Contents

Appendix 1 – List of Issues.................................................................3
Appendix 2 – Methodology...............................................................10
Appendix 3 – Inclusion Scotland CRPD events.................................13
Appendix 4 – 2021 CRPD Survey analysis – quantitative responses 20
Appendix 5 – 2021 CRPD survey analysis – qualitative responses...29
Appendix 1 – List of Issues

Articles 1-4 – General obligations and principles

1. What is the Scottish Government doing to ensure full, genuine and consistent involvement of Deaf and Disabled People (DDP) and their organisations in the design and implementation of strategic policies aimed at implementing the Convention?

2. How will the Scottish Government ensure policies and action plans aimed at implementing the Convention are objective, measurable, financed and monitored?

3. How will the Scottish Government ensure that Disabled People’s Organisations are adequately funded to provide a wide range of support (including peer support and capacity building) to disabled people?

Article 5 – Equality and non-discrimination

4. What is the Scottish Government doing to monitor and challenge negative attitudes and discrimination against DDP?

5. What is the Scottish Government doing to raise awareness of and address multiple and intersectional discrimination against DDP?

6. Will the Scottish Government use the review of the Public Sector Equality Duty to place additional duties on public bodies to: a) collect and use intersectional data to advance equality, and b) develop and consistently produce accessible and inclusive communications?

Article 6 – Disabled women

7. What is the Scottish Government doing to address the impacts of the Covid-19 crisis on disabled women?
8. How does the Scottish Government monitor health inequalities for disabled women and what specific measures are it taking to address these health inequalities?

9. How does the Scottish Government consistently monitor and address the priority issues facing disabled women?

**Article 7 – Disabled children**

10. What is the Scottish Government doing to ensure Deaf and disabled children who lost out on support during the pandemic have their support reinstated and increased if required?

11. How does the Scottish Government monitor bullying of Deaf and disabled children at a national level and what steps are the Scottish Government taking to tackle bullying of Deaf and disabled children in schools?

12. What is the Scottish Government doing, beyond raising awareness, to enable children, families and carers to learn BSL?

13. What actions are the Scottish Government taking to address the high levels of restraint and seclusion used against Deaf and disabled children in schools?

**Article 8 – Awareness-raising**

14. What evaluation has the Scottish Government done of awareness raising campaigns ‘Get past the awkward’ and ‘Different minds’ and how does it use these evaluations to inform subsequent campaigns and maintain messaging?

15. What awareness-raising campaigns and evaluations has the Scottish Government undertaken and is planning to undertake which aim to eliminate negative stereotypes and prejudice against DDP?

**Article 9 – Accessibility**

16. What accessible support is the Scottish Government putting in place to ensure DDP with a range of impairment types have
affordable access to the technology and skills needed to use the internet?

17. What is the Scottish Government doing to evaluate the impact of digital by default policies on DDP and adopt appropriate mitigations?

18. What is the Scottish Government doing to ensure schemes like ‘Spaces for People’ and ‘Low Emission Zones’ fully take account of the needs and views of DDP prior to and throughout implementation?

19. How is the Scottish Government ensuring DDP are involved in the ‘just transition’ agenda?

Article 10 - Right to Life

20. What is the Scottish Government doing to determine how many DDP died during the pandemic, both as a result of Covid-19 and for other reasons such as loss of social care support?

21. What steps are Scottish Government taking to identify how many DDP who died during the pandemic had a voluntary or involuntary DNAR notice?

Article 11 - Situations of risk and humanitarian emergencies

22. How will the Scottish Government ensure that the specific needs and circumstances of DDP are adequately addressed, and that DDP and their representative organisations are meaningfully consulted and involved, in planning for disasters and responding to emergencies?

Article 12 – Equal recognition before the law

23. How long after publication of the Mental Health Law Review in September 2022, will the Scottish Government introduce amendments to abolish substituted decision-making under mental health and capacity law and introduce supported decision-making regimes?
Article 13 – Access to justice

24. What assessment has the Scottish Government done to assess the actual and potential impact on DDP of the adoption of audio-visual technology and remote trials in the justice system?

25. What is the Scottish Government doing to ensure all people working in the justice system understand disability, the social model and reasonable adjustments?

26. What is the Scottish Government doing to ensure DDP are able to fully access legal advice and representation?

27. When will the Scottish Government change the law so that Deaf BSL users are able to serve on juries?

28. What is the Scottish Government doing to ensure DDP requiring reasonable adjustments when getting any legal advice are eligible for legal aid for these adjustments?

Article 14 – Liberty and security of person

29. What is the Scottish Government doing to address the rise in detentions under the Mental Health (Care and Treatment) (Scotland) Act 2003 and the low rate of compliance with safeguards such as Mental Health Officer consent and Social Circumstances Reports?

30. What is the Scottish Government doing to ensure people detained inappropriately in assessment and treatment units and out of area placements are moved to appropriate housing in a community of their choice?

Article 16 - Freedom from exploitation, violence and abuse

31. What is the Scottish Government doing to tackle the increasing number of hate crimes against DDP?

32. What is the Scottish Government doing to record and publish data on intersectional hate crime?
33. What is the Scottish Government doing to tackle domestic violence against disabled women and to understand the extent of the issue and support needs of disabled women?

