The Scottish Government
Riaghaltas na h-Alba

# Scottish Government Equality Outcomes: Disability Evidence Review

Equalities

social research

# SCOTTISH GOVERNMENT EQUALITY OUTCOMES: DISABILITY EVIDENCE REVIEW

**Communities Analytical Services, Scottish Government**

Scottish Government Social Research
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**The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.**

# 1 INTRODUCTION

## Purpose of this document

1.1 This paper is one of a series written to inform the development of equality outcomes for the Scottish Government. Guidance from the Equality and Human Rights Commission (EHRC) states that a range of relevant evidence relating to equality groups and communities should be used to help set equality outcomes that are likely to make the biggest difference in tackling inequalities.

1.2 The EHRC suggests the following criteria for selecting equality outcomes:

- Scale – how many people are affected by the issue and how does the issue impact on their life chances?
- Severity – does the issue present a risk to equality of opportunity for particular protected groups? Is it a significant barrier to opportunity or freedom?
- Concern – do equality groups and communities see it as a significant issue?
- Impact – is the problem persistent or getting worse? What is the potential for improving life chances? Is the problem sensitive to public intervention?
- Remit – are you able to address the issue given your remit?

1.3 This series of papers provides evidence for some of the questions listed above – in particular, on the scale and severity of issues facing equality groups. It is intended that this evidence will feed into a process of engagement with equality groups and communities, to help develop the most relevant equality outcomes.

1.4 These papers seek to identify, very briefly, key facts and evidence gaps for the equalities groups in policy areas including: education, employment, poverty, housing, transport, hate crime, justice, public appointments, health, social care, sport, and culture.

## Key facts

1.5 Education: Disabled people report that transport, attitudes of others and health conditions are barriers to learning. Leavers from publicly funded secondary schools with additional support needs in 2009/10 were less likely to enter positive destinations on leaving school than leavers without. There are proportionately more disabled people in Further Education than Higher Education in Scotland. Disabled people are less likely to have a degree and more likely to have no qualifications than non-disabled people, but disabled students are just as likely to do well as students without disabilities.

1.6 Employment: Disabled people experience lower rates of employment and lower pay than non-disabled people, although the rate of employment for disabled people has increased. Employment rates vary considerably by impairment, with people with depression and learning disabilities the least likely to be in employment. Disabled people report a lack of confidence and the attitudes of employers as barriers to employment, and report flexible

working hours, changes to their work area and building modifications as factors enabling them to work.

1.7 Poverty: People who live with a disabled adult in their family are more likely to be in relative poverty than those who do not; this gap narrowed in 2009/10, but widened again in 2010/11. The Department for Work and Pensions expects the introduction of the Universal Credit to improve the incentives to work for disabled people, although half of the families that lose out from the Benefits Cap are expected to include a disabled person.

1.8 Housing: Disabled people are more likely to be living in the social rented sector than non-disabled people, and are more likely to face barriers getting into rooms in their own home. Homeless applications from disabled people rose between 1992 and 2002, and have remained stable since then. Campaign groups expect disabled people to fall foul of the under-occupancy rules for housing benefits, because of barriers to finding alternative accommodation.

1.9 Transport: In much of the survey evidence reviewed, the reported barriers to using public transport focus more strongly on cost and availability, than on difficulties resulting directly from disability. Detailed information on hindrances to using public transport is available from passenger consultations.

1.10 Hate crime: Disabled people, including women and children, are more likely to suffer abuse than non-disabled people. Scottish people are generally supportive of positive action towards disabled people, except in recruitment where it is perceived as unfair on other applicants.

1.11 Justice: A smaller proportion of disabled people have confidence in the criminal justice system than people without disabilities. People with communication support needs struggle to engage with the judicial process, and are disproportionately represented among the prison population.

1.12 Public appointments: On average, the number of applications from disabled people was proportionate to the number of disabled people in the working-age population, but the number appointed fell short of this. However, special interest boards can attract far higher proportions of disabled applicants.

1.13 Health: Disabled people have poorer self-reported health, and a higher incidence of mental ill-health, than people without disabilities. People with impairments including hearing impairments, visual impairments and learning difficulties report barriers to accessing healthcare, and negative experiences of receiving healthcare. This could be improved by training healthcare staff to better understand communication support needs.

1.14 Social care: Over a quarter of home-care clients have physical disabilities. The number of residential care places for clients with physical or learning disabilities has fallen since 2000, and the number of people with physical or learning disabilities being cared for at home has risen over the same period. The majority of disabled people feel that their needs for care are being met, whether formally or informally.

1.15 Sport: Disabled children take part in sport, in school and in after-school clubs, less often than children without disabilities. A smaller proportion of disabled adults undertake recommended amounts of physical activity than adults without disabilities. Reported barriers to participation in sport include self-consciousness, a lack of appropriate facilities, and the attitudes of others.

1.16 Culture: Disabled adults are less likely to engage with or participate in cultural events and activities than adults without disabilities, except for craft based activities. Barriers to increased participation include cost, transport, limited availability of audio-description, and low expectations.

**Gaps in the data**

1.17 Data collection on education and disability in Scotland is limited, as it is focused on pupils' additional support needs - of which disability forms a part but is not the whole picture.

1.18 Whilst surveys give quantitative data for rates of employment, more qualitative data could help to deepen our understanding of barriers to and enablers for employment.

1.19 Some of the data sources reported for transport are for the UK and are not specific to Scotland, and so may understate issues that are specific to geographical remoteness.

1.20 It is thought that incidences of hate crime against disabled people may be under-reported.

1.21 The data for numbers of people with communication support needs are rough estimates only.

# 2 CONTEXT

## Definitions

2.1 The Equality Act (2010) defines 'disability'[1] as:

> A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

2.2 It should be noted that some of the data sources cited in this Evidence Review, such as the *Life Opportunities Survey* [2], cover the whole of the UK and so are not specific to Scotland. This will be made clear in the text.

## Demographics

2.3 In 2009, 23% of men and 27% of women in Scotland reported a limiting long-term illness or disability (Table 1)[3].

**Table 1: Percentage reporting a limiting long-term illness or disability in Scotland (Source: Scottish Government *Scottish Health Survey, 2009*)**

| | **Age** | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **16 to 24** | **25 to 34** | **35 to 44** | **45 to 54** | **55 to 64** | **65 to 74** | **75+** | **All** |
| **Men** | | | | | | | | |
| 2008 | 7 | 10 | 20 | 22 | 34 | 43 | 50 | 23 |
| 2009 | 9 | 10 | 16 | 22 | 32 | 40 | 58 | 23 |
| **Women** | | | | | | | | |
| 2008 | 8 | 17 | 19 | 25 | 39 | 44 | 54 | 28 |
| 2009 | 12 | 16 | 19 | 24 | 34 | 40 | 55 | 27 |

2.4 There are also differences in types of impairment between age groups which are outlined in Table 2 – with older people more likely than younger people to experience most types of disability[4].

**Table 2: Impairment types by age group, 2009/11 (Source: Department for Work and Pensions (2011) *Life Opportunities Survey Wave One Results*)**

Adults aged 16 and over

| Type of impairment | Percentage of those aged 16-34 years | Percentage of those aged 35-54 years | Percentage of those aged 55-74 years | Percentage of those aged 75 and over | Percentage of all adults |
|---|---|---|---|---|---|
| Sight | 1 | 2 | 4 | 11 | 3 |
| Hearing | 1 | 1 | 4 | 13 | 3 |
| Speaking | 1 | 1 | 1 | 2 | 1 |
| Mobility | 1 | 5 | 14 | 28 | 8 |
| Dexterity | 1 | 4 | 9 | 16 | 6 |
| Long-term pain | 6 | 17 | 25 | 33 | 18 |
| Breathing | 1 | 2 | 5 | 9 | 3 |
| Learning | 3 | 2 | 1 | 1 | 2 |
| Intellectual | 1 | - | - | - | - |
| Behavioural | 1 | 1 | - | - | 1 |
| Memory | 2 | 3 | 3 | 8 | 3 |
| Mental health condition | 3 | 5 | 4 | 2 | 4 |
| Chronic health conditions | 5 | 10 | 19 | 30 | 13 |
| Other impairment or health condition | 1 | 1 | 1 | 1 | 1 |
| | | | | | |
| Sample size (=100%) | 9,200 | 12,550 | 10,730 | 3,680 | 36,160 |

2.5 Further results of Wave One of the *Life Opportunities Survey* in 2011 show that the prevalence of impairments or disabilities as defined by the Disability Discrimination Act (1995) increases considerably with age. For example, only one in ten adults aged 16 to 19 had an impairment (11%), whereas almost seven out of every ten adults aged 85 and over had an impairment (66%).

2.6 The Office for Disability Issues reports UK-wide trends in outcomes for disabled people[5]. Many have improved since baselines were set, which was in 2005 for most of the outcomes - see the Office for Disability Issues Indicators on the website at www.odi.gov.uk. For example, it reports significant improvements for disabled people in educational attainment, employment rates and the employment rate gap, and in poverty rates. There have also been improvements in other factors contributing to quality of life, for example in access to transport (22% of disabled people experience difficulty accessing transport, down five percentage points since 2005) and access to goods and services (32% experience difficulty, down eight percentage points since 2005). Results from the *British Social Attitudes Survey* show that public attitudes towards disabled people have improved since 2005. However, despite this general picture of improvement, disabled people now report less choice and control over their lives than others, and there are still significant gaps between disabled and non-disabled people's outcomes (especially in education and employment).

## Communication support needs

2.7 For the purposes of this Evidence Review, we will include communication support needs under the umbrella of 'disability'. The Royal College of Speech and Language Therapists[6] identifies conditions commonly associated with communication support needs including:

- Learning Disability
- Autistic Spectrum Disorders, including Asperger's Syndrome
- Dementia
- Neurological Illness (e.g. Multiple Sclerosis, Parkinsonism, Epilepsy)
- Stroke
- Some cancers (head and neck, mouth, throat, brain)
- Head or Brain Injury
- Hearing Impairment
- Visual Impairment
- Cerebral Palsy
- Mental Illness (e.g. Schizophrenia, Bipolar Disorder, Depression)

2.8 The Royal College of Speech and Language Therapists explains that "people can have Communication Support Needs due to developmental conditions or conditions acquired as they grow older. Anyone can have temporary communication support needs because of fatigue, illness, anxiety associated with new situations, stress, drugs, alcohol or other intoxicating substance."

2.9 The (then) Scottish Executive (2007) defined 'communication support' as "adaptations that individuals and organisations can make to facilitate the effective involvement of individuals with difficulties in understanding and making themselves understood" [7]. This implies that without such support, individuals will be less involved and so face barriers to participating in daily life.

2.10 A literature review by the (then) Scottish Executive in 2007[8] estimated that

> between 1 and 2% of the population at any one time have such severe communication support needs that they need specific assistance in order to have their needs met. There is a much larger group, perhaps up to 20% of the population, who may experience some difficulties with communication at some point in their lives relative to the population as a whole. Although these figures are drawn from a number of sources and refer to a number of different countries it is reasonable to assume that they will be true for Scotland as they are for other countries.

2.11 The Royal College of Speech and Language Therapists estimates that 250,000 people in Scotland have communication support needs[9]. At approximately 5% of Scotland's population, this is substantially higher than the Scottish Executive estimate reported above – demonstrating the difficulty of collecting accurate population data for communication support needs. However, both sources agree on the figure of 20% for people who may experience communication support needs at some point in their lives.

# 3 SCHOOL EDUCATION

3.1 This section looks at the demographics of school children with disabilities, provision that is made for special educational needs in schools, attainment, areas of particular difficulty for disabled pupils, and post school destinations.

## Demographics

3.2 The *High Level Summary of Equality Statistics*[10] illustrates the learning difficulties in school-age children in Scotland in 2005 (see Figure 1). Of those pupils with a Record of Needs and/or an Individualised Educational Programme, a fairly large proportion had moderate learning difficulties (21.3%) or specific learning difficulties (20.9%). Between 2003 and 2005, the proportion of pupils with a Record of Needs or Individualised Educational Programme remained fairly constant for most types of learning difficulty.

