



The **COVID-19 pandemic** has had wide-ranging impacts on disabled people's lives, beyond the significant direct and indirect health and wellbeing impacts. The pandemic appears to have had a worse impact on disabled people's employment – exacerbating pre-existing barriers for some people – and school closures have been particularly challenging for families with a disabled member. Many low-income families with disabled children feel that formal and informal support for their children has decreased since the pandemic began. Overall, these families seem to have been disproportionately exposed to negative financial impacts, and food insecurity has been exacerbated.



There is no single obvious lever for tackling child poverty among disabled families, with each individual family's circumstances being highly unique and requiring a tailored package to meet their needs. However, **stability** combined with **flexibility** in work, care, support and income packages appears to be key.

Introduction

Families with a disabled adult or child are a priority group for tackling child poverty in Scotland, as evidence suggests that they are more likely to be in poverty.¹

This paper presents the latest data on the child poverty targets and includes further evidence on the drivers of child poverty amongst this priority group.² To provide a richer picture of the lived and living experience of these families and to begin to fill some key data gaps, existing evidence identified was complemented with qualitative interviews with parents in this priority group. The interview data helped us begin to better understand some key evidence gaps (with particularly rich findings around employment, childcare and financial support) as well as supporting findings in existing evidence (around barriers to employment, the importance of flexible work, school support for disabled pupils, living costs, and social security). Findings around transport and adult education were more limited. Details on the methods can be found in [Annex A](#).

To keep the report simple, we refer to low-income households with children and at least one disabled member, either adult and/or child as 'low-income disabled families'. By low-income, we mean families who fall into the bottom three deciles of annual household income.

What does 'disabled' mean?

Being disabled is defined in the Equality Act 2010 as having:

'a long-term limiting mental or physical health condition, that has a substantial negative effect on your ability to do normal daily activities that has lasted, or is expected to last, more than 12 months. The key elements of this definition are that there is a long-lasting health condition and that this condition limits daily activity'.

This two-stage definition is used in most large-scale surveys in Scotland. The first part of the question asks participants if they have a long-term illness or health condition that is expected to last more than 12 months. Participants are then asked whether this condition limits their day to day activity, by 'a lot', 'a little', or not at all. The definition of disabled as having a long-term condition that limits daily activity either 'a lot' or 'a little' is used for the majority of the quantitative data included within this report. Where a different definition is used, this is noted.

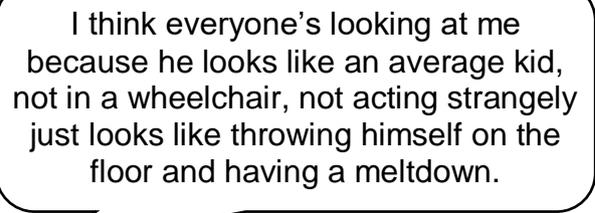
However, not everyone who meets this definition of being disabled identifies themselves using this term. This includes some of our research participants.

This report adopts the **social model** of disability, which was developed by disabled people. Unlike the medical model, which sees an individual as disabled by their impairment, the social model views disability as caused by the barriers society creates, such as negative attitudes and inaccessible buildings, transport and communication. The aim, then, is to remove these barriers. However, as the social

model is seldom used in the context of survey-based data collection, statistics using this definition are limited.

There is a wide variety of forms of impairment, and disabled people have very different experiences and encounter different barriers. This report therefore tries to distinguish between the experiences of people with different forms of impairment where possible.

Not all disabled people will have an official medical diagnosis for their impairment, and some may experience additional barriers from the fact that their impairments are 'invisible' and they are not therefore recognised by others as being disabled.



I think everyone's looking at me because he looks like an average kid, not in a wheelchair, not acting strangely just looks like throwing himself on the floor and having a meltdown.

In many cases, data sources ask only if the respondent is disabled, and not whether they live with any other disabled adults or children. This can make it harder to identify disabled parents and parents of disabled children.

Demographics – What We Know about Disabled Families

Around a third of all families in Scotland include at least one disabled member.³ Most likely the disabled person will be an adult (27% of families), but 11% of families include a disabled child, and in one in twenty families (6%) both an adult and a child are disabled. Just under a fifth (18%) of parents in Scotland are disabled.⁴

Disabled people have very different experiences and encounter different barriers depending on their impairments. Mental health, respiratory and musculoskeletal problems are the most commonly reported impairments among disabled people.⁵ Around 0.5% of the population are recorded as having a learning disability although this may be an underestimate.⁶ There is limited data on how many people with a learning disability are parents.

Evidence suggests that there is a higher proportion of disabled adults:⁷

- in **deprived areas**
- in **social rented housing**
- among those of **White Scottish** and **White British** ethnicity (likely to be due to different age profiles of ethnic groups living in Scotland)
- among those identifying as **lesbian, gay, bisexual** or 'other' sexual orientation, compared to those identifying as heterosexual
- among those in **single-parent** (than other family) households⁸
- among those who **provide unpaid care**
- experiencing **food insecurity**⁹
- who describe their household as **not managing well financially**.¹⁰

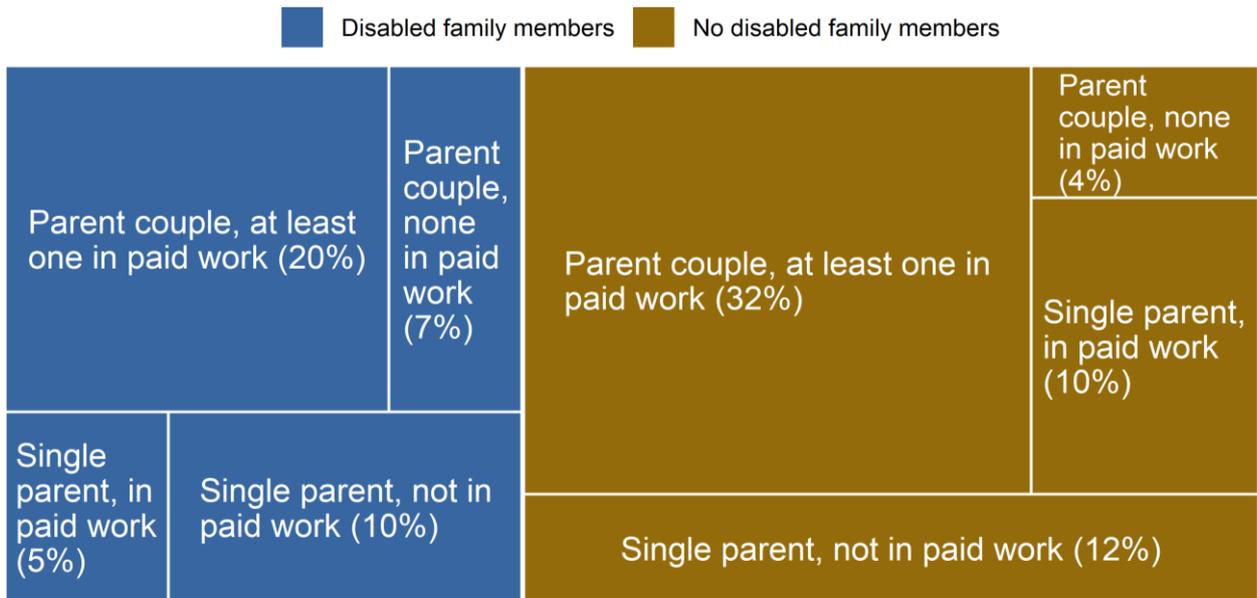
Data also suggests that disabled people, particularly women, are far more likely to experience domestic abuse than non-disabled people (alongside those of mixed ethnicity and those living in a single-parent household).¹¹ This may exacerbate some of the difficulties already faced by those in poverty including children.

There is substantial overlap between families with a disabled adult or child and the other child poverty priority groups. For example, 30% of children in households with a disabled adult or child were also in a lone parent household, and 30% were in a household with 3 or more children (2011-18).¹² This intersectionality of characteristics has the potential to compound and exacerbate disadvantage for certain households with a disabled member.

Having a disabled family member often means that other family members take on a caring role. However, children who live in households with an unpaid carer do not appear to be at higher risk of poverty. The relative poverty rates for children who live in households with and without unpaid adult carers are 22% and 25% respectively.

Overall, 42% of children in relative poverty in 2017-20 were in a family with at least one disabled person.¹³ Around two-thirds of these were in a family with a parent couple and the other third were in a single-parent family. Many of these families were in work, showing that having **any** form of paid work is not sufficient to keep families out of poverty – it has to be a sufficient number of hours of adequately paid work.

Graph 1: Relative child poverty by family disability and work status, 2017-20



Source: Family Resources Survey

Children in disabled families account for an even higher proportion of those in combined low income and material deprivation – around 58% in 2017-20.¹⁴ This may relate to the additional costs faced by disabled families making some basic necessities harder to afford.

