

Social Security Scotland Statistics

Adult Disability Payment statistics to 31 July 2025

Key figures

- From 21 March 2022 to 31 July 2025, there were 368,560 part 1 applications and 301,610 part 2 applications received. There were 340,075 applications processed with a decision made by 31 July 2025, of which 46% were authorised, 50% were denied and 4% were withdrawn.
- The median average processing time from part 2 of the application being received for “normal rules” applications has increased from 37 days in April 2025 to 46 days in July 2025.
- As of 31 July 2025, 484,055 people were in receipt of Adult Disability Payment. Of those, 167,375 (35%) were new applicants and 316,680 (65%) had their award transferred from the Department for Work and Pensions.
- Between 21 March 2022 and 31 July 2025, the total value of Adult Disability Payments issued was £4.4 billion.
- As of 31 July 2025 we had completed 201,170 reviews of which 6,620 (3%) resulted in a decrease in award, 35,765 (18%) resulted in an increase in award and 158,780 (79%) resulted in no change in award.

The next publication, covering up to 31 October 2025, will be released on 16 December 2025.

Under the Code of Practice for Official Statistics¹ we publish a timetable of statistical releases for the twelve months ahead².

¹ The Code of Practice for Statistics is available on the [UK Statistics Authority website](#).

² The forthcoming publication timetable is available on the [Scottish Government website](#).

Introduction

Adult Disability Payment is the replacement for Personal Independence Payment and Disability Living Allowance for adults in Scotland, which are delivered by the Department for Work and Pensions. It is the second application-based disability benefit to be introduced by the Scottish Government and is administered by Social Security Scotland. It provides money to help with the extra daily living and mobility costs that a person living with a disability might have.

From 21 March 2022, new applications were taken for Adult Disability Payment for people who lived in the pilot areas of Dundee City, Na h-Eileanan Siar and Perth and Kinross. The pilot expanded to include Angus, North Lanarkshire and South Lanarkshire on 20 June 2022, and further expanded to include Fife, City of Aberdeen, Aberdeenshire, Moray, North Ayrshire, East Ayrshire and South Ayrshire on 25 July 2022, before launching nationally to all remaining local authority areas on 29 August 2022.

The application for Adult Disability Payment is in two parts. Once an applicant has filled out part 1 they have eight weeks to complete part 2 (see the [Application and decision making process section](#) of the Background note).

This publication provides information on applications and payments for Adult Disability Payment from 21 March 2022 to 31 July 2025 (see the [How the data is collected section](#)).

The [Background](#) note has further detail about the payment and its application process.

All tables referred to within this publication are available in an Excel workbook on the [Social Security Scotland statistics website](#).

These statistics are official statistics in development. Official statistics in development may be new or existing statistics, and will be tested with users, in line with the standards of trustworthiness, quality and value in the [Code of Practice for Statistics](#).

The data and methods underpinning Social Security Scotland statistics are routinely reviewed in line with the [Code of Practice for Statistics](#). Ongoing data quality issues and revisions made to the statistics are detailed in our [Data and Methodology Changes document](#). More information on how we create and use statistics can be found on our [About Statistics](#) page.

Main findings

New applicants

Applications by month

- As of 31 July 2025, 368,560 part 1 applications for Adult Disability Payment had been registered. Additionally, 301,610 part 2 applications had been received **[Table 1]**.
- In the most recent quarter, from May 2025 to July 2025, 27,160 part 1 applications were registered and 21,560 part 2 applications were received.

Application outcome

- In total, there were 340,075 applications processed with a decision made by 31 July 2025. Of all the applications processed 46% were authorised, 50% were denied and 4% were withdrawn **[Table 1]**.
- The authorisation rate was 34% in July 2025, having reduced from 36% in April 2025 **[Table 1]**.

Initial award type

- Of the applications authorised, 55% were given an initial award comprising of both Daily Living and Mobility components, whilst 38% were for Daily Living only and 7% were for Mobility only. The proportion of cases awarded both components was 47% of awards in July 2025, the lowest it has been **[Table 2]**.
- There are two levels which can be awarded for each component, enhanced and standard (see [Payments section](#) of the Background note). The table below presents proportions by level of initial Daily Living and Mobility awards.

Excerpt of Tables 3 and 4: Initial Daily Living and Mobility awards by level (%)

	Enhanced rate (%)	Standard rate (%)
Initial daily living award	42%	58%
Initial mobility award	47%	53%

- The proportion of cases receiving the enhanced rates of the Daily Living component was 35% in July 2025, broadly in line with the level over the last year **[Table 3]**.
- The proportion of cases receiving the enhanced rates of the Mobility component has remained stable at around 44% from November 2023 to July 2025. **[Table 4]**.

Application outcome by Primary Disability Condition

- People with a Primary Disability Condition within the category 'Neoplasms (C00-D48) were the most likely to have their application authorised, at 82% approvals, and people with a Primary Disability Condition within the category 'Diseases of the Digestive System (K00-K93) were the least likely to have their application authorised at 37% **[Table 5]**.
- Applications may not have a primary disability condition recorded if they are withdrawn or denied prior to the stage in processing where the Primary Disability Condition is recorded. This could happen for a variety of reasons, including failure to pass the identification and verification checks, or withdrawal of the application **[Table 5]**.

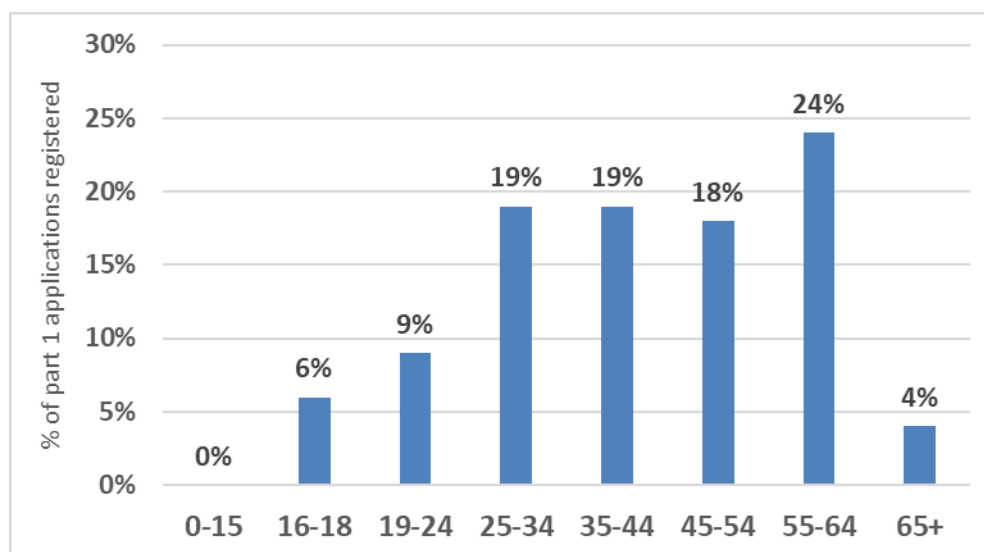
Application channel

- Application channel refers to the method of application used to complete the part 1 application.
- Of applications received by 31 July 2025, 71% were made online, 20% were made via phone and 10% were made through a paper form. Only a small proportion of applications were made through other channels (see the [Application and decision making process section](#)) **[Table 6]**.
- Paper applications can take longer to present themselves within our records. This time lag leads to an undercount in the number of paper 'applications received' in the latest published quarter.