Article 18 – Liberty of movement

34. What is the Scottish Government doing to address the impact of Brexit on DDPs right to liberty of movement (within its competence)?

35. What is the Scottish Government doing to make it remove the barriers so that DDP can move their care packages/plans when they move to another local authority area?

Article 19 – Living independently and being included in the

36. What is the Scottish Government doing to address the issues with implementation of Self-Directed Support identified by Audit Scotland and others?

37. What is the Scottish Government doing to ensure that all social care support lost during the pandemic is fully reinstated and that DDP whose support needs have changed are able to access additional support?

38. Given that the UN CRPD will be incorporated into Scottish Law, how will the proposed National Care Service ensure DDPs Article 19 rights are met?

Article 21 – Freedom of expression and opinion, and access to information

39. What is the Scottish Government doing to ensure that all of its consultations are fully accessible and accessible formats are available from the outset of the consultation period?

Article 23 – Respect for privacy and the family?

40. What steps is the Scottish Government taking to protect disabled women’s rights to private and family life?
Article 24 – Education

41. What is the Scottish Government doing to address the high levels of school exclusions amongst Deaf and disabled children?

42. What is the Scottish Government doing to prevent the education attainment gap between disabled and non-disabled children increasing?

43. What is the Scottish Government doing to monitor and improve attainment of Deaf BSL users?

44. What is the Scottish Government doing to ensure further and higher education and other forms of post-school adult education are accessible to disabled people?

Article 25 – Health

45. What measures are the Scottish Government putting in place to ensure DDP who lost out of health care during the pandemic are not left further behind?

46. How is the Scottish Government monitoring the impact of the pandemic on DDPs health?

47. What is the Scottish Government doing to ensure mental health services are accessible to DDP with different impairment types?

Article 27 – Work and employment

48. What measures are the Scottish Government taking to address the disability employment gap and the disability pay gap?

49. What is the Scottish Government doing to ensure the disability employment gap does not increase as a result of the pandemic?
Article 28 – Adequate standard of living and social protection

50. What targeted measures are the Scottish Government taking to address the disproportionately high levels of poverty and child poverty in households with a DDP?

51. What is the Scottish Government doing to address the disproportionately high levels of food insecurity amongst DDP?

52. What is the Scottish Government doing to address the impact of rising costs of energy on DDP?

53. Will the Scottish Government abolish social care support charges and ILF “available income” charges?

Article 29 – Participation in political and public life

54. What is the Scottish Government doing to remove barriers for disabled to be fully included in our democratic processes including running for elected office?

55. Will the Scottish Government commit to continuation of the Access to Elected Office Fund that removes some of the financial related barriers to running for elected office?

56. What is being done to ensure that the role of elected members is accessible and open to all disabled people and to ensure that all reasonable adjustments in carrying out these roles are met?

Article 31 – Statistics and data collection

57. How does the Scottish Government identify data gaps in relation to disability and what is the Scottish Government doing to contribute to filling these gaps?
Appendix 2 – Methodology

This report was put together by Disabled People’s Organisation Inclusion Scotland, supported by a Steering Group of DPOs and third sector organisations:

- Glasgow Disability Alliance
- People First Scotland
- Disability Equality Scotland
- British Deaf Alliance
- Scottish Independent Living Coalition
- Autistic Mutual Aid Society Edinburgh (AMASE)
- Human Rights Consortium Scotland
- Coalition for Racial Equality and Rights

Call for evidence

A call for evidence to inform this report was launched on 18 October 2021 and closed on 22 November 2021. The call for evidence consisted of an online survey for disabled people and a request for evidence from organisations.

The mixed-methods self-selecting survey for disabled people covered 13 of the rights contained in the CRPD and asked respondents to reflect on the situation for disabled people in Scotland today. Respondents had the opportunity to tell us if there was any other issues they would like to tell us about that were not raised in the questions. The survey also included equality monitoring questions. The survey was available in hard copy, Easy Read, BSL, and plain text. BSL was embedded into the online survey. A total of 127 responses were received.

Qualitative and quantitative analysis of the survey can be found in Appendices 4 and 5. Relevant quotes from the survey responses have been collated in Appendix 5.

We received 5 responses from organisations and these included links to other reports and research. To view the responses visit our website. We believe that that the short timescales for submitting evidence prevented more organisations from getting involved.
Events

Between 3 November and 20 December, six events/discussions were held with disabled people to share information and raise awareness about the review and to get their input on what should be included in the report. Three of the events were open to all disabled people and individuals were able to sign-up to attend themselves. Further discussions were held with three seldom-heard groups – Black and minority ethnic (BAME) disabled people, young LGBTI disabled people and disabled people living in an assessment and treatment unit. Overall, around 50 disabled people took part in the events.

Analysis of the events can be found in Appendix 3.

The call for evidence and events were publicised on social media and through Inclusion Scotland’s and the Steering Group’s networks, for example in newsletters, emails to members. A communications toolkit with social media and newsletter content was created and shared with a range of third sector organisations.

Evidence analysis

Researchers from the University of Glasgow analysed the data collected from the events and the call for evidence. They also undertook a themed literature review of over two-hundred reports and articles related to disabled people in Scotland, themed by CRPD article.