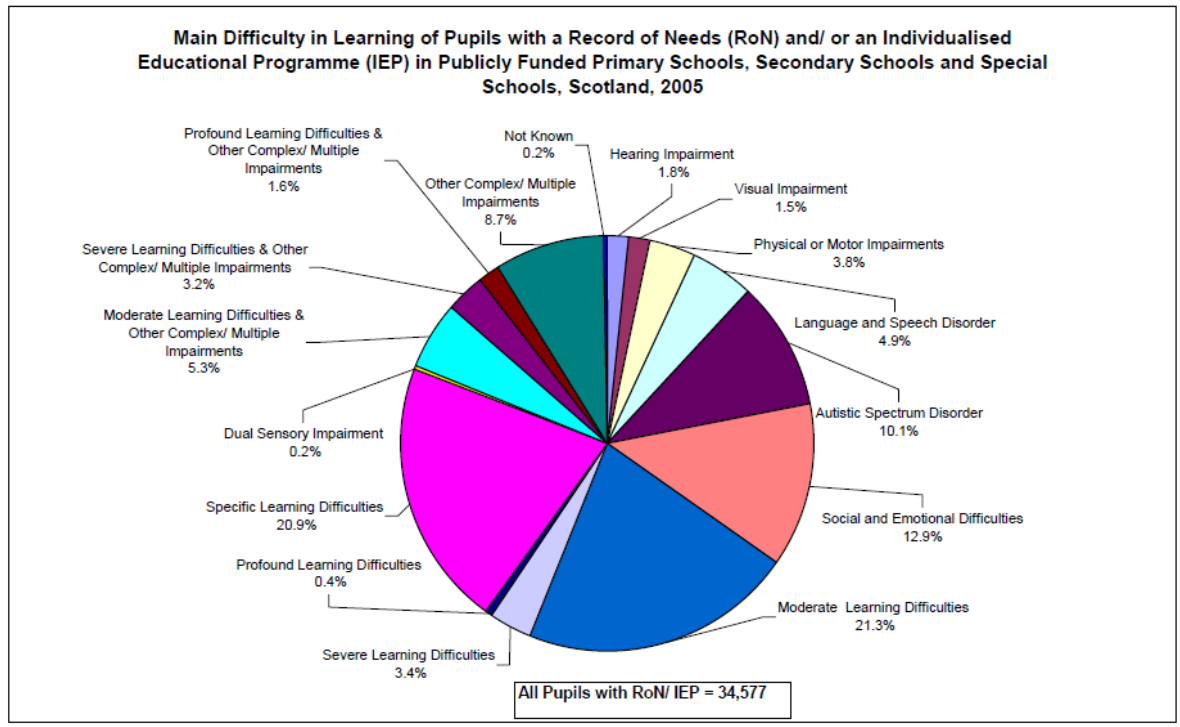
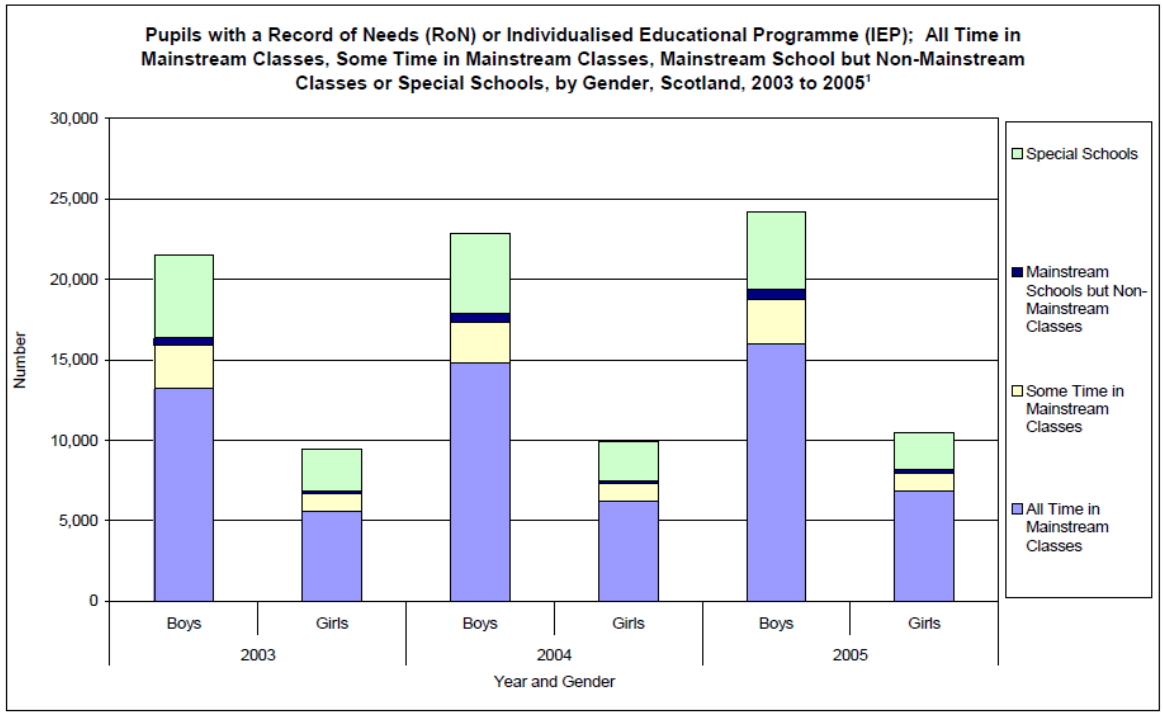



**Figure 1: Learning disabilities in schools (Source: Scottish Government (2006) *High Level Summary of Equality Statistics*)**

## Provision for special educational needs in schools

3.3 The *High Level Summary of Equality Statistics* also explores the provision for special educational needs in schools, by gender (see Figure 2). It observes that a markedly higher proportion of pupils with a Record of Needs or Individualised Educational Programme are male, regardless of the type of classes or school they attend, and this is consistent over time. In 2005, 70% were male. Of all pupils with a Record of Needs or Individualised Educational Programme, the majority (66%) were in mainstream classes all the time, while

23% were attending special schools or special units/ classes all the time, and 11% were in mainstream classes sometimes. The 70:30 male to female ratio was constant across types of provision.




Source: Pupils in Scotland, 2005

Notes:

1. This information pre-dates the implementation of the Additional Support for Learning Act in November 2005.

**Figure 2: Special educational needs in schools, by gender (Source: Scottish Government (2006) *High Level Summary of Equality Statistics*)**

## Attainment

3.4 Scottish Government data show that school leavers with additional support needs (including those leaving special schools) in 2009/10 continue to have lower attainment, with only 11.7% of pupils with an additional support need achieving one or more Highers or better, compared to 52.6% for those with no additional support needs[11].

## Areas of difficulty for pupils

3.5 In 2010/11, the rate of exclusions in Scotland for those with additional support needs was 121 per 1,000 pupils[12]. This was four times higher than for pupils with no additional support needs.

3.6 The (then) Scottish Executive's review of communication support needs (2007)[13] observes that children with communication support needs tend not to perform well in school, and are at increased risk of bullying due to peers' attitudes or lack of understanding. The transitions to secondary school and to

further or higher education are identified as being particularly problematic, and the review advises that they should be planned in advance in consultation between the individuals concerned and professionals in both healthcare and education.

**Post school destinations**

3.7 Skills Development Scotland's *School Leavers' Destination Report* 2009/10[14] covers leavers from publicly funded secondary schools. It reports that 1.4% of all school leavers declared a disability, and 80% of them went into positive post school destinations. This compares to 86.8% for non-disabled pupils.

3.8 Scottish Government data show that leavers from publicly funded secondary schools with additional support needs in 2009/10 continue to be less likely to enter positive destinations on leaving school. It reports 71.3% in positive follow-up destinations compared to 86.1% for those with no additional support needs[15].

3.9 National Indicator data from *Scotland Performs*[16] show an improvement to 2012: although leavers with additional support needs are still less likely to be in a positive destination than those without, around 77% of school leavers with additional support needs are in a positive destination nine months after leaving school. This compares to 88% of those without additional support needs.

# 4 FURTHER AND HIGHER EDUCATION

4.1 This section summarises the findings on demographics, educational attainment, and barriers to education.

## Demographics

4.2 The Equality Challenge Unit's[17] report on further and higher education in Scotland states that, over the six years to 2011, the proportion of students who chose not to declare their disability status dropped, from 13.3% in 2005/06 to 9.5% in 2010/11. The proportion of students who declared a disability increased from 11.4% in 2005/06, to 13.6% in 2010/11. Dyslexia was the most common impairment type declared in 2010/11 (see Figure 3): 24.3% of students who declared a disability said they have dyslexia.

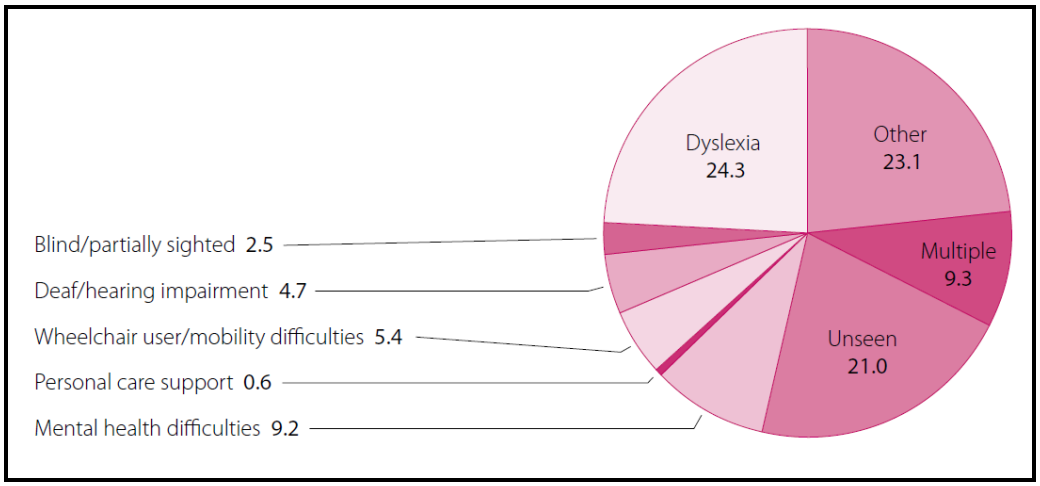



**Figure 3: Students who declared a disability, by impairment type, 2010/11 (Source: Equality Challenge Unit, 2012)**

4.3 The Equality Challenge Unit report also offers comparisons for the level of study, the subjects studied, and retention rates. A higher proportion of students studying at further education level have declared a disability (14.5%) than those studying at higher education level (7.9%). Some Scottish Credit and Qualifications Framework (SCQF) levels had markedly higher proportions of students who declared a disability than others. For example, 28.6% of students studying at FE SCQF level 3 have declared a disability, compared with 7.6% of students studying at SCQF level 8.

4.4 In terms of subjects studied, a higher proportion of students studying agriculture declared a disability than any other subject (12.3%). Students studying medicine and dentistry had the lowest rate of students who declared a disability (2.5%), although the total number of students for these subjects is small. Of students who declared a disability,

- 24.1% study creative arts and design,
- 22.2% study business and administrative studies, and

- 10.4% study mathematical and computing science.

4.5 Regarding retention, at higher education level, a higher proportion of students who declared no disability complete their course than students who declared a disability (83.0% and 79.9% respectively). At further education level the gap is smaller: 88.4% of students who declared no disability complete compared with 87.6% of students who declared a disability.

4.6 In the view of the Scottish Funding Council[18], there is little difference between the distribution of disabilities reported by Scottish domiciled students and Scottish domiciled qualifiers, suggesting that disabled students are just as likely to qualify from their course as those students without disabilities.

**Attainment**

4.7 The Office for Disability Issues *Life Opportunities Survey* findings for 2011 show that disabled adults are less likely than non-disabled adults to have degree level qualifications (see Table 3)[19].

**Table 3: Educational attainment by Equality Act disability status, 2009/11 (Source: Office for Disability Issues *Life Opportunities Survey*, 2011)**

Adults aged between 16 and 69

| Highest level of qualification | Percentage of non-disabled adults | Percentage of EA disabled adults | Percentage of all adults |
|---|---|---|---|
| Degree level qualification (or equivalent) | 26 | 13 | 23 |
| Higher educational qualification below degree level | 9 | 9 | 9 |
| A-Levels or Highers | 12 | 7 | 11 |
| ONC / National Level BTEC | 5 | 5 | 5 |
| O Level or GCSE equivalent (Grade A-C) or O Grade/CSE equivalent (Grade 1) or Standard Grade level 1-3 | 19 | 17 | 18 |
| GCSE grade D-G or CSE grade 2-5 or Standard Grade level 4-6 | 5 | 6 | 6 |
| Other qualifications (including foreign qualifications below degree level) | 12 | 15 | 12 |
| No formal qualifications | 12 | 29 | 16 |
| | | | |
| Sample size (=100%) | 23,760 | 6,500 | 30,260 |

4.8 National Indicator data from *Scotland Performs*[20] make similar observations for qualifications at SCQF level 4 or below. In 2010 the proportion of those with a disability who had no or low qualifications was 29%, almost three times the level of those who do not have a disability (11%). However, the fall in the proportion of people with no or low qualifications has been greater for disabled people than for people without a disability. Since 2007 the proportion of disabled people with no or low qualifications has fallen by 3 percentage points, this compares to a fall of 2 percentage points for those without a disability.

4.9 The EHRC *Triennial Review*[21] reports on further education for the UK as a whole. The proportion of students known to have a disability within the further education student population increased from 6.5% in 2004/05 to 8.0% in 2008/09: this rise was entirely due to a rise in the number with “specific

learning disabilities" such as dyslexia. Disabled students are as likely to receive a good degree as those not known to have a disability, and this varies little among students with different impairment types: for example, in 2008/09 61% of those who were blind or partially sighted achieved a first or upper second class degree, compared to 65% of those with mental health difficulties and 58% of those with a specific learning difficulty; 62% of students with no known disability achieved these results.

4.10 A report on diversity in the further education workforce in 2005[22] found virtually no research about staff experiences in relation to disability. The case studies of colleges in this report found that most staff interviewed felt that this area was dealt with effectively and that there was little discrimination, although a small number of disabled interviewees felt that they encountered many difficulties. It was noted in one college that the practical nature of some work would make it unsuitable for people with certain types of impairments, although it was not evident that reasonable adjustments had been fully considered. Most staff felt that access had improved considerably though there were some concerns in relation to specific buildings.

## Barriers to education

4.11 The *Life Opportunities Survey* explores the barriers faced by disabled people in education (Table 4)[23]. The findings show that transport, lack of support, attitudes of others and health conditions/impairments are all seen as barriers to education for disabled people.

**Table 4: Barriers to learning opportunities by impairment status, 2009/11 (Source: Office for Disability Issues *Life Opportunities Survey*, 2011)**

Adults aged 16 and over with a barrier to learning opportunities

| Barrier | Percentage of adults without impairment | Percentage of adults with impairment | Percentage of all adults |
|---|---|---|---|
| At least one barrier to learning opportunities | 9 | 16 | 11 |
| | | | |
| Financial reasons | 55 | 48 | 52 |
| A health condition, illness or impairment | 1 | 31 | 14 |
| Too busy/not enough time | 40 | 21 | 32 |
| A disability | 1 | 20 | 9 |
| Difficulty with transport | 8 | 20 | 13 |
| Lack of information | 18 | 20 | 19 |
| No learning opportunities available | 16 | 19 | 17 |
| Lack of help or assistance | 11 | 17 | 14 |
| Difficulty getting on course or refused a place | 10 | 12 | 11 |
| Caring responsibilities | 14 | 12 | 13 |
| Attitudes of other people | 4 | 9 | 6 |
| Difficulty getting into buildings | .. | 5 | 2 |
| Difficulty using facilities | 1 | 4 | 2 |
| Other | 13 | 12 | 13 |
| | | | |
| Sample size (=100%) | 1,040 | 710 | 1,750 |

NOTES:
1. See the Introduction of this report for the definition of impairment status.
2. Respondents were asked to select all barriers that applied to them from the list of options provided. All respondents regardless of impairment status could select these response options.

