



Social Security Scotland Statistics

Child Disability Payment: statistics to 30 September 2025

Key figures

- From 26 July 2021 to 30 September 2025, 91,835 part 1 applications were received for Child Disability Payment. In total, 84,120 applications were processed with a decision made by 30 September 2025. Of these, 73% were authorised, 24% were denied and 3% were withdrawn.
- The median average processing time has decreased from 78 working days in June 2025 to 77.5 working days in September 2025.
- Since launch, over £1.4 billion has been paid to over 110,000 children and young people. As of 30 September 2025, it is estimated that 95,810 children and young people were in receipt of Child Disability Payment.
- The most common category of condition was Mental and Behavioural disorders, accounting for 74% of the caseload in September 2025.
- As of 30 September 2025, 38,505 Child Disability Payment reviews have been completed. Of these 24,280 (63%) resulted in no change in award, 12,755 (33%) resulted in an increase in award, and 1,475 (4%) resulted in a decrease in award. Of the 4% of reviews that resulted in a decrease in award, 345 (23%) had the award ended.

Frequency of publications

The next publication will be released on 17 February 2026.

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 is found online at: code.statisticsauthority.gov.uk

² The forthcoming publication timetable is available at: www.socialsecurity.gov.scot/publications/statistics

Introduction

Child Disability Payment is the replacement for Disability Living Allowance for children in Scotland, which was previously delivered by the Department for Work and Pensions. It is the first 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 care and mobility costs that a child or young person living with a disability might have.

From 26 July 2021, new applications were taken for Child Disability Payment for children under 16 that live in the pilot areas of Dundee City, Na h-Eileanan Siar and Perth and Kinross. On 22 November 2021, Child Disability Payment launched nationwide to all new applicants living in Scotland. The case transfer process, where individual ongoing awards of Disability Living Allowance for children are replaced by an award of Child Disability Payment, began on 11 October 2021.

The application for Child Disability Payment is in two parts. Once an applicant has filled out part 1 they have six weeks to complete part 2 (see [application and decision making process](#)).

This publication provides information on applications and payments for Child Disability Payment from 26 July 2021 to 30 September 2025 (see [how data was collected](#)).

[Background to Child Disability Payment](#) has further detail about the payment and its application process.

All tables referred to within this publication are available in an Excel workbook on [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

- From 26 July 2021 to 30 September 2025, there were 91,835 part 1 applications registered for Child Disability Payment. There were 76,585 part 2 applications received in this period **[Table 1]**.
- In the current quarter, from July to September 2025, there were 5,915 part 1 applications registered and 4,805 part 2 applications received. The number of part 1 applications registered in the current quarter was the same as in the previous quarter. The number of part 2 applications received decreased in this quarter compared to the previous quarter, when 5,220 part 2 applications were received. **[Table 1]**.
- As of 30 September 2025, there were 13,390 applications in the data extract used for reporting that did not have a part 2 received date populated but had been processed with a decision associated with them. These applications are not currently included within the number of part 2 applications received measure. For more information, see [Data Extraction Issues](#) **[Table 1]**.

Application outcome

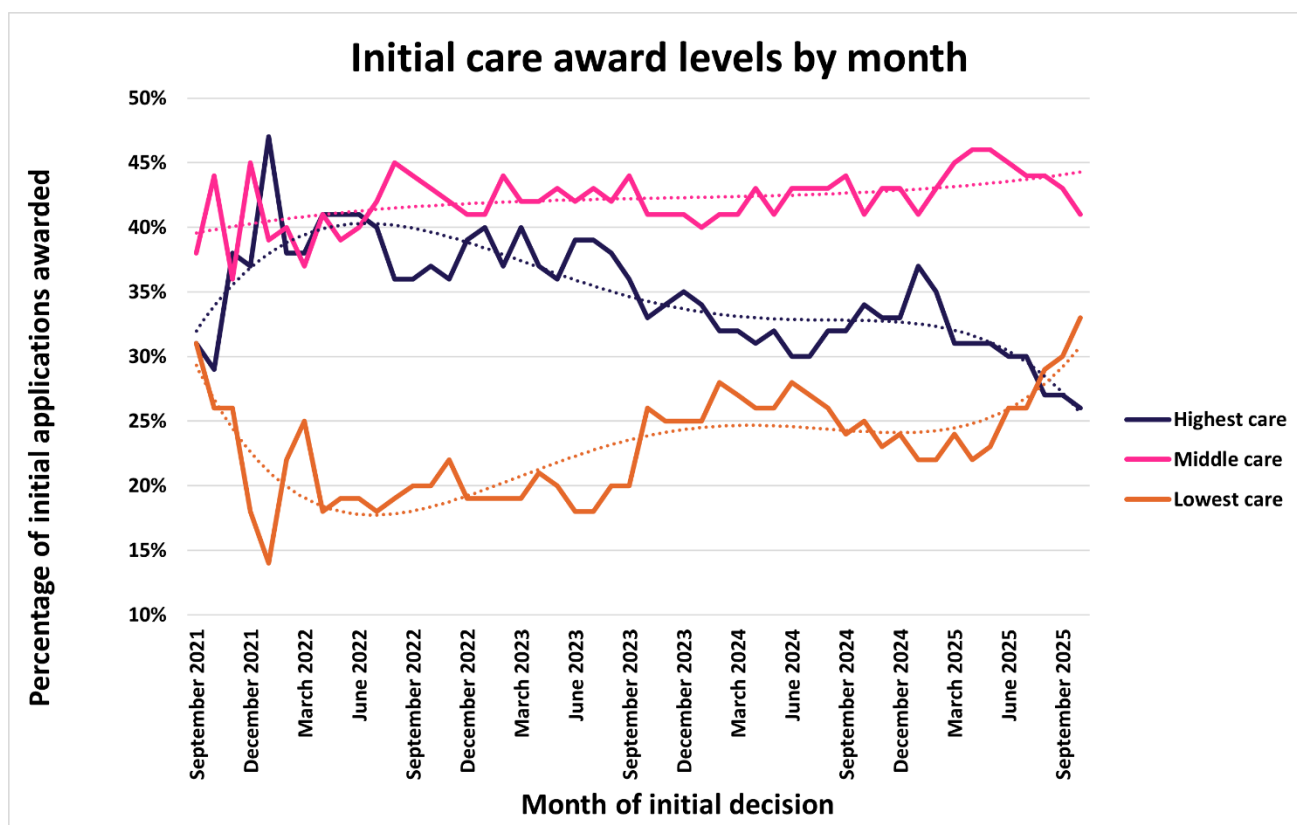
- In total, 84,120 applications were processed with a decision made by 30 September 2025. Of these, 73% were authorised, 24% were denied and 3% were withdrawn. The authorisation rate has decreased slightly in the most recent quarter, with 66% of applications processed in September 2025 being authorised, compared to 68% in June 2025 **[Table 1]**.
- The number of applications processed has increased by 27% in the most recent quarter with 7,585 applications processed between July and September 2025, compared to 5,990 applications processed from April to June 2025. This is the largest number of applications processed in one quarter since April 2024 – June 2024 **[Table 1]**.