This high level of poverty in the data was reflected in the views of the families we spoke to. Many of the parents we interviewed felt that their financial situation was manageable, but precarious.

We do manage financially yes because we have to but it's not ideal. But you can't take everything can you, you can't take everything out, I've just got to learn to manage.

Others reported significant struggles with finances, sometimes exacerbated by the pandemic. COVID-19 also appears to have exacerbated food insecurity for disabled people, including disabled parents, as well as having other, wide-ranging impacts on disabled people's lives beyond the significant direct and indirect health and wellbeing impacts.¹⁵

We have good months and we have really bad months because there's things you can't budget for, and it's when those things come up that it knocks you off for the future month.

Life's a struggle. I'm constantly watching the pennies and I'm behind on my rent. I've never been behind on my rent before. I'm trying to get that sorted. It's a struggle.

Child Poverty Rates in Families with a Disabled Adult or Child

Families with a disabled member are more likely to be in poverty than those without.

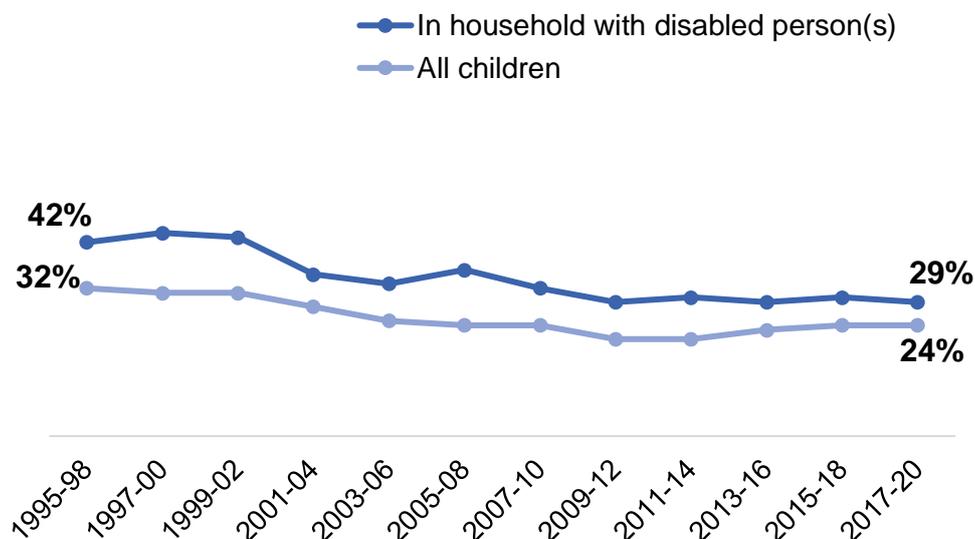
The relative poverty rate for children in households with a disabled child was **27%**, compared to **30%** for households with a disabled adult, and it has been consistently higher among the latter.¹⁶ This indicates that having a disabled adult in the family has a greater impact on whether or not the family is in poverty, although both are important. In almost half (49%) of families in relative poverty with a disabled adult, the disabled adult had a mental health problem. Details of latest poverty rates can be found in Table 1 below.

Table 1: Estimates of number and rates of child poverty among families with a disabled person in the household. Three year averages, 2017-2020.

Household group	Relative poverty	Absolute poverty	Low income and material deprivation	Persistent poverty ¹⁷
All children	240,000 (24%)	210,000 (22%)	120,000 (13%)	-- (16%)
Disabled person in the household	100,000 (29%)	90,000 (26%)	70,000 (20%)	-- (14%)

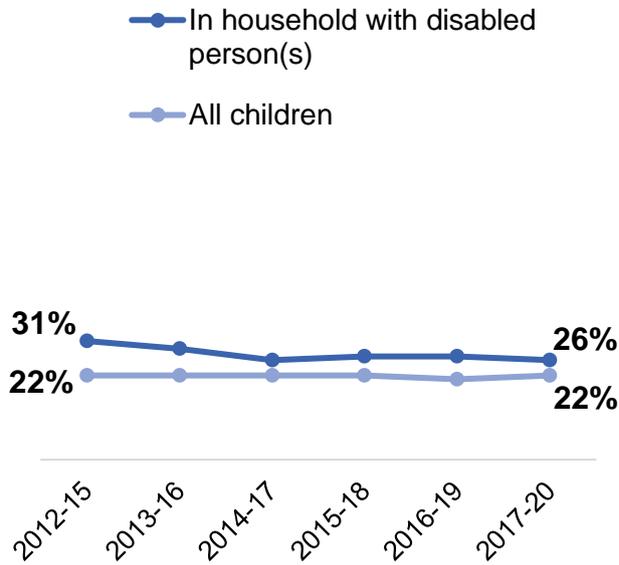
Trend data over the past decade shows that this heightened risk of poverty among disabled families is a longstanding issue.

Graph 2: Percentage of children in relative poverty after housing costs¹⁸



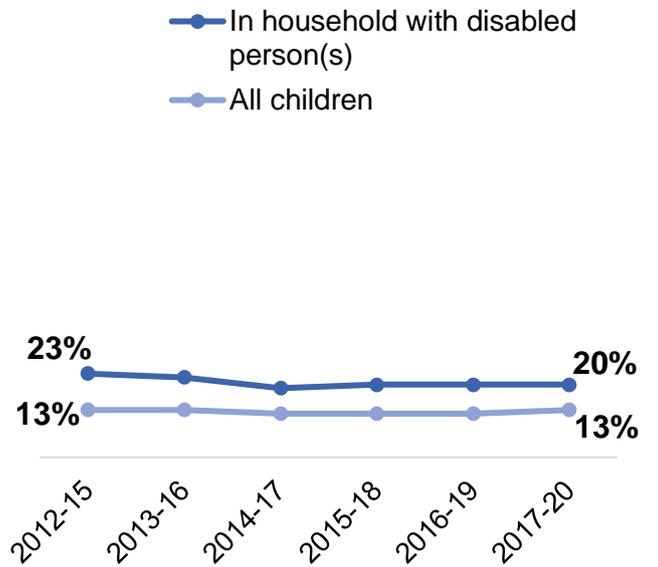
Source: Family Resources Survey

Graph 3: Percentage of children from each group in absolute poverty after housing costs



Source: Family Resources Survey¹⁹

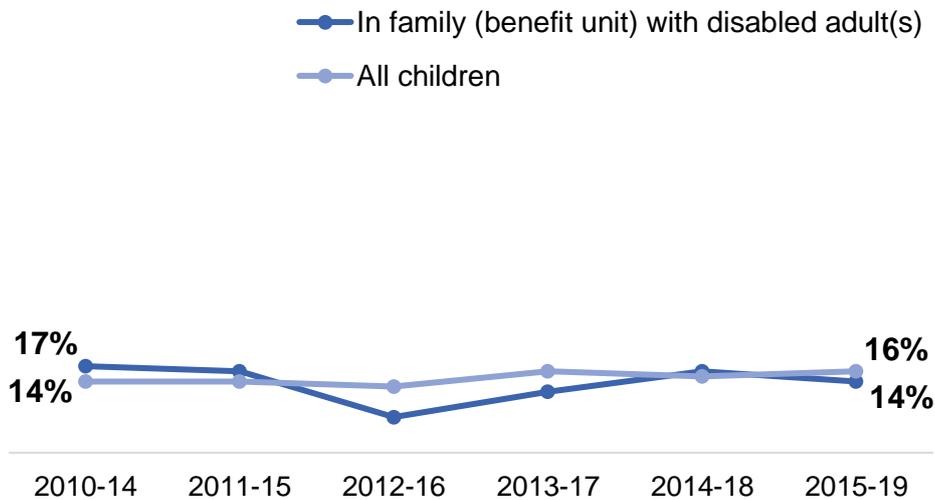
Graph 4: Percentage of children from each group in combined low income and material deprivation



Source: Family Resources Survey

We do not have persistent poverty data for disabled children, but Graph 5 shows persistent poverty over time for children with a disabled adult in their family.

Graph 5: Percentage of children from each group in persistent poverty



Source: Family Resources Survey

These measures of poverty do not account for the **additional living costs** that disabled people often incur (see [section 2.2](#)). One way to try and partly account for this is to exclude from total household income the benefits paid as a contribution towards these additional living costs.²⁰ We are then able to compare households with and without a disabled member on a more like-for-like basis. **With these disability benefits removed from household income, the proportion of children in households with a disabled person who are in poverty rises sharply**, as Table 2 shows.²¹

Table 2: Relative poverty rates for children in households with at least one disabled person, by whether or not disability benefits are included in the household income, 2017-20

Household composition	Relative poverty rate with disability benefits included in household income	Relative poverty rate with disability benefits removed from household income
Households with a disabled person (adult or child)	29%	34%
Households with disabled child(ren)	27%	31%
Households with disabled adult(s)	30%	36%

Source: Scottish Government analysis of the Family Resources Survey

1. Income from employment

1.1 Hourly pay

Indicator 1: Hourly pay

In 2017-20, average hourly pay among low-income disabled families was **£8.49**. This was similar for all low-income families (**£8.52**).