# 5 EMPLOYMENT

5.1 This section examines what is known about disabled people's employment rates, and explores the barriers and enablers for disabled people to work. It closes with a review of pay gaps.

## Employment rates

5.2 The *Annual Population Survey* (2010)[24] shows that:

- Between 2004 and 2010, the employment rate (16-64) for people with a disability in Scotland increased from 42.4% to 46.9%. This compares to an overall employment rate of 71.0% in 2010.
- 68% of employed disabled people in Scotland work in the private sector, while 32% work in the public sector.

5.3 Figure 4 compares rates for disabled and non-disabled people, from the *Annual Population Survey* in 2009[25].

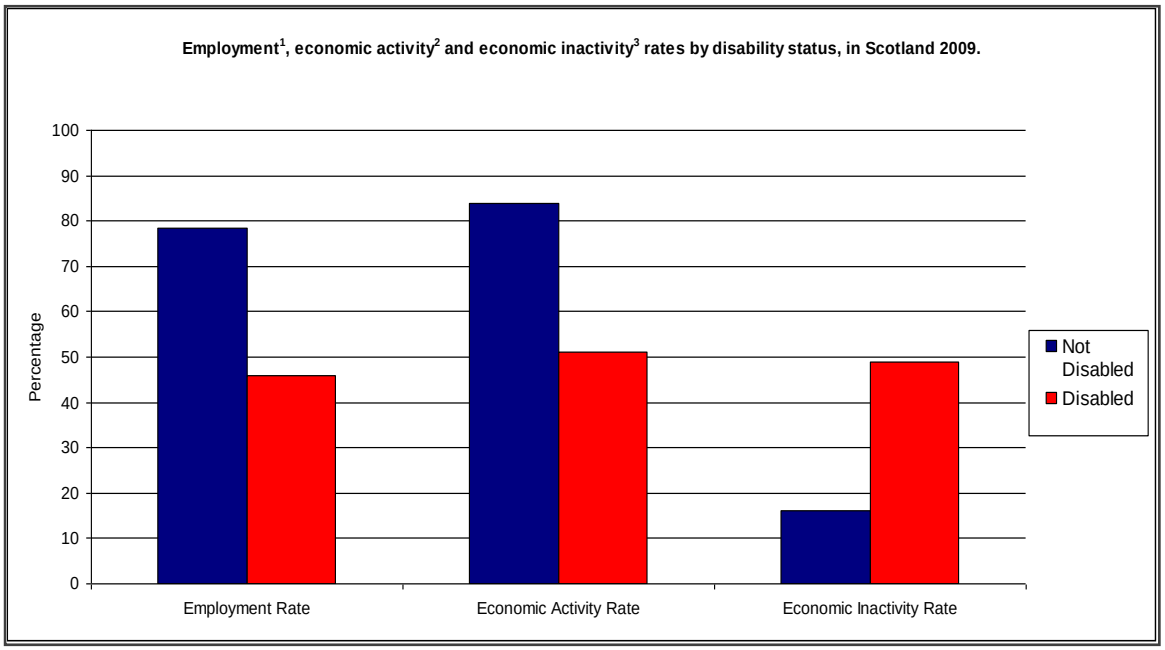



**Figure 4: Employment rates in Scotland, 2009 (Source: *Annual Population Survey*, 2009)**

NOTES:

1. Employment rate is the number of people aged 16-64 in employment expressed as a percentage of the population aged 16-64.

2. Economic activity rate is the number of people either in employment or unemployed as a percentage of the population aged 16-64.

3. Economic inactivity rate is the number of people aged 16-64 neither in employment nor unemployed as a percentage of the population aged 16-64.

5.4 *The position of Scotland's equality groups: revisiting resilience in 2011*[26] reports the changes in employment rates over a two-year period 2009-11 (see Figure 5). This shows that there has been a general shift out of inactivity into

either unemployment or employment for those with disabilities, and it is notable that the change in employment rate is positive for disabled people, but negative for non-disabled people.

| | Disabled | | | Not Disabled | | | All | | |
|---|---|---|---|---|---|---|---|---|---|
| | *Rate* | *Change on 2 years* | | *Rate* | *Change on 2 years* | | *Rate* | *Change on 2 years* | |
| Economic Activity Rate | 54.5 | 4.2 | ⇧ | 84.5 | 0.3 | ⇧ | 77.8 | 0.3 | ⇧ |
| Employment Rate | 49 | 3.7 | ⇧ | 78.1 | -0.4 | ⇩ | 71.6 | -0.3 | ⇩ |
| Unemployment Rate | 10.2 | 0.3 | ⇧ | 7.6 | 0.8 | ⇧ | 8 | 0.8 | ⇧ |
| Inactivity Rate | 45.5 | -4.2 | ⇩ | 15.5 | -0.3 | ⇩ | 22.2 | -0.3 | ⇩ |

Source: Labour Force Survey[26], ONS

**Figure 5: Economic Activity Rates of the Population aged 16-64 by Disability Status, and Change on Two Years, Scotland, Apr-Jun 2011 (Source: Scottish Government Social Research (2011) *The position of Scotland's equality groups: revisiting resilience*)**

5.5 This report also observes that the pattern shown in Figure 5 is not the same across both genders. Women with disabilities fared slightly better in the labour market over the same two year period than their male counterparts: disabled women's employment rate rose by 3.9 percentage points, whilst men with disabilities saw a 3.5 percentage point increase in their employment rate,.

5.6 The Office for Disability Issues report *Fulfilling Potential: Next Steps*[27] (2012) gives UK-wide trends in employment for disabled people since 2002. The overall trend has been an increase in the employment rate for disabled people (this is a long-term trend, now standing at 46.3% overall), and a reduction in the employment rate gap which has decreased by 5.8 percentage points since 2002, and stood at 29.9% in 2012. The Office for Disability Issues refers to its detailed analysis of the *Labour Force Survey 2012* to show that this shortfall is evident across the whole range of jobs and careers, but it is especially marked in senior management, the professions (including medicine), construction trades, engineering and IT, the arts and media, food, and hospitality. The employment gap is less wide in clerical jobs (especially in the public sector), nursing and caring, shop and sales work, and cleaning.

5.7 The Office for Disability Issues continues to explain that UK employment trends have been largely driven by an increase in the employment rate for disabled people over the age of 50 (from 34.9% in 2001 to 41.7% in 2012), as a result of more disabled people remaining in the work force. Trends in quarterly flows show that the number of people in employment aged over 50, who acquire a disability and remain in employment, has increased by 160,000 (58%) since 2001. The Office for Disability Issues report suggests that maintaining and further improving retention rates for people acquiring impairments may be a priority area for future policy development.

5.8 The Office for Disability Issues identifies different factors affecting young disabled people. There has been the same UK trend towards staying on in

education as for non-disabled people, but young disabled people are more likely to leave education and become unemployed than their non-disabled peers. The employment rate gap between disabled and non-disabled people increases from around the age of 21 or 22 and by 25 has reached the average level for adults. This shows how disabled people are less likely than non-disabled people to achieve employment at these ages. However, having a degree level qualification can significantly improve employment outcomes. In 2009/10, 60% of disabled graduates were in employment six months after graduating, compared to 65% of non-disabled graduates.

5.9 However, the *Annual Population Survey* (2009) observes that overall employment figures offer only a partial picture, claiming that when impairment type is considered, it is clear that employment rates vary significantly by type of impairment[28]. Table 5 shows that people with depression or learning disabilities experience lower rates of employment compared with the figure for all disabled people (which is already much lower than for non-disabled people).

**Table 5: Employment rates of disabled people by main impairment type - Scotland 2009 (Source: *Annual Population Survey*, 2009)**

| **Impairment Type** | **(%)** |
|---|---|
| Problems or disabilities connected with arms or hands | 45.3 |
| Problems or disabilities connected with legs or feet | 46.8 |
| Problems or disabilities connected with back or neck | 41.2 |
| Difficulty in seeing (while wearing spectacles or contact lenses) | 47.5 |
| Difficulty in hearing | 58.9 |
| Speech impediment | * |
| Severe disfigurement, skin conditions, allergies | 62.6 |
| Chest or breathing problems, asthma, bronchitis | 58.1 |
| Heart, blood pressure or blood circulation problems | 52.3 |
| Stomach, liver, kidney or digestive problems | 57.8 |
| Diabetes | 67.9 |
| Depression, bad nerves or anxiety | 25.4 |
| Epilepsy | 38.9 |
| Severe or specific learning difficulties (mental handicap) | 23.8 |
| Mental illness, or suffer from phobia, panics or other nervous disorders | * |
| Progressive illness not included elsewhere ( e.g. cancer, multiple sclerosis) | 42.2 |
| Other health problems or disabilities | 53.8 |
| **All disabled people** | **45.9** |

NOTES:

1. Data are for those people aged 16-64

2. * data suppressed as estimates below reliable threshold

## Enablers and barriers to employment

5.10 The *Life Opportunities Survey* (2011)[29] explored the factors that disabled people felt helped them gain and remain in employment. Table 6 shows that reduced or modified working hours, duties and work areas/buildings were all seen as 'enablers' to work.

**Table 6: Employment Enablers for employed adults by impairment status (adults aged 16 or over) (Source: *Life Opportunities Survey*, 2011)**

| Enabler | Percentage of adults without impairment | Percentage of adults with impairment | Percentage of all adults |
|---|---|---|---|
| Modified hours or days or reduced work hours | 16 | 21 | 17 |
| Tax credits | 8 | 11 | 8 |
| Changes to work area or equipment | 5 | 10 | 6 |
| Modified duties | 3 | 7 | 4 |
| A job coach or personal assistant | 5 | 5 | 5 |
| Building modifications | 1 | 4 | 2 |
| Other equipment or services | 2 | 3 | 2 |
| None of these | 71 | 59 | 68 |
| | | | |
| Sample size (=100%) | 13,690 | 3,290 | 16,980 |

5.11 The *Life Opportunities Survey* also explores the barriers to employment for both disabled people and non-disabled people. The findings in Table 7 show that disabled people are more likely than non-disabled people to face barriers to work because of lack of confidence and attitudes of employers. Disabled people also cited health conditions, impairments and disability as barriers to work.

**Table 7: Barriers to employment opportunities for employed adults by impairment status, 2009/11 (Adults aged 16 and over who were in employment but were limited in the type or amount of paid work that they could do) (Source: *Life Opportunities Survey*, 2011)**

| Barrier | Percentage of adults without impairment | Percentage of adults with impairment | Percentage of all adults |
|---|---|---|---|
| At least one barrier to employment opportunities | 18 | 33 | 21 |
| | | | |
| A health condition, illness or impairment | 4 | 35 | 13 |
| Family responsibilities | 44 | 29 | 39 |
| Lack of job opportunities | 16 | 17 | 17 |
| Lack of qualifications/experience/skills | 12 | 14 | 12 |
| Disability related reasons | 1 | 13 | 4 |
| Attitudes of employers | 8 | 11 | 9 |
| Caring responsibilities | 7 | 10 | 8 |
| Difficulty with transport | 6 | 9 | 7 |
| Anxiety/Lack of confidence | 2 | 8 | 4 |
| Affects receipt of benefits | 3 | 6 | 4 |
| Lack of help or assistance | 2 | 5 | 3 |
| Attitudes of colleagues | 1 | 3 | 2 |
| Difficulty getting into buildings | - | 2 | 1 |
| Difficulty using facilities | - | 2 | 1 |
| Lack of special aids or equipment | .. | 2 | 1 |
| Other reasons | 38 | 25 | 34 |
| | | | |
| Sample size (=100%) | 2,570 | 1,080 | 3,650 |

NOTES:

1. See the Introduction of the Life Opportunities Survey for the definition of impairment status.

2. Respondents were asked to select all barriers that applied to them from the list of options provided. All respondents regardless of impairment status could select these response options.

5.12 Table 8 shows the findings of the *Life Opportunities Survey* concerning barriers to unemployed disabled people.

**Table 8: Barriers to employment opportunities for unemployed adults seeking work by impairment status, 2009/11 (Adults aged 16 and over who were unemployed and seeking work and were limited in the type or amount of paid work that they could do) (Source: *Life Opportunities Survey*, 2011)**

| Barrier | Percentage of adults without impairment | Percentage of adults with impairment | Percentage of all adults |
|---|---|---|---|
| At least one barrier to employment opportunities | 31 | 58 | 39 |
| | | | |
| A health condition, illness or impairment | 8 | 45 | 25 |
| Lack of job opportunities | 40 | 43 | 41 |
| Difficulty with transport | 24 | 29 | 27 |
| Lack of qualifications/experience/skills | 24 | 28 | 25 |
| Family responsibilities | 39 | 26 | 33 |
| Disability related reasons | .. | 23 | 11 |
| Attitudes of employers | 6 | 20 | 12 |
| Anxiety/Lack of confidence | 6 | 16 | 11 |
| Affects receipt of benefits | 5 | 13 | 9 |
| Caring responsibilities | 7 | 10 | 8 |
| Lack of help or assistance | 5 | 7 | 6 |
| Attitudes of colleagues | .. | 4 | 2 |
| Lack of special aids or equipment | .. | 3 | 2 |
| Difficulty getting into buildings | .. | 2 | 1 |
| Difficulty using facilities | .. | 2 | 1 |
| Other reasons | 28 | 13 | 22 |
| | | | |
| Sample size (=100%) | 330 | 260 | 590 |

NOTES:

1. See the Introduction of the Life Opportunities Survey for the definition of impairment status.

2. Respondents were asked to select all barriers that applied to them from the list of options provided. All respondents regardless of impairment status could select these response options.

3. The definition of unemployed is not consistent with the International Labour Organisation definition as availability to start working in the two weeks after interview is not checked. For more information regarding the International Labour Organisation definition see the Glossary (Chapter 21) of this report.

5.13 In *Fulfilling potential – the discussions so far*[30] the Office for Disability Issues also looked at enablers to employment. It found that employed adults with mobility and dexterity impairments were more likely to require building modifications, and those with a mental health condition were more likely to need a job coach or personal assistant.