Initial award type

- Of all applications authorised since launch, 50% were given an initial award comprising of both care and mobility components, 50% were for care only and less than 1% were for mobility only **[Table 2]**.
- The proportion of applications authorised with an initial award comprising both care and mobility has ranged between 43% and 56% since launch. In the most recent month, September 2025, the proportion receiving both care and mobility awards was the lowest since launch (43%) and the proportion receiving a care only award was the highest since launch (57%) **[Table 2]**.

- There are three levels that can be awarded for care – the lowest, middle or highest level. For further information, see [payments](#).
- Of the initial awards since launch that included a care element, 34% were at the highest level, 42% were in the middle level and 24% were at the lowest award level. Since March 2022, the proportion of initial awards at the highest level has shown a downwards trend, the proportion of awards made at the lowest level has shown an upwards trend, and the proportion of awards made at the middle level has remained relatively stable. In the most recent month, September 2025, the proportion awarded lowest care is the highest since launch (33%) and the proportion awarded highest care is lowest since launch (26%). Since July 2025, for the first time since the launch of the benefit, there are more clients receiving an initial award at the lowest level than at the highest level. Chart 1 below shows the proportion of initial awards made at each level since the start of the benefit [Table 3].

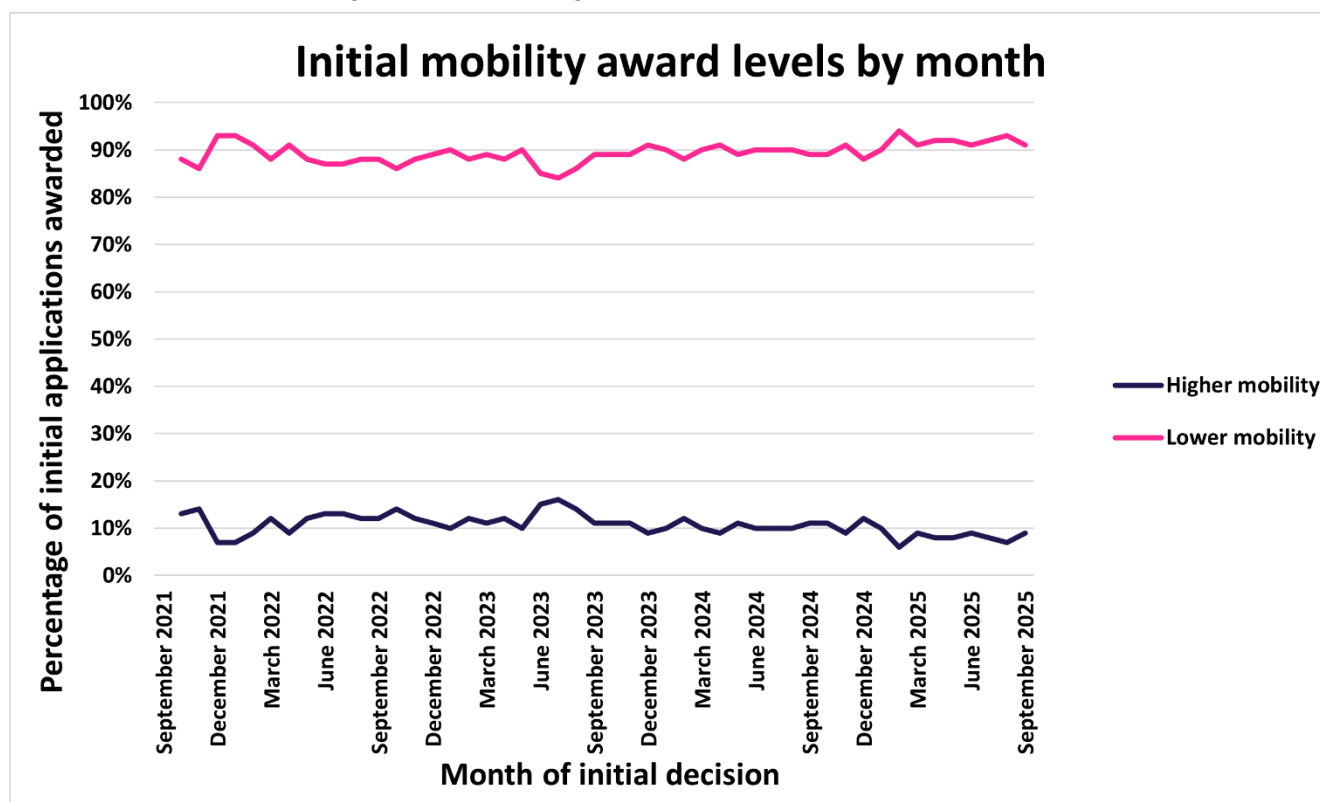
Chart 1: Initial care award level by month



- There are two levels that can be awarded for mobility – higher and lower. For further information, see [payments](#).
- Of the initial awards since launch that included a mobility element, 89% were for the lower level. The remaining 11% were authorised for the higher level. Since the launch of the benefit, the proportion of awards made each month at the higher and lower levels has remained relatively stable. The proportion of mobility awards at the higher level range between 6% and 16%, the proportion

of mobility awards at the lower level range between 84% and 94%. Since January 2025, there has been a slight decrease in the proportion of awards made at the higher level and corresponding slight increase in the proportion of awards made at the lower level. Chart 2 below shows the proportions of initial mobility awards made at both levels since the start of the benefit [Table 4].

Chart 2: Initial Mobility Award Level by Month



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 with a 97% approval rate. People with a Primary Disability Condition within the category Diseases of the Respiratory System (J00-J99) were the least likely to have their application authorised at an approval rate of 59% [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].
- The 'Unknown' category includes cases where the Primary Disability Condition is not recorded, or where it is to be determined. Of the processed applications where the condition was 'Unknown', there was an approval rate of 13% [Table 5]. A decision on a person's entitlement is based on an understanding of their level of needs because of their disability or health condition, rather than a diagnosis. This takes into account that individuals with the same disability or

health condition might be impacted to a different degree in their everyday lives. This is particularly relevant for children and young people, where it can be more difficult to diagnose the condition.

- In addition, testing of the disability condition coding carried out in Summer 2022 showed that there was an overuse of the 'to be determined' category (see [Disability Condition Code Testing](#)). This has resulted in higher numbers in the 'Unknown' category. Processes have been improved since then, ensuring that when Health and Social Care practitioners are asked to review applications, they record the correct disability condition code for case managers to consider.

Application channel

- Application channel refers to the method of application used to complete the part 1 application.
- Of all applications received by 30 September 2025, 80% were made online and 13% were made via phone. A further 6% were received through other channels. As of this publication, combined applications (which were previously categorised as paper applications) and alternative applications (where a Disability Living Allowance application was redirected to Social Security Scotland) are now categorised as other applications. For more information, please see [Application channel categories](#). Overall, since January 2022, the proportion of other applications has declined, whilst the proportion of online applications has increased. **[Table 6]**.
- For more information on application channels, see [Application and decision making process](#)).

Applications by age of child

- During the period 26 July 2021 to 30 September 2025, 43% of all part 1 applications were made for children aged 5-10, whilst 31% were in the 11-15 age group and 26% were for ages 0-4 **[Table 7]**.
- The proportion of applications authorised was broadly similar across the age groups, ranging from 70% in the 11-15 age group to 74% and 75% in the 5-10 and 0-4 age groups respectively. The exception to this was in the 16–18 age group, where withdrawn applications accounted for the highest percentage of processed applications at 42%, followed by denied applications at 35%, and approved applications at 23% **[Table 7]**. Those aged 16 and over are not eligible to apply for Child Disability Payment, and should apply for Adult Disability Payment instead (see [eligibility](#)).