Applications by age of applicant

- The chart below presents the proportions of part 1 applications registered by age of applicant. The most common age group for applicants was 55 to 64, representing 24% of applications registered. A small number of applications for children under 16 were registered and have been included for completeness **[Table 7]**.

Chart 1: Applications by age of applicant (%)



Note: Age is based on the age of the person when part 1 of the application was registered.

- . These Applications by people under the age of 15 or over the age of 65 are significantly more likely to be withdrawn as these applicants do not meet the age eligibility criteria for Adult Disability Payment, and they should apply for Child or Pensions Age Disability Payment instead.

Applications by local authority area

- Of the applications registered, 14% came from Glasgow City, followed by 8% of applications coming from each of North Lanarkshire and Fife **[Table 8]**.
- Authorisation rates do not vary substantially by local authority area with most remaining between 42% and 52%. The only area out with this range is Other, with an approval rate of 26%. It should be noted that Other includes applications from addresses outside of Scotland and has a withdrawal rate of 31%, which is significantly higher than other areas which have withdrawal rates not exceeding 4% **[Table 8]**.

Processing Times

- Processing times for any application received under the normal rules³ are calculated between the received date of the part 2 application (where available) and the date that a decision was made regarding the application. Further information on the calculation can be found in the [Methodology and definitions section](#) of the Background note.

³ Normal Rules applications are where the special rules for terminal illness do not apply.

- The median⁴ average processing time for applications since the launch of the Adult Disability Payment pilot on 21 March 2022 was 63 working days. In the latest quarter, the median average processing time has risen from 37 days in April 2025 to 46 days in July 2025 [**Table 9a**].
- Table 9b shows the proportion of decisions which have been completed within each time band. This table shows that of all applications that had received a decision by 31 July 2025, 67% had been processed within 80 working days (4 months) and 5% of applications had taken 141 or more working days to process (7 months) [**Table 9b**].
- 'Straight-through Processing' for part 1 applications allows certain applications which meet a specific set of criteria to be automatically passed through the identification, verification and eligibility checks relating to part 1 of the application form.
- Applications made under the special rules require the submission of the Special Rules for Terminal Illness application form, which is a one-part form, and a BASRiS⁵ form. Processing times for these applications are calculated as the time between the receipt of the Special Rules for Terminal Illness application form and the time of the decision being made. Some applications for people who are eligible under the Special Rules for Terminal Illness are made through the normal application process. Processing times for these applications are calculated between the received date of the part 2 of the application, where there is one, and the date that a decision was made. Social Security Scotland aims to process cases identified as being eligible under the Special Rules for Terminal Illness within 7 working days of receiving a completed application form and a BASRiS form. Further information on the calculation can be found in the [Methodology and definitions section](#) of About the data.
- The median average processing times for applications made for clients eligible under the special rules since the launch of the Adult Disability Payment pilot in March 2022 is 2 working days [**Table 10**].
- We have reintroduced information on the processing times of applications determined to be eligible under the special rules, broken down by how the application was received. Of the cases eligible under the special rules, 6,340 (83%) were received with a Special Rules for Terminal Illness application form or a part 1 form only, and 1,340 (17%) were received with both a part 1 and part 2 form. The median processing time for special rules applications received via a Special Rules for Terminal Illness application form or a part 1 form only was 2 working days. For applications received with both a part 1 and a part 2 of the form, the median processing time was 45 working days. The longer processing time is because these applications are generally received under the normal rules and it may not be possible to identify they are eligible under the Special

⁴ The median average is the middle value of an ordered dataset, or the point at which half of the values are higher and half of the values are lower.

⁵ Benefits Assessment for Special Rules in Scotland (BASRiS)

Rules for Terminal Illness unless Social Security Scotland is advised, or until information about the terminal illness, or a clinical judgement, is received.

- Further information on the limitations of this data can be found in the [Methodology and definitions section](#) of the Background note.

New applicants and people being transferred

Payments and clients paid

- Between 21 March 2022 and 31 July 2025, the total value of Adult Disability Payments issued was £4.4 billion. Of this, £1.7 billion was to new applicants and £2.7 billion was to people who had their award transferred from the Department for Work and Pensions **[Table 11]**.
- Daily Living awards accounted for 69% of payments by value, with a value of £3.1 billion issued, whilst Mobility award payments issued accounted for 31% and had a value of £1.4 billion, including payments of £287 million under the Accessible Vehicles and Equipment scheme **[Table 11]**.
- The monthly value of payments issued has been increasing since the benefit launched, rising from £12,390 in April 2022 to £294 million in July 2025 **[Table 11]**.
- The highest total value of payments was made to clients in Glasgow City at £658 million followed by North Lanarkshire at £377 million **[Table 12]**.
- The number of clients who have been paid money for Adult Disability Payment since the pilot launched was 505,655 clients **[Table 13]**.

Caseload

- As of 31 July 2025, a total of 484,055 people were in receipt of Adult Disability Payment. The caseload measure includes cases who are in receipt of, or have been approved for, a payment in the caseload period, even if they have not been paid yet **[Table 14]**.
- Of the people in receipt of Adult Disability Payment as of 31 July 2025, 167,375 (35%) were new applicants and 316,680 (65%) were people who had their award transferred from the Department for Work and Pensions. Of those receiving a Mobility award, 69,205 (20%) were in receipt of Accessible Vehicles and Equipment payments. This differed between new applicants and case transfers, with 12% of new applicants in receipt of a Mobility award receiving Accessible Vehicles and Equipment payments compared with 24% of case transfers **[Table 14]**. Further information on the case transfer process can be found in the [Case Transfer section](#) of the Background note.