5.14 Research by Adams and Oldfield[31] (2012) also explored the barriers disabled people faced in relation to employment. The priority areas their research identified for improvement were tackling attitudinal barriers and creating a better workplace culture – so that employers do not make assumptions about disability or underestimate the capabilities and contribution of disabled people and people with long-term health conditions. This would remove some barriers at recruitment and in promotion opportunities.

- Addressing inflexibility in work patterns – disabled people face challenges associated with how the working day and working week are arranged, and with restrictions on leave or breaks. They have encountered a lack of

awareness and imagination about how some of these challenges can be addressed.

- Increasing support at line management level – key in ensuring workloads and tasks are managed effectively, and in fostering an environment where an employee's needs can be identified and communicated.

5.15 The (then) Scottish Executive's review of communication support needs[32] in 2007 also highlighted the awareness and attitudes of employers who tend engage staff with communication support needs at levels below their abilities. Individuals with communication support needs were found to be more likely to be in paid employment if they had a lower level of communication support needs, were male and white (suggesting intersections with gender and ethnicity), and were otherwise in good health. Barriers to employment for people with communication support needs include noise, tasks requiring speed, speaking to groups of people, the attitudes of others and their knowledge about communication difficulties.

**Pay gaps**

5.16 Metcalf (2009)[33] examined pay gaps across all equality groups. In terms of the disability pay gap, Metcalf identified differences between the characteristics of disabled and non-disabled people as potential contributors (p64). This is because disabled people tend to be older and they also tend to be less educated, to have fewer qualifications, to be in lower level jobs and to have greater work absence. Barham and Begum (2005)[34], for example, found that 5.9% of employees who were Disability Discrimination Act (1995) disabled were absent in a given week with sickness absence, compared with 2.5% of non-disabled employees: the authors suggest that their impairment may restrict their employment and consequent earnings.

5.17 The pay gap varies with severity of impairment. Burchardt (2000)[35] found that, whilst disabled men earned on average 24% less than non-disabled men, those with a less severe impairment earned 14% less and those with a higher degree of impairment earned 40% less.

# 6 POVERTY

6.1 This section looks first at the incidence of poverty, and then at the anticipated impacts of welfare reform.

**Incidence of poverty**

6.2 The Scottish Government's *Disability and Poverty* analysis (2011)[36] shows that people who live with a disabled adult in their family are more likely to be in relative poverty (before housing costs) than those who do not – see Figure 6 below. Throughout the period 2002/03 to 2008/09, the proportion of individuals in relative poverty (before housing costs) was approximately 8 percentage points higher in families containing a disabled adult than in families with no disabled adults. In 2010/11 this was again the case, after a brief narrowing to 3 percentage points in 2009/10: as some of the sample sizes underlying these estimates are small, caution should be exercised in the interpretation of year-on-year fluctuations, and identification of trends should be based on data for several years. The reader should note that these poverty figures are based on income and do not take into account any perceived higher cost of living of many disabled people; for more detail on the possible over-estimation of living standards, see pages 7-9 of the *Equivalence Scales*[37].

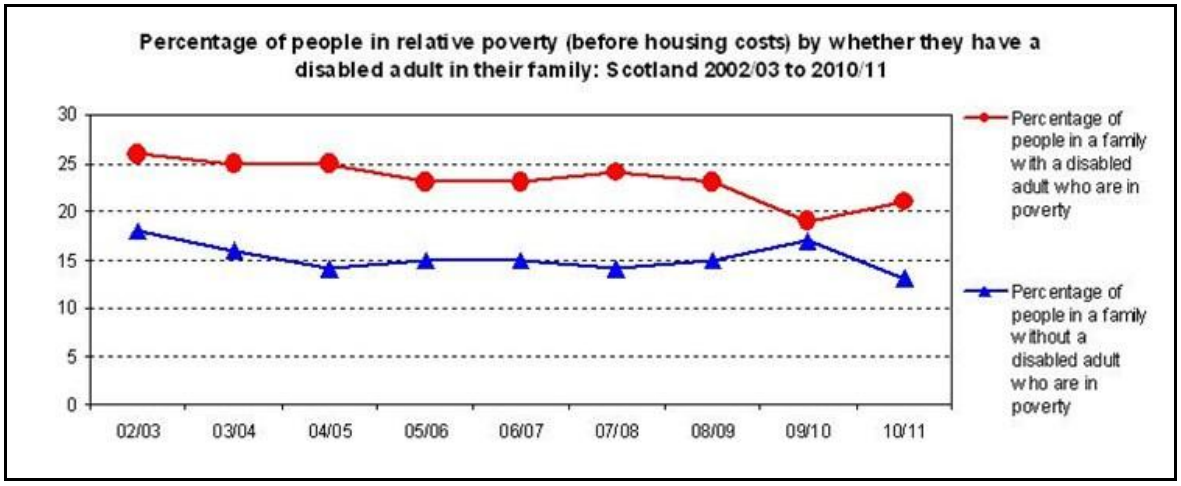



**Figure 6: Disability and relative poverty, 2002/03 to 2010/11. (Source: Scottish Government *Disability and Poverty* analysis, 2011)**

6.3 The Scottish Government's research report, *The position of Scotland's equality groups: revisiting resilience in 2011*[38], reports that:

- Households with one or more disabled people are much more likely to have no working members compared to households without disabled people (64% and 25% respectively).

- More positively, in-work poverty is lower for households with one or more disabled people than for households without disabled people (3% and 7% respectively).

6.4 The *Scottish Household Survey* (2009/10) found that disabled people were less likely to be coping financially[39]. Households that contain at least one person with a long-term illness or a disability are more likely to be 'not coping' (15%) than those that do not (10%). The corresponding 'coping' figures are 41% and 53% respectively.

6.5 The *Wealth and Assets Survey* (2006/08)[40] reported that households across Great Britain with a member with a long-standing illness or disability do not appear to be particularly disadvantaged in wealth distribution compared to households where there is no disability. However, there is wide inequality in wealth levels between disabled households, although it is not possible to establish the extent to which wealth is affected by different impairments.

6.6 The *Family Resources Survey* (2007/08)[41] found that disabled people across Great Britain in all age categories are more likely than non-disabled people to have no bank account and no home contents insurance. This appears to be particularly true for people with a learning disability.

**Welfare reform**

6.7 The Department for Work and Pensions has published an *Equalities Impact Assessment for the Universal Credit*[42]. It models the expected positive impact of Universal Credit for people moving into ten hours of work per week at the minimum wage. It does this by calculating the participation tax rate, which is the proportion of earnings which are lost in tax, national insurance or reduced benefit payments, when a person moves into work. The improvement in participation tax rates is seen for disabled as well as non-disabled people:

- It is expected that far more people will have a relatively low participation tax rate (of below 60%) when Universal Credit comes in. The proportion of disabled people who have this low participation tax rate increases from 20% under the current system to 90% under Universal Credit. For people without a disability, the proportion with low participation tax rate increases from 46% to 98%.

- It is also expected that fewer people will have relatively high participation tax rate (of above 70%) when Universal Credit starts. Just 4% of disabled people will face a high participation tax rate under Universal Credit, compared to 33% under the current system. Only 1% of people without a disability would face a high participation tax rate under Universal Credit.

6.8 The Department for Work and Pensions explains that, under Universal Credit, disabled people see slightly higher participation tax rates than non-disabled people because disabled people are more likely to be claiming benefits outside of Universal Credit (such as Carer's Allowance or Contributory Employment and Support Allowance) which increases their participation tax rates. The interaction with contributory benefits and carers' allowance also accounts for the small proportion of disabled households with participation tax rates in excess of 90% under Universal Credit. The higher earnings disregards for disabled people should mean that their work incentives are significantly improved from the current system.

6.9 The Department for Work and Pensions equality impact assessment of the new Benefits Cap[43] explains that the cap will not apply to households where someone is in receipt of Disability Living Allowance (or its replacement, the Personal Independence Payment, from April 2013), Attendance Allowance, Industrial Injuries Benefit or the support component of Employment and Support Allowance. However, it observes that disability can be defined in a number of ways, and receipt of these benefits is just one potential way. Of the households who lose from this policy, based on internal modelling, the Department for Work and Pensions expects that roughly half will contain somebody who is classed as disabled under the Equality Act.

6.10 The Department for Work and Pensions' equality impact assessment of the abolition of the 'youth' provision for Employment and Support Allowance (ESA)[44] touches on the intersection between disability and age, in the context of welfare reform.

# 7 HOUSING

7.1 The evidence in this section covers the evidence on tenure, house condition, accessibility, and homelessness. It closes with a look at welfare reform.

## Tenure

7.2 The *Scottish Household Survey* (2010)[45] found that disabled adults were more likely than non-disabled adults to live in the social rented sector, and less likely to own their own homes or rent privately. Fifty-nine percent of adults with a long-term illness or a disability lived in owner occupied housing, 35% in social rented accommodation, and 8% in the private rented sector. The corresponding figures for adults with no long-term illness or disability were 71%, 15% and 14% respectively.

## House condition

7.3 In 2010, the *Scottish Household Survey* showed little difference in house condition for households where a member had a long term illness or disability, compared to households where no-one had a long term illness or disability. This was true for variables including Below Tolerable Standard, energy efficiency, presence of damp, condensation or mould, or critical disrepair.

7.4 Households where a member experienced a long term illness or disability were, however, more likely to also be fuel poor (33% compared to 23%).

## Accessibility

7.5 In terms of accessibility, the *Life Opportunities Survey*[46] asked participants about any barriers they faced getting into rooms in their own homes. It found that disabled people were more likely than other adults to have difficulty getting into their bedroom and their toilet/bathroom (see Table 9).

**Table 9: Rooms in own home adults had difficulty getting into by impairment status, 2009/11 (Adults aged 16 and over who had difficulty getting into any room in own home) (Source: *Life Opportunities Survey*, Wave One results, 2011)**

| Room | Percentage of adults without impairment | Percentage of adults with impairment | Percentage of all adults |
|---|---|---|---|
| Kitchen | 9 | 11 | 11 |
| Bedroom | 43 | 66 | 64 |
| Living area | 7 | 9 | 9 |
| Toilet/Bathroom | 28 | 56 | 53 |
| Other | 36 | 18 | 20 |
| | | | |
| Sample size (=100%) | 110 | 890 | 1,000 |

NOTE:

1. Respondents were asked to select all rooms that they had difficulty accessing from the list of options provided.

7.6 The *Life Opportunities Survey* respondents listed the barriers they faced as: impairments, disabilities and stairs with no lift or ramp (see Table 10).

**Table 10: Barriers to accessing rooms within the home by impairment status, 2009/11 (Adults aged 16 and over who experienced difficulty getting into any room in own home) (Source: *Life Opportunities Survey*, Wave One results, 2011)**

| Barrier | Percentage of adults without impairment | Percentage of adults with impairment | Percentage of all adults |
|---|---|---|---|
| At least one barrier to accessing rooms within the home | - | 8 | 3 |
| | | | |
| Stairs, lack of ramps/stair lift | 24 | 52 | 49 |
| A health condition, illness or impairment | 15 | 51 | 47 |
| A disability | 5 | 40 | 36 |
| Lack of handrails | 5 | 6 | 6 |
| Lack of help or assistance | 0 | 4 | 4 |
| Uneven floor levels | .. | 3 | 3 |
| Door width | .. | 3 | 3 |
| Corridor width | .. | 2 | 2 |
| Other | 55 | 9 | 14 |
| | | | |
| Sample size (=100%) | 110 | 890 | 1,000 |

NOTE:

1. Respondents were asked to select all barriers that applied to them from the list of options provided. All respondents regardless of impairment status could select these response options.

7.7 The *Life Opportunities Survey* further reports that the stock of wheelchair adapted housing has increased from 2,300 units in 1996 to 6,300 in 2010.

### Homelessness

7.8 The EHRC *Review of Research*[47] (2009) suggests that, in Scotland, people who have experienced homelessness are more likely to be disabled or have a long term illness. Data on the number of disabled people making a homeless application to a local authority, and assessed as being priority need as a result of physical or learning disability, show applications increased in the period between 1992-93 and 2001-02, when the number peaked at 1,406. Figures from 2002 onwards show that the number of applications has remained relatively constant since then. The *Review* cites *Scottish Household Survey* (2006) data on people who have ever experienced homelessness: it shows that 6.5% reported having a disability or long-term illness, compared with 3.3% of those who did not.

### Welfare reform

7.9 Regarding the potential impact of welfare reform on housing for disabled people, Inclusion Scotland and Capability Scotland[48] commented (in 2011) on

section 68 of the Welfare Reform Bill. This introduces a reduction in housing benefit for those people of working age, who are under-occupying accommodation in the social rented sector. The provision would mean that those found to be under-occupying social rented accommodation would need to seek smaller accommodation from their current provider, or find accommodation in the private sector. They anticipate that this reform is likely to have a disproportionate impact on disabled people in Scotland because disabled people are over represented amongst social sector tenants in Scotland (citing the *Scottish House Condition Survey*), and because disabled people may be less able to avoid sanctions under this provision because of the barriers to finding suitable (accessible and/or adapted) accommodation.

# 8 TRANSPORT

8.1 This section considers variations in, and barriers to, the use of various modes of transport, presented in the order of most frequent use as reported in the *Life Opportunities Survey* for the UK in 2011[49].

8.2 The most frequently used mode of transport reported in the UK *Life Opportunities Survey* was motor vehicles: of those adults (with or without a disability) who had continuous use of a motor vehicle, 97% reported using it. Motor vehicles also had the highest proportion of adults reporting using the mode of transport "as much as they would like" (70%). After motor vehicles, the modes of transport which were most frequently used by all adults were local buses and taxis/minicabs (both 60%). After trains and the Underground, the mode of transport used the least frequently was long distance buses (16% of all adults).

8.3 The report first outlines the extent to which each of these modes of transport is used, followed by a review of some of the barriers to greater use. The section closes with detailed comments from consultations in Scotland, addressing barriers and ways in which they could be overcome.