Applications by local authority area

- Part 1 applications have been registered for children living in all 32 local authority areas in Scotland. Of the part 1 applications registered, 14% were

from Glasgow City, followed by 8% from Fife and 7% from North Lanarkshire **[Table 8]**.

- During the period 26 July 2021 to 30 September 2025, the proportion of authorised applications has ranged from 68% in Dundee City and Na h-Eileanan Siar (both were pilot areas, where applications were taken from 26 July 2021) to 78% in East Renfrewshire and Stirling **[Table 8]**.

Processing times

- Processing times for any application received under the normal rules³ is calculated between the received date of the part 2 application and the date that a decision was made regarding the application. Further information on the calculation can be found in [processing times](#).
- The median⁴ average processing time for applications processed since July 2021 was 76 working days, which is the same as the previous publication **[Table 9a]**.
- In the latest quarter, the median average processing time decreased from 78 days in June 2025 to 77.5 days in September 2025. During the quarter, the median average processing time decreased to 75 working days in July 2025 and to 62 working days in August 2025 before increasing to 77.5 working days in September 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 30 September 2025, 54% had been processed within 80 working days (4 months) **[Table 9b]**.
- The proportion of applications processed in 141 or more working days (or seven months), increased from 10% in June 2025 to 15% in September 2025 **[Table 9b]**.
- ‘Straight-through Processing’ for part 1 applications was introduced in June 2024. This 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.
- Processing times for applications processed under the Special Rules for Terminal Illness are published on an annual basis for financial years due to small numbers. The next update will be in May 2026.

³ Normal rules applications are where the Special Rules for Terminal Illness do not apply.

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.

New applicants and case transfers

Payments and clients paid

- The total value of Child Disability Payment payments issued up to 30 September 2025 was over £1.4 billion. Of this, £651.7 million was to new applicants and £754.0 million was to clients who had their award transferred **[Table 10]**.
- Care payments accounted for over £1.1 billion of the payments issued, whilst the mobility payments (including Accessible Vehicles and Equipment scheme payments) issued accounted for £344.1 million **[Table 10]**.
- In September 2025, the total value of payments issued was approximately £46.6 million **[Table 10]**.
- By the end of September 2025, Social Security Scotland had issued 6.4 million payments to 110,265 individual clients. The care component accounted for 58% of the total number of payments issued, whilst the mobility payments (including Accessible Vehicles and Equipment scheme payments) accounted for 42% **[Table 10, Table 12]**.
- Payments were issued to clients living in all 32 local authority areas in Scotland. The highest total value of payments was made to clients in Glasgow City at £195.3 million, followed by North Lanarkshire at £104.8 million and Fife at £104.6 million **[Table 11]**.
- In the 2025/26 financial year to date, the highest value of payments was made to clients in Glasgow City (£39.2 million), followed by North Lanarkshire (£21.2 million), and Fife (£20.8 million) **[Table 11]**.
- In the 2025/26 financial year to date, 99,180 individual clients received at least one payment of Child Disability Payment **[Table 12]**.

Caseload

- As of 30 June 2025, it is estimated that 95,810 children and young people were in receipt of Child Disability Payment, of which 60,605 (63%) were authorised new applicants **[Table 13]**
- Of the total caseload, 35,205 (37%) were children and young people who had had their award transferred from the Department for Work and Pensions. This number has increased in each month since March 2022 from 2,520 up to 46,305 in May 2023. Following this, it has gradually decreased to 35,205 in September 2025 **[Table 13]**. This number will continue to decrease as young people aged over 16 who had their award transferred move to Adult Disability Payment. Further information on the case transfer process can be found in [Case transfers](#).

- Similarly, new applicants will move to Adult Disability Payment as they reach 16-18. However, the new applicants caseload will not necessarily decrease as new clients continue to join the caseload.
- The caseload is a derived statistic calculated based on identifying 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. Further information on the calculation can be found in [Caseload](#).

Caseload by award type

Excerpt from Table 13: Proportion of caseload by award and client type in September 2025

Client type	Both care and mobility	Care only	Mobility only
All	67%	33%	0%
New applicants	57%	42%	0%
Case transfers	83%	17%	0%

- Of the children and young people in receipt of Child Disability Payment in September 2025, 67% were in receipt of both a care and mobility award and 33% received a care only award **[Table 13]**.
- New applicants had a lower proportion of both care and mobility awards, with 57% compared to 83% for clients who have had their award transferred. New applicants had a higher proportion of care only awards, with 42% compared to 17% for clients who have had their award transferred **[Table 13]**.
- Of those receiving a mobility award in September 2025, 5,995 (9%) were in receipt of Accessible Vehicles and Equipment payments. This differed between new applicants and case transfers, with 6% of new applicants in receipt of a Mobility award receiving Accessible Vehicles and Equipment payments compared with 13% of those who had their award transferred **[Table 13]**.

Caseload by award level

Excerpt from Table 14: Proportion of caseload by care award level and client type in September 2025

Client type	Highest care award	Middle care award	Lowest care award	Not awarded care
All	38%	46%	16%	0%
New applicants	36%	42%	22%	0%
Case transfers	43%	52%	4%	0%

- Of the children and young people in receipt of Child Disability Payment in September 2025, 38% received the highest care level, 46% received the middle care level, and 16% received the lowest care level. A small number (less than 1%) of clients on the caseload were not awarded care (i.e. received mobility only awards) **[Table 14]**.

- For new applicants, 36% of the caseload received the highest care award while 43% of clients who had their award transferred received the highest care award **[Table 14]**.
- New applicants had a lower proportion of middle care awards, with 42% compared to 52% for clients who have had their award transferred. New applicants also had a higher proportion of lowest care awards, with 22% compared to 4% for clients who have had their award transferred **[Table 14]**.

Excerpt from Table 15: Proportion of caseload by mobility award level and client type in September 2025

Client type	Higher mobility award	Lower mobility award	Not awarded mobility
Total	12%	55%	33%
New applicants	9%	49%	42%
Case transfers	17%	65%	17%

- Of the children and young people in receipt of Child Disability Payment in September 2025, 12% received the higher mobility level, 55% received the lower mobility level and 33% did not receive a mobility award (i.e. received care only awards) **[Table 15]**.
- New applicants had a smaller proportion of higher mobility awards, with 9% compared to 17% for clients who have had their award transferred. New applicants also had a smaller proportion of lower mobility awards, with 49% compared to 65% for clients who have had their award transferred. The key difference in the mobility awards is that a larger proportion of the new applicants caseload do not have a mobility award, at 42% compared to 17% for clients who have had their award transferred **[Table 15]**.
- The table below shows that excluding those not awarded, the ratio of higher to lower mobility awards is similar for new applicants and clients who have had their award transferred (15% and 85% compared to 21% and 79% respectively).