Source: Family Resources Survey²²

While there is only a small difference in average hourly pay between disabled and all low-income families, there was an overall pay gap of 17% between the disabled and non-disabled workforce in Scotland in 2019.²³ This difference may be partly because the average hourly pay figure for disabled families will include not just disabled parents' pay, but also pay for non-disabled parents with a disabled partner or child. It may also be partly because we are looking only at those on lower incomes, where the scope for pay gaps will be lower than among the whole earnings distribution.

1.2 Employment rates and hours worked per household

Indicator 2: No paid employment

Disabled parents are less likely to be employed. Two-thirds (60%) of disabled parents aged 16-64 were employed in 2019 (53% of women and 73% of men), compared to well over four fifths (88%) of non-disabled parents. The disability employment gap therefore stands at 28 percentage points among parents.

Source: Annual Population Survey, ONS

The lower employment rate among disabled parents, as well as the fact that disabled employees are generally under-represented in higher-skilled occupations, is likely to be partly related to differences in education outcomes (see [section 1.4](#)) as well as other significant barriers.²⁴

In trying to understand broader issues around working patterns for parents in families with a disabled member, we found that experiences of employment (or partners' experiences) were mixed. Some felt undervalued or that they didn't have enough hours, but appreciated the lack of stress or the flexibility that it allowed them to do other things, particularly in terms of their caring responsibilities.

He sticks with the small company that he's been with a long time. He doesn't feel that he's being paid comparable to what he should be but we're happy... We have what we have and I'm not bothered I would rather my husband was happy and feeling relaxed.

However, many disabled parents, or parents with a disabled family member, describe how their health needs or caring responsibilities mean that it is not realistic for them to undertake employment. The implication is that for these parents, child poverty would need to be tackled either through significant formal or informal health and care support or through the other key drivers, such as by reducing their costs of living and/or increasing their income from social security.

He [my husband] looks after me because of my disability, and after my wee boy as well... he cannae work because he needs to go and collect him from school and take him to school and if anything happens to him at school.

Indicator 3: Hours worked

On average, working-age adults in low-income disabled families in employment worked **22 hours per week** in 2017-20 (compared to 24 hours among adults in all low-income families in employment).

Source: Family Resources Survey²⁵

Disabled people are around twice as likely to fall out of work as non-disabled people (10% vs 6% in 2017/18²⁶) and returning to work is significantly harder for disabled people (6% returned to employment in the following 3 months compared to 28% of non-disabled people in 2007-20).²⁷ This is particularly true for women, around the birth of a child when working patterns often change. One in five (18%) 'economically inactive' disabled women were 'looking after family/home' (compared to 7% of 'economically inactive' disabled men) in 2019.

Certain disabled groups are more likely to face barriers into employment:

- For disabled parents from visible minority ethnic groups, multiple disadvantage and labour market barriers are reflected in a lower employment rate (38%) than for white disabled parents (61%).²⁸
- Mental health conditions appear to impact more negatively on employment rates (28% employment rate in 2019).

Among those in employment, disabled mothers are particularly unlikely to work full-time (36% in 2019, compared to 49% of non-disabled mothers and 86% of disabled fathers).²⁹

There are indications that the COVID-19 pandemic is having a worse impact on disabled people's employment, including disabled parents, as they are more likely to work in industries hit hard (such as hospitality and distribution).³⁰ The employment rate for disabled adults aged 16-64 in 2020 is estimated to have fallen by 2.1 percentage points, compared to 1.0 percentage point for non-disabled adults.³¹

Barriers into paid employment

The data shows that many people who are not in employment want to find paid work, and 'economically inactive' disabled people are more likely than non-disabled people to say that they want to work.³² Just over a fifth (22%) of unemployed or

'economically inactive' disabled parents want to work.³³ Some of our research participants would also have liked to take on (more) paid work.

It's my lifelong work ... in my opinion I am talented and skilled at ... if I can do it, I can impact on people. The more I can work, the more I can help other people. It's not the priority of earning money, the work I do benefits people's lives.

I work part time and I'm a full time carer for my dad so I just kind of fit everything in around their needs and my kids' needs... I'm committed to doing 35 hours' a week care for my dad which I can do quite easily... and I find myself checking up on my mum's mental health as well because she's there and she has to deal with them [uncles who live with them] throughout the evening and the night-time because that's not something I can do with my kids here.

However, the literature suggests that disabled families face additional barriers into employment. These include difficulties with transport, a climate of low expectations, anxiety/lack of confidence and effects on benefits.³⁴ Our interviews supported some of these findings.

I'm interested in psychology. But I fear that I will let someone down if I can't come to work. [In my current role], someone else will do it if I can't. As a psychologist, people need you.

He is [interested in other jobs] but he's frightened. I think confidence and self-esteem is what he would need. I think going on a course to boost these is the thing he would need to be able to do that.

I couldn't take on additional work say after school until bedtime because I would be penalised financially [regarding Carer's Allowance]

Parents of disabled children can also face additional difficulties, such as higher levels of stress and poorer mental health.³⁵

Our discussions with disabled families provided further evidence of the increased barriers to work around logistics of fitting care into a school and working day.

A lack of adequate support also appears to be a key barrier to disabled people accessing employment, as well education and social security.

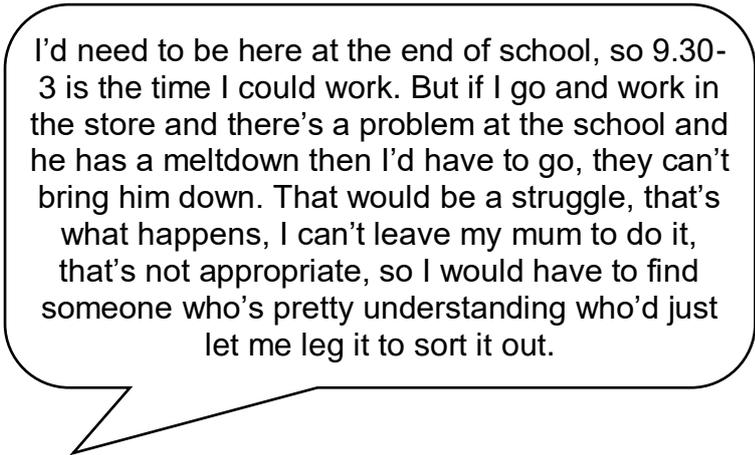
With my elder son, when they become an adult everything gets ignored. He can't hold a job, he's never been able to finish a college course but there's nothing out there to help him.

An Inclusion Scotland report on issues faced by young disabled people in Scotland notes that many young people feel like they ‘face an abyss’ when they leave school and lack adequate support to find employment or go into further education.³⁶ Two-fifths of the young people with learning disabilities and/or autism spectrum disorders who responded to an ENABLE Scotland survey said that they did not get support to think about and plan their future when they finished school.³⁷ Two-thirds were worried about this.

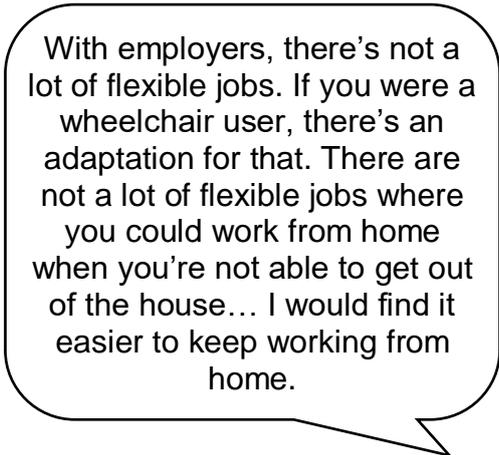
Enablers into employment

Greater availability of **flexible working** and home working could allow more disabled people into employment, or into higher hours, or roles that are better paid or more suited to their skills.³⁸ Flexible working is important for many disabled families for example to fit around medical appointments and adapt to changes in their health.³⁹ If more agile working practices are cultivated as we recover from the pandemic, this presents an opportunity for jobs to be better designed to suit the needs of both disabled people and unpaid carers.⁴⁰

Many of our interview participants stressed the importance of flexibility for them, in terms of ensuring that that they could meet their health or caring requirements.