**Motor vehicles**

8.4 Broad demographic data are reported for Scotland in the *High Level Summary of Equality Statistics*[50]. This reports that in 2006:

- Only 50% of adults aged 17 years and over who report a disability or long-term illness, and who possess a full driving licence, drive every day. This is compared to two thirds of those without a disability or long-term illness.
- 14% of adults with a disability or long-term illness possess a driving licence but never drive.

8.5 The Scottish Government reports that 6.1% of Scotland's adult population had a blue badge, in 2010[51]. The Blue Badge scheme allows drivers of passengers with severe mobility problems to park close to where they need to go.

***Barriers***

8.6 The *Life Opportunities Survey* 2011 describes some of the barriers that contribute to the lower rate of driving among disabled drives compared to non-disabled drivers. The most common barrier experienced by all adults to using motor vehicles related to cost (50%), and being too busy or not having enough time. The latter was identified as a barrier by 13% of all adults and it was identified by a higher proportion of adults without impairment than adults with impairment (17% and 9% respectively), suggesting that it is related to factors other than disability. For 30% of adults with impairments, health conditions were also reported as a barrier to why they did not use motor vehicles as much as they would like to.

## Local buses

8.7 The *High Level Summary of Equality Statistics* reports that, in Scotland in 2006, adults with a disability or long-term illness were more likely to use a local bus service than those with no disability or long-term illness: 56% of adults with a disability or long-term illness had used a bus service in the previous month compared to 42% of adults without.

8.8 Transport Scotland reports[52] that, as at January 2012, 166,605 concessionary fare passes had been issued to disabled people (around 3% of the population) and 16,107 concessionary fare passes had been issued to visually impaired people (around 0.3%). Transport Scotland also notes that the percentage of buses in Scotland that are accessible or have a low floor has increased from 36% in 2004/05, to 81% in 2010/11.

### *Local buses - barriers*

8.9 In terms of disabilities that hinder the use of local buses, the Scottish Government's *Transport and Travel in Scotland* report for 2010[53] found that:

- 8.1% of the adult population have a long-standing illness, health problem or disability that means they find walking for at least 10 minutes difficult to manage on their own, and
- 4.6% of the adult population have a long-standing illness, health problem or disability that means they find using a bus difficult to manage on their own.

8.10 The *Life Opportunities Survey* 2011 found that 25% of all UK adults reported experiencing difficulty accessing local buses. A higher proportion of adults with impairment than adults without impairment experienced difficulty using local buses (34% and 21% respectively; see Table 11 below)[48]. The most common barriers experienced by all adults related to the transport being unavailable, and to its cost: both were reported as a barrier by a higher proportion of adults without impairment than adults with, suggesting that the primary barriers are not in fact related to disability. The barriers that are experienced more by disabled adults include difficulty getting in or out of transport, difficulty getting to and from the stop or station, and anxiety or lack of confidence. Similar barriers were reported for long distance buses.

**Table 11: Barriers to using local buses by impairment status, 2009/11 (Adults aged 16 and over who experienced barriers to using local buses) (Source: *Life Opportunities Survey*, 2011)**

| Barrier | Percentage of adults without impairment | Percentage of adults with impairment | Percentage of all adults |
|---|---|---|---|
| At least one barrier to using local buses | 21 | 34 | 25 |
| | | | |
| A health condition, illness or impairment | 2 | 31 | 14 |
| A disability | 1 | 23 | 10 |
| Transport unavailable | 37 | 22 | 30 |
| Cost | 28 | 21 | 25 |
| Difficulty getting in or out of the transport | 3 | 18 | 9 |
| Difficulty getting to stop or station | 8 | 17 | 12 |
| Difficulty getting from stop or station to destination | 7 | 16 | 11 |
| Anxiety/lack of confidence | 2 | 12 | 6 |
| Delay and disruption to service | 16 | 11 | 14 |
| Overcrowding | 10 | 9 | 10 |
| Lack of help or assistance | 2 | 8 | 4 |
| Too busy/not enough time | 14 | 7 | 11 |
| Attitudes of passengers | 7 | 6 | 7 |
| Lack of information | 9 | 6 | 8 |
| Fear of crime | 5 | 6 | 6 |
| Lack of space | 5 | 5 | 5 |
| Attitudes of staff | 3 | 4 | 3 |
| Caring responsibilities | 2 | 4 | 3 |
| Seeing signs or hearing announcements | - | 2 | 1 |
| Unable to book a seat | - | 1 | 1 |
| Other reasons | 25 | 15 | 21 |
| | | | |
| Sample size (=100%) | 4,760 | 3,380 | 8,140 |

## Taxis - barriers

8.11 The *Life Opportunities Survey* 2011 observes that disabled people who did use public transport experienced particular difficulties where they had to change buses, in terms of connection times and accessibility. For the alternative of taking taxis, the additional costs were seen as a barrier to being able to get out and about. This is despite the fact that 46% of taxis are wheelchair accessible, although only 2.4% of Private Hire Cars are wheelchair accessible[54].

8.12 The *Life Opportunities Survey* states that 17% of all UK adults reported experiencing difficulty using taxis/minicabs. A higher proportion of adults with impairment than without experienced such difficulty (24% and 14% respectively). The most common barrier experienced by all adults was cost – again, the barrier is not determined by disability alone. For adults with impairment, cost was by far the most common barrier (79%), followed by reasons associated with their health condition, illness or impairment (13%).

## Underground - barriers

8.13 For Scotland, this will be relevant only to the Glasgow Subway. The *Life Opportunities Survey* 2011 finds the most common barrier experienced by all adults was the transport being unavailable, which was reported more often by adults without impairment than adults with impairment (76% and 64%

respectively); the second most common barrier was cost, which was experienced fairly equally by adults with and adults without impairment (8% and 9% respectively). Again, these barriers do not relate solely to disability. Anxiety or lack of confidence was identified as a barrier more often by adults with impairment than adults without impairment (8% and 3% respectively). For adults with impairment, reasons related to a health condition, illness or impairment (14%) and a disability (9%) were given as to why they did not use the underground as much as they would like to.

**Local trains - barriers**

8.14 According to *Transport and Travel in Scotland* 2010[55], 3.6% of the adult population in Scotland have a long-standing illness, health problem or disability that means they find using a train difficult to manage on their own.

8.15 The *Life Opportunities Survey* 2011 reports that 21% of all UK adults reported experiencing difficulty using local trains. Again, cost and availability were the most commonly-reported barriers for all adults. For disabled adults, anxiety and reasons related to a health condition, illness or impairment explained why they did not use local trains as much as they would like to. The same barriers were reported for long-distance trains.

**Consultations in Scotland**

8.16 The findings of these consultations shed more light on the actual barriers experienced by disabled people, and suggested actions to overcome them.

8.17 The Scottish Government's user consultation for the *National Transport Strategy*[56] reported separately on the views of passengers with physical and learning disabilities. A large range of issues were put forward by disabled respondents, some of which did not relate to particular types of disability, for example, the general need for better staff training, and issues with cost and frequency as reported above.

8.18 Most issues that were raised in the consultation for the *National Transport Strategy*, however, related to the needs of those with particular types of disability. In terms of public transport needs, wheelchair users felt that taxi companies were often not able or willing to be responsive to their needs, while visually and auditory impaired respondents focussed on a need to receive information both verbally and visually. In addition, most disabled respondents had a particular concern over personal safety when travelling as many felt in a potentially vulnerable position. Some issues raised by individuals with learning difficulties were similar to those raised by other disabled respondents, for example the need for improved staff training on public transport - staff need to appreciate that some customers might take longer to say what they need or to respond to questions. However, those with learning difficulties tended to be more outwardly positive about the benefits that transport brought them and how it enabled them to experience new opportunities: for this reason, concessionary travel was particularly appreciated. Despite feeling positive about the potential benefits of transport, actually using transport was frequently difficult, confusing and scary. Many issues that other respondents

took for granted or did not notice were raised. The noise of traffic, the chaotic nature of transport and congestion were all issues of particular concern.

8.19 The *Consultation on initiatives related to the ScotRail franchise extension*[57] reports very similar issues to those reported above for the *National Transport Strategy*. Many disabled people feel that rail travel is largely inaccessible to them, citing the low percentage of railway stations with disabled access, an insufficient number of ramps for wheelchair users, and the availability of appropriately trained staff as reasons for not using trains. A lack of integration with other modes also makes it less likely that disabled people living in rural areas will travel at all. Personal safety is a major issue for disabled people, both on trains and at stations.

8.20 The *Equalities Impact Assessment for Scotland's cycling strategy*[58] acknowledges that cycling may be a more difficult form of travel/leisure for many disabled people, and warns that - due to sample size issues – there are no statistical data on cycling among disabled people in Scotland. However, qualitative research undertaken with disabled cyclists in London[59] found that those who cycled for leisure felt that cycling offered emotional and health benefits, and was a way of socialising, while those who cycled as a means of transport felt that cycling gave them independence; however, perceived vulnerability when cycling on busy roads was a key barrier. We know that adapted bicycles (e.g. tricycles, tandems, recumbent bikes, handcycles) are available which enable some disabled people to cycle; however, these are often more expensive than a basic bicycle. In response to an earlier consultation, the authors noted that limits on the value of bikes purchasable through employer salary-sacrifice schemes could sometimes exclude disabled people who wanted to cycle.

# 9 HATE CRIME AND GOOD RELATIONS

9.1 Hate crime is described by the Scottish Government[60] as "a crime motivated by malice and ill-will towards a social group". The Offences (Aggravation by Prejudice) (Scotland) Act 2009 provides for statutory aggravations for crimes motivated by malice and ill-will towards an individual based on their disability.

9.2 This section explores the nature and extent of hate crime experienced by disabled people, followed by related evidence on bullying and hostility, and it closes with a review of attitudes towards positive action.

**The nature of hate crime**

9.3 An EHRC literature review and survey (in England, Scotland and Wales), *Disabled people's experiences of targeted violence and hostility*[61], finds that disabled people are at higher risk of being victimised in comparison with non-disabled people. Those with learning disabilities and/or mental health conditions are particularly at risk and suffer higher levels of actual victimisation. A typology of eight key types of incidents is identified, including:

- physical incidents
- verbal incidents
- sexual incidents
- targeted anti-social behaviour
- damage to property/theft
- school bullying
- incidents perpetrated by statutory agency staff
- the more recent phenomenon of cyber bullying.

9.4 This report also shows (in Chapter 4) that disabled people were four times more likely to be victims of sexual violence than non-disabled people; and four times more likely to have their property stolen with the threat or use of violence. Hotspots in terms of locations for experiencing abuse are identified and findings are summarised on the motivation of perpetrators and on the impact of violence and hostility. Reporting, redress and barriers to reporting are also considered.

9.5 The EHRC *Triennial Review*[62] warns that trend analysis of hate crime is difficult because it is a relatively new concept, and its recording might be expected to fluctuate until it has become embedded in institutional practice. Moreover, analysis based on a single year is limited: the only types of offence with more than 100 respondents reporting that they had been victims, related to 'age' and 'race and religion'. Smaller numbers are estimated by *British Crime Survey* data to be affected by hate crimes relating to disability and sexual orientation. The *Triennial Review* states that we are unable to distinguish between the different experiences of people based on type of disability from the *British Crime Survey* data, although it cites Scope (2008)[63] as evidence that people's experience varies by type of disability.

## The extent of hate crime

9.6 In Scotland in 2011-12[64], 68 charges were reported with an aggravation of prejudice relating to disability, 20 more than were reported in 2010-11 which was the first full year of implementation of the legislation.

9.7 Court proceedings were commenced in respect of 39 charges (57%) reported in 2011-12. In total 45 charges (66% of the 68 charges relating to disability) led to court proceedings, including those not separately prosecuted, but which may have been incorporated into other charges for the same accused. These percentages are lower than the corresponding figures for 2010-11 which were over 70%, although this is partly because eight charges (12%) reported in 2011-12 are still awaiting a decision.

## Bullying, harassment and hostility

9.8 The EHRC's (2011) *Inquiry into disability-related harassment*[65] across the UK looked at the causes of such harassment, and the actions taken by public authorities and public transport operators in an attempt to prevent and eliminate it. The *Inquiry* summarises its findings:

> For many disabled people, harassment is an unwelcome part of everyday life. Many come to accept it as inevitable, and focus on living with it as best they can. And too often that harassment can take place in full view of other people and the authorities without being recognised for what it is. A culture of disbelief exists around this issue. The harassment of disabled people can take many different forms, including bullying, cyber-bullying, physical violence, sexual harassment and assault, domestic violence, financial exploitation and institutional abuse.

9.9 The *Inquiry* further found that disabled people often do not want to report harassment when it occurs, for a range of reported reasons which include fear of consequences, concerns that they will not be believed, and lack of information about who to report it to. The EHRC report, *Disabled people's experiences of targeted violence and hostility* suggests (in Chapter 7) that disabled people are more likely to tell a third party rather than the police about such experiences, and therefore the extent and severity of the problem is unclear.

9.10 The EHRC report, *Disabled people's experiences of targeted violence and hostility,* finds that - despite the lack of robust material comparing risks to disabled and non-disabled people - there is consensus in the existing evidence that disabled people experience a heightened risk of violence and anti-social behaviour leading to victimisation, compared to non-disabled people. The EHRC reports that one in five disabled people in Scotland were also found to have experienced disability-related harassment; 47% had experienced hate crimes due to their disability[66]. The EHRC cites evidence of particularly high levels of victimisation of those with mental health conditions[67] [68] and/or learning disabilities[69] [70].

9.11 The risk of victimisation identified by the EHRC, is illustrated by Mencap's (2007)[71] data on victimisation of disabled children and young people. For example:

- Eight out of 10 children with learning disabilities have been bullied at school.
- Three out of 10 children and young people with a learning disability who have been bullied were bullied on the streets, and the same proportion of children and young people that have been bullied were on the bus and at the park.
- Five out of 10 children and young people with a learning disability had been bullied in more than one place.
- Nearly 50% of children and young people with a learning disability had been bullied for over a year.

9.12 A study in 2008 found disabled women to be twice as likely to experience domestic violence as non-disabled women[72]. It reports that women with learning disabilities are identified specifically in the wider literature as being at risk, with levels of violence against women reported to be greater than against men with similar impairments.