Excerpt derived from Table 16: Proportion of caseload by mobility award level and client type in September 2025 excluding those not awarded mobility

Client type	Higher mobility award	Lower mobility award
Total	18%	82%
New applicants	15%	85%
Case transfers	21%	79%

Excerpt derived from Table 16: Proportion of caseload by award levels and client type in September 2025⁵

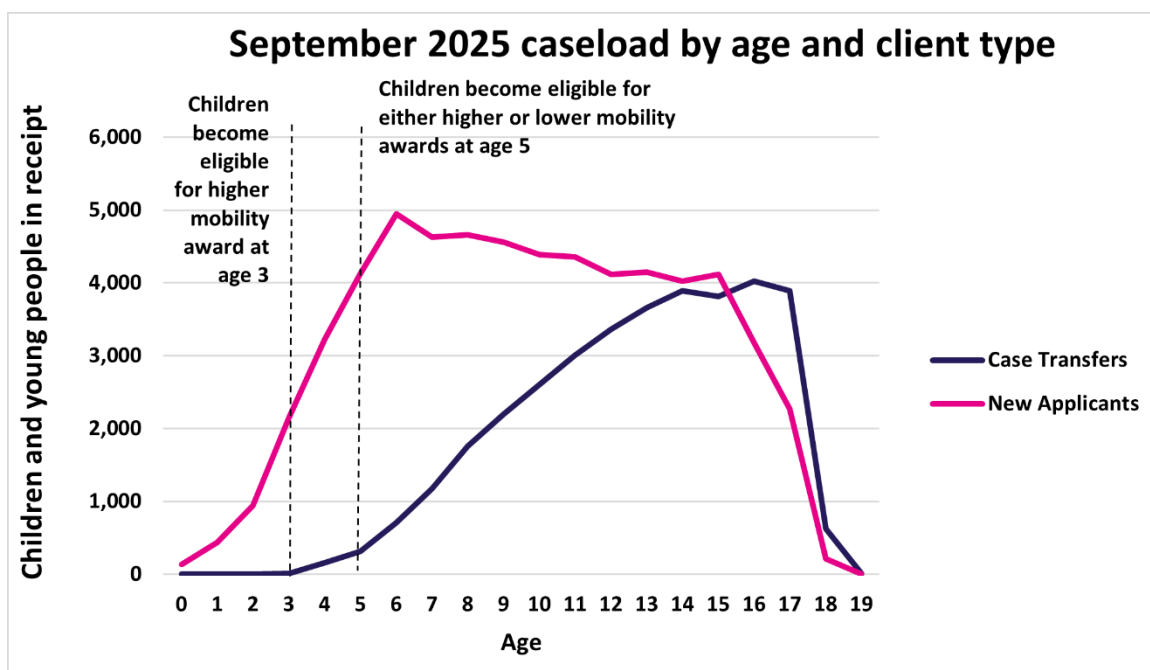
Client Type	Mobility Higher Level			Mobility Lower Level			Mobility Not Awarded		
	Care Highest Level	Care Middle Level	Care Lowest Level	Care Highest Level	Care Middle Level	Care Lowest Level	Care Highest Level	Care Middle Level	Care Lowest Level
All	10%	2%	0%	21%	28%	6%	8%	16%	10%
New applicants	7%	1%	0%	18%	23%	8%	10%	18%	14%
Case Transfers	14%	3%	0%	26%	37%	2%	3%	12%	2%

- The most common combination of award levels for both new applicants and clients who have had their awards transferred, is lower mobility and middle care level. However, clients who have had their awards transferred have a higher proportion of this award combination, with 37% of the caseload compared to 23% for new applicants [Table 16]. As mentioned above, the higher proportion of new applicants not awarded mobility will contribute to these differences.

Caseload by age

- The age profile of new applicants and children who have had their award transferred is shown in Table 17 and Chart 3 below.

Chart 3: Caseload in September 2025 by age and type of client



⁵ Mobility only awards have been excluded from this table as they account for less than 1% of the overall caseload

Excerpt derived from Table 17: Proportion of caseload by age and client type in September 2025

Client type	0–4	5-10	11-15	16-19
All	7%	38%	40%	15%
New applicants	11%	45%	34%	9%
Case transfers	0%	25%	50%	24%

- The new applicants caseload is generally much younger than those who have had their award transferred, with 11% of the new applicant clients being aged 0-4, compared to less than 1% of clients who have had their award transferred. Only 9% of the new applicants are aged 16-19, compared to 24% of clients who have had their award transferred **[Table 17, Chart 1]**. This is because from November 2021, all new applications for children and young people living in Scotland had to be for Child Disability Payment so there could not be any new clients added to the case transfers category from that date. As a result, clients in the 0-4 years age category make up a very small proportion of the case transfers caseload. The differences in age profiles of the clients may contribute towards some of the differences seen in award levels and types.
- The case transfer process began in October 2021, when children who were aged over 15 and a half to 17 who received Disability Living Allowance for children from the Department for Work and Pensions started to have their award transferred to Child Disability Payment in phases. Children under 15 and a half years old began having their awards transferred from spring 2022. For more information, see [case transfers](#).
- By June 2023, Social Security Scotland had completed the case transfer process for over 99% of children and young people who were in receipt of Disability Living Allowance for children in Scotland and by January 2024 this process had been completed. Therefore children in younger age groups will apply as new applicants while the case transfer caseload will get progressively older until they move to Adult Disability Payment at age 16 – 18. For more information see [Eligibility](#).

Caseload by Primary Disability condition

- The most common category of condition was Mental and Behavioural disorders, which accounted for 74% of the caseload (71,180) in September 2025. This was the case for both new applicants and case transfers where it accounted for 72% (43,645) and 78% (27,535) of the caseload respectively **[Table 18a]**.
- Within this category, the most common Primary Disability Condition was Autism (ICD10 code F84.0) accounting for 56% of the category (39,690), followed by ADHD (ICD10 code F90.0) accounting for 17% of the category (12,250) **[Table 18b]**.
- Both the Endocrine, Nutritional and Metabolic Diseases category and the Diseases of the Skin and Subcutaneous Tissue category have 80% of clients

receiving care only awards; the highest proportion of care only awards. **[Table 18a]**. In the Endocrine, Nutritional and Metabolic Diseases category the majority had care awards on the middle care level (55%). In the Diseases of the Skin and Subcutaneous Tissue category, the majority of awards are on the highest care level (38%) with a similar proportion on the middle care level (37%) **[Table 19b]**.

- Neoplasms had the highest proportion of both care and mobility awards (79%) **[Table 18a]**. Within this category, the majority of care awards and mobility awards were at the highest level at 81% and 68% respectively **[Table 19a, 20a]**.

Excerpt from Table 18b: Proportion of caseload within the Mental and Behavioural Disorders category by award and client type in September 2025

Client type	Both care and mobility	Care only	Mobility only
All	72%	28%	0%
New applicants	61%	38%	0%
Case transfers	89%	11%	0%

- Within the Mental and Behavioural Disorders category, new applicants have a higher proportion of care only awards at 38% compared to 11% for case transfers. Case transfers have a higher proportion of both care and mobility awards at 89% compared to 61% for new applicants. As this category accounts for the highest proportion of the caseload, it is likely that this is contributing to the differences we see in award type and level between new applicants and case transfers **[Table 18b]**.

Excerpt from Table 19b: Proportion of caseload within the Mental and Behavioural Disorders category by care award level and client type in September 2025

Client type	Highest care award	Middle care award	Lowest care award	Not awarded care
All	38%	47%	15%	0%
New applicants	34%	43%	22%	0%
Case transfers	44%	53%	3%	0%

- Within the Mental and Behavioural Disorders category, case transfers have a higher proportion of middle care award levels than new applicants (53% compared to 43%). New applicants have a higher proportion of lowest care award levels than case transfers (22% compared to 3%) **[Table 19b]**.

