

# Research into seldom-heard groups within the Scottish social security system



**EQUALITY AND WELFARE**

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# Executive summary

## About this research

The Scottish Government commissioned the Scottish Centre for Social Research (ScotCen) in November 2023 to undertake a Rapid Evidence Review (RER) to provide robust information on the seldom heard groups at particular risk of being marginalised from the Scottish social security system. Evidence dating from 2018 to the present from peer-reviewed articles, UK and Scottish government reports and statistics, and reports from third-sector organisations and non-governmental research agencies was eligible for inclusion in the review. Evidence searching, screening and extraction was carried out between November 2023 and January 2024.

Findings from the research will support the Scottish Government in the implementation of its Benefit Take-up Strategy by providing information that will help develop new approaches to support people to access social security benefits. The findings will also inform subsequent market research on how best to communicate and promote devolved benefits to the identified seldom heard groups.

## Take-up rates among seldom heard groups

One of the aims of this evidence review was to explore the current take-up rates of social security benefits in Scotland among seldom heard groups by reviewing data on current levels of participation, representation and engagement to understand the impact of the Scottish Government's efforts to date to increase take-up in these groups.

The Scottish Government publishes take-up rates for many of the devolved benefits. For the financial year 2022-2023, take-up rates varied widely, from 97% for the Best Start Grant to 15% for the Job Start Payment.

It is very difficult, from current data, to accurately estimate the take-up rates of social security benefits in Scotland among seldom heard groups. The challenges of estimating accurate take-up rates for many benefits are widely discussed in the literature and include:

- Limited data on marginalised groups are currently collected by the Department for Work and Pensions (DWP) and Social Security Scotland.
- Difficulties in identifying the number of people potentially eligible to claim non-universal benefits makes it difficult to calculate the take-up rates of these benefits.
- Changing and complex eligibility criteria for some benefits such as, disability benefits, makes it difficult to calculate who is eligible for some benefits.

These challenges are exacerbated for seldom heard groups who are frequently missing from the data. To improve the understanding of take-up rates among marginalised groups, better collection of data from these groups are required.

## **Identifying seldom heard groups with low rates of benefit take-up**

Another aim of the evidence review was to assess the evidence for the ongoing accuracy and relevance of the seldom heard groups identified by the Scottish Government in 2019 and to identify whether there are additional seldom heard groups with low rates of benefit take-up.

In 2019 the Seldom Heard Voices Programme identified five seldom heard groups: mobile populations, vulnerable groups, end of life, carers and care experienced, and survivors of abuse. It is clear from the current evidence that these five groups are still relevant. However, there is also evidence of additional seldom heard groups, including:

- People from established minority ethnic communities who are at risk of marginalisation due to prejudice, language barriers and cultural differences.
- People with long-term physical and mental health impairments or conditions, including fluctuating and/or less visible conditions.
- People with learning disabilities and/or learning difficulties.
- Socially isolated older adults.

## **Barriers to claiming benefits among seldom heard groups**

The review also sought to identify evidence that can help describe the groups of people who are likely to face barriers to accessing social security, and set out what these barriers are, the reasons why these groups face these barriers and the likelihood, or not, of these groups taking up their entitlements.

There is a large and robust body of evidence identifying barriers to claiming benefits, all of which increase the personal costs of applying for and maintaining a benefit claim. Barriers can be categorised into three groups:

- Psychological barriers, including stigma and prejudice, fear and distrust of authority, and experiences of trauma and violence.
- Learning barriers, including the complexity of the social security system, inaccessible information, a lack of support to make claims, and misinformation.
- Compliance barriers, including inaccessible or unavailable support, complex and inaccessible application processes, challenges in providing evidence or proving eligibility, decision-making delays, and difficulties in complying with conditionality.

There is less evidence on who is marginalised by these barriers to claiming, primarily due to a lack of data and the absence of the voices of seldom heard groups. However, there is evidence of challenges faced by marginalised people that may exclude them from the benefits system. People who face the greatest barriers to accessing benefits can be identified by first identifying people who are at increased risk of poverty, ill-health, low educational attainment, violence, insecure work and housing, or marginalised from public services such as healthcare, education and financial services.

## **Interventions that support benefit take-up among seldom heard groups**

As part of the review, ScotCen reviewed existing evidence to identify interventions that might support the needs of the seldom heard groups to access social security.

A lack of data on marginalised groups creates challenges for designing and judging the effectiveness of interventions to improve benefit take-up. However, there is evidence of approaches that, while rarely formally evaluated, appear to be effective in improving access to benefits for a range of marginalised groups.

- Strategies to help overcome psychological barriers to claiming include: positive and sensitive messaging around benefits, and culturally aware support services.
- Strategies to help overcome learning barriers include: improved data collection, joined-up approaches such as automatic enrolment and data sharing, targeted and culturally responsive awareness raising, and the provision of accessible, accurate and timely information.
- Strategies to overcome compliance barriers include: simplified application processes delivered through a range of modes, support to make a claim, staff training to improve awareness of the barriers faced by marginalised groups, and increased value and widened eligibility for benefits.

Some barriers to claiming will be easier to address than others. For example, learning barriers can be reduced by relatively low-cost strategies such as improving the quality and accessibility of information. Increasing and improving support to apply is likely to be more costly; however, there is evidence that support is vital for improving take-up rates among the most marginalised. Some strategies for improving take-up – such as extending eligibility and increasing the value of benefits – will be among the costliest to implement.

## **Prioritising seldom heard groups**

Finally, the RER aimed to consider which seldom heard groups to prioritise in terms of the extent of their exclusion from Scotland's social security system.

There are a number of challenges around prioritising seldom heard groups to target based on the extent of their exclusion:

- Data on marginalised groups are not routinely collected through social security benefits. Therefore, the absence of data on many marginalised groups makes it difficult to judge the extent of their exclusion.
- There are variations in the amount and quality of evidence on the nature and extent of marginalisation among different groups. Therefore, a lack of evidence does not necessarily indicate a lack of marginalisation.
- There are high levels of intersectionality (groups within groups) among members of seldom heard groups. Focusing efforts to improve benefit take-up on one dimension risks missing other important aspects of marginalisation. Therefore, a range of strategies is likely to be required to improve benefit take-up rates.

This review identifies approaches to reducing barriers that are likely to be effective for many marginalised groups – for example, improving support, increasing awareness, and simplified application and compliance processes.

However, rather than focusing efforts on particular seldom heard groups, addressing barriers to claiming benefits is likely to be more achievable and effective in increasing benefit take-up overall.

# 1. Introduction

The Scottish Government commissioned the Scottish Centre for Social Research (ScotCen) in November 2023 to undertake a RER to provide robust information on the seldom heard groups at particular risk of being marginalised from the Scottish social security system. Below we set out the justification for this research and what the research aims to achieve.

## 1.1. Policy context

Benefit take-up rates are fundamentally important because people who do not receive their full entitlements are at increased risk of poverty and social marginalisation. However, ensuring that those who are eligible receive their entitlements is challenging, with billions of pounds going unclaimed each year<sup>1,2</sup>.

The Scotland Act 2016 gave new powers to the Scottish Government relating to social security. The passing of the Social Security (Scotland) Act 2018 gave the Scottish Government powers to deliver social security benefits for the first time through a new agency, Social Security Scotland. Social Security Scotland currently delivers 14 benefits, some of which are new and unique to Scotland<sup>a</sup> (e.g., the Scottish Child Payment, Best Start Payments, and Adult/Child Disability Payments).

The 2018 Act placed a statutory duty on the Scottish Government to promote take-up of benefits and the Scottish Government's Benefit Take-up Strategy was developed with the aim of meeting this duty<sup>3</sup>. The second Strategy established a set of five guiding principles:

- Prioritising of person-centred approaches that account for individual circumstances.
- Effective communication and engagement by building trust among seldom heard groups and 'getting the right message to the right audience, at the right time'.
- Bringing services to people by removing complex and costly barriers to accessing benefits.
- Encouraging cross-system collaboration by joining up income maximisation initiatives across the Scottish Government.
- Continuous learning and improvement to ensure approaches remain relevant and effective.

Maximising benefit take-up among marginalised and vulnerable people is central to the Scottish Government's take-up strategy<sup>3,4</sup>. A stated aim of the Scottish Government is to increase inclusivity within the benefits system. This inclusivity incorporates a commitment to engage with seldom heard groups and people with protected characteristics. In common with other organisations, the Scottish

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<sup>a</sup> A full list of the devolved benefits can be found on the [Social Security Scotland website](#)



Government uses the term ‘seldom heard groups’ to describe under-represented people<sup>5,6</sup>. With the aim of improving the design of Scotland’s social security system, in 2017 the Scottish Government established Experience Panels to help support the design and development of Scotland’s social security system. The Experience Panels are made up of people who have experience of one or more of the Department for Work and Pensions (DWP) benefits that have been, or will be, devolved to Social Security Scotland<sup>5</sup>.

Recognising that people marginalised from the social security system were also under-represented from Experience Panel membership, the Scottish Government launched the ‘Seldom Heard Voices’ research programme to identify who these groups are. The Seldom Heard Voice programme engaged with:

- people receiving benefits through Social Security Scotland
- organisations representing households experiencing reduced income or extra costs due to a member having one or more protected characteristics under the Equality Act 2010
- and people – and organisations representing them – from seldom heard groups<sup>5,6</sup>

Seldom heard groups identified through the 2018-19 scoping exercise were:

- mobile populations (e.g., agricultural workers, Traveller communities)
- vulnerable groups (e.g., homeless people, veterans)
- end of life (including people with terminal illness and their families)
- carers and care experienced (e.g., young and/or single parents, people caring for a disabled person)
- survivors of abuse (e.g., survivors of domestic or childhood abuse)

Since the Scottish Government’s 2018-19 scoping exercise on seldom heard groups, like the rest of the UK, Scotland has undergone some rapid and significant societal changes, not least the large increase in people who are now long-term sick or disabled and unable to work since the Covid-19 pandemic<sup>7</sup>. For example, since the pandemic, there have been particularly large increases in the numbers of younger people who are long-term sick or disabled and in the numbers of people experiencing mental ill health<sup>7,8</sup>. Therefore, the numbers of people living in households eligible for benefits are increasing<sup>9</sup>. These changes may have created new groups of marginalised people – or may have increased the marginalisation of those already considered to be seldom heard. In addition, analysis of the Evidence for Equality National Survey indicates that, across the UK, the financial impact of the Covid pandemic was greater for minoritised ethnic people than for White British people<sup>10</sup>. People from Arab, Bangladeshi and Pakistani groups are among those who experienced the most negative financial impacts from the Covid pandemic<sup>10</sup>.

## **1.2. This Research**

To further improve benefit take-up, the Scottish Government has commissioned the Scottish Centre for Social Research (ScotGen) to undertake research with the aim of increasing the inclusion of seldom heard groups in improving the person-centred design of Scotland's benefits system.

The findings from the research will support the Scottish Government in the implementation of its Benefit Take-up Strategy by providing information that will help develop new approaches to support people to access social security benefits. The findings will also inform subsequent market research on how best to communicate and promote devolved benefits to the identified seldom heard groups.