9.13 The EHRC recently commissioned a qualitative study[73] to provide detailed information about disabled people's experiences and views of disability-related harassment and their perceptions of the role of public bodies. According to respondents, disability-related harassment is a widespread problem.

**Attitudes towards positive action and discrimination**

9.14 The Scottish Government's (2011) report *Attitudes to Discrimination and Positive Action*[74] presents key findings from a study of public attitudes towards discrimination and positive action, based on data from the *Scottish Social Attitudes Survey*. The EHRC defines 'positive action' as 'measures that are designed to counteract the effects of past discrimination and to help abolish stereotyping.' The results of three survey questions on positive action are discussed below, followed by a question on attitudes to discrimination.

9.15 Table 12 shows that most respondents (76%) agreed that shops and banks should take action to reduce barriers to disabled people using their services, even if this leads to higher prices. This has barely changed (from 77%) since 2002. (Note that the number of responses varies to questions in the 2010 survey, as some questions were part of the self-completion section of the survey which often generates slightly fewer responses than the rest of the module.)

**Table 12: Question: "Shops and banks should be forced to make themselves easier for disabled people to use, even if this leads to higher prices". (Source: *Scottish Social Attitudes Survey*, 2010)**

| | 2002 | 2006 | 2010 |
|---|---|---|---|
| | % | % | % |
| Agree strongly | 24 | 27 | 23 |
| Agree | 53 | 50 | 53 |
| Neither agree nor disagree | 14 | 15 | 15 |
| Disagree | 7 | 4 | 6 |
| Disagree strongly | * | 1 | 1 |
| Can't choose | 2 | 1 | 1 |
| (Not answered) | 1 | 3 | 1 |
| *Sample size* | *1507* | *1437* | *1366* |

9.16 An even higher proportion of respondents (93%, see Table 13) believed that providing information about public services in 'easy read' formats for people with learning disabilities is a good use of government money.

**Table 13: Question: "Some people with learning disabilities find it difficult to read. 'Easy read' is designed to help them by making words simpler and using pictures. Do you think it is a good or a bad use of government money to provide information about public services in 'easy read' formats for people with learning disabilities?" (Source: *Scottish Social Attitudes Survey*, 2010)**

| | Info in other languages | Info in 'Easy read' |
|---|---|---|
| | % | % |
| Very good use of govt money | 3 | 23 |
| Good use of govt money | 44 | 70 |
| Neither good nor bad use | 19 | 4 |
| Bad use of govt money | 29 | 2 |
| Very bad use of govt money | 4 | * |
| (Don't know) | * | 1 |
| *Sample size* | *1495* | *1495* |

9.17 Regarding attitudes to different kinds of positive action that employers could take to try to increase the representativeness of their workforce, the majority (63%, Table 14) felt that giving a suitably qualified disabled candidate an automatic interview for a job would be unfair. In contrast with the survey's findings on discriminatory attitudes, it was the more highly educated and those in managerial or professional professions who were most likely to view this kind of positive action as unfair.

9.18 The number of respondents feeling that automatic interviews would be unfair has increased from 57% in 2006. This change suggests that the advent of the recession may have had some impact on attitudes towards the position of disabled people within the labour market.

**Table 14: Question: "Say several people apply for a job, including someone with a disability. They all meet the necessary requirements for the job. Do you think it would be fair or unfair to automatically give the person with a disability an interview for the job, even if other applicants appeared to be better qualified?" (Source: *Scottish Social Attitudes Survey*, 2010)**

| | 2006 | 2010 |
|---|---|---|
| | % | % |
| Definitely fair | 10 | 10 |
| Probably fair | 30 | 27 |
| Probably unfair | 40 | 41 |
| Definitely unfair | 17 | 22 |
| (Don't know) | 3 | 1 |
| *Sample size* | *1594* | *1495* |

9.19 We now consider attitudes towards discrimination. Table 15 shows whether respondents know any disabled people, cross-tabulated against the question about tolerance of prejudice, to explore whether those who have contact with different kinds of people are less accepting of prejudice in general. Knowing someone with a physical disability does not appear to be significantly associated with being less likely to feel prejudice is sometimes justifiable. However, those who know someone with a learning disability were significantly less likely than those who did not to say there was sometimes good reason for prejudice. These findings do not, however, rule out the idea that having more contact with different people might have an impact on people's views about diversity and prejudice. Perhaps how much contact people have and what type of contact makes a difference, and not simply whether or not they know someone from a particular group. Or perhaps contact with particular groups makes a difference to their attitudes to that group, but not their willingness to accept or reject prejudice in general.

**Table 15: Attitudes to prejudice by whether or not the respondent knows anyone from different groups (row%) (Source: *Scottish Social Attitudes Survey*, 2010)**

| | **Scotland should get rid of all prejudice** | **Sometimes there is good reason to be prejudiced** | **(It depends)** | ***Sample size*** |
|---|---|---|---|---|
| **Knows anyone with a physical disability?** | | | | |
| Yes | 67 | 28 | 4 | *998* |
| No | 66 | 31 | 2 | *263* |
| **Knows anyone with a learning disability?** | | | | |
| Yes | 69 | 25 | 4 | *767* |
| No | 62 | 34 | 3 | *468* |

# 10 JUSTICE

10.1 This section reviews disabled people's experience of the justice system, their representation in its workforce, and their access to justice.

**Experience of the justice system**

10.2 According to the EHRC *Triennial Review*[75], the analysis of 2007/08 *British Crime Survey* data undertaken for the *Equality Measurement Framework* suggests that disabled people are less likely than those without disabilities to experience stop and search: however, given the small sample size, it is difficult to know whether this was chance (possibly relating to disabled people spending less time outdoors) or a significant finding.

10.3 Regarding confidence in the criminal justice system, the same analysis found that disabled people or those with a limiting long-term illness are significantly less likely to believe that the criminal justice system meets the needs of victims: only 27% of those with a limiting long-term illness / disability believed this, compared to 39% of the rest of the population. Analysis of *British Crime Survey* data by the Office for Disability Issues suggests that the difference is more pronounced among young disabled people: in 2008/09, 39% of those with a limiting long-term illness /disability aged between 16 and 34 thought that the criminal justice system was effective, compared with 48% of those without. In addition, 53% in this group thought that the criminal justice system was fair, compared with 64% of those without disabilities.

10.4 The EHRC further reports that the Joint Committee on Human Rights[76] has highlighted that people with learning disabilities are more likely to lack confidence in the criminal justice system than the general population: many may not know how to report a crime, and the police can be reluctant to accept that a crime has been committed if the victim has a learning disability.

**Staffing**

10.5 In 2010-11, across Scotland 2.5% of police officers declared they had a disability[77]. The percentage of police support staff declaring that they had a disability is higher than for officers, at 4.9%.

10.6 The legal profession has few disabled members. This may have potential impacts on how disabled people interact with such services if their needs are not properly understood or met by those that are able to represent them. The Scottish Legal Aid Board's survey of solicitors in 2010[78] found that 1% of respondents considered themselves to have a disability, including visual impairment, hearing impairment, physical co-ordination difficulties, chronic asthma, or dyslexia. The Law Society of Scotland[79] reports that 2% of its members in 2006 considered themselves to have a disability, rising to 3% in 2009.

## Access to justice

10.7 Regarding access to justice and legal aid, a survey in 2009 of applicants for civil legal aid found that 30% of respondents considered they had a long standing illness, health problem or disability[80]- *Scottish Health Survey* data for 2009 report a figure of 25% for the population as a whole, although these two surveys may not be directly comparable. In a 2011 client satisfaction survey of the Public Defence Solicitors' Office (offering publicly-funded criminal defence in Scotland)[81], 29% of the 135 respondents stated that they had a long standing illness, health problem or disability.

10.8 The EHRC (2009) reports that no attention is given to disability in crime statistics collected in Scotland, and formal assessment and diagnosis of learning disability or learning difficulty in secure settings is rare[82]. However, there is evidence to suggest that a higher proportion of young offenders and prisoners have communication support needs than are found in the population as a whole (then Scottish Executive, 2007)[83]. This report continues to explain the barriers that people with communication support needs face in engaging with the judicial system:

> People with communication support needs are likely to have difficulty interacting with those involved in the criminal justice system. The verbal nature of the proceedings and the highly formulaic procedures involved are challenging for the public as a whole to negotiate, but for those who have difficulty in understanding what is being said to them or expressing themselves these problems are exacerbated. This group may also have their credibility as a reliable witness questioned due to common misconceptions regarding individuals with communication difficulty.

# 11 PUBLIC APPOINTMENTS

11.1 This section presents the available data on public appointments in relation to disabled people.

11.2 A Public Appointment is an appointment to the board of any of the public bodies across Scotland - either as a member, or as the chair[84]. The board's role is to provide leadership, direction and guidance, it is not involved in the day-to-day running of the public body.

11.3 As of 31 March 2011, disabled people made up just 7.7% of UK appointees, even though 14% of the working age population were disabled[85].

11.4 During the year 2011/12[86], 15.3% of applicants to public boards in Scotland declared a disability and 11.5% of people appointed to boards declared a disability.

11.5 The Scottish Government's website for public appointments[87] reports that, in the public appointments rounds for 2011-12, 14% of applicants were disabled but only 11% of appointees were. It is anticipated that data to 2013 will be published on the same website later this year.

# 12 HEALTH AND ACCESS TO HEALTH SERVICES

12.1 This section addresses health outcomes, health behaviours, and disabled people's experiences of health services. It draws on the *Scottish Household Survey* (2010)[88], the *Scottish Health Survey*[89] (2012), and the Inpatient Experience Survey (2010)[90].

**Health outcomes**

12.2 The *Scottish Household Survey* (2010) found that:

- 32% of people who had a disability or long term limiting illness assessed their health as good or very good, compared to 88% of those with no disability.
- There is a disabled person or a person with a long-term condition living in 33% of households in Scotland.

12.3 The remaining discussion on health outcomes refers to the *Scottish Health Survey* (2012).

12.4 The association between self-assessed health and disability was very strong, as might be expected. Only 39% of respondents with a limiting long-term condition reported being in good or very good heath compared to 81% of those with a non-limiting condition and 92% of those without any condition.

12.5 Respondents with a limiting long-term condition also had significantly poorer mental wellbeing: measured on the WEMWBS scale (where lower scores indicate less good wellbeing), they had a mean score of only 45.8, compared with 50.6 for those with non-limiting conditions and 51.5 for those with no condition. Respondents with a limiting long-term condition were significantly more likely to display mental ill-health by means of a high GHQ12 score (where higher scores indicate ill-health): 30% with a limiting long-term condition had a low score compared with 11% of those with a non-limiting condition, and 9% of those with no condition. Overall, the evidence suggests that disabled respondents have notably poorer general health and mental wellbeing. However, the association may be partly artefactual as limiting long-term conditions recorded in the survey include incidences of diagnosed psychiatric disorders.

12.6 Poor dental health was associated with disability. Only 65% of people with a limiting long-term condition had 20 or more natural teeth, compared with 75% of those with no longstanding condition. Disability was also associated with the experience of toothache: 19% of respondents with a limiting long-term condition reported having experienced toothache in the last month compared to 11% of those without a condition.

12.7 The prevalence of obesity was significantly associated with disability: 34% of respondents with a limiting, long-term condition were obese, compared to 30% of those with a non-limiting condition, and 24% of those without a condition. There was no difference in the prevalence of overweight including obesity, between those with a limiting and non-limiting condition (both 68%). This was, however, significantly higher than the prevalence of overweight

including obesity among those with no long-term condition (63%). It is possible that respondents with physical impairments may become overweight as they are less capable of being physically active. It is also possible that those who are overweight and obese develop debilitating and longstanding conditions as a consequence of their unhealthy weight. The point has been made, however, that whether obesity is the cause or the result of having a disability, the association presents a major challenge to public health.

12.8 As would be expected, there was a significant association between cardio-vascular disease and disability: 24% of individuals with a limiting long-term condition had cardio-vascular disease, compared with 14% with a non-limiting condition and 9% with no condition. Respondents with any kind of long-term condition were significantly more likely to be diabetic, although there was no difference in diabetes prevalence between those with a limiting and non-limiting condition (both 9%).

**Health behaviours**

12.9 The *Scottish Household Survey* (2010) found that adults who most commonly smoke are:

- those unable to work due to short-term ill health (60%),
- those unemployed and seeking work (52%), and
- those who are permanently sick or disabled (47%).

12.10 The remaining discussion on health behaviours refers to the *Scottish Health Survey* (2012).

12.11 Respondents who reported a disability were less likely to drink excessively than those who did not: 19% of respondents with a limiting long-term condition drank at hazardous or harmful levels, compared with 24% of those without a long-term condition. They were also significantly less likely to exceed daily limits, at 31% compared to 41%. There was no difference in alcohol consumption between those with a non-limiting condition and those without a condition.

12.12 Respondents who reported a disability were significantly more likely to smoke than those who did not: 34% of those with a limiting long-term condition smoked, compared with only 23% and 22% of those with a non-limiting condition or with no condition. Those with a limiting long-term condition also smoked more on average (15.2 cigarettes per day) than those with a non-limiting condition (14.2) and those with no condition (13.7). Disability was not significantly associated with the age of starting smoking.

12.13 There was some variation in diet between disability groups. Fewer adults with a limiting long-term condition (19%) ate five portions of fruit and vegetables a day than those without a condition (23%). On average, respondents with a limiting longstanding condition ate 3.0 portions of fruit and vegetables a day

compared with 3.3 for those with a non-limiting condition and 3.4 for those with no condition.

**Experience of health services**

12.14 Regarding communication support needs, the (then) Scottish Executive (2007)[91] reported that "People with communication disabilities often report that they find it particularly difficult getting their needs met in primary care". This is attributed to the training, awareness or attitudes of healthcare professionals, to the requirement for the patient to express his needs, and to the time constraints on consultations. The report's recommendations include training healthcare professionals in involving patients with communication support needs in the decision making process as a means of removing barriers to healthcare service.