Excerpt from Table 20b: Proportion of caseload within the Mental and Behavioural Disorders category by mobility award level and client type in September 2025

Client type	Higher mobility award	Lower mobility award	Not awarded mobility
Total	9%	63%	28%
New applicants	7%	54%	38%
Case transfers	13%	76%	11%

- Within the Mental and Behavioural Disorders category, case transfers have a higher proportion of lower mobility award levels than new applicants (76% compared to 54%). New applicants have a higher proportion that are not awarded mobility than case transfers (38% compared to 11%) **[Table 20b]**.
- Further information on the disability condition categories can be found in [disability conditions](#).

Caseload by Special Rules for Terminal Illness Status

- Of the 95,810 children and young people in receipt of Child Disability Payment in September 2025, 230 (0.2%) of these were receiving an award under Special Rules for Terminal Illness **[Table 21]**.

Caseload by Duration on Caseload

- For clients who were on the caseload in September 2025, the majority had been on the caseload for 3 years and up to 4 years with 36,365 (38%), followed by 22,195 (23%) having been on the caseload for 2 year and up to 3 years and 21,180 (22%) having been on the caseload for 1 year and up to 2 years **[Table 22]**.

Caseload by Local Authority Area

- The number of children in receipt of Child Disability Payment in September 2025 was highest in Glasgow City which accounts for 14% of the caseload. This was followed by Fife, North Lanarkshire and South Lanarkshire which each accounted for 7% of the caseload **[Table 23]**.

Re-determinations and appeals: New applicants and clients being transferred

- There were 8,950 re-determinations received by 30 September 2025. Of these, 7,145 were requested by new applicants, and 1,800 by clients who had their award transferred. Re-determinations received includes both re-determinations received for initial decisions and re-determinations received for review decisions. Since launch, the number of re-determinations received has increased, showing a general upwards trend **[Table 24]**.

Excerpt from Table 24: Proportion of re-determination outcomes, by client type

Client type	Percentage of completed re-determinations which are disallowed	Percentage of completed re-determinations which are allowed	Percentage of completed re-determinations where re-determination decision is not made
Total	40%	55%	5%
New applicants	40%	55%	4%
Case transfers	40%	53%	7%

- By 30 September 2025, 8,485 re-determination requests had been decided. Of these, 55% were allowed, 40% were disallowed and for 5%, the re-determination decision was not made. Re-determination decision not made includes those which were invalid or exceeded the deadline and the client opted to cease the re-determination process and move to appeal, summed due to small numbers.
- The proportion of re-determination requests that have been allowed has been generally stable over the past year, ranging between 39% and 49%. In the most recent quarter at September 2025, 46% were allowed, compared to 43% in June 2025 **[Table 24]**.
- Of the completed re-determinations, new applicants and clients with their award transferred had 55% and 53% that were allowed, respectively **[Table 24]**.
- The median average⁶ processing time for re-determinations completed since July 2021 was 46 calendar days. In the latest quarter, the median average processing time has decreased from 42 calendar days in June 2025 to 40 calendar days in September 2025 **[Table 24]**. For more details, please see [re-determination median average number of days to respond](#).
- Overall, 90% of re-determinations were closed within 56 days⁷. In the previous quarter, at June 2025, 95% of re-determinations were closed within 56 days. This increased in the current quarter, to 98% in September 2025. For both new applicants and case transfers, 98% of redeterminations were closed within 56 days in September 2025 **[Table 24]**.
- There were 1,225 appeals received by 30 September 2025, of which 505 had been decided. Of these decisions, 59% were upheld in the clients' favour and 41% were not upheld **[Table 25]**.
- Since launch, 80% of appeals received were for clients who applied as new applicants, and 20% were for clients who had their award transferred from the Department for Work and Pensions. **[Table 25]**.
- There were 200 appeals received in the latest quarter. This has remained stable in comparison to the previous quarter when 200 appeals were received. Appeals received in the latest quarter represent 16% of all appeals received since launch **[Table 25]**.
- The proportion of appeals upheld in the client's favour has ranged between 42% and 78% since June 2024. In the most recent quarter at September 2025 64% of appeals were upheld in the client's favour **[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.

⁷ 56 calendar days is the legislated timeline to respond to a re-determination for Child Disability Payment

- There were 300 cases that have received Short Term Assistance by 30 September 2025. This has increased from 210 cases that had received Short Term Assistance at 30 June 2025. Due to the small number of cases it is not currently possible to provide further breakdowns. Further information on Short Term Assistance can be found in [re-determinations and appeals](#).

Reviews

- This publication now includes a breakdown of the 'decreased' category of reviews to distinguish those whose award for Child Disability Payment ended. As is the case with all review outcomes, this measure only refers to the review outcome and therefore is not necessarily the final outcome for the client, i.e. the decision may be changed as a result of a re-determination or appeal.
- The format of the reviews tables has also been changed in this publication, to ensure consistency with other tables and make them easier for users to interpret. The tables now include a table for each review type (All, Planned, Change of Circumstances). For more information see [Reviews](#).
- By 30 September 2025, 38,505 reviews had been completed. Of these, 4% resulted in a decrease in award, 33% resulted in an increase in award, and 63% resulted in no change to award **[Table 26]**.
- By 30 September 2025, of the 4% of reviews that resulted in a decrease in award, 23% had the award ended.
- Of reviews completed in September 2025, 6% resulted in a decrease in award, 30% resulted in an increase in award, and 64% resulted in no change to the award **[Table 26]**.
- Of reviews completed in September 2025, of the 6% of reviews that resulted in a decrease in award, 31% had the award ended.
- The number of reviews completed has remained stable, with 6,295 completed in the previous quarter to June 2025 and 6,325 in the current quarter to September 2025. **[Table 26]**.
- By 30 September 2025, of the 38,505 reviews that had been completed 27,865 (72%) were planned award reviews and 10,640 (28%) were change of circumstance reviews **[Tables 26, 27, 28]**.
- There were 27,865 planned award reviews completed by 30 September 2025. Of these, 4% resulted in a decrease in award, 27% resulted in an increase in award, and 69% resulted in no change to the award. Of the 4% of planned award reviews that resulted in a decrease to the award, 20% had the award ended **[Table 27]**.

- There were 10,640 change of circumstance reviews completed by 30 September 2025. Of these, 4% resulted in a decrease in award, 48% resulted in an increase in award and 48% resulted in no change to the award. Of the 4% of change of circumstance reviews that resulted in a decrease to the award, 32% had the award ended **[Table 28]**.
- Of all reviews completed by 30 September 2025, 55% were for clients whose cases were new applications to Child Disability Payment and 45% were for clients whose cases were transferred from the Department for Work and Pensions **[Table 26]**.
- Of all reviews completed by 30 September 2025 for clients who were new applicants, 4% resulted in a decrease in award, 35% resulted in an increase in award, and 61% resulted in no change to the award. Of the 4% of new client reviews that resulted in a decrease to the award, 29% had the award ended. **[Table 26]**.
- Of all reviews completed by 30 September 2025 for clients whose cases were transferred from the Department of Work and Pensions, 4% resulted in a decrease to the award, 31% resulted in an increase in award, and 65% resulted in no change to the award. Of the 4% of case transfer client reviews that resulted in a decrease to the award, 17% had the award ended. **[Table 26]**.