Excerpt from Table 14: Proportion of caseload by award and client type in July 2025

Client type	Both Daily Living and Mobility	Daily Living only	Mobility only
All	67%	29%	4%
New applicants	53%	41%	6%
Case transfers	74%	23%	3%

- Of the new applicants, 41% were in receipt of a Daily Living award only, 6% were in receipt of a Mobility award only and 53% were in receipt of both a Daily Living and a Mobility award as of 31 July 2025. Of those receiving a Mobility award, 12% were in receipt of Accessible Vehicles and Equipment payments [Table 14].
- Of people who had their award transferred, 23% were in receipt of a Daily Living award only, 3% were in receipt of a Mobility award only and 74% were in receipt of both a Daily Living and Mobility award as of 31 July 2025. Of those receiving a Mobility award, 24% were in receipt of Accessible Vehicles and Equipment payments [Table 14].
- This shows that overall new applicants were more likely to be receiving only a single component of Adult Disability Payment (47%), compared with people who had their award transferred (26%) [Table 14].
- There has been an increase in the proportion of case transfer clients receiving both a daily living and mobility component, rising from 58% in May 2023 to 74% in July 2025 [Table 14].

Caseload by award level

Excerpt from Table 15: Proportion of caseload by Daily Living award level and client type in July 2025

Client type	Enhanced Daily Living award	Standard Daily Living award	Transitional Daily Living award	Not awarded Daily Living
All	48%	48%	0%	4%
New applicants	37%	57%	0%	6%
Case transfers	53%	44%	0%	3%

- Of those in receipt of Adult Disability Payment in July 2025, 48% received the Enhanced Daily Living award, 48% received the Standard Daily Living award, and 0% received the transitional Daily Living award. The remaining 4% of caseload were not awarded Daily Living (i.e. they received Mobility only awards) [Table 15].
- New applicants had a higher proportion of Standard Daily Living awards, with 57% compared to 44% for clients who have had their award transferred [Table 15].

- There has been an increase in the proportion of clients who have had their award transferred who are receiving the Enhanced Daily Living Award, rising from 37% in August 2023 to 53% in July 2025 **[Table 15]**.

Excerpt from Table 16: Proportion of caseload by Mobility award level and client type in July 2025

Client type	Enhanced Mobility award	Standard Mobility award	Not awarded Mobility
Total	40%	30%	29%
New applicants	27%	33%	41%
Case transfers	47%	29%	23%

- Of the people in receipt of Adult Disability Payment in July 2025, 40% received the Enhanced Mobility award, 30% received the Standard Mobility award and 29% were not awarded (i.e. received Daily Living only awards) **[Table 16]**.
- There has been an increase in the likelihood of clients who have had their award transferred receiving the Enhanced Mobility award, from 30% in July 2023 to 47% in July 2025. They are now more likely to receive an Enhanced Mobility award than new applicants **[Table 16]**.
- For more detailed information on the combinations of award levels for clients on the caseload see **[Table 17]**.

Caseload by Age

- People aged 55 to 64 were the largest age group, making up just over a quarter (28%) of the caseload as of 31 July 2025. The second largest age group included people aged 65 and over, who made up around a fifth (20%) of the caseload. People aged 16 to 24 made up the smallest proportion of the caseload, at around 7% **[Table 18]**.

Caseload by primary disability condition

- The most common category of primary disabling conditions for people in receipt of Adult Disability Payment as of 31 July 2025 was Mental and Behavioural disorders, which accounted for 40% of the caseload. This was followed by Diseases of the Musculoskeletal System and Connective Tissue which accounted for 24% of the caseload, and Diseases of the Nervous System which accounted for 7% **[Table 19]**.
- The Diseases of the Eye and Adnexa category had the highest proportion of both care and mobility awards (87%) (excluding categories where the number of clients on the caseload is very small due to the likelihood of outliers) **[Table 19]**. This category had high rates receiving the enhanced rate of each component with 73% receiving the enhanced rate of daily living **[Table 20]**, and 83% receiving the enhanced rate of mobility **[Table 21]**. Further information on the disability condition categories can be found in the [disability conditions](#) section of the background note.

Caseload by Special Rules for Terminal Illness Status

- Of the people in receipt of Adult Disability Payment, 7,440 (2%) were eligible under the Special Rules for Terminal Illness **[Table 22]**.

Caseload by Duration on Caseload

- For clients who were on the caseload in July 2025 the majority had been on the caseload for more than 1 year (63%). Of these, 215,580 (45%) had been on the caseload for between 1 and 2 years, 87,405 (18%) had been on the caseload for between 2 and 3 years, and 435 (0%) have been on the caseload for more than 3 years **[Table 23]**.

Caseload by Local Authority Area

- The largest proportion of people in receipt of Adult Disability Payment as of 31 July 2025 lived in Glasgow City (15%), followed by North Lanarkshire (8%) and Edinburgh, Fife and South Lanarkshire (all 7%) **[Table 24]**.

Re-determinations and appeals

- There were 59,855 re-determinations received by 31 July 2025. Of these, 48,385 were requested by new applicants, while 11,470 were by people who had their award transferred from the Department for Work and Pensions **[Table 25]**.
- By 31 July 2025, 56,650 re-determinations had been completed. Of these 26,695 (47%) were disallowed, 27,965 (49%) were allowed and 1,675 (3%) were invalid.
- Additionally there have been 315 redeterminations which have gone to appeal after exceeding the redetermination deadline.
- The median average⁶ number of calendar days to respond to a re-determination has been included for the first time in this publication. This figure only includes re-determinations with a decision made that is allowed or disallowed. For more details, please see [re-determination median average number of days to respond](#). The median average processing time for re-determinations completed was 49 calendar days. In the latest quarter, the median average processing time has decreased from 48 calendar days in April 2025 to 47 calendar days in July 2025 **[Table 25]**.
- Overall, 86% of re-determinations with a decision date by 31 July 2025 were completed within 56 days. The percentage completed within 56 days has remained stable in the latest quarter at around 95% **[Table 25]**.

⁶The median is the middle value of an ordered dataset, or the point at which half of the values are higher and half of the values are lower.

- There were 10,805 appeals received by 31 July 2025. Of those, 4,160 have had an appeal decision made. Of those 2,225 (54%) were upheld and 1,935 (46%) were not upheld **[Table 26]**.
- Since launch, 79% of appeals received were for clients who applied as new applicants, and 21% were for clients who had their award transferred from the Department for Work and Pensions. **[Table 26]**.
- There were 3,215 cases that have received Short Term Assistance by 31 July 2025. Further Information of Short Term Assistance can be found in the [redeterminations and appeals section of the background note](#).

Reviews

- As of 31 July 2025, 201,170 reviews were completed of which 6,620 (3%) resulted in a decrease in award, 35,765 (18%) resulted in an increase in award and 158,780 (79%) resulted in no change in award **[Table 27]**.

Excerpt from Tables 27, 28 and 29: Proportion of reviews by outcome.