I'd need to be here at the end of school, so 9.30-3 is the time I could work. But if I go and work in the store and there's a problem at the school and he has a meltdown then I'd have to go, they can't bring him down. That would be a struggle, that's what happens, I can't leave my mum to do it, that's not appropriate, so I would have to find someone who's pretty understanding who'd just let me leg it to sort it out.



With employers, there's not a lot of flexible jobs. If you were a wheelchair user, there's an adaptation for that. There are not a lot of flexible jobs where you could work from home when you're not able to get out of the house... I would find it easier to keep working from home.

There is some public support for positive action to support disabled people's employment. As of 2015, two-fifths (40%) of adults thought that someone with a disability should automatically get an interview for a job – but three-fifths (58%) thought that this was unfair.⁴¹ There is also some support, particularly among third sector organisations, for setting public sector targets to improve the disability employment rate.⁴²

1.3 Labour market

The number and type of jobs available in the labour market have an impact on both parents' hours worked and their hourly pay.

Indicator 4: Underemployment

8% of disabled parents were in work but would have preferred to work more hours for the same rate of pay in 2019. This compared to 5% of non-disabled parents.

Source: Annual Population Survey, ONS

Indicator 5: Under-utilisation of skills

Over 1 in 5 (22%) employed, disabled parents with a degree qualification were in low or medium skilled occupations in 2019. This compared to 16% of employed, non-disabled graduate parents.

Source: Annual Population Survey, ONS

The additional barriers into employment mentioned previously, such as logistics and care, will also have an impact on under-employment rates and under-utilisation of skills. Among disabled parents these two indicators appear more acute than among non-disabled parents. In addition to the broader issue of a lack of job opportunities, more specific labour market barriers faced by disabled people include employer attitudes and inaccessible job adverts and application processes.⁴³

Case study

Joanne is a single parent to her two children. She has a health condition, and one of her children has autism. As well as taking care of her children, Joanne also cares for a disabled relative.

She is a qualified social worker, but can't currently fit that around her caring responsibilities. At the moment she works part-time in her child's school, which means she can fit it in with school drop-off. She doesn't think the school is meeting her child's needs, but if she moved her child to a different school she would have to give up her job.

Most of Joanne's income currently comes from social security. She has considered taking on additional part-time work, but that would mean that she'd no longer be eligible for her Carer's Allowance.

The COVID pandemic has exacerbated some of these employment barriers for many people, and also added new ones.⁴⁴

I haven't been able to work since the outbreak. We started Universal Credit just prior to the pandemic. Because of the situation at home and the struggle to work ... it was piecemeal.

I usually work full time, but I was made redundant. My health complaint played a role as there was a fitness test at work. I lost my job and then straight into lockdown. I struggled to find anything as the schools were closed.

Although for others COVID has not impacted on their employment, or led to an increase in hours.

My husband has had more [work], definitely more... It hasn't been a negative for us, probably the workload for us at the time in lockdown it was.

Disabled people in employment were more likely than non-disabled people to say that their job was very or extremely **stressful** in 2017-2019 combined.⁴⁵

Workplace **discrimination** also plays a role in disabled people's under-participation in the labour market, with negative attitudes towards disabled people enduring.⁴⁶

1.4 Skills and qualifications

Gaining skills and qualifications is an essential step to finding and maintaining well-paid work as an adult. However disabled parents are much more likely to have low or no qualifications, compared to non-disabled parents.

Indicator 6: Parents' qualifications

Almost one in five (**17%**) disabled parents had low or no qualifications in 2019, compared to 7% of non-disabled parents.

Source: Annual Population Survey, ONS

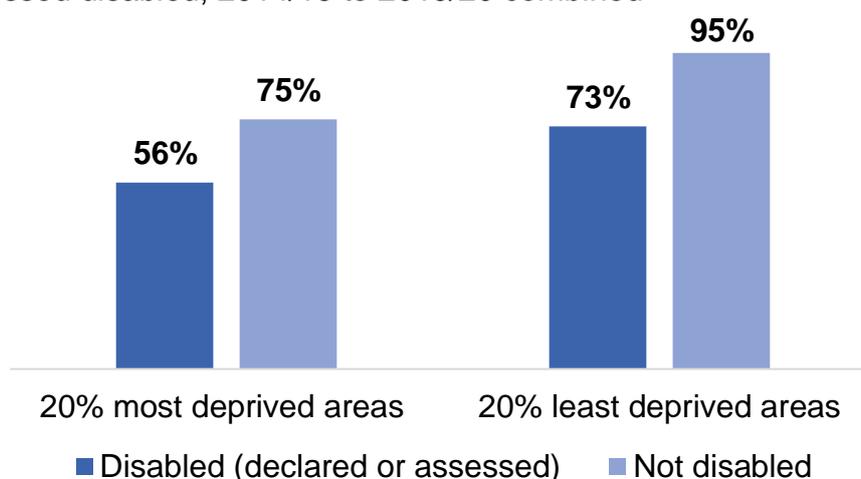
Disabled people in the UK aged 21-64 with severe or specific learning difficulties were particularly likely to have no qualifications as of 2020 (57%), followed by those with epilepsy (29%) and autism (28%).⁴⁷

As of 2009-11, just under a fifth (16%) of disabled adults in Great Britain had at least one barrier to education and training opportunities, compared with 9% of non-disabled adults.⁴⁸ Disabled adults were more likely to cite difficulty with transport (20% vs 8% of non-disabled adults) and the attitudes of other people (9% vs 4%).

Indicator 7: School leavers attainment gap

Disabled secondary school leavers are less likely than non-disabled school leavers to attain one or more pass at SCQF Level 5 or better. For both disabled and non-disabled school leavers, those living in the most deprived areas are also less likely than those living in the least deprived areas to attain one or more pass at SCQF Level 5 or better.

Graph 6: Percentage of school leavers from publicly funded secondary schools in Scotland attaining one or more pass at SCQF Level 5 or better, by SIMD quintile (20% most and least deprived⁴⁹) and whether declared or assessed disabled, 2014/15 to 2019/20 combined



Source: Scottish Government school leaver attainment statistics

The vast majority of disabled school leavers are recorded as leaving to a positive initial destination (90% vs 93% of non-disabled school leavers in 2019/20).⁵⁰ Disabled young people were much more likely to be in further education⁵¹ (48% vs 28% of non-disabled peers), but much less likely to be in higher education (22% vs 45%) or be employed (9% vs 16%), 3 months after the end of their final year of school.

Barriers to gaining skills and qualifications

Identification of needs

The Scottish Health Survey records 11% of children as disabled. In the Pupil Census 2.7% of pupils were assessed or declared as disabled in 2020.⁵² The data for children and young people with additional support needs includes pupils who are assessed or declared as disabled. A child or young person has an additional support need if they, for whatever reason require extra or different support from that of their peers to fully benefit from school education.⁵³

There is significant variation across local authorities in the number of children and young people recorded as both disabled and with additional support needs.⁵⁴

Getting the right support

Both pupils with additional support needs and their parents and carers interviewed as part of recent qualitative research were broadly positive about their experience of school, as were some of our research participants.⁵⁵

They've been fantastic. Anytime the school knows that he has an appointment coming up or an overnight stay the school was wanting to be involved. They wanted to be kept up to date with everything that's going on. They are really on the ball with it, they really try to help. They've even phoned up to chase up his progress to find out what's going on.

The Additional Support for Learning framework seeks to ensure that children and young people get the support that they need to reach their full potential. However, some parents and carers have reported that it can be hard for them to navigate the support system for children with additional support needs (perhaps particularly for those on lower incomes) and it can take parents a long time to get their child the right support.⁵⁶ Some of our participants continued to feel that school support for their children was lacking whereas for others getting the right support made all the difference to having a more positive school experience that could lead to better educational outcomes.⁵⁷

My son doesn't get enough support there, there's not enough staff and they're spread so thinly over the kids, it's never going to work, there's just not enough.

I'd say the support hasn't been there [and] I'm quite surprised... for instance when she went up to high school and up to then we'd been doing her injections for her so she had to learn to do that herself so I don't know if anyone in the high school was trained to do it but certainly there weren't any nurses, so there's been a lot of pressure on her.

Case study

Rachel has two sons, Ryan who is 11 and Jake who is 7. Both have autism. Ryan also has severe anxiety, and Jake has ADHD.

The boys were previously at a school where they didn't get the support they needed. The children were not properly assessed and Rachel felt that her concerns were dismissed and she wasn't listened to. Ryan is intelligent but requires support including with his emotional development. Without this, he developed severe anxiety around school and Rachel now home-schools him, which they find much better.

Since the family moved, Jake has started at a new school that has properly assessed his needs and supported him to get a diagnosis of ADHD. He is much happier at school and the staff have built a good relationship with Rachel, acknowledging her as a caring and knowledgeable parent.