## 2. Methodology

### 2.1. Research aims and objectives

The overall aim of the research is to provide the Scottish Government with robust information on the seldom heard groups at particular risk of being marginalised from the Scottish social security system. The objectives of the research are to:

- Describe the groups of people who are likely to face barriers to accessing social security, setting out the reasons why these groups face these barriers and the likelihood, or not, of these groups taking up their entitlements.
- Review levels of participation, representation and engagement of the existing seldom heard groups identified, including in relation to marketing activity, to understand the impact of the Scottish Government's efforts to date to target these groups.
- Review existing evidence that identifies interventions which might support the needs of the seldom heard groups to access social security support.
- Consider prioritisation within the seldom heard groups identified (i.e., are there currently groups that are more excluded from the Scottish social security system who will require more immediate targeting? Or are there groups where exclusion is disproportionately high, and where intervention is likely to have the biggest impact?).

To address the research aims and objectives, ScotCen undertook a rapid evidence review (RER) of the evidence on seldom heard groups at risk of being marginalised from the Scottish social security system. The RER aimed to identify and synthesise the available evidence to identify:

- the ongoing accuracy and relevance of the seldom heard groups (in interaction with Equality Act 2010 protected characteristics) identified by the Scottish Government
- alternative or additional seldom heard groups with low rates of benefit take-up not identified by the Scottish Government, considering Scotland's changing social, demographic and social security landscapes
- reasons why the seldom heard groups identified face barriers to accessing social security benefits
- existing interventions that have been successful in supporting seldom heard groups to access social security support
- seldom heard groups to prioritise in terms of the extent of their exclusion from Scotland's social security system

## **2.2. Research design**

### **2.2.1. Evidence search**

To ensure that this evidence review was conducted within the project's budget and timeframe, the following inclusion and exclusion criteria were established.

Evidence inclusion criteria:

- Population: seldom heard groups living in Scotland.
- Social security benefits and take-up rates: UK-wide and Scotland-devolved benefits.
- Barriers and potentially enabling strategies: evidence from the UK (restricted to the United Kingdom as social security systems vary widely between countries).
- Date/language: published in English from 2018 to the present (covering a 5/6-year period since social security benefits were devolved).
- Data sources: peer-reviewed articles published in academic journals; official published government (UK and Scotland) statistics; government (UK and Scotland) published research reports; third-sector organisations and non-governmental research agency/social change organisation published reports.

Exclusion criteria:

- Opinion pieces, editorials, blogs.
- Unpublished statistics or reports.

Evidence searches took place in November and December 2023. Two researchers were involved in the searching. Searches of the academic databases Google Scholar and multidisciplinary database, Scopus, were conducted to identify peer-reviewed evidence (see Appendix A for search strings). Grey literature searches were conducted in the search engine Google to identify Government (UK and Scotland) statistical data and research reports, and third sector and non-governmental organisation research reports (see Appendix A for search string examples). Organisations working to support or advocate for marginalised groups were identified and their websites searched for relevant reports. A Google search for grey literature on the take-up of devolved benefits was also conducted. For manageability, the first 10 pages of returned results were screened for inclusion. Extensive citation searching (using citations to locate additional relevant sources) within the reference lists of sources was used to identify further evidence.

### **2.2.2. Evidence assessment and selection**

The second stage of the review involved selecting the most relevant and robust evidence. Two researchers conducted the assessment and selection processes. Records located in the searches were entered into an Excel spreadsheet and de-duplicated. A two-stage screening process identified evidence for inclusion in the

review. Firstly, abstracts, executive summaries or introductions were screened to identify potentially relevant sources for inclusion. Secondly, full texts of identified studies were assessed for eligibility in relation to the inclusion/exclusion criteria.

Extracted information included bibliographic details, methods, relevant findings, selected data from the resource (e.g., key statistics, participant quotes), and a suggested category for that finding (e.g., groups at risk of marginalisation, intersecting characteristics increasing risks of marginalisation, barriers to take-up, and enablers of take-up).

### **2.2.3. Evidence synthesis**

Evidence was reviewed and synthesised using a framework approach, which involved summarising the evidence thematically so that the review systematically captured the information needed to address the core research questions (see Appendix B for evidence summary tables). For example, evidence was gathered on the prevalence of groups potentially eligible for certain types of benefits (e.g., sickness and disability benefits, working-age benefits, family benefits). Intersecting characteristics that could increase the risk of marginalisation from the social security system were then identified. Take-up rates for benefit entitlements for each group (where data were available) were identified to judge the extent of underclaiming. Finally, evidence for barriers and enablers to claiming was added to the summaries.

This approach facilitated a systematic approach to interpreting the evidence by:

- linking summaries explicitly to the research areas
- enabling evidence for each research objective (e.g., identifying seldom heard groups with low rates of benefit take-up) to be easily viewed and interpreted
- enabling reviewers to return to the original sources if more information is needed

## 3. State of the evidence

This section provides an overview of the breadth and quality of sources of evidence identified and included in this review. We report on the difficulties of obtaining accurate estimates of benefit take-up rates and the challenges this creates for quantifying the extent of underclaiming. We also report on the sources and quality of evidence on barriers to and enablers of benefit take-up.

### 3.1. Evidence on benefit take-up rates

Accurate data on benefit take-up rates are scarce. Benefit take-up rates are complicated to calculate, relying as they do on an accurate denominator (the number of people eligible to claim) and numerator (the number of people claiming)<sup>1</sup>. While there are often accurate data available to estimate the numerator, the denominator is more difficult to estimate, particularly for seldom heard groups who, by definition, are excluded from society.

Moreover, the ease of estimating take-up rates varies across benefits. While rates are relatively easy to estimate for benefits that are largely universal, such as the State Pension and Child Benefit, obtaining accurate estimates for highly targeted benefits is far more challenging<sup>11</sup>. For example, Clegg et al argue that estimating the number of people eligible for disability benefits is “practically impossible” due to complex eligibility criteria based on factors such as the severity and impact of a health condition on an individual<sup>12</sup>. These factors are highly individualised and may fluctuate over time<sup>12</sup>.

Attempts to estimate benefit take-up rates are complicated further by the existence of a variety of forms of underclaiming. While underclaiming of benefits is generally understood as being an issue of eligible claimants not applying, it can also take the forms of partial take-up (not receiving full entitlement); delayed take-up (not applying as soon as eligible); and applying but not receiving the benefit although entitled<sup>3</sup>.

The Scottish Government publishes annual estimates of take-up rates for some, but not all, of the devolved benefits<sup>13</sup>. For the financial year 2022-23, estimated take-up rates varied widely, from 97% take-up for the Best Start Grant: School Age Payment (a one-off payment to help low-income families with the costs of preparing a child to start school) to 15% take-up for the Job Start Payment (a one-off payment to help low-income young people with the costs of starting a new job). It is important to note, as the Scottish Government does, that reported take-up rates are estimates around which there are varying degrees of uncertainty. For example, the size of the eligible population for the Young Carer Grant is difficult to estimate due to its small size and lack of survey data<sup>13</sup>. Underscoring the challenge of estimating accurate benefit take-up rates, it is worth noting that the methodology used to estimate take-up of Scotland’s family payments has Universal Credit claimants as the denominator. This is likely to lead to an overestimate of take-up if, as is likely, Universal Credit is itself underclaimed<sup>12</sup>.

For reserved benefits, UK Government-produced estimates are currently only available for take-up of Pension Credit and Housing Benefit among people aged 65 and over. For the year 2019-2020 (the most recent published data), Pension Credit take-up in the UK was 70% and take-up of Housing Benefit among pensioners was 86%<sup>14</sup>. Due to the methodological challenges of estimating accurate take-up rates, no other data are currently available<sup>14</sup>.

However, despite these estimation challenges, attempts have been made to quantify the extent of underclaiming of benefits in the UK. Recent research by Policy in Practice, which attempts to estimate the extent of underclaiming of benefits, suggests that £19 billion went unclaimed across 10 benefits in the year ending April 2023<sup>12</sup>. This amount included over £7.5 billion unclaimed Universal Credit, nearly £3 billion unclaimed Council Tax Support and £2 billion unclaimed Carer's Allowance<sup>12</sup>. Further, evidence from a range of sources strongly suggests that there is likely to be significant underclaiming of disability benefits<sup>12,15,16</sup>.

### **3.2. Evidence on barriers to claiming benefits**

There is a robust body of peer-reviewed evidence on the factors that influence take-up rates of social security benefits, and other social programmes<sup>2,17,18</sup>. However, there is much less evidence on which groups are affected by these barriers<sup>2</sup>. Data on benefit take-up among marginalised groups are currently rarely, if ever, collected<sup>11,19</sup>. To identify groups at potentially increased risk of marginalisation in Scotland, we reviewed evidence from recent reports from the Joseph Rowntree Foundation and the Scottish Government on poverty and inequality in Scotland<sup>20-22</sup>. The literature identified some groups who are significantly more likely than others to experience additional challenges that can create or increase barriers to accessing social programmes, including social security benefits. For example, while no data are collected on benefit take-up rates among Gypsy/Traveller and Roma communities, there is a wealth of evidence that these communities face a wide range of challenges that increase their social marginalisation, including low levels of school attendance and educational attainment and high levels of economic inactivity, precarious and low-paid employment, prejudice and discrimination, and poor mental and physical health. Evidence also shows that women in these communities provide the highest levels of unpaid care among all minority ethnic groups and experience some of the highest rates of domestic violence<sup>23,24</sup>.

Evidence on barriers to claiming included in this review comes from a range of sources, including peer-reviewed papers on factors associated with disability benefit take-up, and barriers to claiming faced by veterans and refugees<sup>25-27</sup>.

A large amount of useful evidence (55 submissions) was submitted to the Scottish Parliament's committee on benefit take-up<sup>19,28</sup>. The committee sought evidence on, among other things, the levels of unclaimed benefits, reasons for underclaiming, and approaches to improving take-up that were likely to be successful for different marginalised groups. A wide range of organisations and academics provided evidence to the committee on barriers to take-up based on their knowledge and experience of researching and/or working with Scotland's marginalised

communities. These embedded and trusted organisations often have access to groups whose voices are not heard by government.

Third sector support organisation reports provided evidence on group-specific barriers (e.g., for older people, survivors of abuse, end of life, disabled people, and Gypsy, Traveller and Romani people<sup>24,29–34</sup>).

Evidence on general and group specific barriers to claiming is also included from reports by policy and campaigning organisations (e.g., Policy in Practice, The Resolution Foundation, and the Centre for Social Justice) and from government committees<sup>35,36</sup>. Finally, Scottish Government evaluations of Best Start Foods and the Young Carer Grant have identified barriers to claiming these devolved benefits<sup>37,38</sup>. As outlined in Section 1, the Scottish Government's Seldom Heard Voices Research scoping exercise identified barriers to claiming benefits encountered by several groups of people marginalised from Scotland's social security system.<sup>5,6</sup>

### **3.3. Evidence on what works to improve benefit take-up rates**

Much of the evidence on which strategies and initiatives work to increase benefit take-up among marginalised groups included in this review is qualitative and based on the lived experiences of seldom heard people themselves and the organisations that work to support them. As with barriers to take-up, useful evidence on take-up enablers was submitted to the Scottish Parliament committee<sup>19,28</sup>. This review also includes evidence from primary qualitative and quantitative research conducted by third-sector organisations, think-tanks, and social research organisations. These reports frequently make recommendations for increasing benefit take-up based on their findings on barriers to claiming. For example, a widespread lack of awareness of certain benefits is likely to be addressed by take-up campaigns. The Scottish Government has implemented a number of strategies to improve take-up of devolved-benefits and evidence of their effectiveness is included in this review<sup>39</sup>.