Report

The report was drafted by drawing on the data collected for this project and the analysis of existing evidence. It predominantly draws on Scotland specific evidence. UK evidence is used where there is a lack of Scotland evidence and/or it concerns a reserved issue.

Update

The UK is not due before the CRDP Committee until March/April 2023 at the earliest on account of a backlog created by the pandemic. Submission of evidence now will reduce the prospect of being pushed back further. Policy developments are fast moving. We therefore plan to
send an update further to this report to the Committee once there is a scheduled date for them to consider the UK and adopt a “List of Issues” (LOI).
Appendix 3 – Inclusion Scotland CRPD events

This section is dominated by the views of disabled people living in Scotland. Various events were managed to optimise engagement including three general capacity building events and three discussions with seldom-heard groups (LGBT+ young disabled people, BAME disabled people, and disabled people living in long-stay hospitals). Around 50 people took part in conversations.

The events consisted of a presentation on the CRPD, followed by a discussion amongst participants. A set of questions was provided to guide the discussion, but there was no requirement to address the questions and an open discussion was encouraged.

Participants attending the general capacity building events were self-selecting and registered to attend online.

The Steering Group identified the three seldom-heard groups as groups where there was a lack of evidence. The Steering Group assisted in identifying organisations or groups working with these seldom-heard groups who could take part in discussions. We would have done more of these events if there was more time and funding.

The data is divided into three core themes: Dignity, respect and regression of rights. Dignity and respect are allied themes in many ways often co-appearing in the data. To make the most sense of the data, dignity is used to understand experiences that have tended to appear most in private spaces (homes for example) and respect has tended to appear around more public performances (religious spaces or health care settings). The last theme of regression has strong reference to the Covid-19 pandemic, though can also be understood as a cultural denial of dignity and respect for disabled people.

Dignity

Guardianship was raised by a number of people as impacting on their dignity and right to make decisions in their own life (general discussion, A19, A22). Guardianship was considered restrictive and a barrier to full participation and decision making (A29). People discussing guardianship issues recognised that ‘orders’ were a violation of human rights.
Guardianship orders were often interpreted as people having zero capacity leaving them feeling ‘suffocated’ and permanently watched. This issue was endemic across society, and disabled people felt they were not given the support to leave their homes and so were restricted from contributing to their communities. This was also reflected in discussions with residents of a long-stay hospital who felt they had been there too long and that they would like to live in the community.

People without guardians also felt enormously restricted by care-support which at best, aimed to keep them alive. Disabled people are denied access to cultural rights with restricted access to parties, gigs, and other social events.

Several contributors discussed the appearance of ‘do not resuscitate’ orders placed on disabled people’s health files without their knowledge (quoted as 80% of disabled people in one health board). This dehumanising treatment is a barrier to the right to life and could equally be thematically coded as about respect and regression of rights.

Food boxes that were delivered at the start of lockdown to those forced to isolate should have been tailored to people’s dietary and religious needs and this did not happen.

**Respect**

(Dis)respect was often understood relationally, as contributors discussed their experiences in comparison with others. For example, one person wanted the same religious education as their peers but was restricted to morning prayers.

Disabled people felt that respect was an area that required progressive action, citing the abuse received in public because of their impairment. Disabled people felt they were dehumanised by society and treated as second class citizens. Many felt that non-disabled people assumed that benefits and services were available for disabled people, and did not understand the reality that they were not. Thus, disabled people were treated as if they were constantly asking for more, when the reality is that they’re fighting for enough.

People reported that policy makers considered disabled people as inferior and this was most evident in national health service employees.
One manifestation of this attitude is continued investment in ableist spaces was a barrier to human rights realisation. For example, a new hospital in the Highlands and Islands has no ensuite facilities that are accessible for unassisted use and other new hospitals and health centres have inaccessible parking and internal spaces. This is a major issue for those who have to drive distances to attend clinical appointments. Having no access to toilet facilities is dehumanising and degrading and is discriminating when non-disabled people do have access. Healthcare places were also inaccessible for neurodivergent people with little acknowledgement of barriers and attempts to improve inclusion. There continues to be investment in exclusionary spaces because disabled people are not involved in decision making, and impact assessments are not being completed. LGBT+ young people said that it was ‘exhausting’ having to share intimate details about their life and health with people. People expect to know your medical history when you say you are disabled. They also said that there is a tendency for health care professionals to attribute any health issues to age or LGBT+ status.

Disabled people with access issues have been told that they are the only one who requires access (for example, the only wheelchair user) and this is a falsehood designed to gaslight legitimate claimants into withdrawing their demand for inclusion.

Disabled people reported restricted opportunities to protest. Working with ‘hostile’ policy makers was cited by many as a ‘horrendous experience’. Attitudes of duty bearers (or those employed to operationalise public policy such as social workers and health providers) were considered to be negative, and human rights were not in their scope of thinking or doing. Difficult behaviour was considered a ‘symptom’ rather than an expression of frustration, in the most severe cases leading to being ‘locked away’.