Client type	Decreased	Increased	No Change
Total	3%	18%	79%
New applicants	9%	14%	76%
Case transfers	2%	19%	80%

- In July 2025 there were 11,595 reviews completed, of which 570 (5%) resulted in a decrease in award, 920 (8%) resulted in an increase in award and 10,105 (87%) resulted in no change in award **[Table 27]**.

Excerpt from Tables 27, 28 and 29: Proportion of planned award reviews by outcome.

Client type	Decreased	Increased	No Change
Total	3%	11%	86%
New applicants	11%	5%	84%
Case transfers	2%	11%	87%

- There were 153,990 planned award reviews completed by 31 July 2025. The outcomes differed between reviews of new applicants compared to case transfers. For reviews of new applicants, 11% resulted in a decrease in award, 5% resulted in an increase and 84% resulted in no change. For case transfers, 2% resulted in a decrease in award, 11% resulted in an increase and 87% resulted in no change **[Tables 27, 28 and 29]**.

Excerpt from Tables 27, 28 and 29: Proportion of change of circumstance reviews by outcome.

Client type	Decreased	Increased	No Change
Total	4%	41%	55%
New applicants	8%	28%	64%
Case transfers	2%	48%	50%

- There were 47,175 change of circumstances reviews completed by 31 July 2025. Of these, 19,570 (41%) led to an increase in award. This was primarily driven by reviews of case transfers, where for change of circumstances reviews 48% resulted in an increase in award and only 2% resulted in a decrease. For comparison, in change of circumstances reviews for new applicants, 28% resulted in an increase in award and 8% resulted in a decrease **[Tables 27, 28 and 29]**.
- Of all reviews completed by 31 July 2025, 19% were for clients whose cases were new applications to Adult Disability Payment and 81% were for clients whose cases transferred from the Department for Work and Pensions. For reviews completed in July of 2025, 26% were for new applicants and 74% were for case transfers. In future a higher proportion of reviews will be on decisions made by Social Security Scotland rather than by the Department for Work and Pensions **[Table 28 & 29]**.

Background to Adult Disability Payment

The Scotland Act 2016⁷ devolved new powers to the Scottish Parliament in relation to social security, including responsibility for disabled benefits which had been administered in Scotland by the Department for Work and Pensions. On 1 April 2020, executive competence for Disability Living Allowance and Personal Independence Payment was transferred to Scottish Government.

The Department for Work and Pensions started to replace Disability Living Allowance for working age people with Personal Independence Payment for new applications in April 2013. However from July 2015, working age recipients were invited to apply for Personal Independence Payment. The Department for Work and Pensions stopped proactively sending these invites to Disability Living Allowance working age recipients who live in Scotland since April 2020 due to the scheduled transfer of these benefits.

Social Security Scotland is the executive agency of Scottish Government which is responsible for delivering social security benefits for Scotland. It delivers four different types of disability assistance. These are:

- Child Disability Payment, which replaces Disability Living Allowance for children
- Adult Disability Payment, which replaces Personal Independence Payment and Disability Living Allowance for adults
- Pension Age Disability Payment, which replaces Attendance Allowance
- Scottish Adult Disability Living Allowance, which replaces Disability Living Allowance for adults in Scotland. This is a closed benefit, meaning clients cannot apply for it. If they are already on Disability Living Allowance for adults they will move to Scottish Adult Disability Living Allowance automatically

There is a transitional period to allow administration of these benefits to be transferred, during which the Department for Work and Pensions continue to administer Disability Living Allowance, Personal Independence Payment, and Attendance Allowance on Social Security Scotland's behalf. Those people already in receipt of the Department for Work and Pensions benefits do not need to apply and their awards are transferred to Social Security Scotland.

Adult Disability Payment is the second of the application-based disability benefits to be introduced by the Scottish Government. It provides money to help with the extra daily living and mobility costs that a person living with a disability or long term health condition might have. The pilot launched on the 21 March 2022 for new applicants living in the local authorities of Dundee City, Na h-Eileanan Siar and Perth and Kinross. The pilot expanded to include Angus, North Lanarkshire and South

⁷ Information is provided on [the Scotland Act 2016 webpage](#).

Lanarkshire on 20 June 2022, and further expanded to include Fife, City of Aberdeen, Aberdeenshire, Moray, North Ayrshire, East Ayrshire and South Ayrshire on 25 July 2022, before launching nationally to all remaining local authorities on 29 August 2022. Further details about the benefit can be found on the mygov.scot website.

Case Transfers

From 13 June 2022, people who got Personal Independence Payment, and from 29 August 2022, some people who got Disability Living Allowance for adults, from the Department for Work and Pensions started to have their award transferred to Adult Disability Payment in phases. Social Security Scotland has now completed the transfer process for everyone in Scotland who was in receipt of Personal Independence Payment. However, there remain small numbers of clients who make a cross-border move, where they had previously been on Personal Independence Payment while living in England or Wales but have now moved to Scotland. As of 31 July 2025, around 353,000 had their award transferred from Personal Independence Payment or Disability Living Allowance for adults, of which around 348,000 were transferred from Personal Independence Payment and around 4,500 were transferred from Disability Living Allowance for adults. The caseload at July 2025 is lower than this as clients with transferred awards have left the caseload.

Social Security Scotland only publish official statistics on case transfers from the time that they are fully responsible for the administration of that case, including making the payments. The Department for Work and Pensions publish official statistics on the cases that have been paid by them.

Eligibility

This benefit is for people who have a disability and/or health condition that results in additional needs for at least three months, and who can expect to continue to have this disability and/or health condition for at least six months. There is an exception to this if a person is terminally ill, whereby no qualifying period is required (see the [Terminal illness section](#)).

Social Security Scotland have extended the eligibility for Child Disability Payment from 16 to 18 years old, where the individual has already been in receipt of assistance before they were 16. This means that persons aged 16-18 are eligible for either Child Disability Payment or Adult Disability Payment, and could be in receipt of either, but never both.

Until the national launch of Adult Disability Payment on 29 August 2022 by Social Security Scotland, new applicants who were 16 or above needed to apply for Personal Independence Payment or Adult Disability Payment depending on whether they were in a pilot area. Applicants who applied for Personal Independence Payment in Scotland prior to the launch of Adult Disability Payment have been transferred to Adult Disability Payment.

Application and decision making process

The application stage involves a two part application process. The part 1 form gathers key personal details of the individual applying. The impact of the individual's disability is detailed in part 2 of the application form. The exception to this is for applicants applying under the Special Rules for Terminal Illness, where there is only one part to the application, to make the process simpler and quicker.

Part 1 of the application is generally made online or by phone. Where part 1 of an application is started online, part 2 will usually be completed online. Where part 1 is completed by phone, the applicant will be sent a paper form to complete part 2 of the application. In some instances the applicant might request to complete both parts of the form by paper. It is also possible for a valid application for Adult Disability Payment to be made with an alternative form. For example, a Scottish individual may complete a Personal Independence Payment form and send it to the Department for Work and Pensions, who will then re-direct it to Social Security Scotland.