There have been a small number of formal quantitative evaluations of approaches to improve take up and there are also good quality qualitative research studies with people from seldom heard groups that report perspectives from people with lived experience of marginalisation on what would improve access to benefits<sup>5,6</sup>.

### **3.4. Gaps in the evidence**

There is a lack of peer-reviewed published research on barriers and enablers to claiming benefits falling within the inclusion criteria for this report. In part, this is likely due to research being complicated by changes in eligibility and claims processes introduced in the UK benefits system from March 2020 in response to the Covid pandemic. Much of what has been written was published before 2018 and/or reports on barriers or enablers to benefit take-up outside of the UK. Further, the lack of data collected on benefit take-up rates among many seldom heard groups makes it “exceedingly difficult” to create and evaluate take-up initiatives targeted towards specific marginalised groups<sup>40</sup>.



It is important to note that evidencing that a particular strategy has caused an increase in take-up is not possible without formal, robust evaluations. For example, the Scottish Government's strategies to increase benefit take-up have focused on marketing and communication campaigns to increase awareness; simplified application processes and automating payments; and funding an independent advocacy service to support disabled applicants. However, there is currently no evaluation evidence for the effectiveness of these strategies. Where no evaluation has taken place, we report associations between strategies and outcomes (e.g., marketing campaigns and subsequent increases in take-up rates). While there is some emerging evidence on the factors affecting take-up of devolved benefits in Scotland, the transfer of benefits to Social Security Scotland is still in its relatively early stages. We would expect more evidence to become available over time.

As outlined above, there is a reasonable amount of evidence for barriers and enablers to benefit take-up among some marginalised groups (e.g., disabled people, people at the end of life, older people, minoritised ethnic communities, and refugees and migrants). However, there is a relatively small body of evidence (within the parameters of this review) for veterans, prisoners, single and/or young parents, carers, and survivors of abuse. Beyond the Seldom Heard Voices Research and some benefit specific evaluations (e.g. Job Start Payment) conducted by the Scottish Government, we found no additional evidence on barriers and enablers for some of the groups included in the existing seldom heard voices categories (specifically, people travelling for work, mobile and agricultural workers, care-experienced people, foster carers and adoptive parents, and survivors of childhood abuse). It is important to stress that, although no additional evidence was available within the parameters of this review, this is not to say that these groups are not marginalised. As stressed by many sources included in this review, there is a pressing need for the collection of more and better data on potentially marginalised groups.

Finally, an objective of this research was to review levels of participation and engagement of seldom heard groups in marketing activity to understand the impact of the Scottish Government's efforts to target these groups. We found no evidence that would meet this objective.

## 4. Barriers to claiming benefits

In this section, we summarise the existing evidence on the barriers to claiming social security benefits. We also report on which groups are most likely to face a particular barrier to claiming. Tables in Appendix C summarise psychological, learning and compliance barriers to claiming benefits faced by each marginalised group.

### 4.1. Why are benefit take-up rates not 100%?

The Scottish Government's Seldom Heard Voices research programme identified three key barriers to claiming benefits<sup>5</sup>:

- Social barriers such as perceptions of stigma around claiming benefits, a lack of trust in institutions administering benefits, and vulnerability.
- Costs or complexity of access.
- Lack of information or misunderstanding about eligibility or how to apply.

These three barriers mirror those identified in other studies, including a rapid evidence review and qualitative research conducted for the Trussell Trust, which explored disability benefit take-up<sup>41</sup>.

Each benefit has its own set of barriers associated with claiming. These barriers include factors such as the work involved in finding out about and applying for the benefit. The social security benefits with the highest take-up rates, Child Benefit and the State Pension, have few barriers to claiming: they are easy to understand and widely known about, are simple to access, have few conditions attached to eligibility and maintaining a claim, are delivered over a long period, and have a clear end point<sup>11</sup>. The benefits with the lowest take-up rates (e.g., Pension Credit) have more barriers to claiming: they are less well-known, poorly understood, have complex eligibility criteria, and have several components (e.g., Pension Credit comprises Guarantee Credit and Savings Credit)<sup>11</sup>. The association between benefit take-up and ease of claiming is supported by the finding of a decrease in take-up of Child Benefit since the introduction of the High-Income Child Benefit Charge (HICBC) in 2012, which reclaims Child Benefit from higher-earning parents through the tax system – a process that created a barrier to claiming<sup>42</sup>.

The Scottish Government has identified potential reasons for the variation in take-up rates in the ways in which the devolved benefits are publicised and administered. For example, evaluations of devolved benefits found that clients learned about the Best Start Payments and the Scottish Child Payment through a variety of routes, which helped to maximise awareness and reduced the burden of seeking information<sup>13</sup>. Clients who have at least one child under six can choose to apply for all of the Five Family Payments on a single application form, minimising application burden and increasing take-up. In contrast, a lack of awareness of the availability and eligibility criteria for the Job Start Payment and difficulties in

providing suitable evidence were identified as barriers to claiming among eligible young people<sup>13</sup>.

The costs of claiming can be usefully grouped under three headings: psychological costs, learning costs and compliance costs<sup>17</sup>. Each of these is discussed below.

#### **4.1.1. Psychological costs**

Psychological costs are imposed by the application process and the requirements of maintaining a claim<sup>17</sup>. The literature identifies a range of barriers to take-up imposed by the psychological costs of claiming social security benefits, including stigma, stress, and trauma. There is evidence that political and wider social narratives have created a culture of stigma and prejudice towards benefit claimants that results in reluctance to claim social security benefits<sup>43,44</sup>. Stigma and prejudice can be directed towards people based on their status as benefit claimants and/or based on their sociodemographic characteristics, e.g., their ethnicity, sex, gender identity, sexual orientation, or socioeconomic status. Internalised self-stigma can also result in reluctance to claim. Fear and distrust of figures of authority, official systems, or government departments, in some cases arising from previous experiences of claiming benefits, have also been identified as barriers to claiming among people who are socially marginalised<sup>26,36,38</sup>.

#### **4.1.2. Learning costs**

Learning costs are imposed by the time and effort required to find out about a benefit<sup>17</sup>. Benefits are delivered within complex systems that can be difficult to navigate and the work required to find out about a benefit can act as a significant barrier to take-up for some groups.

#### **4.1.3. Compliance costs**

Compliance costs are imposed by the time and effort needed to claim a benefit<sup>17</sup>. If a person can overcome learning barriers to claiming, the costs of complying with the requirements of making and maintaining a claim can present further barriers. The compliance costs of claiming include complex eligibility criteria, burdensome evidence requirements, complex application processes, requirements to travel to programme offices to be assessed, and lengthy decision-making periods. Conditionality and compliance requirements (e.g., job-search commitments, reviews and reassessments) also impose compliance costs.

These costs can all present barriers to the take-up of benefits, particularly for some groups of people. Next, we report on groups most marginalised by barriers to the social security system.

## **4.2. Who is marginalised by barriers to claiming benefits?**

All potential claimants face psychological, learning and compliance barriers to claiming benefits, but for some groups the costs are likely to be higher than they are for other groups.

There is evidence that the five groups identified in the Seldom Heard Voices Research programme (mobile populations, vulnerable groups, end of life, carers and care experienced, and survivors of abuse) continue to be marginalised and face barriers claiming benefits. We also found evidence of the marginalisation of additional groups. In light of the identification of these additional populations, we have suggested four alternative categories that capture the existing and additional groups (see also Table 1 below).

- **Minoritised ethnic communities:** this category includes the mobile populations (Gypsy/Traveller communities, refugees and migrants) identified by the Seldom Heard Voices Research, but also includes people from established minority ethnic communities who are at risk of being marginalised from the benefits system by prejudice, language barriers and cultural differences.
- **People with disabilities, impairments and/or chronic ill-health:** this category includes people with stigmatised conditions and terminal illness as identified by the Seldom Heard Voices Research. In addition, it includes people with mental health conditions, fluctuating and/or less visible conditions, and learning disabilities and/or difficulties who, as discussed below, can face considerable barriers to claiming benefits.
- **Children and families:** this category includes the previously identified groups: young parents, single parents, carers and care-experienced people, and kinship carers. This category also includes large families (those with three or more children).
- **Vulnerable people:** this category includes survivors of abuse, homeless or precariously housed people, recently released prisoners, and veterans as identified in the Seldom Heard Voices Research. In addition, it includes socially isolated or house-bound older people who are at risk of missing out on their entitlements to a range of benefits.

**Table 1: Existing and additional seldom heard groups**

<b>Category of seldom heard group</b>	<b>Existing groups identified in by the Seldom Heard Voices Research programme</b>	<b>Additional groups identified by this evidence review</b>
<b>Category 1: Minoritised Ethnic Communities</b>	Gypsy/Traveller communities Refugees Migrants	Member of established ethnic minority communities
<b>Category 2: People with disabilities, impairments and/or chronic ill-health</b>	People with a terminal illness Bereaved families People with stigmatised illnesses	People with mental health conditions People with fluctuating and/or less visible conditions People with learning disabilities and/or difficulties
<b>Category 3: Children and families</b>	Young parents Single parents Carers and care-experienced Kinship carers	Large families (3 or more children)
<b>Category 4: Vulnerable people</b>	Survivors of abuse Homeless/precariously housed people Prisoners (recently released) Veterans	Socially isolated/house-bound older adults

Below, under the headings of psychological, learning and compliance barriers, we report the evidence for marginalisation from the social security system for the seldom heard groups identified by the Scottish Government. We also report evidence of additional marginalised groups identified in this review.

### **4.3. Who is marginalised by psychological barriers?**

#### **4.3.1. Stigma and prejudice**

This review found evidence of stigma and prejudice creating barriers to benefit take-up for people across the four categories (see Appendix C). Prejudice is directed towards a wide range of characteristics, including:

- ethnicity (e.g., Gypsy/Traveller and Romani people, migrants)
- citizenship status (e.g., refugees, migrant workers)
- health (e.g., people with stigmatised conditions such as HIV or substance use, people with fluctuating or less visible impairments/health conditions)
- relationship status (e.g., single or young parents, survivors of abuse)

The Scottish Government's report on child poverty noted that low-income families - among which single parents, young parents, and families with a disabled member are over-represented - can experience stigma when claiming benefits due to feelings of inadequacy, guilt, shame, and perceived judgement<sup>45</sup>. Participants in the Scottish Government's Seldom Heard Voices research programme reported stigmatisation and discrimination from DWP and Jobcentre Plus staff acting as a barrier to claiming benefits for carers and care-experienced people, for mobile populations and for members of vulnerable groups<sup>46-48</sup>.