Participation as a central tenet of a human rights-based approach was poorly understood or enacted by duty bearers. At best disabled people could share their views, but were not involved in the actual decisions. Most decisions were made without consultation.
Regression of rights

It is the view of the disabled people that participated in events, that there has been regression in human rights since 2017. Disabled people were informed of formal UK government responses to previous CRPD reviews and consider it to be lies and denial.

Most participants reported inconsistencies or reductions in care packages and many of these reported that care had been removed at the start of the pandemic. Care had not been reinstated between lockdowns. There was significant anger expressed at the disappearance of care and support, described by one person as a ‘living hell’. This was placing incredible pressures on family members and real fear among contributors. For example, one person was terrified they would be ‘locked away’ when their parent died. Many reported that social workers were now expecting family members to replace care packages, with no analysis of whether they could provide care. Family members who worked, were expected to care which had financial impacts on the entire family.

While Government-imposed measures aimed to protect human life, elements impacted disproportionately on disabled people. Examples of this include:

- Medical procedures including operations had been cancelled, leading to enhanced health vulnerabilities and threatening disabled people’s right to life.

- The requirement to socially distance was difficult for people with visual impairments to perform.

- Hand sanitisers often inaccessible.

- Reduced home visits: for example, one person’s chairlift needed repairing and were told to move themselves into the ground floor of their home for the duration of the pandemic.
• Access to BAME services can be a lifeline – the loss of these over the pandemic has had a big impact on physical and mental health of BAME disabled people.

• Repairs to accessible toilets in public places were not getting done, though this may not be related to Covid-19.

• One-way systems in buildings meant longer exit routes which did not consider the mobility barriers facing disabled people.

• Public facilities being moved to inaccessible buildings: a post office and a vaccination centre were provided as evidence.

• Pedestrianisation of town centres has restricted access further, for disabled people.

• Reduction in public transport has resulted in access issues and more competition for accessible carriages or buses. Carers haven’t been able to get to people’s homes.

• There was anger that lockdown was imposed ‘late’ by the UK Government causing the loss of life generally and this disproportionately impacted on disabled people.

Disabled people are finding it harder to find and maintain employment. For disabled people from BAME backgrounds, finding a job was particularly difficult because of intersectional discrimination. The pandemic has triggered an economic downturn that disproportionality impacts disabled employees. The cost of living has increased, and benefit payments have not, impacting on economic rights.

There was one positive reflection on Covid-19 in that it increased online community activities and work, and so with access to the technology, there were opportunities for greater inclusion. However, this was true only for those who could use the internet and afford access. One disabled school child who could not use the technology, has experienced a significant interruption to their education. Disabled people
with autism and/or mental health problems struggle to use the phone or video to communicate. Some services such as therapy are very difficult to use online. Further, the return to face-to-face meetings and work practices could dismantle the small gains. There was general reflection that disabled people were told technology could not be used to deliver inclusion pre-pandemic, and the pivot online is recognised as evidence that ‘society’ just didn’t care to try to include disabled people.

Covid-19 was not the only threat to human rights, there was substantial worry that Brexit and the UK’s exit from the European Union would trigger rights regressions. This follows austerity, a political ideology that saw the decimation of services and support for disabled people across the UK.

There were other examples of regression that do not pertain to Covid-19 or Brexit. The Mental Health Law Review and the Rome Review has not progressed human rights, and in fact caused delays in reviewing and removing human rights violating practices, such as the use of restraint.

**Summary**

Life expectancy is shorter for disabled people. It is shorter for all disabled people including those who do not have underlying healthcare issues (A10, A25).

Throughout all the discussions there were calls for more education. Calls for government, policy makers and the NHS to be more aware of human rights and access issues may be considered as evidence that those in power are feigning ignorance to avoid action as human rights are well known by duty bearers. This is supported by the hostile environments, threats of sanctions and ultimately using the fear of being ‘locked away’ experienced by those who try to speak truth to power or realise their human rights.

There were calls too for disabled people to be more aware of their human rights. If duty bearers don’t respond to human rights language and the legal process is impossible to use, then nothing will change. The lack of representation of disabled people in decision-making roles, is used against them. The invisibility of disabled people is being actively performed by duty bearers who are able to make swift and meaningful changes when their actions are more ‘visible’, for example, delegates at
the recent COP26 event in Glasgow were provided with free public transport and yet, disabled people are told that this can’t be delivered for them. It is of note, that some venues at COP26 were not accessible as organisers assumed that those with leading roles would be able-bodied. A culture of seeing disabled people as outside of ‘normal’, and therefore inclusion practices being an ‘add on’ are disabling people and violating human rights. Culturally, it has produced resentment in the mindset of duty bearers as they have to deliver two plans for every project. This is imposing additional work on those delivering services and on disabled people to fight for representation and if they get the chance, participate despite their levels of exhaustion and frustration. A culture shift to universal design would enable everyone particularly where public money is spent, for example, healthcare buildings and adequate social housing. Adequate social housing needs to deliver family homes and not just one-bedroom flats: a pervasive attitude that disabled people don’t have a family life is violating their human right of having a family life. Adequate private housing that uses universal design should be a priority.
Appendix 4 – 2021 CRPD Survey analysis – quantitative responses

Inclusion Scotland conducted a self-selecting online survey of disabled people which was open from 18 October 2021 until 22 November 2021. The survey was mixed-methods and covered 13 of the rights contained in the CRPD. There were 127 responses. The survey was promoted on social media and through Inclusion Scotland’s and the Steering Group’s networks.