Applicants have 8 weeks to complete part 2 of the form following the submission of part 1.

Social Security Scotland processes each application received and makes a decision whether to approve or deny the application. Applicants can withdraw their application at any point before a decision is made. This may be after part 1 of the application has been submitted or after both part 1 and part 2 have been submitted.

Re-determinations and appeals

If an applicant does not agree with the decision about their Adult Disability Payment application, they can ask Social Security Scotland to look at it again. This is called asking for a re-determination. A request for a re-determination should be made within 42 calendar days of being notified of the determination. Social Security Scotland then has 56 calendar days to make a re-determination. Adult Disability Payment applicants also have the right to appeal to a Tribunal if they do not agree with Social Security Scotland's re-determination, or if Social Security Scotland is not able to make a re-determination within the required timescales.

Short Term Assistance will also be available as part of Adult Disability Payment. An individual can apply for Short Term Assistance during a re-determination or appeal of a determination that reduced or removed their entitlement to Adult Disability Payment. The intention is to ensure an individual is not discouraged from challenging a Social Security Scotland decision or from accessing administrative justice, by having to manage for a period with a reduced income. Where a person is eligible for Short Term Assistance, this will be the difference between the level of payment prior to the reduction and the new level of payment.

Reviews

As part of a determination that a client is entitled to Adult Disability Payment, the case manager will set a date in the future when the client's award will be reviewed. This is called the review period. Review periods are set to a point in time when it is most likely that the client's needs will have changed. This is to ensure that people receive the level of support that is right for them.

Typically, this period will be of between 2 and 10 years. If it is highly likely that the client's needs will change before the 2-year mark (for example due to planned treatment), case managers can set a shorter review period. For some individuals, even long review periods will be inappropriate. Therefore, individuals who are on the enhanced rate of both the daily living and the mobility component, and whose needs are highly unlikely to change, can receive an indefinite award. Indefinite awards are not subject to reviews, unless the individual reports a change of circumstance.

In addition to the future review date set when a determination is made, a review is also initiated when Social Security Scotland becomes aware of a change in the client's circumstances which may affect their entitlement. Examples of this include:

- a new health condition that impacts on the individual's overall needs
- a deterioration or improvement in a condition that impacts on the individual's care needs and/or mobility needs
- moving away from Scotland
- discovery that an error was made with the previous determination
- the individual going into a care home, residential educational establishment or legal detention

Social Security Scotland will then make a new determination on the client's entitlement, which takes into account the new circumstances of the client.

For all reviews, if a client has experienced a change, they are only required to fill in the relevant sections in our review form. For Planned Award reviews, clients will get a reminder of their latest determination and can tell us if nothing has changed by completing the 'no change' declaration on our form. However, if Social Security Scotland was expecting a change in the client's condition or level of needs, the Agency would explore this as part of the decision making process for the review determination.

When carrying out either type of review, case managers will consider the information provided at review alongside existing information related to their award, where this is still relevant, and use previous decisions to avoid asking unnecessary questions or requesting supporting information unnecessarily. Case managers will then decide whether further information is required to make a review determination in each individual case. Case managers take a collaborative approach to gathering this information and can also gather it on behalf of the client. Case managers can use other decision making tools when making a review determination, such as a case discussion with a health or social care practitioner.

For clients transferred from the Department for Work and Pensions, the review schedule that they had for Personal Independence Payment or Disability Living Allowance, will be maintained and they will have a review date set for the same time that they would have done under the Department for Work and Pensions. If the transfer was initiated as a result of the client informing the Department for Work and Pensions of a change in circumstances, then they will have a change of circumstance review after transferring to Social Security Scotland. Clients who are transferred for other reasons may have an early review if they inform Social Security Scotland of a change in circumstance prior to their scheduled review.

Payments

Adult Disability Payment is made up of two components: a Daily Living component and a Mobility component. Qualifying people will be entitled to a payment to help with their daily living needs.

Daily Living component	Weekly rates 2024-2025	Weekly rates 2025-26
<i>Transitional (see below)</i>	£28.70	£29.20
Standard	£72.65	£73.90
Enhanced	£108.55	£110.40
Mobility	Weekly rates	Weekly rates 2025-26
Standard	£28.70	£29.20
Enhanced	£75.75	£77.05

Additionally, clients whose awards transfer from Disability Living Allowance for adults who were in receipt of the lowest rate of the Care component will continue to receive payments for the Daily Living component at the same rate as the legacy payment (the “transitional rate”) until their Adult Disability Payment award is reviewed.

Payments are made every 4 weeks, in arrears, with the start date of the application being the application date of the part 1 form. However, where the award is for terminally ill people, payments are paid weekly in advance.

Payment can be suspended without the termination of eligibility under certain circumstances.

1. If the client fails to supply information to the case manager within a specified time limit during an ongoing review.
2. If another person was receiving the benefit on behalf of the eligible individual and either they are unable to continue receiving the payment on behalf of the eligible individual or the arrangement is deemed to be putting the eligible individual at risk of financial abuse

When a suspension is ended, the individual will immediately receive the payments which were previously not paid to them because of the suspension. They must have met the conditions of entitlement throughout the period of the suspension.

Accessible vehicle leases and equipment

People who get the enhanced rate of the Mobility component of Adult Disability Payment are able to use either the whole or part of the money they get for the Mobility component to access the Accessible Vehicles and Equipment scheme. This new Scottish scheme provides a service similar to the Motability scheme, with leases available for a range of cars, wheelchair accessible vehicles, scooters and powered wheelchairs. People who have an existing Motability lease are able to retain their vehicle until the end of that lease.

Terminal illness

For the purposes of accessing disability assistance in Scotland, terminal illness is defined as a progressive disease which can reasonably be expected to cause an individual's death⁸.

The clinical judgement as to whether a person should be considered terminally ill, according to the Scottish definition, is made by a registered medical practitioner (RMP) or registered nurse (RN) on a case by case basis, in accordance with [guidance prepared by the Chief Medical Officer](#). An individual's eligibility for meeting the Scottish terminal illness definition may be based on having a single illness or a combination of diseases with conditions.

If an individual is diagnosed with, or is currently living with, a terminal illness under the Scottish definition, their application for disability assistance can be processed under special rules. These special rules mean that:

- The process of applying for disability assistance is more straightforward with a 'one part' application form.
- Applications from people with a terminal illness are fast-tracked so that they are processed as quickly as possible.
- Individuals who are terminally ill automatically receive the highest rates of assistance they are entitled to and there are no award reviews unless there is a change of circumstances.