Background to Child Disability Payment

The Scotland Act 2016⁸ devolved new powers to the Scottish Parliament in relation to social security, including responsibility for disability benefits which had been administered in Scotland by the Department for Work and Pensions. On 1st April 2020, executive competence for Disability Living Allowance was transferred to the 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. 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 from April 2020 due to the scheduled transfer of these benefits.

Social Security Scotland is the executive agency of the 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 (Department for Work and Pension's replacement of Disability Living Allowance for working age people)
- Pension Age Disability Payment which is replacing Attendance Allowance
- Scottish Adult Disability Living Allowance which is replacing 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 was a transitional period to allow administration of these benefits to be transferred, during which the Department for Work and Pensions continued 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 did not need to apply and their awards were transferred to Social Security Scotland. Social Security Scotland has now completed the case transfer process for Disability Living Allowance for children to Child Disability Payment and Personal Independence Payment to Adult Disability Payment.

Child Disability Payment was the first of the application-based disability benefits to be introduced by the Scottish Government. It is designed to mitigate some of the additional costs of caring for a disabled or terminally ill child or young person. The pilot launched on the 26 July 2021 for new applicants living in the local authorities of

⁸ The Scotland Act 2016 webpage at <http://services.parliament.uk/bills/2015-16/scotland.html>

Dundee City, Na h-Eileanan Siar and Perth and Kinross. On 22 November 2021, Child Disability Payment launched nationwide to all new applicants living in Scotland. Further details about the benefit can be found at www.mygov.scot/child-disability-payment.

Case transfers

From 11 October 2021, children and young people who were aged over 15 and a half to 17 who received Disability Living Allowance for children from the Department for Work and Pensions and living in Scotland, started to have their award transferred to Child Disability Payment in phases. Children under 15 and a half years old began having their awards transferred from spring 2022. Social Security Scotland has now completed the transfer process for children and young people who were in receipt of Disability Living Allowance for children in Scotland. However, there remain small numbers of clients who make a cross-border move, where they had previously been on Disability Living Allowance for children while living in England or Wales but have now moved to Scotland. As of 30 September 2025, 47,720 children and young people had their award transferred from Disability Living Allowance to Child Disability Payment. The current caseload at September 2025 is lower than this as clients with transferred awards are beginning to leave the caseload due to age and other potential factors.

Social Security Scotland only publish detailed information on case transfers from the time that they are fully responsible for the administration of that case, including responsibility for making the payments. The Department for Work and Pensions publish information on the cases that are still being paid by them.

The case transfer caseload is not expected to include babies aged 0 -1 years because it had been over a year since Child Disability Payment launched when case transfers for children under 5 began, so they would have applied for Child Disability Payment straight away.

Eligibility

An adult with [parental responsibilities and rights](#) or a guardian can apply for Child Disability Payment on behalf of a child from birth up to the age of 16 who has lived with a disability for at least three months, and who can expect to continue to have this disability for at least six months. There is an exception to this if a child is terminally ill, whereby no qualifying period is required (see [terminal illness](#)).

For normal rules applications, entitlement to Child Disability Payment starts from the date the part 1 application from is received, or the date the individual meets all of the eligibility criteria, whichever is later. For applications eligible under special rules for terminal illness, entitlement starts from whichever of these dates is earliest:

- the date Social Security Scotland receives their application (which includes information about the individual's terminal illness)

- the date a registered medical practitioner (RMP) or registered nurse (RN) makes a clinical judgement that the individual meets the terminal illness definition

Awards can be backdated to the date of diagnosis of terminal illness, up to a maximum of 26 weeks before the date of application.

For clients already in receipt of Child Disability Payment under normal rules, entitlement under the special rules for terminal illness start:

- the date Social Security Scotland become aware of the current client's terminal illness, either by them notifying through a change of circumstances or otherwise.

A key difference from Disability Living Allowance for children administered by the Department for Work and Pensions is that Social Security Scotland have extended the eligibility for Child Disability Payment from 16 to 18 years old, for young people in receipt of assistance before they were 16. New applicants who are 16 or above will need to apply for Adult Disability Payment which Social Security Scotland launched nationally on 29 August 2022.

If an individual has submitted a full application to Adult Disability Payment before they turned 18, they can continue to receive Child Disability Payment until they turn age 19 or start receiving Adult Disability Payment, whichever is earlier. Previously, individuals who had their award transferred to Child Disability Payment from Disability Living Allowance for Children could remain on Child Disability Payment until age 19 if they had turned 18 on or before 31 December 2023. An individual who is in receipt of Child Disability Payment because they are terminally ill can continue to receive Child Disability Payment with no age limit.

When a child who is entitled to Child Disability Payment dies, the individual managing their assistance will receive a final payment which includes a doubling of the weekly rate for the final 8 weeks of the child's award.

Application and decision making process

The application stage involves a two-part application process. The part 1 form gathers key personal details of the child or young person. The impact of the child or young person'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. As detailed in [Terminal illness](#), Social Security Scotland require a Benefits Assessment under Special Rules in Scotland (BASRiS) form. The BASRiS form is completed by the registered medical practitioner or registered nurse involved in the person's care or diagnosis. It provides Social Security Scotland with confirmation of the terminal illness diagnosis so that a determination can be made under the special rules.

Part 1 of normal rules 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 an applicant might request to complete both parts of the form by paper. It is also possible for a valid application for Child Disability Payment to arrive in an alternative form. For example, a Scottish applicant may complete a Disability Living Allowance form and send it to the Department for Work and Pensions, who will then re-direct it to Social Security Scotland.

Applicants have 6 weeks to complete part 2 of the form following the submission of part 1.

Any adult with parental rights and responsibilities can apply for Child Disability Payment on behalf of the child if the child is under 16 (see [eligibility](#) for information on those aged 16 to 18). An adult can still apply if the child is not living with a parent or guardian and they look after them. A parent or guardian may make an application for each disabled child that they look after. If the child is terminally ill, anyone can submit a third party application for the child as long as they:

- tell the person with parental rights and responsibilities, or guardian, or appointee if there is one, that they are applying for them
- get consent from the child's parent or guardian, or appointee to do so

Social Security Scotland processes each application received and makes a decision regarding the child or young person's eligibility for Child Disability Payment. Applicants can withdraw their application on behalf of the individual 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 doesn't agree with the decision about the individual's Child 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 Child Disability Payment determination. Social Security Scotland then has 56 calendar days to make a re-determination. Child Disability Payment applicants also have the right to appeal on behalf of the individual 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

Short Term Assistance is also available as part of Child 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 Child 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, their Short Term Assistance award 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 Child Disability Payment, the case manager will set a date in the future when the client's award will be reviewed. The period between the determination and the client's future review is called the review period. Future award reviews 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, review periods 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 a minority of clients whose needs are highly unlikely to change, the review period may be set to their 18th birthday, even if this is longer than 10 years away. This means that unless the client reports a change of circumstance, they will continue to receive Child Disability Payment until age 18, by which point they will have been invited to apply for Adult Disability Payment.