Difficulties accessing the right support come in a context of resource constraints, and a significant increase in the number of pupils identified with additional support needs over the last decade.⁵⁸ Many local authority officers and school staff believe more resources are required for additional support.⁵⁹

Very few of members of the education workforce surveyed by ENABLE Scotland in 2017 said that they could meet the needs of a pupil with a learning disability. The report noted concerns that initial teacher education may not adequately prepare teachers for teaching children and young people with additional support needs.⁶⁰ Actions have since been set out to address this.⁶¹ Many believe that making more and better use of support assistants is key and investment has recently been made in this area.⁶²

Low attendance and exclusion

Disabled pupils tend to have somewhat lower school attendance rates than non-disabled pupils (91% compared to 93% in 2018/19) and a higher exclusion rate, (at 38 per 1,000 pupils compared to 21 per 1,000 for non-disabled pupils).⁶³ Trends are similar for pupils with additional support needs.

Bullying and loneliness

Many disabled students and those with additional support needs report instances of bullying and feeling lonely and excluded at school.⁶⁴ In some cases, pupils move schools or leave early as a result. Many education staff believe that children and young people need help to better understand and engage with their disabled peers.⁶⁵

Impact of COVID-19 on education

There are concerns about the impact that school closures have had on families with a disabled child.⁶⁶ Disabled students may have found it harder to participate in distance learning due to accessibility issues, which may further impact on their educational attainment, although children considered to be vulnerable could access in-school learning during the pandemic if the local authority considered it appropriate and in their best interests.⁶⁷ It has also been reported that children of disabled mothers were less likely to have access to the equipment they needed to study at home.⁶⁸ While this was not a topic that was explored a great deal in our interviews, one parent reported difficulties both they and their daughter faced home schooling, and taking time to get the support that they needed.

[My daughter] was actually given a place in school during COVID because of her disability, she was struggling with her routine being out of sorts and I was struggling to home-school her, I couldn't get on with the technology... I feared she was going to fall behind, but this was after the second lockdown which I was quite annoyed about because I was actually informed that she should have been offered a place from the beginning.

1.5 Childcare & transport

The availability of high-quality, flexible and affordable services such as childcare and transport are important enablers for parents to access employment – as well as to reduce their costs of living.

Childcare

Indicator 8: Childcare affordability

Among households with a child aged between 0 and 11 years old who are paying for some type of childcare, those where someone has a long-term condition are more likely to find it **difficult or very difficult to afford childcare**. Over a third (**37%**) of those households where someone had a long-term condition found this in 2018-19, compared to 24% of those households where no-one had a long-term condition.⁶⁹

Source: Scottish Household Survey

Overall, parents of disabled children may be less likely to access formal childcare, although there is a lack of up-to-date evidence for Scotland in this area.⁷⁰ Many of our interview participants, all of whom had now school-age children, instead provided it themselves, sometimes also relying on family and friends.

[I am] basically a full-time housewife, taking care of the kids and other duties. Two members of my family are quite close by that I can go round to and chap the door and ask for help.

My mum and my sister help me. So if I'm not fit to take her to school my mum will come down or my sister. I can get a friend that lives just round the corner to pick her up if needs be.

The reasons for this vary, but focus around concerns on staff training and capacity and lack of choice.⁷¹ Some parents reported that they didn't use formal childcare because it was not available in their area.

There's no real childcare for a 12-year-old with autism.

There is nothing. No afterschool care no afterschool facilities. Two primary schools but no facility like that. There really isn't anything. We've got a few childminders but there is such a demand here for childcare. They are just full, the ones that are here.

Our research also shows that awareness can be a barrier for some. For others, even if childcare was available, it was either too expensive or too infrequent to be of use.

If there was more transparency from the childcare sector about what's available and what they specialise in that would be really helpful.

Even if I approach [children's charity/service] and the facilities that are there, I would only get an hour once every 2/3 weeks, so there's no point in bothering ... and he wouldn't know the staff enough to be able to leave him there.

I was speaking to someone from social services and they advised [I use the holiday club] but it's £31 a shift, that's a lot of money, and his view was she gets DLA so you could potentially put her in for 2 days a week and that's her DLA but I thought, what happens if she wants to go to the zoo, and what happens if she goes in for 45 minutes and then wants to come home. So that was an option I was looking at for holiday time but it would probably only be once a week at those costs.

Some parents reported that they didn't feel comfortable letting other people take care of their children.

There's not a lot of people I trust with my girls. Today's world's just a horrible place so I'd rather not leave them with anyone if I can help it.

I just don't think they could cope and I don't think anyone could take care of my children as well as I do. I'm not going to traumatise my children just so I can take a break. I think that's just not fair and selfish.

Others spoke about the benefits that more wrap-around childcare for school-aged children could offer both them and their children.

An afterschool facility would be brilliant for her. She would definitely use it. We need more support. We need afternoon activities for her to do. She just constantly wants to be doing something. I think that would make such a big difference to her life.

If there were afterschool activities that he [son] wanted to do ... if there was an additional hour or two where he loved doing it and it was great fun... we would jump at that opportunity. If that delays the time we get him, that would be beneficial.

One participant from an island community reported limited childcare availability and the knowledge that if she used more, it would result in others missing out:

My friend's son is on her own with him and needs it more than that. It's a terrible situation where I have friends who all need something, they're saying 'well she's got 3 days, she's got x days' etc. and the system is forcing them to act this way because there isn't enough childcare. So I feel like I can't push in there and say 'oh I've got 3 hours' so I can go and do the shopping and I know that someone else wouldn't get it then. Not really fair.

Transport

Indicator 11: Satisfaction with public transport

Seven in ten (69%) disabled adults in a low-income family were very or fairly satisfied with the quality of public transport in 2015-19. Satisfaction was similar among non-disabled adults in low-income families (74% satisfied). Due to relatively small sample sizes the difference is not statistically significant.

Source: Scottish Household Survey

People on low incomes are more dependent on public transport than those on higher incomes, and disabled people are more reliant on some forms of public transport than non-disabled people.⁷² Therefore it is logical to suggest that low-income disabled families will also be more reliant on public transport.

Disabled people face challenges on the transport system, including:⁷³

- being able to access accurate and relevant travel information both before and during the journey
- not being able to spontaneously travel because of the need to book assistance
- buses being infrequent and inaccessible, particularly in rural areas
- being able to access public transport vehicles and public transport interchanges, especially at night when these may be poorly lit
- difficulties accessing priority seating, especially for disabled people with hidden impairments
- safety and comfort concerns, including experiencing discrimination and stigma from both transport staff and other travellers.

Many of these challenges are likely to be even more difficult when travelling with young children.⁷⁴

Some interview participants reported difficulties with public transport and subsequent reliance on cars or taxis. For many this was related to their or their children's impairments, and for one participant a lack of public transport in their rural area meant a lot of time spent driving (with further implications for costs of living).

I drive my son down to the school. It's not too far but because of his pains in his joints by the time he got there he would be sore.

[Car is] my primary mode of transport, she won't sit on a bus and she struggles on a train.

It's an issue for me as I can't sit on a bus as it rattles too much as it causes too much pain. I would feel more comfortable standing on a train. I wouldn't sit on a bus.

Case study

John lives in a rural area with his wife and son. His wife is ill, and doesn't drive. He spends at least 2 hours a day in the car taking his son to school and other activities. There is a school minibus, but it won't pick his son up because they live just over the border in a different county.

John is self-employed, and the time he spends driving means that he has less time to spend on his work, as well as with his wife. The lack of public transport also limits their childcare options and the amount of activities his son can take part in. However, he and his son also enjoy the time they spend together in the car, talking and laughing.

John's wife would like to learn to drive, but they can't afford it.

Restrictions imposed on public transport during the pandemic including physical distancing measures have resulted in fewer accessible seats and spaces for wheelchair users. In May 2020, 99% of respondents to a Disability Equality Scotland poll had experienced issues with physically distancing during their daily exercise or when undertaking essential journeys.⁷⁵ The Transport Transition Plan developed by Transport Scotland aims to mitigate these issues.⁷⁶

Other services

Social care and self-directed support play a key role in enabling disabled people to live independently and participate in their communities, employment and education, in addition to other benefits. However it is reported that many disabled people are not getting the support they need, for reasons including resourcing pressures and high eligibility thresholds.⁷⁷ Social care, alongside medical care, has also been significantly disrupted during the pandemic.⁷⁸

Many low-income families with disabled children feel that formal and informal support for their children has decreased since the pandemic began.⁷⁹

Most adult carers on the lowest incomes (65%) said that they received none of the forms of support asked about, such as short breaks, advice, counselling, practical support or support workers, in 2019. For those that did receive support, the most common form was help from family or friends (received by 21%).⁸⁰

In our interviews, many participants brought up the difficulties they had experienced with healthcare and significant problems that this has caused them or their family.