⁸ This differs from the Department for Work and Pensions definition of terminal illness, which is 'a progressive disease where death as a consequence of that disease can reasonably be expected within 12 months'. The Department for Work and Pensions changed this definition from 6 months to 12 months on 3 April 2023.

- Awards made under the Special Rules for Terminal Illness can be backdated to the date of diagnosis of terminal illness up to a maximum of 26 weeks before the date of application.
- There is no qualifying period. An individual is not required to have the condition for any length of time before they are eligible.

Applications eligible under the special rules will be identified by the submission of a Benefits Assessment for Special Rules in Scotland (BASRiS) form, which provides confirmation that an individual meets the Scottish definition of terminal illness. If a Department for Work and Pensions DS1500 form or SR1 form has been completed instead it will also be accepted. Social Security Scotland aims to make decisions within seven working days of receiving a completed application form and BASRiS form (or equivalent) for cases eligible under the Special Rules for Terminal Illness.

Social Security Scotland has a duty to identify potential terminal illness cases at all stages of the application process. In cases where the person may meet the eligibility criteria for the special rules to be applied but no BASRiS form is submitted, a case manager must alert the relevant practitioner to determine whether the special rules apply. A Registered Medical Practitioner or Registered Nurse then confirms if the individual is terminally ill. If the client is terminally ill, they can either:

- return a BASRiS form to Social Security Scotland or,
- provide a clinical letter confirming the individual is terminally ill or,
- confirm the individual is terminally ill over the phone with the practitioner and return a BASRiS form to Social Security Scotland within 28 days.

For an application made under the normal rules it may not be possible to identify that a case is eligible under the Special Rules for Terminal Illness unless Social Security Scotland is advised, or until information about the terminal illness, or a clinical judgement, is received.

Applications from clients in receipt of Child Disability Payment

We publish information on applications from those in receipt of, or who have previously been in receipt of, Child Disability Payment on an annual cycle as a part of our June statistical publication to provide information on the journey from Child Disability Payment to Adult Disability Payment. The Child to Adult Disability Payment data covers to March of that year, as it is based on the data in the Child Disability Payment May statistical publication. The publication includes information on the number of applications and decisions broken down by year, age, local authority and primary disabling condition as well as on processing times and initial award levels by Child Disability Payment final award levels.

Clients in receipt of Child Disability Payment who turn 16 are notified by Social Security Scotland that they are eligible to apply for Adult Disability Payment. If an

individual submits a full application for Adult Disability Payment before they turn 18, or an individual has been approved for Adult Disability Payment but payment has not begun, their entitlement to Child Disability Payment can continue until the age of 19, or the day the individual starts receiving Adult Disability Payment, whichever is earlier. If the Adult Disability Payment application results in an award that has a higher monetary value than the Child Disability Payment award, a top up payment will be made to cover the difference from the point of the application being submitted. An individual's entitlement to Child Disability Payment will end when they reach 18 unless they have submitted a full application for Adult Disability Payment before turning 18.

About the data

How the data is collected

The data in this publication is sourced from Social Security Scotland's case management system. The system holds information on all applications received, decisions and payments. Data about the applicant is collected through the online application form or is entered by client advisors during telephone applications or processing of paper applications. Information about the application outcome and payments is created in the case management system as an application is processed.

The information is held across multiple tables within the system. Extracts of administrative data are taken from this system every day for internal reporting purposes. Data cuts combine information from the different tables in the system into one daily extract which includes details of all Adult Disability Payment applications made since 21 March 2022. A payments extract which contains information on the financial aspects of applications is used for calculations in this publication.

To take into account backdating and delays between applications being authorised and payments being made, a data cut from 15 August 2025 has been used to produce statistics on applications received and decisions and payments made up to 11.59 pm on 31 July 2025 (see [Updates](#) section). Later data cuts may include retrospective changes to application details, including corrections to details in the case management system, and changes that have resulted from re-determinations and appeals.

Detailed re-determinations and appeals information is collected by the Client Experience team at Social Security Scotland. A challenges administrative extract is used to produce statistics on the number of re-determination requests received and decided, and of appeals received.

Quality assurance

The data used to produce official statistics is the same as the data extracted from the case management system on a daily basis that is used for internal reporting within Social Security Scotland. As such, the data is checked daily for consistency with previous extracts (i.e. checking applications, decisions and payments figures increase

as expected over time, and they are in proportion to each other) and compared to other sources of information.

Additional quality assurance and cleaning has been carried out on the variables used in the official statistics to:

- Check for duplicate and missing application references
- Check for duplicate and missing applicant identification numbers
- Check application dates are within the expected ranges
- Check that payment date is present where a payment value is present
- Check postcode lengths are within the expected ranges and check postcodes that do not match to local authorities – see [Geography section](#)
- Remove a small number of test applications which were used to test the case management system

Once the data is aggregated and copied into the publication and supporting Excel tables, the final statistics are quality assured by a different member of the statistics team. The final documents are checked by the lead statistician.

Updates

Each updated publication of Adult Disability Payment statistics may include revisions going back to March 2022. This is because each time figures are published they will be based from a new data cut from the case management system, which can include retrospective changes to data going back to March 2022, as described in the [How the data is collected section](#). More recent months tend to be subject to a greater degree of revision than more distant ones.

Re-determination median average number of days to respond

The median average number of calendar days to respond to a re-determination is included for the first time in this publication. This column has previously been available in Low Income Benefit Statistics and Child Disability Payment publications and is now included in the Adult Disability Payment publication to improve consistency in reporting. Median average number of days to respond is the median time to make a decision on a re-determination. This only includes those with a decision made, that is Allowed or Disallowed. Invalid, withdrawn and exceeded deadlines re-determinations are excluded. The median is the middle value of an ordered dataset, or the point at which half of the values are higher and half of the values are lower. The legislated timeline to respond to a re-determination for Adult Disability Payment is 56 calendar days.

Breakdown of Special Rules Median Processing times

We have reintroduced information on the median processing times for applications for cases eligible under the special rules for terminal illness broken down by whether or not there is a part 2 application record associated with the application. This information was removed due to concerns about data quality of part 2 dates. A full investigation has been conducted and we have determined that the information can be included.

Management Information on Points

We are including in this publication management information covering a breakdown of the proportion who did or did not score 4 or more points on at least one component of the daily living element, broken down by disability condition and award level.

Data Extraction Issues

As described in the [How the data is collected section](#), the data in this publication is sourced from Social Security Scotland's case management system. The information is held across multiple tables within the system. Data cuts combine information from the different tables into daily extracts which provide information on applications received, decisions made and financial aspects of applications.