Claiming sickness and disability or out-of-work benefits is particularly stigmatised<sup>19,41,43,44</sup>. There is evidence to suggest that people with mental health conditions and those with fluctuating or less visible conditions are at greater risk of experiencing prejudice and stigma than people with more visible conditions<sup>41,43,49,12,50</sup>. A report by the National Aids Trust reviewing how PIP is working for people living with HIV found that high levels of discrimination and stigma experienced in everyday life meant that having to undergo a face-to-face assessment was a source of intense stress<sup>51</sup>. There is also evidence of cultural norms in some minoritised ethnic communities resulting in 'double stigma'; for example, stigma attached to claiming benefits and stigma attached to the reasons necessitating a benefits claim such as mental ill-health or unemployment<sup>50</sup>. Older adults appear to be particularly likely to be deterred from claiming their entitlements due to internalised self-stigma around the need to claim benefits resulting in feelings of shame<sup>19,29,52,53</sup>. Self-stigma can also act as a barrier to claiming – or result in a lower award - for disabled or chronically ill people, who may be reluctant to fully disclose the impacts of their impairment or health condition<sup>41</sup>.

#### **4.3.2. Fear and distrust of authority**

Fear and distrust of official systems and authorities present significant barriers to claiming for people such as refugees or migrants who may have previously experienced prejudice from people in positions of authority or whose legal status is not settled<sup>26,50</sup>. Recent qualitative research conducted by the DWP-funded Money and Pensions Service found that people from minoritised ethnic communities can be reluctant to seek support from public bodies due to concerns about being sanctioned or inviting scrutiny of their legal status<sup>50</sup>. Ex-prisoners, homeless people, and survivors of abuse can also be reluctant to interact with people in positions of authority<sup>26,27,31,35</sup>. Among disabled people and those living with chronic conditions, fear and distrust of the benefits system have been widely identified as barriers to claiming benefits<sup>41,43,49,54</sup>.

#### **4.3.3. Experience of trauma and violence**

Experiences of trauma and violence – sometimes at the hands of authorities - can also act as barriers to claiming for marginalised people, including veterans, survivors of abuse, refugees, ex-prisoners, and homeless people<sup>27,31,35,55</sup>. The Refugee Council notes that people experiencing trauma-related mental health conditions (such as PTSD) are often highly reluctant to talk about their experiences. For this reason, they are at risk of missing out on disability benefits<sup>55</sup>. Qualitative research conducted as part of a Scottish Government evaluation of the Job Start

Payment identified previous traumatic experiences of contact with social services as a barrier to engaging with the social security system for some care-experienced people<sup>56</sup>.

There is evidence that past negative, sometimes traumatising, experiences of claiming benefits can be a significant barrier to social security benefit take-up<sup>41,43,53</sup>. For example, research conducted on behalf of the Trussell Trust found that some disability benefit claimants experienced the application form, assessment, appeal and review process as traumatic and degrading. The requirement to focus on worst days, limitations and tasks and activities that cannot be achieved, can also act as a significant barrier to claiming for some disabled people<sup>41,43,57,58</sup>. Similarly, some applicants for Scotland's Child Disability Payment have reported finding the application process "emotionally challenging" due to the requirement to document the impacts of their child's disability<sup>59</sup>. The requirement to disclose and evidence abuse has also been identified as a barrier to applying for benefits among survivors of abuse<sup>35</sup>.

## **4.4. Who is marginalised by learning barriers?**

### **4.4.1. System complexity**

The complexity of the benefits system has also been identified as a serious barrier to accessing benefits for marginalised people<sup>16,19,57</sup>. A recent Joseph Rowntree Foundation study exploring how social security can deliver for disabled people in Scotland concluded that a benefits system "littered with add-ons and extras" was experienced by disabled people as "confusing, exhausting and inefficient"<sup>49</sup>.

Knowing where to go, how to apply and how systems interact (or not) with each other can be a particular barrier for recent arrivals such as refugees and migrants, established older migrants, and people with learning difficulties or learning disabilities<sup>26,29,41,43,60-64</sup>. Research with callers to their helpline conducted by Age UK found that older people frequently assumed that information was shared between departments and, if they were in receipt of a State Pension or Attendance Allowance, they would automatically be awarded any other entitlements<sup>29</sup>.

System complexity can also be a barrier to take-up for people with little previous experience of claiming benefits, such as people taking on unpaid caring roles, including kinship carers and young carers<sup>38,65,66</sup>. Evidence suggests that peer-knowledge and informal networks can play important roles in informing people about their entitlements and how to apply for benefits<sup>6,41,50</sup>. However, there is also evidence that socially isolated older people, and terminally ill people and their families, often lack peer support from people with knowledge and experience of claiming benefits<sup>32,33,41,67</sup>.

In the case of devolved benefits, there are concerns that the requirement to interact with two systems (Social Security Scotland and the DWP) will create further complexity and additional barriers to take-up among some groups. In their evidence given to the Scottish Government committee, the Council for Ethnic Minority Voluntary Organisations Scotland noted the concern that "people will lose out on

benefit entitlements due to the increasingly confused welfare benefits landscape” created by the parallel reserved and devolved systems<sup>61</sup>.

#### **4.4.2. Accessing information**

Lack of awareness and information on benefits and eligibility criteria have been widely identified, across a range of marginalised groups, as contributing to low take-up rates<sup>5,6,12,28,29,36–38,43,68,69</sup>.

Understanding eligibility presents challenges for several marginalised groups. There is evidence that disabled people frequently do not define themselves as disabled and, therefore, can miss out on disability benefits<sup>28,41,43</sup>. In a similar way, some unpaid carers – particularly in minoritised ethnic communities - do not identify with the role, missing out on carers’ benefits<sup>29,38</sup>.

Information on eligibility and how to claim can be complex and, therefore, inaccessible for people with English as a second language, people with low levels of functional literacy and people with little prior experience of the benefits system<sup>6,37,61</sup>. Again, it is important to note the potential for intersectionality: it has been observed that, while good-quality translated information is necessary for non-native English speakers, it is not always sufficient for people who are not functionally literate in their native language<sup>50</sup>. Formal English can be inaccessible for non-native English speakers. Complex information can also create barriers for people with impairments and health conditions that affect their energy levels, cognition and ability to engage with complex information<sup>28,41,62</sup>.

Accessing accurate information can present barriers for some groups. For example, there is evidence that misinformation or ‘fake news’ can circulate in some marginalised communities and discourage people from taking up their entitlements<sup>61</sup>.

#### **4.4.3. Accessing support**

As reported below in Section 5.3.2., accessing support to make a claim appears to be a vital and effective way of improving benefit take-up among marginalised groups. However, a lack of knowledge of where to go for support can present a barrier to claiming<sup>6,37,41</sup>. Some groups are marginalised from support by language and/or literacy barriers while others are marginalised by a lack of internet access or digital literacy. Research with people from minoritised ethnic communities has found that many feel marginalised from information about benefits and support to claim them<sup>61,70</sup>. Trusted sources of support within minoritised ethnic communities can lack the specialist knowledge and capacity needed to support people with benefit claims<sup>61</sup>. The complex legal rules around entitlements for asylum seekers and refugees create additional barriers to good-quality support<sup>61</sup>.

Other people struggle to physically access support due to difficulties with travel or mobility<sup>32,41</sup>. For example, house-bound older people, people with impairments and health conditions and those with terminal illness all face barriers accessing support services. Caring commitments have also been shown to act as barriers to accessing support<sup>32,33,41</sup>. Increasingly, support to claim is lacking and there is



evidence that reduction, fragmentation and withdrawal of services providing support with benefit claims are creating significant barriers to improve take-up among marginalised communities<sup>28,41</sup>.

People who are more likely to live largely outside of formal social systems such as education, health care and social security, for example, Gypsy/Traveller and Romani people, refugees and migrant workers, can face particular barriers to accessing support to help them claim<sup>24,36,50</sup>. An evaluation of Scotland's Young Carers' Grant found that 'hidden carers' – those not engaged with young carer services – were particularly marginalised from the benefit<sup>38</sup>.

## **4.5. Who is marginalised by compliance barriers?**

### **4.5.1. Application processes**

Benefit application processes can act as major barriers to applying among many marginalised groups<sup>5,6,38</sup>. The Refugee Council found evidence of initial underscoring of refugees in disability benefit assessments, leading to them being denied benefits and subject to inappropriate work-related activity requirements for Universal Credit<sup>55</sup>. The requirements of the disability benefit applications are experienced as particularly burdensome by people with terminal illness, mental health conditions, fluctuating or less visible conditions, and learning disabilities/difficulties<sup>32,33,41,43,62</sup>. A survey conducted by the National Autism Society found that people with autism frequently experienced severe challenges when applying for benefits<sup>62</sup>.

The move towards 'digital-first' applications can act as a barrier for marginalised people. For example, refugees, non-native English speakers, disabled people, and older adults are all at increased risk of digital exclusion from the benefits system due to lack of digital literacy, lack of access to digital devices, and fears about fraud and scams<sup>29,41,70,71</sup>. Digital exclusion has been identified as a particularly serious barrier to benefit take-up among Gypsy/Traveller and Roma communities<sup>47,72</sup>.

### **4.5.2. Proving eligibility**

Providing evidence of eligibility has also been identified as a barrier to benefit take-up for marginalised groups<sup>31–33,35,35,41,64,73</sup>. The requirements to prove the impact of a condition acts as a barrier for people with disabilities, impairments and chronic ill-health<sup>41,43,51</sup>. Less visible conditions, including mental health conditions, and conditions that fluctuate over time are especially difficult to evidence<sup>41,43,51</sup>. Providing evidence of terminal illness can be challenging too for people at the end of life. The Department for Work and Pensions has in place Special Rules for Terminal Illness payments which require medical confirmation that a person has 12 months or less to live (recently increased from six months). This is especially difficult to predict for people with conditions such as motor neurone disease (MND), chronic obstructive pulmonary disease (COPD) and dementia, and many people die each year without receiving the benefits to which they were entitled<sup>32,33,73</sup>. The Scottish Government definition of terminal illness does not put a time frame around

life expectancy. However, a claimant must still provide medical evidence that they have a progressive disease that can reasonably be expected to cause their death.

Providing evidence of eligibility in terms of legal entitlement to claim (citizenship status) or employment status can be challenging for people with 'irregular' status such as refugees and migrant workers or precariously employed people<sup>64</sup>.

Survivors of abuse have been found to face several challenges to evidencing a claim. Many women escaping abuse leave without any personal effects or have their evidence withheld by their abuser. These women struggle to provide evidence of their identity or proof of address<sup>31,35</sup>. Survivors of abuse can also face challenges in proving their relationship status. To be granted a Domestic Violence Exemption, which gives Universal Credit claimants a 13-week exemption from work-related activity, requires evidence of abuse within the last six months. Not all survivors are able to provide this evidence<sup>31</sup>. Finally, a Scottish Government evaluation of the Job Start Payment found that some care leavers faced difficulties in evidencing their care-leaver status<sup>56</sup>.

#### **4.5.3. Decision delays**

Even for those whose claims are successful, barriers to take-up can remain. As described in Section 3, underclaiming of benefits can take several forms. Lengthy waits for application decisions can impact take-up by depriving people of financial support to which they are found to be entitled. Although successful claimants' payments will be backdated to the date they applied, long periods of time without financial support can drive people into debt that must subsequently be repaid from their benefit income<sup>43</sup>. This is particularly problematic for prisoners, who are not permitted to make a claim until they are released from custody, and refugees who are not permitted to claim until they receive confirmation of their refugee status<sup>50,74</sup>. Delays in decision-making have also been found to impact people with terminal illness, who may die before they receive their entitlements<sup>32,33</sup>. The British Red Cross suggested that the Universal Credit application process marginalises refugees due to aspects of their design; for example, the five-week wait for payment, and lengthy delays that occur when people register a change of contact details<sup>71</sup>.