12.15 The remaining discussion on experiences refers to the *Inpatient Experience Survey* (2010). The findings of the survey were analysed by the following types of disability:

- Deafness or severe hearing impairment
- Blindness or severe vision impairment
- A physical disability
- A learning disability (such as Down's Syndrome)
- A learning difficulty (such as dyslexia)
- A mental health condition (such as depression or schizophrenia)
- A long term condition (such as diabetes, cancer, HIV, heart disease or epilepsy)
- Other

12.16 The survey report examines the variations in the self-reported experiences of Scottish inpatients from different equality groupings including by gender, age, ethnicity, religion, sexuality, health status, day-to-day activity limiting illnesses, interpretation needs, and a variety of conditions.

12.17 Of the 30,880 survey respondents, 14% were deaf or had a severe hearing impairment. Patients with deafness or a severe hearing impairment were less likely to report a positive experience of their time in Accident and Emergency: being told what was happening in a way they could understand was reported as a problem.

12.18 Five percent of the survey respondents were blind or had a severe visual impairment. These patients had similar experiences to others i.e. those that did not have that disability, although they were less likely to know how and when to take their medicines and they were less confident of being able to look after themselves when they got home.

12.19 The 21% of respondents with a physical disability were more likely to report a positive experience for four questions, and for six questions they were less likely to. There does not appear to be a pattern in the areas where the differences were found. As might be expected, patients with a physical

disability were more likely to report that they were given help with eating and drinking, and arranging transport.

12.20 Just 143 (~0%) of the survey respondents had a learning disability. The only difference was that they were less likely to answer positively about being involved in decisions about their care. This difference may be because family and hospital staff are likely to be more involved in these decisions.

12.21 One percent of respondents had a learning difficulty. They were less likely to report a positive experience compared to others for 12 questions, and were never more likely to report a positive experience. The areas where they were less likely to report a positive experience included their time in Accident and Emergency, and interactions with doctors.

12.22 The 7% of respondents who had a mental health condition were generally less positive than others. They were less likely to report a positive experience for 33 questions, and were never more likely to report a positive experience. The areas where they were less likely to report a positive experience are spread throughout all sections of the survey.

12.23 Seventeen percent of respondents had a long term condition, they were more likely to report a positive experience for 21 questions and were never less likely to report a positive experience. Patients with long term conditions are more likely to have poorer health status and to report that their day-to-day activities are limited: both of these factors were shown earlier in the survey report to have a negative impact on the likelihood of a patient reporting a positive experience. The survey report suggests that the patient's experience depends a lot more on the severity, rather than the existence, of a long term condition.

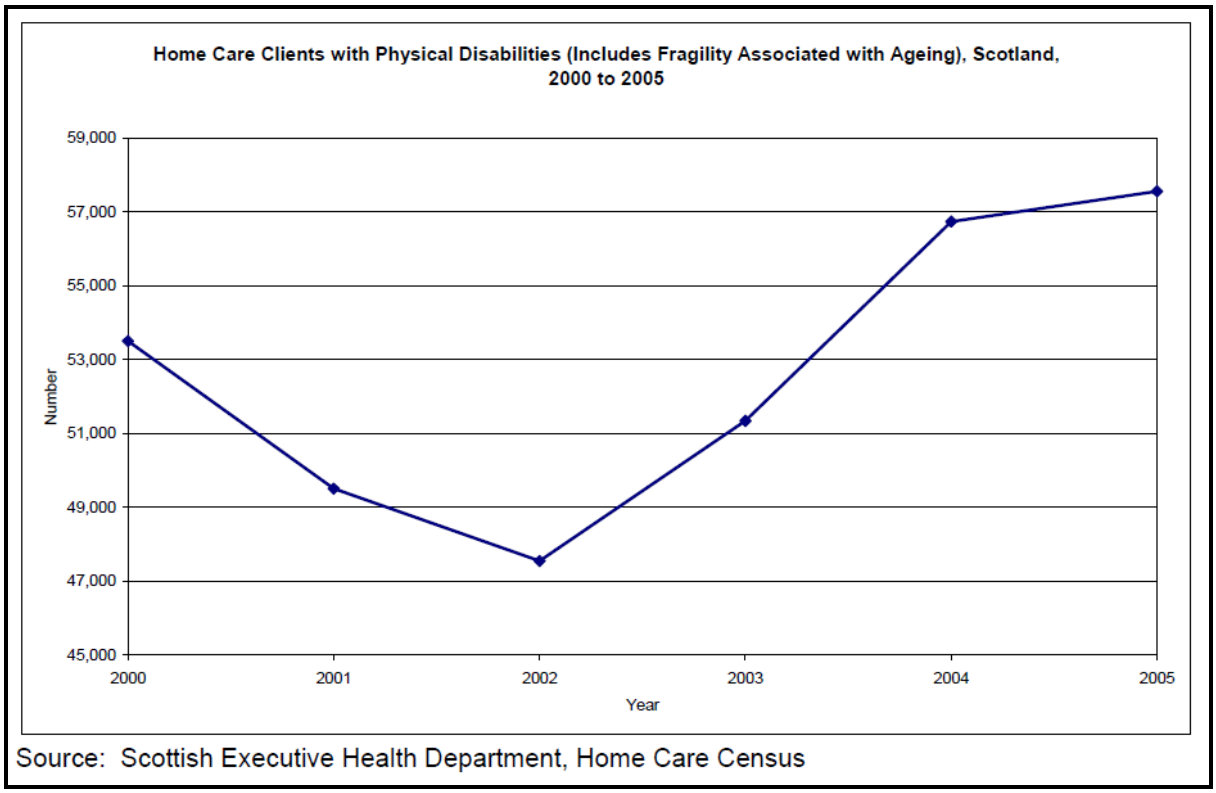
# 13 SOCIAL CARE

13.1 This section reviews the provision of care to disabled people in their homes, including the adequacy of support and who provides that support. It then looks at the number of care homes.

**Home care**

13.2 In Scotland in 2012, local authorities provided or purchased Home Care Services[92] for clients of whom 17,526 (28%) had physical disabilities, 31,415 (50%) had infirmity due to age, and 4,588 (7%) had learning disabilities.

13.3 Earlier data on home care is not directly comparable to the 2012 data because the Home Care Services statistical data collection was substantially revised in 2010. This earlier data is presented below (figures 7 and 8) to show trends in home care provision between 2000 and 2005. The *High-level Summary of Equality Statistics*[93] (2006) plots the increasing numbers of disabled people being cared for at home. The number of home care clients with physical disabilities (including frailty due to old age) has increased by over 10,000 since 2002, to its 2005 level of just over 57,500 (see Figure 7). This has been largely driven by the rise in the number of people aged 65 and over in this category with an increase of almost 9,000 since 2002, mainly due to the introduction of Free Personal Care in July 2002.

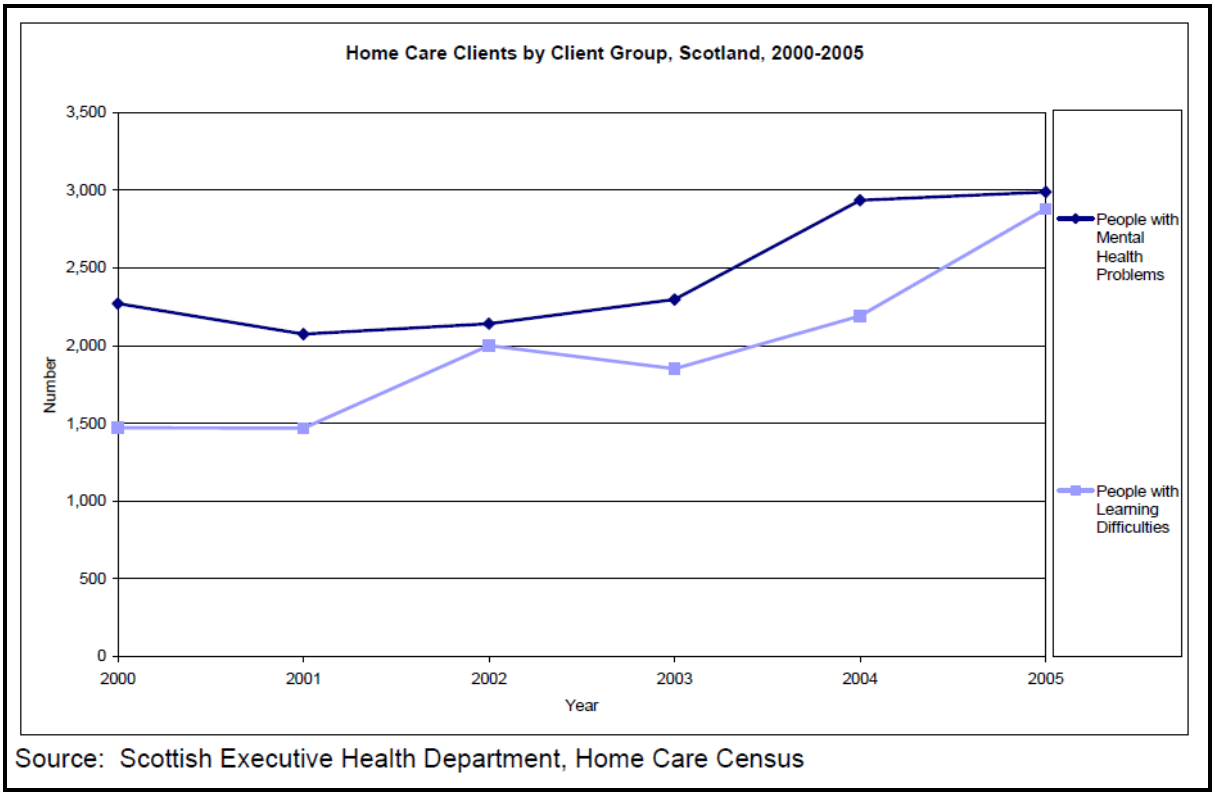


Source: Scottish Executive Health Department, Home Care Census

**Figure 7: Care at home and physical disability**

13.4 Since 2000, the number of adults with learning disabilities receiving home care has risen from just under 1,500 to just under 3,000 (a rise of 96%, see Figure 8). During the same period the number of adults with mental health

problems receiving home care also rose from just over 2,200 to just under 3,000 (a rise of 32%).




Source: Scottish Executive Health Department, Home Care Census

**Figure 8: Care at home and mental health/ learning difficulties**

13.5 The EHRC *Triennial Review*[94] (2011) reports on a large scale GB-wide research study in 2008, *The Experiences and Expectations of Disabled People*[95]. This had both qualitative and quantitative elements, and it reported on the care and support experiences at home of disabled people. As part of the research for the project, a survey of 7,000 disabled people was completed, in addition to qualitative work with 134 disabled individuals. The majority of respondents to the survey (86%) said that they did not have any unmet needs for help and support for day to day activities or less regular tasks. However, the remaining 14% of respondents said they needed some kind of help that they were not currently receiving. This figure was higher among women (16%) than men (12%). The degree to which support needs were met appears to be influenced by a number of characteristics:

- Those in single person households were more likely to report having unmet support needs (20%) than those in other households.
- Respondents in households with higher incomes were less likely than those with lower household incomes to say that they had an unmet support need: 12% of those with annual household incomes above £10,400 said this, compared with 19% of those with household incomes below this level. More than half of disabled people who have financial difficulties agreed that their financial situation had stopped them from getting the help or support they need.

13.6 The *Triennial Review* also refers to the *Scottish Household Survey* (2005-06), which reports on the percentage of people who have some illness or disability, who have difficulty with at least one activity, and have the adaptations/ equipment they need and receive satisfactory help. Initial analysis of the responses, as part of the development of the *Equality Measurement Framework*, shows that more women than men reported that they had the adaptations/equipment that they needed and that they received satisfactory help (42% compared with 34%). People over the age of 75 were also more likely to report that they had the adaptations/equipment that they needed, and that they received satisfactory help, than any other age group.

13.7 For disabled people responding to the survey reported in *The Experiences and Expectations of Disabled People* (2008), family members provided the greatest source of weekly help with more than 2 in 5 of those who received any help or support saying that their spouse or partner (46%) or child(ren) (43%) gave them help or support at least once a week. Overall, 41% of respondents received regular (at least once a week) support for some activity.

**Care homes**

13.8 As at 31st March 2012 there were[96]:

- 45 care homes for adults with physical disabilities, providing 644 places to 528 residents.
- 74 care homes for adults with mental health problems, providing 1,086 places to 960 residents.
- 249 care homes for adults with learning disabilities, providing 2,302 places to 1,962 residents.

13.9 Figure 9 illustrates a declining trend in the number of care home residents with learning disabilities since 2003, and relatively stable numbers with physical disabilities over the same period.

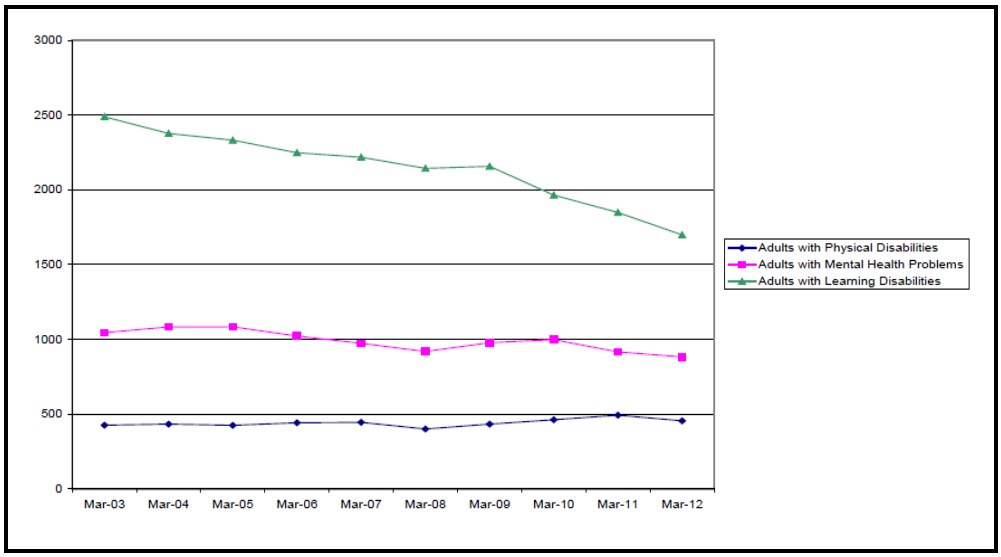



**Figure 9: Number of Long Stay Residents in Care Homes for Other Client Groups, March 2003 to March 2012 (Source: *Care home census* 2012)**

# 14 SPORT

14.1 This section reviews participation in sport by disabled children, and then by disabled adults. It closes with a look at barriers to sports participation.