Re-determinations Rate measures

Over time the size and complexity of the benefits being administered by Social Security Scotland has continued to evolve. There is a known limitation in the calculation of the re-determinations rate measures that is now impacting reporting. This affects the measures of “re-determinations as a percentage of application decisions made” and “re-determinations which are allowed or partially allowed as a percentage of all decisions processed”.

In order to ensure that our published statistics continue to meet high standards of trustworthiness and quality for our users, the measures “re-determinations as a percentage of all decisions processed” and “re-determinations which are allowed or partially allowed as a percentage of all decisions processed” were removed from the previous publication and this remains the case until further options can be explored. Until this exercise is completed, we cannot put a timescale on when an alternative solution may be available.

For more information, please see our [Data and Methodology Changes document](#) which details ongoing data issues and revisions made to the statistics. As with all our statistics, we encourage users to get in touch if they have any feedback regarding these statistics or any ongoing continuous improvement.

Methodology and definitions

Decision Date

The data extract includes information on the date when decisions have been made on an application, including when an application has been approved, denied or withdrawn. These dates are stored separately. When multiple decisions have been made on a case we use the earliest available date as the date of the first or initial decision. For example, if an application had been denied and then subsequently approved after a redetermination we would use the earlier denied date as the date of the initial decision in our application tables.

Application outcome

As described in the Decision date section above, we use the earliest available date as the date of the first or initial decision. For the application outcome, we use the outcome which corresponds to this first or initial decision. When multiple decisions have been made for a case on the same date, we apply the following logic:

- If a case is approved and denied on the same date, the outcome is approved
- If a case is denied and withdrawn on the same date, the outcome is denied
- If a case is approved and withdrawn on the same date, the outcome is approved

Denials

Denials include:

- applications that were denied at the Identification and Verification stage which is based on information in part 1 of the application,
- applications where the client failed to submit the complete part 2 of the application
- cases that are denied due to the client not meeting the eligibility criteria.

Processing times

Processing times for an application received under the normal rules, as opposed to under Special Rules for Terminal Illness, is the number of days from part 2 of the application being received to a decision being made or the application being withdrawn. It includes time spent waiting to receive further information from applicants and other organisations (for example, General Practitioners (GPs) and local authorities), if required, but does not include time to make payments. It is calculated in working days. Weekends and public holidays are excluded from calculations, even if applications were processed by staff working overtime on these days. The time of day that an application was received or processed is not taken into account.

Applications that had a decision but did not possess a part 2 application date were excluded from this analysis, as a processing time could not be calculated. Withdrawn and denied applications may not require a completed part 2 of the application form. The number of applications in the processing times table is therefore lower than the number of applications shown as processed or decided in other tables.

Processing times are only calculated for applications that were decided within the period being reported on.

Processing times for applications which are eligible for Special Rules for Terminal Illness are excluded from the normal rules processing times because they use a different methodology. Applications made under the special rules only require the submission of a Special Rules for Terminal Illness application form and a BASRiS form. Processing times for these applications are calculated as the time between the receipt of either the Special Rules for Terminal Illness application form, or part 1 of the normal application form if no part 2 application form is received, and the time of the decision being made. However, applications which are received via the normal route may also be identified as eligible under the Special Rules for Terminal Illness. These applications may have returned a part 2 form. For those applications, processing times are calculated between the received date of the part 2 of the application form and the date that a decision was made regarding the application.

Due to a small amount of applications still having a missing part 2 received date (less than 1% of approved applications), it is possible that some applications identified in the Special Rules for Terminal Illness processing times table as 'SRTI Application form or Part 1 only' may have been received under the normal rules and returned a

part 2 application form, and should have been calculated based on a part 2 received date. Processing times for the Special Rules for Terminal Illness should therefore be treated with caution. Quality assurance work will continue in this area.

Number of clients who have received at least one Adult Disability Payment by the financial year of the payment issued date

The number of clients to have benefitted from at least one Adult Disability Payment issued is calculated by summing up the number of unique individual clients who have received at least one Adult Disability Payment issued during each financial year.

Caseload (new applicants and people being transferred)

The methodology used for this publication uses a data extract which makes it possible to identify all cases who are in receipt of, or have been approved for, a payment in the caseload period, even if they have not been paid yet.

Payments are made every four weeks, in arrears, with the entitlement start date being the date that the applicant registered their part 1 form. The methodology uses a point-in-time measure of the number of people in receipt of Adult Disability Payment on the final day of any given month. It counts people from the point that they are approved for a payment until the point that their application is closed. Therefore, if a client's eligibility ended on the last day of a month, they would be counted in that month's caseload, but not in subsequent months. However, if the client's eligibility ended before the last day of the month then they would not be included in that month's caseload.

A data cut from 15 August 2025 has been used to produce statistics on all cases who are in receipt of, or have been approved for, a payment in the caseload period, even if they have not been paid yet, up to 11.59 pm on 31 July 2025.

Caseload by award type methodology

In order to identify caseload numbers by award type (i.e. awarded both Daily Living and Mobility, Daily Living only or Mobility only) and award level (e.g. enhanced, standard, transitional), the caseload extract was linked to an award level extract, which contains information on a client's award and any changes to their award type and award level over time. The award level extract had to undergo cleaning in order for it to be used alongside the caseload extract. This process involved the loss of 3% of the award level data set due to anomalies within the extract. As a result of this, when the award level extract was linked to the caseload extract, 3% of cases did not link to any award type or level information. In these instances the initial award type and level information from the applications extract have been used. However, where there were any award changes to accessible vehicle leases, these have been used to update the mobility awards. Therefore in a small number of cases there will be a limited indication of award changes that have happened since the client applied. This methodology is experimental and is likely to change over time.

Disability Condition

The Disability Condition data included in this publication is based on the Primary Disability Condition which is recorded in the application information data extracts. This Primary Disability condition is recorded by the Case Manager during the processing of the application and is determined based on the supporting information that has been provided.

The data is recorded using codes which were developed based on the International Statistical Classification of Diseases and Related Health Problems 10 (ICD10)⁹ standard, published by the World Health Organisation. The codes recorded are a subset of the broader ICD10 groupings. These are then aggregated into the ICD10 'chapters' for publication purposes. This publication has also broken down some of the 'chapters' into lower level groupings to provide more detail. We welcome feedback on this table.

As a part of the development process the newly developed condition codes were matched with the condition codes from both Personal Independence Payment and Disability Living Allowance to allow for case transfers to be moved to the new system.

Duration on caseload

The duration on caseload table uses the same methodology as other caseload tables in this publication, in that it counts people from the point that they are approved for a payment until the point that their application is closed. For cases transferred from the Department for Work and Pensions, only the time spent on the Adult Disability Payment is considered.

Rounding and disclosure control

Application and outcome figures have been rounded to the nearest five for disclosure control. The number of payments have been rounded to the nearest five and the value to the nearest ten pounds for disclosure control. Data has been suppressed where it would disclose fewer than five applications.