The survey was available in hard copy, Easy Read, BSL, and plain text. BSL was embedded into the online survey.

Many respondents chose at points to skip some questions, though there was sufficient data to analyse responses from all respondents.

Demographics

Disability status – Nearly half (48%) of respondents to the survey identified as a disabled person, with a quarter having a long-term health condition. Around ten percent were disabled and cared for or supported a disabled person. Of the 8% who said ‘something else’ (ten people), this was due to intersectionality - such as being disabled and LGBT.
Gender – Most respondents were women (70%), a quarter (26%) were men, and 4% were non-binary (59, 22 and 3 individuals respectively). Six respondents (7%) noted their gender was different from the gender assigned at birth.

Age – There was a wide range of age responses, but the majority came from people over 50. The 50-54 and 65+ groups accounted for almost 40% of responses:

<table>
<thead>
<tr>
<th>Age</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16-24</td>
<td>1.19%</td>
<td>1</td>
</tr>
<tr>
<td>25-29</td>
<td>7.14%</td>
<td>6</td>
</tr>
<tr>
<td>30-34</td>
<td>3.57%</td>
<td>3</td>
</tr>
<tr>
<td>35-39</td>
<td>7.14%</td>
<td>6</td>
</tr>
<tr>
<td>40-44</td>
<td>8.33%</td>
<td>7</td>
</tr>
<tr>
<td>45-49</td>
<td>2.38%</td>
<td>2</td>
</tr>
<tr>
<td>50-54</td>
<td>19.05%</td>
<td>16</td>
</tr>
<tr>
<td>55-59</td>
<td>14.29%</td>
<td>12</td>
</tr>
<tr>
<td>60-64</td>
<td>11.90%</td>
<td>10</td>
</tr>
<tr>
<td>65+</td>
<td>20.24%</td>
<td>17</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>4.76%</td>
<td>4</td>
</tr>
</tbody>
</table>

Sexuality – 70% of respondents identified as heterosexual, with the next largest group preferring not to disclose:

<table>
<thead>
<tr>
<th>Sexuality</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>1.19%</td>
<td>1</td>
</tr>
<tr>
<td>Gay</td>
<td>1.19%</td>
<td>1</td>
</tr>
<tr>
<td>Bisexual</td>
<td>3.57%</td>
<td>3</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>70.24%</td>
<td>59</td>
</tr>
<tr>
<td>Asexual</td>
<td>2.38%</td>
<td>2</td>
</tr>
<tr>
<td>Questioning</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>None of the above</td>
<td>3.57%</td>
<td>3</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>17.86%</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>84</td>
</tr>
</tbody>
</table>
**Ethnicity** – 94% of participants were ‘White or White UK’. With 2.4% of a mixed ethnic background while 3.6% were ‘Asian or Asian UK’.

**Religion** – Nearly half of respondents were ‘Non-religious/secular’, while ‘Christian’ comprised 34% of responses:

**Location** – A third (34%) of respondents were located in a city, 18% a large town, 24% a small town, 18% in a village, 3.6% in the countryside and 2.4% preferred not to say.

**Income** – 46% percent of respondents considered themselves to be on a low income as defined in the question, 42% did not, while 12% did not disclose.

**Questions**

**Attitudes and discrimination** – Respondents were unequivocal in their belief that negative attitudes and discrimination exist towards people in Scotland, with only 4% answering something other than ‘Yes’.

<table>
<thead>
<tr>
<th>Q2: Thinking about disabled people's lives today, do you think there are still negative attitudes and discrimination towards disabled people in Scotland? (n=121)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Not sure</td>
</tr>
</tbody>
</table>
Accessibility – 76% of respondents said key issues of public space, information and housing remain inaccessible. There was however a more significant proportion (13%) who were not sure.

![Accessibility Chart]

Planning for emergencies – 87% of respondents said that there was not enough planning in place to protect disabled people during the pandemic.

![Planning for Emergencies Chart]
Decision-making – Over half (56%) of respondents felt that disabled people’s right to make their own decisions is not protected. Of note here, is that while 14% felt it was, a large minority were not sure (30%).

![Bar chart showing Q5: Thinking about disabled people's lives today, do you think disabled people's right to make their own decisions is protected?](n=107)

Access to justice – 73% of respondents felt that disabled people find it hard to get support if they have a legal problem.

![Bar chart showing Q6: Do you think disabled people still find it hard to get help and support when they have a legal problem?](n=103)

Independent living – 71% of participants said disabled people are not given the support they need to live independently.
Disabled children – 62% of respondents said that they did not think children’s rights are protected. 22% said they were unsure.

Disabled women - 70% of respondents said that they did not think the rights of disabled women and girls are given enough attention today.
**Education** – Just over 60% of respondents did not feel there was access to fully take part in education for disabled people.

**Access to health care** – 82% of respondents felt disabled people still struggle to access the health care they need.
Employment – The majority of respondents (88%) felt that disabled people find it difficult to find and keep a job.