**Children**

14.2 In a summary of sports research carried out over 15 years[97], the EHRC reports that:

- Only 24% of secondary school-aged disabled young people participate in two hours or more of Physical Education, compared with 53% of those without a disability;
- Only 15% of disabled secondary aged boys, and 10% of girls, are members of a sports club. This compares with 56% of boys and 36% of girls of secondary school age without a disability.

**Adults**

14.3 In the *Scottish Health Survey* 2012[98], a strong relationship between disability and physical activity was found: respondents with a long-term limiting condition were substantially less likely to meet the physical activity recommendations than respondents without. Only 26% of respondents with a limiting long-term condition met the physical activity recommendations, compared to 41% with a non-limiting condition, and 44% of those without a condition. Furthermore, only a third (36%) of those with such a condition participated in sport, compared to more than half (54%) of those without a condition.

14.4 The 2007/8 *Scottish Household Survey*[99] elaborates on participation in sport and health or disability status (see Table 16). Poor health and long term health conditions influence participation levels, with a clear decrease in sports participation as health worsens. In 2008, people with poor self-reported health had lower levels of participation (22% excluding walking) than those self reporting their health as good (37%) or very good (58%). Similarly, those who had no long term health condition or disability participated more (56%) than those who did (between 17% and 29%). Between 2007 and 2008 the decrease in participation excluding walking is most evident among those reporting good and fairly good health, whereas participation levels for those reporting poor health have been broadly stable. Note that care should be taken in drawing any conclusions about trends, as two years of data are not enough to establish a trend. Although the decrease in participation excluding walking is significant, it is only marginally so and further years of data are required before establishing whether there is a true downward trend.

**Table 16: Participation in Sport in last 4 weeks by Health Status / Disability (Source: *Scottish Household Survey*, 2007/8)**

| Adults | Self-Assessed Health | | | Long-term health condition or disability | | | | |
|---|---|---|---|---|---|---|---|---|
| | Good | Fairly Good | Poor | Yes, Disability | Yes, Illness or Health Problem | Yes, both | No, neither | All |
| **2007** | | | | | | | | |
| Any sport (excluding walking) | 61 | 43 | 21 | 29 | 38 | 16 | 58 | 51 |
| Any sport (including walking) | 83 | 69 | 44 | 48 | 64 | 33 | 81 | 74 |
| Walking (at least 30 mins for recreational purposes) | 69 | 58 | 37 | 40 | 52 | 25 | 68 | 62 |
| **2008** | | | | | | | | |
| Any sport (excluding walking) | 58 | 37 | 22 | 20 | 29 | 17 | 56 | 48 |
| Any sport (including walking) | 82 | 65 | 44 | 43 | 57 | 35 | 81 | 73 |
| Walking (at least 30 mins for recreational purposes) | 68 | 57 | 36 | 35 | 50 | 27 | 68 | 61 |
| *Base 2007* | *1,980* | *896* | *512* | *268* | *474* | *212* | *2,434* | *3,388* |
| *Base 2008* | *1,979* | *885* | *523* | *255* | *497* | *211* | *2,424* | *3,387* |

## Barriers to participating in sport

14.5 Research conducted in 2003[100] for the Department of Culture, Arts and Leisure, explored barriers to participation in certain sporting activities. It reported a perceived lack of physical activity or sport programmes for disabled people.

14.6 Research commissioned by Sportscotland[101] in 2001 aimed to provide an understanding of the barriers faced by disabled people with regard to participation in sport. The study explored internal barriers to sports participation, including feeling 'different' from the majority of the population, feeling unable to fit in, self-consciousness or lack of confidence and a fear of failure. It also explored external barriers, including lack of information, of physical and emotional support, appropriate facilities, transport problems, financial constraints, attitudes of others and lack of time.

14.7 These same barriers are reported in more recent research by the English Federation of Disability Sport (2012)[102], under three headings:

- logistical barriers, including suitable programmes, information, expense, and adequate support,
- physical barriers, such as facilities and equipment,
- psychological barriers - the feelings of disabled people, and the attitudes of others.

14.8 The research findings identify psychological barriers as the strongest hindrance to participation. They suggest a pathway to overcoming these barriers through increasing awareness, communication and provision.

14.9 An evaluation of community sport provision in Scotland (2007)[103] identified barriers to participation by people with mental health issues including the need to take medication during sessions, and the impact of a change in medication. One project stated that additional resources are needed to provide opportunities for people with mental health issues, and another project targeting beneficiaries with mental health issues stated that it is important to involve them in decision-making because this can help to empower beneficiaries by presenting them with choices. Providing transport was a difficult issue for a project targeting disabled beneficiaries who often need to travel substantial distances to attend specific sessions. A number of projects confirmed that providing transport is an on-going issue for disabled beneficiaries. On the other hand, capacity is being built: one project that engages wheelchair users is providing advice to other leisure centres on access.

# 15 CULTURE

15.1 This section explores disabled people's engagement with culture, and then looks at barriers to further engagement.

**Degree of engagement**

15.2 In 2011, the *Scottish Household Survey*[104] reported that the percentage of adults who engaged in culture in the previous 12 months (i.e. those who attended a cultural event or place or participated in a cultural activity) was 78% for those with a disability, 80% for those with an illness or health problem, 73% for those with both and 91% for those without.

15.3 Adults with either a disability (53%), illness or health problem (63%) or both (53%), were much less likely to attend a cultural event than those without (82%). This is particularly notable for cinema attendance, which was 26% for adults with a disability, 35% for those with an illness or health problem, and 24% for those with both, compared with 62% for those without.

15.4 The differences are considerable for attendance at a number of other types of cultural event or place. For instance, the percentage of adults who attended a live music event was 16% for those with a disability, 19% for those with an illness or health problem, 13% for those with both and 35% for those without.

15.5 Adults with a disability (67%), or illness or health problem (69%) or both (63%) are less likely to participate in cultural activities than those without (76%). This is most notable for dance participation, which was 10% for adults with a disability, 13% for those with an illness or health problem, 6% with both those two categories and 20% for those without.

15.6 The 2007/8 *Scottish Household Survey* offers finer-grained detail[105]. Figure 10 shows participation in different cultural activities, where the dark bars show the percentage of disabled respondents, and the pale bars show non-disabled respondents. Respondents with long-term illnesses or disabilities were less likely to participate in cultural activities overall (72% v 80%), but the differences are not large. The biggest gap is in the performance category (15% for disabled people v 23% for non-disabled people), which is unsurprising since some activities within this category require mobility in order to participate. Visual impairment and reading difficulties are likely to be contributing factors to the relatively large gap in reading and purchasing books (63% v 71%). It is noticeable that those with a long-term illness or disability were more likely to participate in craft based activities than those with no long-term illness or disability (20% v 18%).

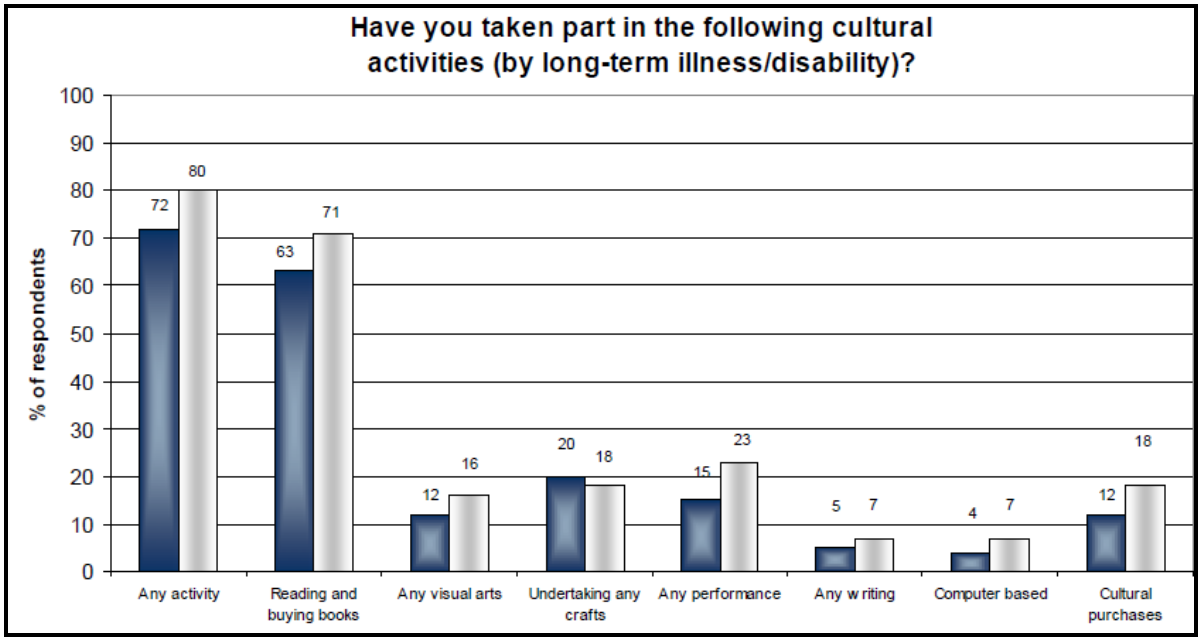



**Figure 10: Cultural participation of respondents with and without LLTI (Source: *Scottish Household Survey*, 2007/08)**

15.7 National Indicator data from *Scotland Performs*[106] (2012) show that fewer adults with a disability, illness or health problem use the internet for personal use than non-disabled adults. Around half of those with a disability, illness or health problem use the internet for personal use, compared to over eight out of ten for the rest of the population. The increases seen in internet usage over the four years 2008-12 are comparable across those with and without a disability, illness or health problem.

## Barriers

15.8 A qualitative study from 2002[107] on increasing access to the performing arts for visually impaired performers and audiences, although based on London, explored the barriers that prevent or inhibit visually impaired people from attending performance arts events. Cultural barriers found included:

- visually impaired people have low expectations about how they will be welcomed and treated at performing arts venues;
- as a result, many believe that theatre, opera and dance are 'not for them';
- sighted people make incorrect assumptions about the abilities, needs and interests of visually impaired people; and
- visually impaired people sometimes encounter fear and hostility if frontline staff have not been properly trained.

15.9 Other barriers included: cost, since more visually impaired people are unemployed and on lower incomes than sighted people (concessionary tickets are not always accessible to visually impaired customers); transport to and from the venue is an issue; communication and awareness (e.g. there is a lack of non-visual information at venues); and the number of audio-described performances is still low.

15.10 The Museums, Libraries and Archives Council in England[108] reports that its first national survey (in 2001) of provision for disabled users of museums, libraries and archives highlighted a growing body of good practice, as well as significant barriers in most areas affecting access and equality for disabled people. Access for disabled people was widely understood to mean wheelchair access, and commitment to disability access was lacking at senior and board level in museum, library and archive services. The main aims of its second national survey (in 2005) were to determine the extent to which :

- disability access had become integral to the workings of museums, libraries and archives, and
- measures had been taken to remove common access barriers and provide accessible services.

15.11 It found that real improvements in access for disabled people had taken place over the previous five years. However, it also observed that (at the time of writing) access and equality for disabled people in the cultural sector remained 'unfinished business'. It concluded that the long term removal of remaining and emerging access barriers would require ongoing and systematic commitment.

# 16 CONCLUSION: CROSS-CUTTING SUMMARY

16.1 In conclusion, this report has reviewed issues that disabled people face across a range of policy areas. A common theme that has run through this evidence review is the presence of barriers to participation, or barriers to accessing services. Whilst progress has been made over several years towards addressing physical barriers to access, social or attitudinal barriers to participation are cited widely in the evidence that has been reviewed. These attitudinal barriers are generally described as being held by non-disabled people, but in some instances disabled people's own attitudes appear to hold them back.

16.2 Disabled people report that the attitudes of others form barriers to learning. In the case of children with communication support needs, this is attributed – at least in part – to bullying triggered by peers' attitudes or lack of understanding. Disabled people also identify the attitudes of employers as barriers to employment, whereby employers make assumptions about disability or underestimate the capabilities of disabled people, and so engage staff at levels below their abilities. Wheelchair users felt that taxi companies were often not able or willing to be responsive to their needs, while individuals with learning difficulties identified the need for public transport staff to understand that some passengers need more time to say what they need or to respond to questions. There are issues with the credibility of learning disabled people as witnesses, and as victims reporting crimes. People with impairments including hearing impairments, visual impairments and learning difficulties report barriers to accessing healthcare and negative experiences of receiving healthcare, which are partly attributed to the training, awareness or attitudes of healthcare professionals. Reported barriers to participation in sport include external barriers, including the attitudes of others. In a similar vein, sighted people are reported to make incorrect assumptions about the abilities, needs and interests of visually impaired people with regard to cultural participation.

16.3 Disabled people also perceive their own lack of confidence as a barrier to employment. Disabled people often do not want to report harassment for a range of reasons, including concerns that they won't be believed - reflecting both their own attitudes, and their perception of others' attitudes. This may well contribute to the smaller proportion of disabled people who have confidence in the criminal justice system, than people without disabilities. Reported barriers to participation in sport include feeling 'different' from the majority of the population, feeling unable to fit in, self-consciousness or lack of confidence, and a fear of failure. Barriers to increased cultural participation include the low expectations of disabled people themselves.

# 17 APPENDIX: METHODS

17.1 Limitations of the research: it should be noted that, due to the time constraints under which this review was prepared, the evidence search has been selective rather than systematic or exhaustive.

17.2 The criteria for inclusion of evidence in this review were that it should have been produced within approximately the last ten years, be based on Scottish data where this is available (or else on data from the UK), and address the relevant policy areas.

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