Reviews

The reviews information in this publication is derived from a dedicated extract detailing reviews completed. The reviews extract is linked to the applications extract to determine whether a case is a new applicant or a case transfer.

A planned award review is any review which occurs according to a pre-defined schedule. A change of circumstances review occurs when Social Security Scotland becomes aware of a change in the clients circumstances that may affect their eligibility.

⁹ [International Statistical Classification of Diseases and Related Health Problems 10 \(ICD10\)](#)

In the published tables, the decreased outcome category includes cases where the clients entitlement decreases as a result of a review but they continue to be eligible, and cases where the client becomes ineligible after the review and they cease to receive payment. The increased outcome category includes cases where the clients entitlement increases as a result of a review. The no change category includes cases where the clients entitlement does not change as a result of a review.

The date that we use to determine a review is complete is the last updated date. This date corresponds to the last date a change was made to a review on our case management system, and in the majority of cases this will correspond to the end date, but in some cases the review information could have been retrospectively edited, and this would result in the date changing to a later date erroneously. We are exploring if an alternative date is available.

Applications to Adult Disability Payment by persons in, or previously in, receipt of Child Disability Payment.

The information on applications made by clients previously receiving Child Disability Payment is created using the unique identifier for the eligible person for the Child Disability Payment case. That identifier remains the same for a person across all Social Security Scotland benefits and as such can be used to identify applications by those persons for Adult Disability Payment.

The information on whether an approved application has resulted in an increase, decrease or no change in award is derived by taking the final award levels for the Child Disability Payment case and calculating the financial value of that award on a 4 weekly basis and then calculating the equivalent value for the initial award made for Adult Disability Payment and comparing the values. This comparison is normalised at the same rate if there is an uprating of the award levels during the application process and does not consider the results of redeterminations and appeals.

All other metrics are calculated in the same way as they would be for any other Adult Disability Payment application.

Incorrect application dates

Quality assurance checks highlighted that a small number of cases had an application decision date on or prior to the benefit opening for applications on 21 March 2022. These cases were identified as test data and were removed from the data set.

There is also an issue with applications received via a paper application form having a wrong part 1 application date. We now correct those cases by using the part 2 application received date, as this more closely corresponds to the arrival of the application form. See the [Updates section](#) for more information.

Missing and duplicate applications

The data comes from a 100% data cut of the case management system. Individuals may make repeated applications for the same payment, for example if their first application is denied. This means that there can be several applications in the data cut from the same person. For this publication we have retained all these applications, but this represents a small proportion of applications.

Application channel

Application channel represents the channel used to complete part 1 of an application only. Application channel is automatically entered into the case management system for online applications, and manually entered for applications taken by phone or paper. If an application channel has been manually entered incorrectly, the application channel will be classed as 'unknown'. In some instances a valid application for the Adult Disability Payment may arrive in a non-standard format. For example, a Scottish applicant may mistakenly complete a Personal Independence Payment form and send it to the Department for Work and Pensions, who will then re-direct it to Social Security Scotland. The channel for these applications is classed as 'alternative'.

There are three main ways that applications are completed:

1. Online for both part 1 and 2 of the application
2. By phoning up and completing part 1 of an application and requesting a paper part 2 form to complete
3. Requesting via telephony a paper form for both part 1 and 2

A request can also be made by the applicant to receive help filling out part 2 of the application from a local delivery team member. This can occur via a video call or in person.

In the current publication, the category 'Paper applications' channel includes both 'paper' and 'combined' applications. Combined applications represent where a part 1 and part 2 application are provided at the same time via paper.

The category of 'Other channel' includes applications received through local delivery as well as any that have a recorded channel of 'In Person' and 'Transferred from DWP'.

Age of applicant

The age that is used for the applicant is taken from the date of birth that is entered during the completion of the part 1 application and some small errors may exist. Different measures of age are used in this publication. In Table 7, which details number of applications received and processed, age is based on the age of the person when part 1 of the application was registered. In Table 18, which details the age of people that are in the caseload, age is based on the age that the person was on the last day of the caseload period in question. Ages that are out with the expected

range are treated as “unknowns” and may be the result of a date of birth being incorrectly entered.

Geography

Applications and caseload are assigned to local authority area by postcode using a Scottish Government lookup file. For some applications, the postcode will not match to the lookup file. This can be because the postcode is not in a Scottish local authority area, or because the postcode has been introduced too recently to appear on the lookup file, for example if a property is in a new development. These applications are categorised as “Other” in the publication tables.

Postcodes are linked to individual profiles and data extracts are automatically updated in the case of an individual changing address. As a result, postcodes reflect the latest address of individuals and may not be the same as the address at the time of application. Therefore a small number of addresses may not reflect the correct local authority area at the time of application, decision or payment.

Payments

The payments extract, which contains information on the financial aspects of applications, is used for calculations in this publication. This was linked to the applications extract, allowing for a breakdown of payments to Daily Living and Mobility component rates. The total number of payments presented counts of each component of an Adult Disability Payment (e.g. Daily Living and Mobility) as individual payments. It also counts multiple payments made to a person in the same month as separate payments. This could happen for an individual where payments are being backdated to the start of their entitlement period (e.g. one Daily Living payment for current entitled month, and one Daily Living payment backdated to entitlement start date).

Future Developments

In future publications we are intending to change the way that payments are counted to more closely reflect the experiences of clients. Currently each component of the benefit awarded is counted separately. We are intending to change this to reflect the number of times a client receives money. We are also working towards including further breakdowns of Short Term Assistance.

In addition, we will disaggregate the reviews category of ‘decreased’ to separate reviews that resulted in the end of entitlement from those which saw a decrease in the value of the entitlement but who remained on the caseload.

If you have any feedback on any element of the publication and tables, please contact us at MI@socialsecurity.gov.scot.

Related Social Security Scotland Publications

Updated statistics for Personal Independence Payment, Disability Living Allowance, Attendance Allowance and Severe Disablement Allowance claimants in Scotland will be available through the [Social Security Scotland 'Publications' webpage](#).

Related Publications

The Department for Work and Pensions publish summary statistics for Personal Independence Payment which are available at [Stat-Xplore](#).

The Department for Communities in Northern Ireland publish summary statistics for Personal Independence Payment which are available [here](#).

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How to access background or source data

The data collected for this statistical bulletin:

☐ are available in more detail through statistics.gov.scot

☒ are available via an alternative route. Summary tables are available at:

<https://www.socialsecurity.gov.scot/publications/statistics>

☐ may be made available on request, subject to consideration of legal and ethical factors. Please contact MI@socialsecurity.gov.scot for further information.

☐ cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.

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