Review periods are set based on the consideration of a number of factors. One consideration for Child Disability Payment is the age of the child, as different disability conditions may be more likely to change with age and the care or mobility needs of the child or young person may diverge more or less compared to their peers. As such, children become eligible for the higher rate of the mobility component at age three and the lower rate of the mobility component at age five. Therefore, the ages 3 and 5 years old are used as milestone birthdays during a child's life and their case will be reviewed around their third and fifth birthdays to determine if they may be entitled to either of the rates of the mobility component.

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 who had their award transferred from the Department for Work and Pensions, their next review date for Disability Living Allowance will be maintained and their first Child Disability Payment review date will be set for the same time. This is known as a Planned Award Review. Any future review period will be set in the usual way.

Payments

Child Disability Payment is made up of two components: a care component and a mobility component. Qualifying children and young people will be entitled to a payment to help with their care and/or mobility needs.

Young people aged 16 or over are also entitled to the lowest rate of the care component if they can't make a cooked main meal if provided with the ingredients because of a mental or physical disability.

Children over three years old can also get a payment to help with their mobility needs.

Children who are terminally ill are automatically entitled to the highest rate of the care component and can receive this from birth. They are also automatically entitled to the higher rate of the mobility component if they are aged three or older.

Individuals who are entitled to the highest rate of the care component can also receive Child Winter Heating Payment which is a payment to help disabled children and young people and their families with increased heating costs over winter.

The lower rate of the mobility component is available to eligible children who are aged five years or older. The higher rate of the mobility component is available for eligible children who are at least three years old.

The below tables indicate the value of payments for the period covered by the publication: the 2021/22, 2022/23, 2023/24, 2024/25 and 2025/26 rates.

Payments are made every 4 weeks, in arrears, with the start date of the application being the application date of the part 1 form. Awards for terminally ill children and young people are paid weekly in advance.

Care component	Weekly amount				2025/26
	2021/22	2022/23	2023/24	2024/25	
Lowest rate	£23.70	£24.45	£26.90	£28.70	£29.20
Middle rate	£60.00	£61.85	£68.10	£72.65	£73.90
Highest rate	£89.60	£92.40	£101.75	£108.55	£110.40

Care component	Level of help needed
Lowest rate	• Attention for a significant part of the day in connection with bodily functions
Middle rate	• Frequent attention from someone during the day or prolonged or repeated attention at night in connection with bodily functions, or • Continual supervision during the day or another person to be awake for a prolonged period or frequent intervals at night to avoid substantial danger, or • Gets renal dialysis at least twice a week during the day or at night
Highest rate	• Frequent attention from someone during the day and prolonged or repeated attention at night in connection with bodily functions, or • Continual supervision during the day and another person to be awake for a prolonged period or frequent intervals to avoid substantial danger, or • Gets renal dialysis at least twice a week during the day and at night, or • They are terminally ill

Mobility component	Weekly amount				
	2021/22	2022/23	2023/24	2024/25	2025/26
Lower rate	£23.70	£24.45	£26.90	£28.70	£29.20
Higher rate	£62.55	£64.50	£71.00	£75.75	£77.05

Mobility component	Level of help needed
Lower rate	Can walk but needs guidance and or supervision to move outdoors most of the time
Higher rate	- Cannot walk or are virtually unable to walk outdoors, or - They could become very ill if they try to walk, or - They have a severe visual disability, or - They have no legs or feet, (regardless of the use of artificial limbs), or - They are both blind and deaf, or - They have severe behavioural difficulties due to a severe mental impairment and needs supervision during the day and at night to avoid substantial danger, or - They are terminally ill

Accessible vehicle leases and equipment

Children who get the higher rate of the mobility component of Child Disability Payment will be 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 will provide a service similar to the current Motability scheme, with leases available for a range of cars, wheelchair accessible vehicles, scooters and powered wheelchairs. People who have an existing Motability lease will be 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 death⁹.

⁹ 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.

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](#). This definition relates to diseases and conditions that a RMP or RN judges to be terminal. 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. The application form is a 'one part' 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.
- 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 under 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 applications processed under the Special Rules for Terminal Illness.

Social Security Scotland has a duty to identify potential terminal illness cases at any stage 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 then 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.

In these circumstances, the processing time for Special Rules for Terminal Illness can be longer than when a BASRiS form has been submitted in the first instance, in order to undertake these actions to confirm eligibility. 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.

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 and their child 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 Child Disability Payment applications made since 26 July 2021. 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 14 October 2025 has been used to produce statistics on applications received and decisions and payments made up to 11.59 pm on 30 September 2025. 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 (see [Updates](#)).

Detailed re-determinations and appeals information is collected by the Client Experience team at Social Security Scotland and a challenges administrative extract is used to produce statistics on the number of re-determination and appeal requests received and decided up to 23:59 on 30 September 2025.

Quality assurance

The data used to produce official statistics are the same as the data extracted from the case management system on a weekly 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 are they 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 applicant and child dates of birth are within the expected range – see [age of applicant](#).
- Check postcode lengths are within the expected ranges and check postcodes that do not match to local authorities – see [geography](#).
- 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 Child Disability payment statistics may include revisions going back to July 2021, when the pilot of the benefit was launched. 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 July 2021 as described in [how the data is collected](#). More recent months tend to be subject to a greater degree of revision than more distant ones.

Application channel categories

As part of ongoing quality assurance work, it was identified that the case management system was incorrectly categorising applications made through local delivery as combined applications, which were then included in the “Paper” application channel in the published official statistics. In order to improve the accuracy of the data going forward, combined applications are now categorised as “Other Applications” for the purposes of statistical reporting. Additionally, “Alternative applications” (where an application made to the Department for Work and Pensions is redirected to Social Security Scotland) have now also been categorised as “Other Applications” because in the past two years of statistical reporting, these have consistently represented very small numbers. The impact of these changes is a small increase in the number of applications categorised as “Other Applications” and a corresponding decrease in those categorised as “Paper Applications”. The proportion of applications categorised as “Other Applications” has increased from 0% to 6%. The proportion of applications categorised as “Paper Applications” has decreased from 5% to 1%. This change does not affect the total number of applications, or the number and proportion of applications categorised as “Online Applications” or “Phone Applications”.

Reviews

This publication now includes a breakdown of the 'decreased' category of reviews to include those no longer eligible for Child Disability Payment. As is the case with all review outcomes, this measure only refers to the review outcome and therefore is not necessarily the final outcome for the client i.e. the decision may be changed as a result of a re-determination or appeal.

The format of the reviews tables has also been changed in this publication, to ensure consistency with other tables and make them easier for users to interpret. Previously, there was a separate reviews table for each client type (All Clients, New applicants and Case transfers) and the review type categories (All, Planned, Change of Circumstances) were presented within each table. The format has now changed to a separate reviews table for each review type (All, Planned, Change of Circumstances) and client type categories are now presented within each table. This change in presentation does not affect the information available for users on reviews, as the same figures and measures are still included.

Data extraction issues

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 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.

Normal rules processed applications missing a part two received date

As described in [how the data is collected](#), the data in this publication is sourced from Social Security Scotland's case management system. Since the launch of Child Disability Payment, there has been a data extraction issue where some applications that have been processed with a decision have not had a part 2 received date appearing in the data extract. The number of applications processed which are missing a part 2 received date is 13,390 up to the end of September 2025.

Withdrawn and denied applications do not necessarily require a completed part 2 of the application form and as such many of these are not missing any information. As of 30 September 2025, 2,820 (approximately 5%) approved normal rules applications lack a part 2 application received date.