I have to pay for a private therapist because the waiting times are so massive... I consider myself extremely fortunate because at the moment I can do this. But that can all be taken away with my next PIP application.

My doctor has been very unhelpful and says that it's phantom pain... I asked if I could see a female doctor and was told that she wasn't available at that time. It was as if I was being fobbed off. They're all in the same building. The waiting times in other practices are long. People told me to stick with the doctor I had.

If you have ailments and illnesses that are not physical, the health service is struggling to recognise that as valid... You have to get a lot sicker to trigger a response ... have to get into a very poor state of health. The preventative health care, such that a person is able to heal themselves, is pretty absent... it's hit and miss if you get a GP who is more sympathetic. The response is that we can't solve the problem... the best we can do is to provide antidepressants. The prescription of medication is a crutch to get them off the waiting list and to leave them to it... that's not a health service. That is a massive, massive failing of the health service.

Some participants had not been able to get a diagnosis, which prevented them from accessing other support.

I don't receive disability benefits as I've not been diagnosed.

I know that if he gets diagnosed with ADHD he can go through therapy and I can go to classes to help him.

2. Cost of Living

2.1 Housing costs

Indicator 12: Housing affordability

Low-income disabled families spent on average **21%** of their net household income on housing, in 2017-20. This was the same for low-income families overall.

Source: Family Resources Survey⁸¹

Disabled people are more likely than non-disabled people to live in social rented housing.⁸² Satisfaction with their housing arrangements was lower (85%) than amongst non-disabled people (93%) in 2019. Difficulties in accessing housing that meets their needs can result in some families with a disabled member spending more on housing and/or having a lower quality of life.⁸³

2.2 Other costs of living

Indicator 13: Fuel affordability

Low-income households with children and at least one household member with a long-term health condition are estimated on average to have spent **18%** of their net household income (after housing costs) on fuel in 2019. For low-income families where no-one had a long-term condition, this figure was 13%. Due to small sample sizes this difference is not statistically significant, however we know that overall households in Scotland where someone has a long-term condition are more likely to be fuel poor than those where no-one does (31% compared to 20% in 2019).

Source: Scottish House Condition Survey⁸⁴

Indicator 14: Food affordability

Low-income UK households with children spent around **16% of their income on food and non-alcoholic drinks** in 2016/17 to 2018/19, regardless of whether or not the (adult) reference person in the household was disabled.⁸⁵ This compares to around 12% for all households with a child and where the reference adult was disabled (across all incomes), and 10% for all households with a child and where the reference adult was not disabled.

Source: Living Costs and Food Survey

It is generally recognised that disabled people face higher costs of living than non-disabled people.⁸⁶ These additional costs may include, for example, specialist equipment and home adaptations, specialist therapies, extra transport costs, specialist toys and play equipment, paid-for care and increased energy costs, either as a result of increased heating for those with limited mobility or the cost of running specialist electrical equipment. There are also reports that costs have risen for many disabled people during the pandemic.⁸⁷

Many of the parents we spoke to reported extra costs as a result of themselves or another family member being disabled:

Yes definitely, extra costs in food, bedding, towelling, electricity because the wee one wets the bed still so she's constantly in and out the shower, I have to replace the sheets and mattresses, she has violent tendencies as well so we've bought furniture for the bedroom four times since she was born and she's eight.

In addition to disability benefits (see [Section 3](#)), there are other support services which help to reduce costs of living for low-income disabled families (and others). These include school clothing grants, free school meals beyond the universal entitlement, council tax exemptions and reductions and specific support offered during the pandemic. Interview participants reported some positive experiences of these forms of support.

They are really good. Especially to get help with school clothes. That can be a huge [cost] for me. Every year to get school clothes and everything needed for a new year. And for school meals I don't need to fork out money for it. Yeah they are great, really good.

However, among some people there was a sense of guilt and of not wanting to take the option of services away from other families who may need it more.

It's fantastic [the COVID support I received] but I feel guilty about receiving it as some people need it more than me. I didn't need that... I know of other people who didn't need it. I'm grateful to have it, but didn't need it. I felt a wee bit guilty.

With regards to Free School Meals, many parents felt that what was on offer was insufficient for their children, particularly when they had dietary needs.

He's coming home hungry and I think it's ridiculous that there's not any other options so he cannae pick something else if he doesn't like what's there for him.

I give her a packed lunch as there's not anything on the menu she can eat... there's not a menu for lactose intolerance.

The quality and quantity of the meals is problematic... as the children get older, they aren't getting an increased portion... There's no kitchen in the school so the food is brought in from another school so the quality is diminished... The catering contract is poor and the supplier is trying to make profit margins at the expense of children. The government is providing something but it's not sufficient.

2.3 Debts

Indicator 15: Unmanageable debt

One in twenty (4.9%) households with children and a disabled member were in unmanageable debt in Scotland, as of 2016-18. The proportion was similar for all households with children, regardless of whether or not they included a disabled person (4.5%). These proportions have decreased substantially over time, and particularly for households with a disabled member – down from 20.5% in 2010-12.

Source: Wealth and Assets Survey⁸⁸

Although pre-pandemic data shows that levels of unmanageable debt were falling for disabled families, various research has found that they risk being disproportionately exposed to negative financial impacts from the COVID-19 pandemic.⁸⁹ Financial worries can have negative impacts including physical or mental health problems, sleep disturbance and relationship issues.⁹⁰

2.4 Enablers (access to affordable credit, internet access, assets and savings)

Savings and access to affordable credit can protect against material deprivation and problem debt. They act as a buffer against unexpected costs and fluctuations in income.

Indicator 16: Access to affordable credit

As of 2017-19, **high-cost credit** had been used in the previous 12 months by:

- 14% of all households with children
- 14% of low-income households with children
- **18%** of households with children and where someone in the family has a long-term health condition.⁹¹

Source: Scottish Household Survey

Indicator 17: No savings

The proportion of households with children that had no savings, as of 2017-19, was:

- 34% for all households with children
- 66% for low-income households with children
- **45%** for households with children where someone had a long-term health condition.

Source: Scottish Household Survey

Digital access has become increasingly important in accessing vital services including healthcare, social services and education during the pandemic. But also in general terms to access important information on benefits and application processes.

Indicator 18: Internet access

Those with a long-standing physical or mental health condition are less likely to use the **internet** in Scotland (although not all of these people will be disabled) and data at UK level shows that disabled adults are less likely to have used the internet recently (81% vs 96% of non-disabled adults, 2020).⁹²

Source: Scottish Household Survey & Internet Users UK (ONS)

3. Income from Social Security and Benefits in Kind

3.1 Targeted reach of benefits

Social security in Scotland is delivered by two different bodies. Reserved benefits are delivered by the UK Government's Department for Work and Pensions (DWP), and aspects of social security devolved to the Scottish Government in 2016 are delivered by Social Security Scotland. Social Security Scotland already delivers some benefits important for low-income disabled families, including the Scottish Child Payment and Carer's Allowance Supplement. In late 2021 and 2022 they will begin delivering disability payments, which are non means-tested benefits, designed to help with the extra costs of living with a long-term health condition or disability, such as Child Disability Payment (to replace Disability Living Allowance (DLA) Child) and Adult Disability Payment (to replace Personal Independence Payment – PIP). Carer's Allowance, a non-means-tested benefit to provide financial support for people less able to work due to caring responsibilities, will also be replaced by a Scottish benefit in coming years (currently known as Scottish Carer's Assistance).

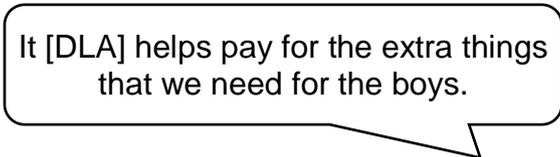
The UK Government retains responsibility for key income-related benefits, such as Employment and Support Allowance (ESA), Jobseekers Allowance (JSA), housing benefit and Universal Credit, which are means-tested.

Due to both being more likely to be on low incomes and eligibility for benefits specifically for disabled people, families with a disabled member are disproportionately impacted by cuts or changes to eligibility criteria in benefits or support services. Additionally, some disabled people struggle with the 'in-between' space between being able to earn an adequate income from employment, and being unable to work at all due to impairments.⁹³ This is particularly difficult with health conditions that fluctuate.