#### **4.5.4. Conditionality**

Finally, many benefits require successful claimants to comply with a range of conditions. Conditionality and compliance requirements can create a range of barriers for people from marginalised groups. Lacking a fixed address or banking services creates barriers to applying for and receiving benefits for homeless or precariously housed people (including recently released prisoners), refugees and asylum seekers, migrant workers, and survivors of abuse<sup>75,71,31,76,77</sup>. There is evidence that people with mental health conditions and learning disabilities/difficulties can struggle to meet the requirements of complying with the work-related activity requirements of Universal Credit<sup>43</sup>.

Some marginalised groups are subject to rules limiting the value of benefits they are entitled to (e.g., families with three or more children – including some kinship

carers, or people judged to be under-occupying their homes) or are largely excluded from accessing benefits (e.g., people with no recourse to public funds).

## 5. Enablers to claiming benefits

In the previous section, we identified psychological, learning and compliance barriers to take-up of social security benefits that acted to marginalise, often already marginalised, people. In this section we report on the evidence for approaches and strategies that help to overcome these barriers to claiming and, therefore, increase take-up rates. Examples of approaches being used to reduce barriers to claiming for marginalised groups are included in Appendix D.

### 5.1. What works to reduce psychological barriers to claiming benefits?

While this review found no formal evaluations of strategies or interventions to reduce the psychological costs of claiming benefits, the literature offers several suggestions from primary research with seldom heard groups for ways to reduce barriers to claiming.

#### 5.1.1. Positive messaging

The first suggestion to reduce psychological barriers is to change the tone of political and media narratives about claiming benefits to help reduce the stigma associated with claiming<sup>16,19,52</sup>. A study exploring how disability benefits could reduce poverty in Scotland suggested that stigma and prejudice around claiming Adult Disability Payment could be reduced by messaging to “re-establish the fact Disability Assistance is for additional costs of living incurred by disabled people”<sup>49</sup>.

The Scottish Government has committed to delivering devolved benefits in keeping with its values of dignity, fairness and respect<sup>78</sup>. There is evidence that this commitment is inspiring hope of meaningful culture change in Social Security Scotland among disabled people and disability support organisations<sup>41,49</sup>. In the Trussell Trust’s study of drivers of food bank use among disabled people, a participant reported that the inclusion of people with a wide range of disabilities in a television advertisement for Adult Disability Payment had made them feel more validated as a disabled person entitled to support from the social security system<sup>41</sup>. However, there is a risk of reputational damage and of damage to claimants’ trust in the benefits system if real change fails to occur<sup>41,49</sup>. If stigmatising beliefs about and prejudice towards benefit claimants are to be eliminated from Scotland’s social security system, it is vital that culture change is embedded across the system through ongoing staff training and development<sup>41,49</sup>.

#### 5.1.2. Sensitive messaging

Secondly, a need is identified for sensitive and careful messaging to avoid further stigmatisation of people from already marginalised groups (see Appendix D). Seldom Heard Voices Research participants stressed the need for empathetic communications to avoid further marginalising vulnerable people. Age Scotland highlighted the risk of inadvertently stigmatising people marginalised from the labour market in messaging that characterises benefits as entitlements earned in

return for paid work<sup>52</sup>. Staff from organisations supporting minoritised ethnic communities, who took part in a qualitative study on the intersecting impacts of mental ill-health and money problems on the financial wellbeing of people from ethnic minorities, identified the importance of messaging that responds to the ways in which concepts and the language used to describe them can differ across cultures<sup>50</sup>. This study also highlighted the importance of involving people from minoritised ethnic communities in delivering communications around benefits.

### **5.1.3. Culturally aware support services**

Finally, there is evidence of the importance of providing culturally adapted support services that are aware of and responsive to the needs of diverse communities<sup>50,61</sup>. For example, Evans et al stress the likely importance of services staffed by people who properly understand the range of cultural sensitivities around talking about issues such as money worries and mental health<sup>50</sup>.

## **5.2. What works to reduce learning barriers to claiming benefits?**

### **5.2.1. Joined-up approaches**

As reported in Section 4 above, benefit take-up can be negatively impacted by incorrect assumptions that information is routinely shared between, or within, agencies. Data sharing between national and local government departments that allows data-led targeting and targeted take-up campaigns have been shown to be effective in helping local authorities to increase benefit take-up rates<sup>19,79</sup>. The older-people's advocacy organisation Independent Age cites as an example of good practice the 'Tell Us Once' bereavement service, which shares information between government departments including council services, the DWP and the HMRC<sup>80</sup>. This suggests that the Tell Us Once approach could be usefully replicated to increase take-up of Pension Credit and Council Tax reductions<sup>80</sup>. Collecting information from welfare advice and advocacy organisations on 'pressure points' in the benefits application system are also being used to improve take-up<sup>76</sup> (see Appendix D for more detail).

### **5.2.2. Awareness-raising**

Several sources identify the effectiveness of maximising awareness of benefits by disseminating information and advice through a wide range of contact opportunities; for example, through healthcare professionals, housing associations, emergency services, and care providers (see enablers tables in Appendix D for examples). There is evidence to suggest that taking advice and information to where people are may be particularly effective in increasing take-up of benefits for marginalised groups<sup>81,82</sup>. For example, locating advice services in general practice. Further, following an advertising campaign promoting the Scottish Best Start Foods payment in 2000 convenience stores across Scotland there was a 5 percentage point increase in take-up<sup>39</sup> suggesting that promoting payments in places where people go could have a positive impact on take-up.

Already known and trusted professionals would be well placed to help people check and claim their entitlements<sup>29</sup>. NHS England's Making Every Contact Count

(MECC) approach, where public-facing workers use routine contacts as opportunities for health and wellbeing conversations, is an example of strategic awareness raising that may prove effective in other contexts. There is early evidence that the MECC approach can have positive impacts for seldom heard groups and staff who support them<sup>83</sup>. Evan's et al highlight the importance of public services that are encouraged and enabled to go beyond providing their core business (e.g. health, education, policing) to address wider determinants of poor outcomes among minority ethnic communities, including insufficient income<sup>50</sup>. Integrating services that provide support and advice on applying for benefits into general practice has been found to increase take-up<sup>84,85,85-87</sup> (see Appendix D for further details).

Targeted awareness-raising delivered by trusted organisations has also been shown to be effective in increasing benefit take-up among marginalised groups<sup>29,34,41,69,85</sup>. Public awareness-raising campaigns can also succeed in increasing take-up of benefits (e.g., Pension Credit campaign)<sup>16</sup>. The Joseph Rowntree Foundation's analysis of underclaiming of benefits among people on low incomes suggests that a Universal Credit take-up campaign that emphasises the value of passported benefits (e.g., access to free school meals, free prescriptions and cost of living payments) may be successful in increasing take-up rates<sup>88</sup>. However, to be successful in the longer-term, campaigns need to receive long-term funding<sup>67</sup>. As part of its Benefit Take-Up Strategy, the Scottish Government has funded information campaigns to raise awareness of the devolved benefits<sup>39</sup>. There is some evidence that these campaigns were followed by increased take-up of some benefits. For example, following national and targeted marketing to raise awareness of extended eligibility for children up to age 16, take-up rates of the Scottish Child Payment for children aged under 6 increased by 8 percentage points between the years 2021/22 and 2022/23<sup>39</sup>. The increase in take-up rates for younger children might, in part, be explained by increased awareness of the payment arising from the wider marketing campaign.

### **5.2.3. Accessible, accurate and timely information and support**

While delivering information through a wide range of sources is likely to increase awareness of entitlements, it is equally important that information received is accurate and up to date. Research with members of marginalised groups identified the importance of trained benefit staff who could provide information on benefit changes and how benefits interact<sup>6</sup>. Qualitative research with people supporting minoritised ethnic communities identified the role of trained advice workers in countering 'fake news' and misinformation about benefit entitlements that can spread through communities<sup>50</sup>. Making information about benefits fully accessible requires considerations of both format and language. Participants in the Seldom Heard Voices Research programme highlighted the importance of providing information in a range of formats<sup>6</sup>. Accessibility of information could also be improved by providing 'one-stop-shops' for advice and benefit checks<sup>16,41,50,89</sup>. In their evidence to the Scottish Parliament Social Security Committee on Benefit Take-up, One Parent Families Scotland recommended informing people of their potential benefit entitlements at "important trigger points", for example, when

registering a birth, or leaving a relationship<sup>90</sup>. Ensuring that information is provided at the earliest opportunity could increase the likelihood of a claim being made.

### **5.3. What works to reduce compliance barriers to claiming benefits?**

#### **5.3.1. Simplified application processes**

As discussed in Section 4, there is evidence that the simplification of benefit application processes would improve take-up of benefits. The introduction of automatic enrolment for Scotland's Five Family Payments (see Appendix D) is an example of a streamlined application process that is likely to positively impact benefit take-up among families. Increased automation of Scottish Child Payment processing has resulted in reduced payment delays<sup>39</sup>. Following the introduction of automated payments for Scotland's Best Start Grant School Age Payment, take-up rates increased by 20 percentage points<sup>39</sup>.

Offering a range of application modes may also improve take-up<sup>19,29,41,50,76</sup>. There is early evidence that the provision of an online application form for Scotland's Adult Disability Payment is reducing barriers to take-up among some disabled people<sup>41</sup>. However, as reported above, digital exclusion among many marginalised groups means it is important that there is provision of a range of application methods.

#### **5.3.2. Support to make a claim**

Providing support to make a claim has been widely identified as vital for increasing take-up<sup>6,6,29,30,37,41,50,53,91</sup>. Research on disability benefit take-up conducted on behalf of the Trussell Trust found that, for many disabled people, receiving support with an application played a fundamental role in the success of their claim<sup>41</sup>. In evidence to the Social Security Committee, Spicker identified 'human contact' as one of the most effective ways of increasing benefit take-up<sup>11</sup>. Social Security Scotland provides an independent advocacy service for disabled applicants. However, while welcomed by disabled people there is qualitative evidence that levels of awareness about the advocacy service are low and better promotion of the service is required to ensure that people receive the support to which they are entitled<sup>41</sup>.

A need has also been identified for frontline staff to be trained to provide culturally aware support that recognises and responds to the barriers to take-up experienced by different marginalised groups<sup>50,61</sup>. An interesting example is provided by the CEMVO who identified cultural barriers to take-up of Scotland's Funeral Support Payment for communities who are already marginalised from the benefits system and/or who require burial to take place very shortly after death<sup>61</sup>. The CEMVO suggest that frontline staff focus on raising awareness of Funeral Support Payments in these communities and are trained in cultural and religious practices related to funerals<sup>61</sup>.

#### **5.3.3. Increased benefit values and extended eligibility**

Increasing the sufficiency of benefits is highly likely to increase take-up, firstly, by reducing the need for a complex array of support (e.g., discretionary funds, crisis loans, and social tariffs) and, secondly, by increasing the utility of claiming<sup>17,18</sup>. There is evidence that people are missing out on passported benefits by not claiming the small amount of Universal Credit to which they are entitled<sup>40</sup>. Extending eligibility to currently ineligible groups (for example, by removing the bedroom tax, two-child policy and benefit cap) would also improve benefit take-up among the most marginalised groups (including survivors of abuse, kinship carers and large families)<sup>35,65,92,93</sup>. While extending eligibility through benefit reform is a long-term solution, there are more immediate actions that could be taken. For example, in the Dying in Poverty report, Marie Curie suggest that local authorities should consider fast-tracking people at the end of life through Scotland's Scheme of Assistance and extending eligibility for Winter Heating Assistance to the terminally ill<sup>32</sup>.