Adequate standard of living – 73% of respondents said disabled people do not have enough money to have a decent life.
Political participation – 59% of respondents said disabled people still have problems voting in elections and taking part in politics.
Appendix 5 – 2021 CRPD survey analysis – qualitative responses

Inclusion Scotland conducted a self-selecting online survey of disabled people which was open from 18 October 2021 until 22 November 2021. The survey was mixed-methods and covered 13 of the rights contained in the CRPD. There were 127 responses. The survey was promoted on social media and through Inclusion Scotland’s and the Steering Group’s networks, for example organisation newsletters.

The survey was available in hard copy, Easy Read, BSL, and plain text. BSL was embedded into the online survey.

Many respondents chose at points to skip some questions, though there was sufficient data to analyse responses from all respondents.

Article 5 – Equality and non-discrimination

Attitudes to disabled people

Disabled people were asked about negative attitudes and discrimination in Scotland, within a survey for this report. The responses illustrated an environment where equality remains unrealised and discrimination for disabled people in Scottish society is widespread.

Negative and discriminatory attitudes towards disabled people were a recurring theme throughout the open data-survey responses.

“We are seen as a drain on society and spongers who claim benefits.”

Respondents discussed this negative public attitude alongside the lack of available services available for disabled people.

“People think we are lazy and scroungers. Also, there is a stubborn reluctance to provide good quality, reliable services for disabled people - it’s like we are treated like we don’t deserve help in any form”

Throughout the data this link was evidenced, discrimination experienced in day-to-day life that was prevalent in societal structures enforced by duty-bearers.
“Still get the looks of wonder from people as if they are thinking, he has a walking stick, he doesn't look disabled. The inhumane treatment by our ‘lovely’ Government in UK and Scotland for being allowed to exist on benefits designed not to help, but to disallow you claiming help in finances. Why are there medical tests that infringe our human rights by fraudulent ill-advised companies like IAS/ATOS Healthcare? Why are our trained physician’s GP’s NHS qualified medical reports overruled by the DWP? Where are the safety nets to protect disabled from unwanted medical tests by Government?”

These responses are testament to disabled people’s awareness of the link between attitudes and structural discrimination. These attitudes pervade these structures and the structures reinforce the attitudes in a repetitive cycle that contributes to the continuation of inequality and discrimination experienced in Scotland today.

**Routes to equality blocked and voices never heard**

Some respondents felt that there had seen progress in attitudes and inclusivity, but that this was very limited

> “Although steps have been taken by the Scottish Government to be more inclusive, there are still many disabled people who are never heard. This is especially true of those who may require support to state their preferences /choices.”

Evidence gathered continuously highlighted the lack of routes to equality. Hidden voices often remained so and routes to equality were both obscured and in cases blocked.

> “In Scotland today with human rights violations there is a culture of cover-ups, secrecy and denial. Disabled, born in and all my life I have lived in Scotland. Prejudice, negative attitudes are and discrimination is systemic, in the public sector rife across Scotland e.g. with the Scottish Parliament, NHS and Scottish Public Services Ombudsman (SPSO), those with the expected duty of care, to legally act, to respect, protect and uphold the human rights of vulnerable, disabled females. It fails to happen. Discrimination is reported,
brought to light and those designated public authority power, those accountable, stick together and with that, serious issues of public concern are not investigated. In Scotland, with the power designated to them, public authorities e.g. the NHS and SPSO that I encounter act unreasonably, with control and conspire. Terminally ill, in my marginalised group, isolated from society, to those in the minority who speak up and with others too afraid to speak up, we are shut down, abandoned and left forgotten. It is true but the truth does not come out.”

Public bodies and duty-bearers were not identified as passive entities, but active agents in the widespread discrimination and inequality faced. Routes to recognition and redress were similarly seen as ineffective, summed up by one survey respondent.

“In practical terms the law has zero impact.”

Worsening situation

The situation was viewed as being one that was worsening.

“Ableism is rife, and it appears to me that it has become worse during the pandemic. Our lives are treated as disposable, as if we don’t deserve as rich a quality of life due to our disabilities or health conditions. I hear (and read online) negative comments about disabled people daily. This ranges from things which are rude or make fun of disabled people right up to people who express views not far from eugenics e.g. that the pandemic is just killing off those that would die anyway and that it’s no great loss.”

The inequality faced was not simply evidenced as one of doing, but one of being. The pandemic hadn’t created these conditions, merely exacerbated them and further brought to light a pre-existing situation. This was further highlighted in the adjustments that had been made during the pandemic for wider society that appeared almost overnight, in comparison to disabled’s peoples historical, and unrealised, struggle for equality.
In addition, the rhetoric around who was at risk from the virus and who should be prioritised for treatment in the event that there were insufficient ventilators targeted disabled and older people. Politicians and the media attempted to play down the seriousness of the virus by asserting that 'only' older people and people with underlying health conditions were going to be impacted. Disabled people felt expendable, abandoned and like their lives did not matter.

“The pandemic has shown how people with "pre-existing conditions" were not valued. We are collateral damage. Many of us were not given priority vaccines (see comped chronic illnesses such as ME, MCAS, POTS, etc). Many things that were supposedly not possible before the pandemic were suddenly done for everyone (see work and study from home, events accessible from home). Many of the new access are now going back to how it was (inaccessible).”