The impact of the issues described above is:

- There is an undercount in the number of part 2 applications that have been received **[Table 1]**.
- Processing time is calculated using the number of days from part 2 of the application being received to a decision being made or the application being withdrawn. Processing times cannot be calculated where applications are missing a part 2 date in the extract **[Table 9]**.
- Processing times can be calculated for processed applications that do have a part 2 received date populated. This may introduce bias to this number if for some reason the applications which don't have a part 2 received date extracted have a longer or shorter processing time **[Table 9]**.

The part 2 date issue has improved over time, as a result of various updates and improvements to the data extract. For example, in 2022 around 15% of approved normal rules applications were missing their part 2 application received date. This compares to around 4% in 2023, 1% in 2024 and 1% in 2025 up to the end of September 2025. This means that the earlier part 2 data is most impacted by this issue, whereas more recent data is much more complete. Quality assurance work will continue in this area.

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 for 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 re-determination we would use the earlier denied date as the date of the initial decision in our application tables.

Application outcome

As described in [Decision date](#) 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, or had their part 2 date after their decision date, were excluded from this analysis, as a processing time could not be calculated. This issue is under review (see above in [Data Extraction Issues](#)). 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 time is only calculated for applications that were decided within the period being reported on.

Processing times for Special Rules for Terminal Illness

The next update will be published in May 2026, as these figures are published on an annual basis for financial years due to the small numbers.

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

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

Caseload (new applicants and case transfers)

The methodology used for this publication uses a caseload 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 for normal rules applicants are made every four weeks, in arrears, with the entitlement start date being the date that the applicant registered their part 1 form. Payments for Special Rules for Terminal Illness are made weekly in advance. The methodology uses a point-in-time measure of the number of children and young people in receipt of Child Disability Payment on the final day of any given month. It counts clients 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 14 October 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 30 September 2025.

Caseload by award type methodology

In order to identify caseload numbers by award type (i.e. awarded both care and mobility, care only or mobility only) and award level (e.g. lower, middle, higher), 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 8% of the award level data set due to anomalies within the extract. As a result, when the award level extract was linked to the caseload extract, 8% 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 extract. This Primary Disability Condition is recorded by the case manager during the processing of the application and is determined based on the application form and 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)¹⁰ 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.

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

Disability Condition Code Testing

As part of the quality assurance process of the Disability Condition data, an exercise was carried out in consultation with a Social Security Scotland Clinical Operations practitioner, who is a health professional, to verify whether case managers were selecting the most appropriate disability condition code when processing applications. A sample of 370 applications were supplied to the practitioner who then provided the disability conditions that they would have selected based on the supporting information available.

The results show that for 86% of the sample, the condition selected by the case managers and by the Clinical Operations practitioner matched at the ICD10 'chapters' that have been aggregated for publication purposes. Of those that didn't match, the majority were applications where the case manager had selected a disability condition code relating to a lack of diagnosis, or 'to be determined', but the Clinical Operations practitioner was able to select a condition based on the supporting information available. As a result of this quality assurance exercise, from November 2022 practitioner colleagues' expertise was utilised more frequently to make decisions on disability condition codes. Since then, the prevalence of 'to be determined' condition codes has decreased.

Caseload by Special Rules for Terminal Illness Status

Table 21 contains the latest caseload figure for clients receiving an award with Special Rules for Terminal Illness. This has been calculated using the Special Rules for Terminal Illness indicator from the applications extract and linking this to the caseload extract.

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

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

Department for Work and Pensions, only the time spent on the Child Disability Payment is considered to be on the caseload.

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 data 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. This includes third and fifth birthday reviews to determine whether a client may be awarded mobility components that they could be eligible for at these ages. A change of circumstances review occurs when Social Security Scotland becomes aware of a change in the client's circumstances that may affect their entitlement.

In the published tables, the decreased outcome category includes both cases where the client's entitlement decreases as a result of a review but they continue to be entitled, and cases where the client's entitlement ceases after the review so that they are no longer eligible to be paid Child Disability Payment. The table also shows the number and percentage of decreased reviews where the client is no longer eligible.

The increased outcome category includes cases where the client's entitlement increases as a result of a review. The no change category includes cases where the client's entitlement does not change as a result of a review.

The review outcomes is not necessarily the final outcome for the client i.e. if the decision is changed as a result of a re-determination or appeal.

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 alternate date is available.

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 26 July 2021. These cases were identified as test data and were removed from the data set.

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 ever an application channel has been manually entered incorrectly, the application channel will be classed as 'unknown'.

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 phone a paper form for both part 1 and 2

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

The category of 'paper applications' includes those received by separate paper part 1 and part 2 applications. Previously, 'combined applications' were also included in the 'Paper Applications' category, however, as part of ongoing quality assurance work, it was identified that the case management system was incorrectly categorising applications made through local delivery as combined applications. Therefore, to improve the accuracy of the data going forward, combined applications are now categorised as "Other Applications" for the purposes of statistical reporting. The category of 'other channel' includes applications received through Local Delivery as well as any that have a recorded channel of 'In Person', 'Transferred from DWP', 'External System' and 'Alternative Applications', where a Scottish applicant may mistakenly send a completed Disability Living Allowance form to the Department for Work and Pensions, who then re-direct this to Social Security Scotland. For more information on updates to the application channel categories please see [Application channel categories](#).

Age of applicant

The age that is used for the applicant and child 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 child when part 1 of the application was received. In table 17, which details the age of

children that are in different caseload periods, age is based on the age that the child would be on the last day of the caseload period in question.

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

Geography

Applications 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 a person changing address. As a result, postcodes reflect the latest address 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 being received, or decision or payment being made.

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 care and mobility component rates. The total number of payments presented counts each component of a Child Disability Payment (e.g. care 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 care payment for current entitled month, and one care payment backdated to entitlement start date). Payment of Child Disability Payment after the death of an individual are included in the number and value of total payments and care and mobility components. For more information, see [Eligibility](#).

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. The re-determinations and appeals reporting in this publication are currently being reviewed as part of a continuous improvement exercise to ensure the statistics continue to be robust and transparent for users. We are working to improve data sources so that re-determinations can be

identified as re-determinations received for an initial decision and re-determinations received for a review decision.

If you have any feedback on this publication, please contact us at MI@socialsecurity.gov.scot.

Related Social Security Scotland Publications

Updated statistics for Carer's Allowance, Disability Living Allowance, Attendance Allowance and Severe Disablement Allowance recipients in Scotland will be available through the Social Security Scotland 'publications' webpage at:

www.socialsecurity.gov.scot/publications/statistics

Related Publications

The Department for Work and Pensions publish summary statistics for Disability Living Allowance which are available at [Stat-Xplore](#).

The Department for Communities in Northern Ireland publish summary statistics for Disability Living Allowance which are available [here](#).

An Official Statistics publication for Scotland

Official and National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. Both undergo regular quality assurance reviews to ensure that they meet customer needs and are produced free from any political interference.

Correspondence and enquiries

For enquiries about this publication please contact:

Donna Hosie

Social Security Statistics

e-mail: MI@socialsecurity.gov.scot

For general enquiries about Scottish Government statistics please contact:

Office of the Chief Statistician, e-mail: statistics.enquiries@gov.scot

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.

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