## 6. Prioritising seldom heard groups

As previously stated, an objective of this review was to consider which seldom heard groups to prioritise for targeting in future take-up initiatives. However, there are several challenges in identifying which seldom heard groups to prioritise.

One option is to prioritise groups based on the extent of their exclusion. However, as outlined in Section 3, the absence of data on many marginalised groups makes it difficult to judge the extent of their exclusion. Furthermore, a lack of evidence does not necessarily indicate a lack of marginalisation. It could just mean that evidence has not yet been collected on a specific group. There are variations in the amount and quality of evidence on the nature and extent of marginalisation among different groups. For example, the availability of data on Pension Credit take-up provides good evidence of underclaiming, particularly among women and single people. In contrast, the lack of data available for minoritised ethnic groups means that, for some groups, even the population sizes are unknown (estimates for the size of Scotland's Gypsy and Traveller population range between 4,000 and 15,000)<sup>36</sup>.

Another option, where data are available, is to use the prevalence of seldom heard groups within Scotland to guide prioritisation. For example, there are currently 120,000 people aged 65 and over living in poverty in Scotland, over half a million disabled households are living in poverty, and 80,000 children in disabled families live in absolute poverty (see evidence summary tables in Appendix B)<sup>22,54</sup>. Campaigns targeting barriers to take-up among these groups may have a relatively large impact. However, a limitation of this approach is that the people who are most marginalised within these groups are not always easily identified.

### 6.1 Intersectionality

When considering target groups for take-up initiatives, it is important to note the high prevalence of intersectionality among marginalised groups<sup>50</sup>. Intersectionality is a term used to describe groups within groups who may face multiple challenges or forms of discrimination<sup>94</sup>. There is evidence that people who experience poverty, pain, prejudice and stigma, language or literacy barriers, trauma and violence, and a wide range of other challenges face increased barriers to accessing services and support, including social security benefits. These factors are included in Ko and Moffitt's take-up formula and are frequently intersectional<sup>50</sup>. For example, a person may be a survivor of abuse, have refugee status, and be living with a mental health condition in insecure housing. Veterans and survivors of abuse are over-represented among the homeless population and suffer high rates of mental ill-health and substance use disorders<sup>27,95</sup>.

The evidence summaries included in Appendix B identify areas of intersectionality that risk increasing levels of marginalisation from the social security system. For example, rates of disability are higher among single parent and large families, prisoners, minoritised ethnic communities and people in low-paid work. Among

older adults, characteristics increasing risks of marginalisation include being female, living alone, living in a rural location, or being disabled or in poor health.

Focusing efforts to improve benefit take-up on one dimension of marginalisation risks missing other important aspects of marginalisation. For example, providing information in a range of community languages does not address marginalisation created by low levels of functional literacy or isolation from sources of information.

## **7. Conclusions and recommendations**

The overall aim of this research was to provide robust information on the seldom heard groups at particular risk of being marginalised from the Scottish social security system.

### **7.1. Take-up rates among seldom heard groups**

One of the objectives of the evidence review was to explore the current take-up rates of social security benefits in Scotland among seldom heard groups by reviewing data on current levels of participation, representation and engagement in order to understand how successful the impact of the Scottish Government's efforts to date to target these groups had been.

Current data on take-up rates are available for some, but not all, devolved benefits. For benefits that data are available for 2022-23, take-up rates vary widely. While this could provide some insight into the impact of the Scottish Government's efforts to target specific groups, these figures should be reviewed with caution. It is very difficult to accurately estimate the take-up rates of social security benefits, particularly among seldom heard groups. This is because data on marginalised groups are not routinely collected by the social security system, and there are difficulties in identifying the number of people potentially eligible to claim a number of benefits. This challenge is further exacerbated by complex and changing eligibility criteria for some benefits, such as disability benefits. Therefore, it is possible that current data on take-up rates of social security benefits in Scotland among seldom heard groups are inaccurate. To improve the understanding of take-up rates among marginalised groups, better collection of data from these groups are required.

### **7.2. Identifying seldom heard groups with low rates of benefit take-up**

Another objective of the evidence review was to assess the evidence for the ongoing accuracy and relevance of the seldom heard groups identified by the Scottish Government in 2019 and to identify whether there are additional seldom heard groups with low rates of benefit take-up.

It is clear from the current evidence that the seldom heard groups identified by the Scottish Government in 2019 are still relevant. However, there is also evidence of additional seldom heard groups, including:

- People from established minority ethnic communities who are at risk of marginalisation due to prejudice, language barriers and cultural differences.
- People with long-term physical and mental health impairments or conditions, including fluctuating and/or less visible conditions.
- People with learning disabilities and learning difficulties.

- Socially isolated older adults.

### **7.3. Barriers to claiming benefits among seldom heard groups**

The review also sought to identify evidence that can help describe the groups of people who are likely to face barriers to accessing social security, and set out what these barriers are, the reasons why these groups face these barriers and the likelihood, or not, of these groups taking up their entitlements.

There is a large and robust body of evidence identifying barriers to claiming benefits which are categorised into three groups:

- Psychological barriers: include stigma and prejudice, fear and distrust of authority, and experiences of trauma and violence.
- Learning barriers: include the complexity of the social security system, inaccessible information, and a lack of support to make a claim.
- Compliance barriers: include complex application processes, challenges in proving eligibility, decision-making delays, and difficulties in complying with conditionality.

Psychological, learning and compliance barriers all act to increase the personal costs of applying for and maintaining a benefit claim.

While there is less evidence on who is marginalised by these barriers to claiming – due to a lack of data and the absence of the voices of seldom heard groups – there is evidence of challenges faced by marginalised people that are highly likely to exclude them from the benefits system. People who face the greatest barriers to accessing benefits can be identified by first identifying people who are at increased risk of poverty, ill-health, low educational attainment, violence, insecure work and housing, or marginalised from public service such as healthcare, education and financial services.

### **7.4. Interventions that support benefit take-up among seldom heard groups**

As part of the review, ScotCen reviewed existing evidence to identify interventions which might support the needs of the seldom heard groups to access social security support.

A lack of data on marginalised groups creates challenges for designing and judging the effectiveness of interventions to improve benefit take-up. However, there is evidence of approaches that, while rarely formally evaluated, appear to be effective in improving access to benefits for a range of marginalised groups.

- Strategies to help overcome psychological barriers to claiming include: positive and sensitive messaging around benefits, and culturally aware support services.

- Strategies to help overcome learning barriers include: joined-up approaches such as automatic enrolment and data sharing, targeted and culturally responsive awareness raising, and the provision of accessible, accurate and timely information.
- Strategies to overcome compliance barriers include: simplified application processes delivered through a range of modes, support to make a claim, and increased value and widened eligibility for benefits.

Some barriers to claiming will be easier to address than others. For example, learning barriers can be reduced by relatively low-cost strategies such as improving the quality and accessibility of information. Increasing and improving support to apply is likely to be more costly; however, there is evidence that support is vital for improving take-up rates among the most marginalised. Some strategies for improving take-up – such as extending eligibility and increasing the value of benefits – will be among the costliest to implement. Without evidence on the effectiveness of interventions it is difficult to prioritise one intervention over another.

## **7.5. Prioritising seldom heard groups**

Finally, the review aimed to consider which seldom heard groups to prioritise in terms of the extent of their exclusion from Scotland's social security system.

The lack of data on marginalised groups and the lack of evidence on the nature and extent of marginalisation create challenges for targeting specific groups. A further important consideration is the existence of high levels of intersectionality within marginalised groups. The presence of many groups within groups of seldom heard people means that a range of strategies is likely to be required to improve take-up rates.

Therefore, rather than focusing efforts on particular seldom heard groups, addressing barriers to claiming is likely to be more achievable and effective in increasing benefit take-up. This review identifies approaches to reducing barriers that are likely to be effective for many marginalised groups – for example, improving support, increasing awareness, and simplified application and compliance processes.

## **7.6. Recommendations**

There are a number of findings from this evidence review which could support the Scottish Government in the ongoing implementation of its Benefit Take-up Strategy; both in relation to developing new approaches to support people to access social security benefits, and in strengthening data collection of benefit take up rates.

There is clear evidence that additional groups other than those identified by the Scottish Government in 2019 face barriers accessing social security benefits. To incorporate these new groups, we recommend using the categories suggested in this review: minoritised ethnic communities; people with disabilities, impairments and/or chronic ill health; children and families; and vulnerable people. These groups should be kept under review as new data become available.

The evidence points to the intersectionality of groups facing barriers to accessing social security benefits. Therefore, addressing specific barriers to accessing social security benefits, rather than specific groups facing these barriers, should be prioritised, and may have a greater reach.

Finally, to understand the impact any future action taken by the Scottish Government to support people to access social security benefits, improved data collection is required. This includes designing an evaluation before any intervention is rolled out, and implementing data collection aimed at seldom heard groups specifically.

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## 9. Appendices

### Appendix A: Search string examples

Scopus Search String:

```
(TITLE-ABS-KEY(Welfare OR "social security") AND TITLE-ABS-KEY("take up" OR uptake OR claim*) AND ) AND PUBYEAR > 2017 AND PUBYEAR < 2024 AND ( LIMIT-TO ( AFFILCOUNTRY,"United Kingdom" ) ) AND ( LIMIT-TO ( DOCTYPE,"ar" ) OR LIMIT-TO ( DOCTYPE,"re" ) OR LIMIT-TO ( DOCTYPE,"ch" ) ) AND ( LIMIT-TO ( LANGUAGE,"English" ) ) AND ( LIMIT-TO ( SUBJAREA,"SOCI" ) OR LIMIT-TO ( SUBJAREA,"ECON" ) ) AND ( LIMIT-TO ( EXACTKEYWORD,"United Kingdom" ) )
```

Google Scholar strings:

Welfare OR benefits OR "social security" AND "take up" OR uptake OR claim\*  
(Range 2018-2023)

Welfare OR benefits OR social security AND take up OR uptake OR claim\* AND  
minority ethnic (Range 2018-2023)

Google search engine:

Google: Welfare OR benefits OR social security AND take up OR uptake OR claim\*

## **Appendix B: Evidence summaries**

### **Sickness and Disability Benefits Summary**

#### **Prevalence in Scotland's population:**

- Benefits are the main source of income for 60% of people (in UK) living with terminal illness <sup>15</sup>
- 25% of working-age terminally ill people spend the last year of their lives in poverty (UK) <sup>32</sup>
- Poverty rate (2017-20 Scotland) was 23% in disabled households (17% non-disabled) <sup>50</sup>
- Poverty rate (2019-22 Scotland) was 24% (550,000 people) for disabled households <sup>22</sup>
- 20% of workers in Scotland on persistently low pay are disabled <sup>20</sup>
- 27% single parent households have a disabled adult, 16% have at least 1 disabled child <sup>90</sup>
- 100,000 children in disabled families in Scotland live in relative poverty, 80,000 live in absolute poverty <sup>54</sup>