Disabled people’s responses to the survey overwhelmingly demonstrated that disabled people are able to locate the inequality and discrimination that they face in their lives. What is clear is that structural societal inequality combines to keep disabled voices hidden and along with it the most important source of expertise available to combat it.

**Article 6 – Disabled women**

There was strong feeling amongst respondents that it is difficult for disabled women to access health care and get their concerns taken seriously because of discriminatory attitudes and assumptions. Disabled women are not believed or their symptoms and experiences are not taken seriously or dismissed. This was particularly raised for conditions that are more likely to affect women for example chronic fatigue syndrome.

“It takes far too long for women to be diagnosed with medical conditions like Fibromyalgia, FND, Chronic Fatigue syndrome, even depression & anxiety can go undiagnosed for decades. Even when they are diagnosed they are not taken seriously and are frequently fobbed off with "woman's issues".”

“From my own experience the type of disabling disease that I have, generally women seem to be forgotten”.
“In the early 20th century women were deemed hysterical when suffering from mental illness. The embedded attitude is still there.”

One respondent contrasted her experience with that of her husband:

“There is no funding priority for research into disabling conditions such as ME/CFS. It is very difficult to get doctors to get women's pain and symptoms recognised and taken seriously. There is no research about autistic women going through menopause. My husband is also chronically ill, but he is always referred for investigations by specialist before anybody listens to me. And he never gets asked if he thinks it might be all in his mind.”

As a result, conditions that are more likely to affect women are ignored and do not get the same attention in terms of research and treatment options:

“Women have been left behind in terms of health. There are many disabling illnesses that are not researched enough, not taught at medical school, not treated as they should. This means many neglected illnesses, and many neglected patients. Which leads to more disability and less quality of life.”

“Chronic illnesses that only affect woman, or affect more woman than men, get much less funding, and are taken much less seriously. There is medical sexism, and anyone who says it doesn't exist is ignorant of it or not being truthful, it's real and it affects women every day, it affects our health and our lives. ME is one such illness, us (mostly women), have 'false illness beliefs', e.g., we're hysterical. Despite all the evidence it's a physical illness. We've been medically gaslighted for years.”
Autism was highlighted as a particular condition where assumptions make it difficult for autistic women to get a diagnosis. This inevitably has consequences for accessing support:

“From experience I had to argue with a male psychologist that I was indeed autistic, because I didn’t present the classic give-always such as hand clapping etc, it wasn’t until I researched autism in females I found out why I didn’t display classic symptoms of autism, autistic females tend to hide their condition in public, but have meltdowns in private. The testing for autism is outdated, and is particularly biased if not sexist towards females seeking diagnosis for autism. It needs to be remodelled to bring in these experiences that many women have during their teens and early adulthood.”

“Women are often ignored by doctors, often a doctor will refuse to give a woman a diagnosis. Women with conditions like autism are only diagnosed after they have hit adulthood and not as children leaving them struggling through out school.”

Article 9 – Accessibility

Transport
The importance of accessible public transport to enable all citizens proper and equitable access to public life, services and economic participation is well established. Survey respondents highlighted that moves to pedestrianise public places and other measures can pose a barrier to many disabled people. This can be seen clearly in a survey response, which stated

“The focus on removal of cars from public spaces in city centres is making access for those who cannot use public transport impossible and therefore disabled people are being excluded from social spaces and neither local authorities nor the devolved government in Scotland seem to care. The agenda is "green" at the expense of equitable access for all.”

Access to accessible public transport is clearly still a major site of inequality for disabled people in Scotland today. Survey respondents
provided testimony to this removable structural barrier throughout the survey responses. Buses were highlighted as being hugely restrictive

“Often there’s only one space on a bus for a wheelchair, meaning that only one wheelchair user can travel on a bus at any given time.”

This ensures that people using wheelchairs cannot plan journeys with any confidence. This can be expected to have a significant impact on people’s ability to participate in all areas of public life. It also greatly reduces the chances that wheelchair users will be able to use buses to travel to places together. It also means disabled people are not in control of when they can return home and as public toilets tend not to be accessible, this has dehumanising consequences. The situation with trains was similarly barrier rich and access poor. This was typified by the following survey response:

“My local train station is only accessible via a steep staircase, there is no lift, and the next nearest stations (which are too far for me to walk) on either side are the same.”

The need to contact train stations in advance to ensure certain accessibility needs are met was similarly identified as a barrier to access and participation.

“Why do disabled people still have to tell train services they’ll be coming? This should be available to all, anytime.”

This is a clear example of inequality as this is not required of any other passenger using Scotland’s railway network. The situation in rural settings, in keeping with other articles of the CRPD, was considered increasingly difficult:

“Accessible transport availability is still poor in cities and towns and all but non-existent in rural areas of Scotland.”

This inaccessibility was further cited as making trips to destinations that people otherwise would have gone to, too difficult. Again, people’s participation in society was restricted and a site of inequality perpetuated.
Accessible buildings

Progress in accessibility was identified for some respondents. This was however compromised by adaptations being inadequate and poorly thought out:

‘I think things have got a lot better. And most places I try to access are now accessible. But, there are still times when it feels like it’s just to tick a box, but they’ve never actually tested what they’ve put in to make sure it is actually accessible. For example, ramps at insane angles, disabled toilets that are up two steps, disabled parking with a giant kerb, saying you have a lift / elevator but forgetting to mention it’s down 5 steps.”