When the UK Government began to replace DLA for working age people with PIP in 2013, changes to the structure of the benefit and eligibility criteria excluded some individuals, who no longer qualified under the new rules.⁹⁴ Whilst the Scottish Government has said that it does not plan to make substantive changes to the eligibility criteria for these new benefits, it will make the application process easier and more inclusive (including providing digital applications), provide pre-application advice and support, start by assuming that the client has provided an accurate account of how their condition impacts on them, provide 'rolling awards' with no fixed end date, and for Adult Disability Payment, replace face-to-face assessments with consultations only if there is no other way to gather the information needed to make a decision. Work is also ongoing to consider how Scottish Carer's Assistance could work better for carers. The Scottish Government is committed to providing additional support to people caring for more than one disabled child, and considering how extra support could also be provided to those caring for more than one disabled person of any age.

3.2 Value of benefits

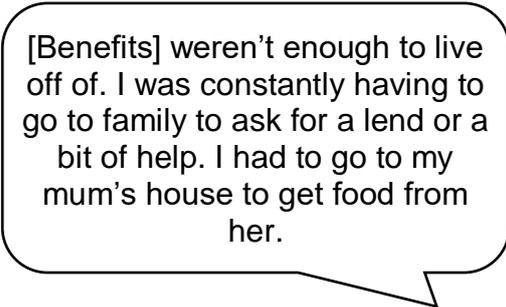
Disability benefits are designed to offset additional costs that disabled people face. For some people they seem to fulfil this intention and for many, without these benefits they would not be able to meet their financial commitments.



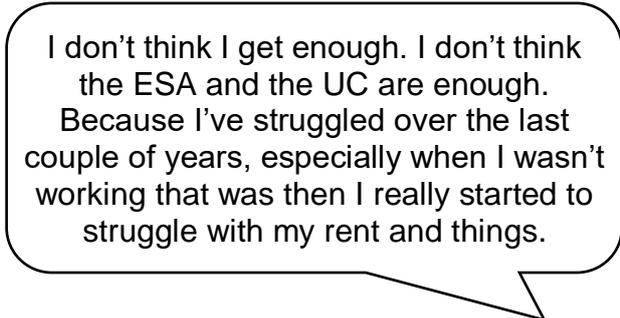
It [DLA] helps pay for the extra things that we need for the boys.

However it seems that often disability benefits instead supplement insufficient mainstream income in paying for other essentials.⁹⁵

Most of our research participants received benefits to supplement or make up the main portion of their income (or had done in the past) – both specific disability benefits and others designed to help with living costs. These were mainly benefits currently delivered by DWP, such as Universal Credit, ESA, DLA and PIP. When asked about whether these benefits were sufficient, responses differed, but many felt that they should either be increased or found it stressful because they fluctuated.



[Benefits] weren't enough to live off of. I was constantly having to go to family to ask for a lend or a bit of help. I had to go to my mum's house to get food from her.



I don't think I get enough. I don't think the ESA and the UC are enough. Because I've struggled over the last couple of years, especially when I wasn't working that was then I really started to struggle with my rent and things.

3.3 Take-up of benefits

In the period December 2019 to May 2020, 18% of those who applied to Social Security Scotland for Best Start Grant and/or Best Start Foods, Funeral Support Payment, and Young Carer Grant had a physical or mental health condition or illness lasting or expected to last 12 months or more.⁹⁶ Approval rates were higher amongst people with a long-term condition (69% vs 63% for applicants without).

We are not currently able to accurately measure take-up of disability benefits, because existing data is not sufficient to robustly estimate the number of people who are eligible but do not apply.⁹⁷ However, Scottish Government has published a Benefit Take-up Strategy to ensure that people in Scotland receive the benefits that they are entitled to, with a second strategy to be published in October 2021.⁹⁸

We do know that as of August 2020, over half a million people in Scotland (565,754) were entitled to either PIP, DLA or Attendance Allowance.⁹⁹ This was just over 10% of the population.¹⁰⁰ Just under a third of PIP/DLA/AA recipients also received each of Housing Benefit, Employment and Support Allowance, and Incapacity Benefit.

Many of the families we interviewed found the process of applying for reserved social security to be fairly easy and straightforward, particularly with support from frontline advisers including at job centres and housing partnerships. This was often contrary to their expectations.

It was more straightforward and people were more helpful than I expected. Every time I spoke to the agency, they were kind. That was a surprise. The process was better than I thought, but nevertheless we still didn't want to be there.

However, for many individuals, the UK social security system causes stress and anxiety, with some people who are eligible for benefits deciding not to apply or appeal decisions as a result.¹⁰¹ Many find that there is a lack of advice and support.

It's quite confusing because they expect you to know how the benefits system works, so people will say to you, 'do you get this?', and you say, well what's that, how do I claim it, and then you put a claim in and you can get it but then you have to deduct it from something else so it wasn't worth all the rigmarole.

I actually found it [availability of DLA] out from a hairdresser that their child themselves had [the same condition], and I had no idea that it was available, the hospital and nurses no-one mentioned it. It was just by chance that I found out about it. I think when she was diagnosed and all the info you get I think there could maybe have been something there from the people at the time, the diagnosis team.

Many people find the applications process complex, inflexible or unsuitable, with requirements for re-assessments even for unchanging conditions.

That always terrifies me when it comes to the end of the period and we have to reapply. I stress for months waiting to see if we are going to get it because that affects everything. It affects Carer's Allowance and everything. It's everything together that means that we're fine and we get along fine but with only my husband's wage I don't know if we would manage. That's one of the things that does concern me and worry me every time it comes up... sometimes they give it for two years. A disability charity thing told me about this person and he came out and helped me with the forms and the middle son got it for five years. For the wee one it's always just two years at a time that they give. Although his conditions are never going to change.

What I don't understand is why we have to reapply all the time for something he's never going to get rid of. Just because he's a bit better now ... How can an autism diagnosis, it's never going to get better, the needs are always going to be different but he's always going to need taxis and things.

There is also a lack of trust in the system, including concerns that assessors do not have sufficient knowledge of individual conditions to make an accurate assessment.

At times it can be a bit degrading. You feel like you're being judged by the person that's doing the face-to-face assessment. You're telling them things and being a certain way and they are putting the complete opposite. I have major problems with what they are saying about me at my assessment but I got something and I didn't want to complain in case they took it away.

[assessors for Personal Independence Payment] ask you to come for a visit because they don't believe what's on your medical notes, and [my pain condition] isn't a disability you can see.

Barriers are different for those with different impairments. For example, barriers for autistic people include lack of clear and flexible communication options, including required face-to-face and phone interaction and complicated forms with ambiguous questions, and negative sensory environments in benefits offices and assessment centres.¹⁰²

The Scottish Government is making a number of changes in response to these concerns, as set out in [section 3.1](#) and further detailed in its published position papers.¹⁰³

Conclusion

Over 40% of children in poverty live in a households with at least one disabled person. Three-quarters of these are also in at least one other priority group.

Disabled families face additional barriers into and in the labour market. These include caring responsibilities, discrimination, effects on benefits and anxiety or lack of confidence. Many want to be in work or increase their hours, and disabled parents are less likely to be working at a suitable skill level. Adults with mental health conditions face particular barriers into employment and in almost half of families in poverty with a disabled adult, they have a mental health problem. For many disabled families, flexible work and suitable shifts would be invaluable in enabling them to access paid work. The care infrastructure is also critical – in terms of childcare, healthcare, adult care and support for carers. Disabled people also face barriers to gaining skills and qualifications, so tackling these could further help address the employment gap.

For other disabled families, caring and health needs mean that employment is not currently a realistic option. For these families, child poverty would need to be tackled either through significant formal or informal health and care support, by reducing their costs of living, and/or by increasing their income from social security.

Costs are higher for disabled families although evidence suggests that they are working hard to manage finances, using affordable credit and not running up high debts. Support such as school clothing grants and free school meals are welcome although the meals do not seem to meet all families' needs.

Social security is a complex picture between devolved and reserved agencies. We know that disabled families experience a range of difficulties with benefits currently delivered by the UK social security system. Scottish Government is working to address these problems for when disability benefits begin being delivered in Scotland; the impact of these changes for disabled families will be closely monitored.

The literature and secondary data presented here mixes UK and Scottish evidence, with some of it more dated and most of it pre-pandemic. Some of the research stems from Disabled People's Organisations and poverty stakeholders and while providing good depth of views and experience, the background of the research should be considered when analysing conclusions. Qualitative interviews with 12 families provides colour to the data, sometimes confirming and sometimes contradicting literature and secondary evidence.

There does not appear to be any one clear lever for tackling child poverty among disabled families, with the research showing that in practice each individual family's circumstances are highly unique and require a tailored package to meet their individual needs. However, stability combined with flexibility in work, care, support and income packages appears to be key. This may be ever more important in coming years, as disabled families look likely to see many problems exacerbated by COVID.

Annex A: Research Methods

The findings presented in this paper are based on a mixed-methods research project, consisting of a rapid evidence review and qualitative, semi-structured interviews with parents from families with a disabled member.