#### **Intersecting characteristics increasing risk of marginalisation from the social security system:**

- Working age <sup>32</sup>
- Carers <sup>46</sup>
- Terminal illness (especially among working-age, women, families with children, minority ethnic groups, private rented housing, carers) <sup>33,32</sup>
- Minority ethnic groups (non-white minorities and immigrant groups) <sup>25,32,50</sup>
- Rural dwellers <sup>25</sup>
- Single parents <sup>90</sup>
- Gypsy/Traveller or Roma groups <sup>36, 50</sup>

#### **Devolved benefit entitlements:**

- Adult Disability Payment
- Child Disability Payment
- Young Carer Grant
- Discretionary Housing Payment
- Council Tax Reduction
- Winter Heating Payment
- Scottish Welfare Fund
- Funeral Support Payment
- Budgeting Loan
- Carer's Allowance Supplement
- Housing adaptations
- Transport fare concessions

#### **Reserved benefit entitlements:**

- Universal Credit
- Carer's Allowance
- Attendance Allowance
- Housing Benefit
- Support for Mortgage Interest
- Cost of living payment



### **Take-up rates:**

- Funeral Support Payment: 61% take-up (2022/23) <sup>39</sup>
- Billions of Universal Credit unclaimed <sup>12</sup>
- Proportions of claims awarded both Daily Living and Mobility components and enhance rate awards are falling <sup>41</sup>
- Carer's Allowance: £2 billion unclaimed <sup>12</sup>
- 26% of people fitting the DWP definition of disabled described themselves as disabled <sup>16</sup>
- Attendance Allowance – 30% of home care recipients don't get AA (~14,500 people) <sup>34</sup>

### **Barriers to claiming:**

- Fear, embarrassment and stigma <sup>12,41,49, 50</sup>
- Complexity <sup>12,16,41,49,50</sup>
- Lack of support <sup>41,49</sup>
- Fragmentation of support <sup>12,41,49</sup>
- Lack of awareness <sup>12,38,41</sup>
- Disabled people not considering themselves disabled/carers not identifying as carers <sup>16,38,41</sup>
- Lack of trust <sup>41, 54</sup>
- Passporting <sup>54</sup>
- 'Double stigma' among minority ethnic groups – finances and mental health stigma <sup>50</sup>
- Distrust of authorities among minority ethnic groups <sup>50,55,71</sup>
- Lack of/poor quality translation services <sup>40,55</sup>
- Confusion caused by having two systems (DWP and Social Security Scotland) <sup>89</sup>
- Difficulties in collecting evidence for a claim <sup>41</sup>

### **Enablers to claiming:**

- Change messaging to reduce stigma <sup>12,41</sup>
- Independent advocacy <sup>16, 41</sup>
- Co-located services <sup>38</sup>
- Plain English communications <sup>38,41</sup>
- Culturally adapted and culturally appropriate support <sup>50</sup>
- Joined-up systems that talk to each other <sup>89</sup>
- Personalised one-stop advice <sup>34</sup>
- Welfare rights advice in primary healthcare settings <sup>83,85,87</sup>

## Older Adults Benefits Summary

### Prevalence in Scotland's population:

- 1.1 million people aged 65 and over (20% of population)<sup>22,30</sup>
- 12% living in persistent poverty (~120,000 people)<sup>22</sup>
- 10% living in absolute poverty (~100,000 people)<sup>22</sup>
- Regional variation: highest number of over 65s in Argyll & Bute/lowest in Glasgow City<sup>22</sup>

### Intersecting characteristics increasing risk of marginalisation from the social security system:

- Female (23% in relative poverty)<sup>22</sup>
- Single households<sup>22,29</sup>
- Minoritised ethnicity<sup>29,50</sup>
- Rural location<sup>19,29</sup>
- Disability or ill-health<sup>80</sup>
- Living in private rented housing<sup>29</sup>
- Aged over 75<sup>80</sup>

### Devolved benefit entitlements:

- Discretionary Housing Payment
- Council Tax Reduction
- Winter Heating Payment
- Scottish Welfare Fund
- Funeral Support Payment
- Budgeting Loan

### Reserved benefit entitlements:

- State Pension
- Housing Benefit
- Pension Credit (passporting benefit)
- Winter Fuel Payment
- Carer's Allowance
- Attendance Allowance
- Constant Attendance Allowance
- Support for Mortgage Interest
- Free NHS dental treatment
- Voucher towards glasses/contact lenses

### Take-up rates:

- Pension Credit: ~123,000 eligible households not claiming (Scotland)<sup>80</sup>
- Housing Benefit for older people: 86% take-up (UK)<sup>107</sup>
- Attendance Allowance: underclaimed by Home Care clients (~14,5000 not claiming)<sup>34</sup>
- Funeral Support Payment: 61% take-up<sup>39</sup>

### Enablers to claiming:

- Change messaging to reduce stigma<sup>108</sup>
- Tailored support delivered in-person, over the phone, online,<sup>29,30</sup>
- Long-running take-up campaigns<sup>80</sup>
- Delivering information in health and social care settings<sup>29,80</sup>

- Change of circumstances (e.g., bereavement) triggers a 'tell us once' service<sup>80</sup>
- Increased automatic payment<sup>29,109</sup>
- Joined-up services that talk to each other<sup>29,80,109</sup>

**Barriers to claiming:**

- Stigma<sup>30,53,80,109</sup>
- Complexity<sup>110</sup>
- Lack of awareness of benefit or eligibility<sup>67</sup>
- Access due to physical/environmental barriers<sup>30,50,80</sup>

## Children and Families Benefits Summary

### Prevalence in Scotland's population:

- Large families = 12% of families (2018)<sup>92</sup>
- Kinship care = 34% of looked after children (2022)<sup>111</sup>
- Disabled households = 16% (2019); 42% of children in relative poverty have a disabled person in the household (2023)<sup>112</sup>
- Ethnic minority households = 39% of children in ethnic minority households in poverty (2019-22)<sup>113</sup>
- Families with young children = 34% in relative poverty, 30% in absolute poverty (2017/20)<sup>114</sup>
- Lone parents = 25% of all families (2019) 20% of children in relative poverty are in a lone parent household (2023)<sup>115,116</sup>
- Mothers under 25 = 55% of children in these households were in relative poverty (2015-2018, compared to 24% of children overall)<sup>54,117</sup>

### Intersecting characteristics increasing risk of marginalisation from the social security system:

- 6 child poverty priority groups:<sup>54</sup>
  - Disabled households
  - Ethnic minority households
  - Families with young children (under 1 yr) (intersects with all other groups and most likely to enter poverty)
  - Large families: 42% of children in a large family have someone disabled in the household
  - Lone parents: 92% of lone parent families are headed by women (2020)
  - Mothers under 25: 44% of children in these families are also in a lone parent household
- Kinship carers: 62% kinship carers female, median age 55-59 (44% over 60); 28% caring for other adult family members<sup>66</sup>

### Devolved benefit entitlements:

- Best Start Grant: Pregnancy & Baby Payment
- Best Start Grant: Early Learning Payment
- Best Start Grant: School Age Payment
- Best Start Foods
- Scottish Child Payment
- Young Carer Grant
- Child Winter Heating Assistance (paid automatically for those receiving Child Disability Payment, ADP, DLA, or PIP)
- Carer's Allowance Supplement

### Reserved benefit entitlements:

- Child Benefit
- Universal Credit
- Young Patients Family Fund
- Guardian's Allowance
- Family Fund
- Child maintenance
- Carer's Allowance

### Take-up rates (2022/23):<sup>39</sup>

- Scottish Child Payment = 95%

- Best Start Grant: Pregnancy & Baby = 83%
- Best Start Grant: Early Learning = 80%
- Best Start Grant: School Age = 97%
- Best Start Foods = 92%
- Young Carer Grant = 75%

### **Barriers to claiming:**

- Phone application time too long for Scottish Child Payment, difficulties contacting Social Security Scotland by phone for Best Start Foods<sup>37,68</sup>
- Confusion over eligibility criteria<sup>37</sup>
- Long waiting and not enough updates on application process given<sup>37,91</sup>
- Little awareness of support for English as an Additional Language (EAL) or other literacy difficulties<sup>91</sup>
- Two-child limit for some benefits<sup>92,93</sup>

### **Enablers to claiming:**

- Combined application for all of the five family payments – may apply for one, which leads them to apply for others they were previously unaware of: increases take-up<sup>39,68</sup>
- Scottish Child Payment form quick and easy to complete<sup>118</sup>
- Best Start Grant payment card much easier to use, reduces stigma<sup>91</sup>
- Other payments direct to bank account, this was much easier for people<sup>91</sup>

## Working-Age Adults Benefits Summary

### Prevalence in Scotland's population:

- Unemployment in Scotland 3.2% (June 2023)<sup>96</sup>
- Seasonal workers: estimated 9,255 in agriculture (2018), downward trend in 2020 and 2021 (6,570 in 2021)<sup>97</sup>
- Gypsy/Travellers are the ethnic group least likely to be economically active (47%)<sup>98</sup>
- Refugees: more likely to be unemployed than British citizens<sup>99</sup>
- Military veterans: approx. 230,000 veterans in Scotland (2017)<sup>100</sup>

### Intersecting characteristics increasing risk of marginalisation from the social security system:

- Middle aged/older people: Winter Heating Payments most commonly claimed by 55-65 year olds<sup>101</sup>
- Mobile populations – as a number of these benefits are housing-related, they will be missing out on these benefits by not having a permanent residence<sup>97,102,103</sup>
- Women are more likely than men to be unemployed: 5.1% gender employment gap (2021)<sup>104</sup>
  - 22.6% looking after family/home vs 7.9% for men
- Disabilities: disability employment gap 31.2%<sup>104</sup>
- Scottish Welfare Fund: over half were single person households with no children<sup>105</sup>
- Military veterans: drug and alcohol dependency, trauma<sup>48</sup>
  - Most likely to be in receipt of ESA and DLA
- Inadequacy of benefits can prevent people from entering the labour market (causes deprivation, social exclusion or homelessness; can't afford travel to job interviews or to work if employed)<sup>105</sup>

### Devolved benefit entitlements:

- Job Start Payment
- Discretionary Housing Payment
- Council Tax Reduction
- Winter Heating Payment (Universal Credit most common passport benefit (34%), followed by Income Related Employment Support Allowance (33%) and Pension Credit (31%))
- Scottish Welfare Fund
- Funeral Support Payment
- Budgeting Loan

### Reserved benefit entitlements:

- Universal Credit
- Housing Benefit
- Support for Mortgage Interest
- Free prescriptions
- Cost of living payment
- Employment Support Allowance
- Jobseeker's Allowance

### Take-up rates:

- Funeral Support Payment: 66% take-up 2021-22; 61% 2022-23<sup>39</sup>
- £7.75bn Universal Credit unclaimed (year up to April 2023)<sup>12</sup>
- Job Start Payment: 29% in 2021-22; 15% 2022-23<sup>39</sup>

**Barriers to claiming:**<sup>48,76</sup>

- Barriers to accessing Universal Credit and as this is a passport benefit that is a barrier
- Complexity of benefits system
- Reliance on third sector organisations to help fill in application forms
- Limited ability to express the nuances of applicants' situations – especially for those with fluctuating health conditions
- Staff poorly trained to deal with trauma
- Appeals process is very stressful
- Gaps in payments when transitioning from one benefit to another caused financial difficulties

**Enablers to claiming:**<sup>48,76</sup>

- Simplification of application forms recommended by respondents
- Use of clearer language
- More training for staff to enable them to deal appropriately with applicants who have experienced trauma
- Third sector organisations (e.g. for veterans) very important in enabling applications
- The regularity and delivery method of payments has received positive feedback

## Appendix C: Barriers to take-up

### Psychological barriers to benefit take-up

	<b>Seldom-heard groups</b>			
	<b>Minoritised ethnic communities</b>	<b>Disability, impairment and/or chronic ill-health</b>	<b>Children and families</b>	<b>Vulnerable people</b>
<b>Stigma &amp; prejudice</b>	Gypsy/Traveller and Roma communities Refugees Migrants/migrant workers	Stigmatised conditions Mental health conditions Fluctuating and/or less visible impairments	Single parents Young parents Carers and care-experienced	Homeless/no fixed address Prisoners Survivors of abuse
<b>Fear and distrust of authority</b>	Gypsy/Traveller and Roma communities Refugees Migrants/migrant workers	Mental health conditions Fluctuating and/or less visible impairments		Homeless/no fixed address Prisoners Survivors of abuse
<b>Trauma and violence</b>	Refugees Migrants/Migrant workers	Mental health conditions Fluctuating and/or less visible impairments		Homeless/no fixed address Prisoners Survivors of abuse Veterans



## Learning barriers to benefit take-up

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### Seldom-heard groups

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	<b>Minoritised ethnic communities</b>	<b>Disability, impairment and/or chronic ill-health</b>	<b>Children and Families</b>	<b>Vulnerable people</b>
<b>Complex systems</b>	Gypsy/Traveller and Roma communities Refugees Migrants/migrant workers	Learning disabilities/difficulties Mental health conditions	Kinship carers Carers	Prisoners Veterans House-bound/socially isolated older people
<b>Complex information</b>	Roma communities Migrants/migrant workers	Learning disabilities/difficulties Mental health conditions	Kinship carers	Prisoners
<b>Complex eligibility criteria</b>	Refugees Migrants/migrant workers	Mental health conditions	Kinship carers Carers Young carers	
<b>Marginalisation from support or information</b>	Gypsy/Traveller and Roma communities Refugees Migrants/migrant workers	Mental health conditions		Prisoners Homeless/no fixed address House-bound/socially isolated older people
<b>Misinformation</b>	Gypsy/Traveller and Roma communities Refugees Migrants/migrant workers			

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## Compliance barriers to benefit take-up

### Seldom-heard groups

	<b>Minoritised ethnic communities</b>	<b>Disability, impairment and/or chronic ill-health</b>	<b>Children and Families</b>	<b>Vulnerable people</b>
<b>Inaccessible support</b>	Migrants/migrant workers	Terminal illness Learning disabilities/difficulties Mental health conditions	Carers Lone parents	Prisoners Veterans Homeless/no fixed address
<b>Inaccessible application requirements</b>	Gypsy/Traveller and Roma communities Refugees Migrants/migrant workers	Terminal illness Learning disabilities/difficulties Mental health conditions Fluctuating or less visible conditions		Prisoners Homeless/no fixed address House-bound/socially isolated older people
<b>Eligibility and evidence requirements</b>	Gypsy/Traveller and Roma communities Refugees Asylum seekers Migrants/migrant workers	Terminal illness Learning disabilities/difficulties Mental health conditions Fluctuating or less visible conditions	Kinship carers Large families	Prisoners Homeless/no fixed address
<b>Decision-making processes</b>	Refugees	Terminal illness Mental health conditions		Prisoners Homeless/no fixed address
<b>Conditionality and compliance requirements</b>	Gypsy/Traveller and Roma communities Refugees Migrants	Learning disabilities/difficulties Mental health conditions	Carers Lone parents	Prisoners Homeless/no fixed address

## Appendix D: Strategies to enable take-up

### Strategies for addressing psychological barriers to claiming benefits

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- Change messaging around claiming from punitive and derogatory to positive, supportive and inclusive.
- Provide thoughtful and culturally adapted messaging to avoid stigmatising already marginalised groups.
- Provide culturally adapted support that is aware of community specific barriers and community specific needs.

#### Examples in practice:

Social Security Scotland's advertisement and promotion of Adult Disability Payment (ADP) included representation of a range of disabilities and their lived experience, which was found to encourage application for the benefit and promoted positive perceptions of ADP. The report also noted that participants suggested further promotion of ADP in this way.<sup>41</sup>

The Joseph Rowntree Foundation's 'Talking About Poverty' toolkit is being used by organisations to frame communications around benefits to emphasise, for example, that like the NHS and schools, the welfare system is a public service that plays a vital role in reducing poverty<sup>119</sup>.

As communities have different ways of talking and thinking about money, messaging around benefits is more effective when tailored to these communities<sup>50</sup>; for example, it was raised that the 'You've Earned It' campaign, while largely successful, risked stigmatising those who were not able to participate in the labour market<sup>109</sup>. Age Scotland's 'Money Matters' campaign, which tailored advice for older people, was successful in helping older people to access their benefit entitlements and reduced confusion and stigma surrounding accessing benefits<sup>109</sup>.

## Strategies for addressing learning barriers to claiming benefits

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- Increase data sharing between agencies for a joined-up approach enabling data-led targeting and targeted campaigns delivered by and through local authorities.
- Collect data on seldom-heard groups to understand extent of marginalisation.
- Identify and respond to ‘pressure points’ where complexity increases the risk of errors by increasing staff training and awareness.
- Ensure benefit agency staff have knowledge of both UK and Scottish benefits.
- Drive awareness at all points of contact (including family and friends, healthcare settings) and take messages to people where people are.
- Raise – and maintain - awareness through long-running public campaigns.
- Target awareness raising through trusted organisations.
- Identify and counter misconceptions and ‘fake news’.
- Use carefully considered language to describe eligibility (e.g., disabled people don’t always consider themselves to be disabled; young carers may not identify as carers).

### Examples in practice:

Automatic enrolment is being used in the Five Family Payments (Scottish Child Payment, Best Start Grant Pregnancy and Baby Payment, Best Start Grant Early Learning Payment, Best Start Grant School Age Payment, and Best Start Foods). Receipt of the Scottish Child Payment enables automatic checks for eligibility for Best Start Grant Early Learning Payment and Best Start Grant School Age Payment<sup>39</sup>. The Five Family Payments have also been noted as a good example of signposting upon application<sup>68</sup>.

The “Tell Us Once” bereavement service uses communication between council services, HMRC, and DWP to streamline the reporting of a death to the government<sup>80</sup>. This idea is also being discussed in relation to benefits applications, with the proposal to create a system where one claim would automatically trigger entitlements to a range of benefits and support, for example for those with terminal illness<sup>19,28</sup>. This system has been implemented already in the Highland Council, who have a single application form for 11 council administered benefits, with the council recommending that this be implemented at a national level<sup>19,28</sup>.

Evidence submitted to the Scottish Parliament’s Committee on Benefit Take-Up suggested the use of data sharing to enable targeting eligible households for benefit applications and awards, for example for data on received benefits to be shared with local authorities to trigger the awarding of other benefits with similar eligibility criteria<sup>19</sup>. For example, Glasgow Council use Council Tax Reduction and Housing Benefit information to automatically award the school clothing grant.

The Child Poverty Action Group (CPAG) has developed an Early Warning System which collates case studies to demonstrate the impact of changes in the social security system to identify issues early on<sup>120</sup>. The system allows welfare rights advisers to submit enquiries or case studies to CPAG which demonstrate problems or areas of concern. CPAG also reviews their internal projects to identify problems

in the social security system. The Early Warning System has identified some issues with the digitalisation of the benefits system and that this has made benefits inaccessible to certain populations who do not have access to digital devices. CPAG also found that the design of the digital system has led to people being left without money they are entitled to because the online applications do not accurately identify their need and this has made it more difficult to challenge these errors<sup>76</sup>.

Home Care support has been identified as a useful indicator of eligibility for Attendance Allowance, with an estimated 14,500 of Home Care support recipients thought to be eligible for Attendance Allowance<sup>34</sup>. Inclusion Scotland has suggested that Local Authorities could target older Home Care recipients in take-up campaigns to increase take-up of Attendance Allowance<sup>34</sup>.

The introduction of financial inclusion referral pathways in various health boards has helped many families access benefits. For example, the Healthier Wealthier Children project in NHS Greater Glasgow and Clyde has implemented a referral pathway from maternity and community health service practitioners to money and welfare rights advice services. This referral pathway involves healthcare workers asking patients during various points of contact if they are experiencing any financial difficulty, and if so, referring them to relevant services<sup>86,121</sup>. A similar pathway has been set up in GP services in Lothian and Dundee<sup>86</sup>. An evaluation of the Healthier Wealthier Children referral programme indicated that uptake of the money and welfare rights advice services ranged from 45% in the mainstream project to 91% in a targeted pilot within the Royal Hospital for Sick Children, demonstrating the effectiveness of referrals at targeted points of contact<sup>85</sup>. A similar scheme was set up in the Deep End Advice Worker project in the east end of Glasgow, with an advice worker stationed in two GP practices which served particularly deprived areas of Glasgow. An evaluation of this project found that 85% of those referred to the money advice service had never previously accessed this service, and there was a 65% engagement rate with the service once referred. The median amount of financial gain for successful applicants was £6,967 p.a. per person<sup>87</sup>.

The Maximise! Family Advice and Support Service, based in schools across Edinburgh, embeds welfare and family support staff in schools. Maximise! supports families experiencing health, social and financial problems and, by doing so, increase children and young people's educational attainment. Parents and carers are offered a range of support services, including money and welfare advice and employability services. A recent impact analysis of Maximise! found the service was successful in increasing the incomes of nearly 400 parents<sup>81</sup>.

## Strategies for addressing compliance barriers to claiming benefits

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- Simplify application processes and reduce complexity by aggregating benefits – automatic passporting or automatic entitlement
- Reduce need for complex array of support (e.g., discretionary funds, crisis loans, social tariffs) by increasing sufficiency of benefits and extending the eligibility criteria
- Offer a range of application modes
- Provide frontline staff with training on better understanding barriers faced by, and circumstances of, seldom-heard groups

### Examples in practice:

Automatic enrolment is being used in the Five Family Payments (Scottish Child Payment, Best Start Grant Pregnancy and Baby Payment, Best Start Grant Early Learning Payment, Best Start Grant School Age Payment, and Best Start Foods), such that receipt of the Scottish Child Payment enables automatic checks for eligibility for Best Start Grant Early Learning Payment and Best Start Grant School Age Payment<sup>39</sup>. The Five Family Payments have also been noted as a good example of signposting upon application<sup>68</sup>.

The implementation of a fast-track access route to benefits for terminally ill people enables people at the end of life to access benefits quickly. In response to a DWP evaluation of end-of-life experiences of accessing benefits and campaigns from other organisations such as Marie Curie, the Special Rules for Terminal Illness, which previously specified that to qualify for fast-tracking, individuals had to have a terminal diagnosis of 6 months, have been extended to 12 months<sup>32</sup>. This will ensure that people in their final year of life will receive financial support quickly.



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