The rapid evidence review was conducted first, to establish what we already knew about this priority group, including the causes of a higher poverty rate and barriers families living with someone with a disability face to reducing their living costs and increasing income from employment and social security. The key findings from the evidence review were used to inform an interview guide, designed both to further explore key barriers identified for this group and to fill some of the key gaps in evidence that were identified. These evidence gaps included:

- experiences of, and barriers to, employment, education and accessing support for parents of disabled children and partners of disabled adults (much existing evidence focuses on adults who are themselves disabled)
- whether parents wanted to be in paid work, and if so, what would support them in this
- experiences and opinions of childcare for these families
- experiences and opinions of transport for these families
- awareness and opinions of financial support available.

We conducted interviews with 12 parents from families where they, another adult, and/or a child was disabled. It is important to note, though, that while each fitted the description of being disabled set out in the introduction to this report and as used to define this priority group, not everyone used this description themselves.

Participants had previously taken part in the Scottish Health Survey, and given permission to be re-contacted to be invited to take part in further research. They were sampled based on having been (at the time of taking part in the survey) in the bottom 3 income deciles and their household including at least one dependent child and at least one person with a long-term, limiting illness. Interviews were conducted over the phone or video call.

Our 12 interviewees included nine women and three men, three in a rural location, five single parents, and a mix of participants who were disabled or had limiting illnesses themselves, or with a partner or child or was ill or disabled. The children in these families were all of school age (between 7 and 17 years old).

The interview data helped us begin to better understand the key evidence gaps set out above, with particularly rich findings around employment, childcare and financial support. In addition, interviews supported findings in existing evidence around barriers to employment common to parents overall, the importance of flexible work, issues with support at school for some disabled pupils, additional and widely varying costs of living for disabled people, and experiences of social security.

The interviews helped us better understand the experiences of families with a disabled member particularly in terms of:

- childcare (in particular, many parents' strong reluctance to use formal childcare)
- the challenges for parents in rural areas, including around childcare and transport
- difficulties with healthcare and the knock-on effects of this in participants' lives (we did not include this as part of our interview guide, but many participants brought this up)
- experiences of locally provided support, particularly free school meals.

Findings around transport and adult education were more limited, although it was interesting that transport did not emerge as a specific barrier to work, as it did in the evidence review.

These qualitative, semi-structured interviews allowed us to explore complex areas and gain an in-depth understanding of our participants' experiences, views, choices and behaviours. However, this was a small piece of research and findings cannot be generalised to the wider population. Findings from these interviews are integrated throughout the report, including with quotes and case studies (where names and some details have been changed). Notes were taken during interviews but they were not recorded, therefore quotes are not necessarily verbatim.

References

We have linked to web pages wherever possible, but please be aware that some of the links below lead directly to PDFs instead.

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- ² [Tackling child poverty: first year progress report - Annex B - gov.scot \(www.gov.scot\)](#)
- ³ [Additional child poverty analysis 2021 - gov.scot \(www.gov.scot\)](#)
- ⁴ 2017-20. Parents here refer to those who live with their dependent children.
- ⁵ [Scottish Health Survey 2019: supplementary tables - gov.scot \(www.gov.scot\)](#)
- ⁶ [Standard Outputs | Census Data Explorer | Scotland's Census ; The challenges of estimating Scotland's learning disabled population and why it matters | FAI \(fraserofallander.org\)](#)
- ⁷ [Scottish Surveys Core Questions 2019 - gov.scot \(www.gov.scot\)](#)
- ⁸ SSCQ figures for 2019 are: 28% of adults in a single parent family, 14% in a small family and 26% in a large family household.
- ⁹ [Scottish Health Survey 2019: supplementary tables - gov.scot \(www.gov.scot\)](#)
- ¹⁰ Unpublished analysis of the SHS 2019.
- ¹¹ [Coronavirus \(COVID-19\): impact on equality \(research\) - gov.scot \(www.gov.scot\) ; Disability and domestic abuse: risk, impacts and response - GOV.UK \(www.gov.uk\)](#)
- ¹² See 'Children in poverty after housing costs who are in more than one priority group', here: [Additional child poverty analysis 2019 - gov.scot \(www.gov.scot\)](#)
- ¹³ [Additional child poverty analysis 2021 - gov.scot \(www.gov.scot\)](#)
- ¹⁴ [Additional child poverty analysis 2021 - gov.scot \(www.gov.scot\)](#) ; 58% figure calculated from rounded numbers in Table 1.
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- ¹⁷ Data on persistent poverty focuses only on households where the disabled person in the family unit is the adult. No persistent poverty data on disabled children is collected in the Understanding Society Survey.
- ¹⁸ The way in which information on disabled people is collected changed several times. This causes breaks in the time series and care needs to be taken when considering long-term trends. More detail can be found on pp.34-36 in the following report: [Households Below Average Income: 1994/95 to 2015/16 - GOV.UK \(www.gov.uk\)](#)
- ¹⁹ [Additional child poverty analysis 2021 - gov.scot \(www.gov.scot\)](#)
- ²⁰ Disability Living Allowance, Attendance Allowance and Personal Independence Payments.
- ²¹ See Table 33 in 'All data' spreadsheet, available here: [Download data](#)
- ²² Child poverty measurement framework – Indicator updates, at: [Additional child poverty analysis 2021 - gov.scot \(www.gov.scot\)](#)
- ²³ [Disabled people in the labour market in Scotland - gov.scot \(www.gov.scot\)](#)
- ²⁴ [Disabled people in the labour market in Scotland - gov.scot \(www.gov.scot\)](#)
- ²⁵ Child poverty measurement framework – Indicator updates, at: [Additional child poverty analysis 2021 - gov.scot \(www.gov.scot\)](#)
- ²⁶ [Disabled people in the labour market in Scotland - gov.scot \(www.gov.scot\)](#)
- ²⁷ Includes people who were either unemployed (actively seeking work and available to start), looking for work but are unavailable to start straight away, and those who are not actively looking, but would like a job (except those out of work due to family and home commitments). [Which groups find it hardest to find a job following a period out of work? - Office for National Statistics \(ons.gov.uk\)](#)
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- ³¹ [Labour market monthly briefing: April 2021 - gov.scot \(www.gov.scot\)](#)
- ³² [Disabled people in the labour market in Scotland - gov.scot \(www.gov.scot\)](#)
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- ³⁵ Reichman, Corman & Noonan, 2008. Impact of Child Disability on the Family. *Maternal & Child Health Journal*, 12, 679-683. [The Impact of Disability on the Lives of Young Children: Analysis of Growing Up in Scotland Data - gov.scot \(www.gov.scot\)](#) ; Corman, Noonan, & Reichman, 2005. Mothers' Labor Supply in Fragile Families: The Role of Child Health. *Eastern Economic Journal*, 31: 601-616 ; Noonan, Reichman & Corman, 2005. New Fathers' Labor Supply: Does Child Health Matter? *Social Science Quarterly*, 86: 1399-1417.
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y-lives-young-children-analysis-growing-up-scotland-data/" [The Impact of Disability on the Lives of Young Children: Analysis of Growing Up in Scotland Data - gov.scot \(www.gov.scot\)](#) ; Corman, Noonan, & Reichman, 2005. Mothers' Labor Supply in Fragile F
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- ⁵¹ **Further Education:** includes leavers undertaking full-time education which is not higher education and who are no longer on a school roll. This may include National Qualifications.
Higher Education: includes leavers following HND (Higher National Diploma) or HNC (Higher National Certificate) courses, degree courses, courses for the education and training of teachers and higher level courses for professional qualifications. It includes programmes at a level higher than the standard of the National Qualifications, i.e. above SCQF Level 7. Leavers with a deferred, unconditional place in higher education have also been included in this category.
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- ⁵⁷ There is a range of guidance in place on additional support for learning which seeks to support schools, education authorities and parents and carers.
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- ⁶¹ <https://www.gov.scot/publications/additional-support-learning-action-plan/>
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- ⁶³ Primary, secondary and special education combined. [School attendance and absence statistics - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/school-attendance-and-absence-statistics/pages/0/) ; [School exclusion statistics - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/school-exclusion-statistics/pages/0/)
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- ⁸³ [Disability Research on Independent Living & Learning \(drilluk.org.uk\)](https://www.drilluk.org.uk/disability-research-on-independent-living-learning)

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- ⁹⁶ [Social Security Scotland client diversity and equalities analysis to May 2020 - gov.scot \(www.gov.scot\)](#)
- ⁹⁷ Scottish Government will continue to explore methods in order to develop a systematic approach to enhancing the available data sources. Further information on this can be found in our [Social Security: Benefit take-up strategy](#).
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Any enquiries regarding this publication should be sent to us at

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