As discussed by respondents with regards to access to health, a failure to involve disabled people in design was again apparent. Information, and a lack thereof, provided further barriers to disabled people accessing public spaces:

“Hardly any information about places (buildings and outdoor spaces) has sufficient information published that would enable me to plan a visit. Opportunities for rest (in order to manage fatigue and pain) are not made explicit.”

These examples provide evidence of a lack of access to equality which undermines disabled people’s participation in society, and is symptomatic of a wider lack of recognition and redistribution.

Access to toilets

A lack of access to disabled toilets was cited as a major issue by survey respondents. This related to a lack of public toilets, a lack of information available for people to enable planning toilet access into a trip. Also, attitudinal barriers were an issue as summed up by one respondent

“Many disabled toilets are used as store rooms”

This again typifies societal attitudinal responses as being a barrier to accessibility for disabled people.

Access to people’s own homes
Access issues exist behind people’s front doors and not just beyond them. Difficulties in existing in this most personal of spaces was evidenced in the survey responses.

“I now need to use a wheelchair but I live on the second floor. I have applied to my housing association (and others) for a move to somewhere on the ground floor, it doesn't even need to be wheelchair accessible, I just need to be able to get a wheelchair in and out. Basically there is no provision, I just have to wait for someone to move out, and I'm not in the highest category for needs, so it’s probably going to take years, and I might never get a move as there will always be someone with a greater need than me, I've been waiting 10 months so far.”

This lack of accessibility was similarly evidenced by another respondent

“I'm considered homeless as there are no homes which meet my accessibility needs in local area”

Not meeting needs and not meeting human rights. Forcing people to move out of their home area is impacting on their right to a family life and could too impact on access to education and employment.

**Article 13 – Access to justice**

Evidence from the survey illustrated the barriers to accessing legal advice:

“With little financial support in place and continued cuts to services, help is impossible to find. Especially when you consider we are exhausted daily so dealing with legal matters is mentally and physically impossible for many of us. Actual physical ability to get to places that offer any legal support is a barrier too - they might be very far away, in places with parking restrictions or too expensive to travel to as well. We are trapped and ignored.”

This demonstrates that barriers to accessing legal rights and justice will not simply rectified by redistribution, but by holistic approached that consider and make adaptations for all barriers that are faced by disabled people.
Article 19 – Living independently and being included in the community

Disabled people in Scotland face exclusion, barriers and marginalisation which restricts their right to live independently and be included in the community:

“This is possibly one of the major problems in Scotland today for disabled people. They hear about this mythical beast called "independent living" but their own circumstances show how much that does not apply to them. There needs to be a lot of change to enable disabled people in Scotland to enjoy their right to Article 19 of the UNCRPD. This Article impacts on so many others within the UNCRPD such as adequate standard of living, health, housing, transport, information etc. that all need to work together if independent living is to become a reality for disable people in Scotland.”

The situation has been worsened by the pandemic:

“Advice and support agencies either closed overnight or worked at much-reduced capacity. That left many disabled people with nowhere to get accurate information about what was going on or where they could get help. The vast majority of information from the Scottish Government and NHS Scotland was digital and that created massive problems for anyone not online. Our human rights were trampled in the dust due to the emergency situation”

This failure to provide information was evidenced elsewhere in the survey responses. Disabled people were informed of these potentially devastating removals of care and support often without warning or with information as to when this situation might change.

“I receive social support from a local care provider in Ayr, and when the pandemic began I received a letter and a phone call informing me that my support would be postponed.”

Article 25 – Health

Evidence from the survey responses mirrors that of other research which found that disabled people’s health has been particularly impacted by
the pandemic. The pandemic built on existing inequalities with the restrictions put in place to halt the spread of COVID-19, and this led to an increase in unmet health needs due to in part the cancellation of treatment and routine health care.

“It’s virtually impossible to get a doctor's appointment due to Covid”

Mental health

The impact on mental health was evident throughout survey responses. One respondent highlighted how:

“Mental health waiting times are too long to be seen by a health care professional. Access to psychology within psychiatric services is limited and poor.”

The barrier to accessing these services was reiterated elsewhere in the survey responses.

“Accessing any form of mental health care is virtually impossible and because of the pandemic people with complex medical conditions have found it difficult to see their GP to monitor their conditions.”

This illustrates how even when specialist care has been unattainable, more general support from services such as GPs has been hard to reach. This is a resource issue that has been exacerbated by the pandemic, but one which was in existence prior.

Overall, this paints a picture of a growing mental health crisis in the general population, and a crisis that is being experienced unequally by disabled people.

Access to hospitals and GPs

Physical spaces where disabled people receive healthcare are barrier rich, and access poor as reported by survey respondents:

“Physically getting to hospitals or doctor’s surgeries etc is very stressful and difficult due to parking restrictions, costs and schemes that make it hostile to park or drop people off near the buildings.”
This theme of lack of physical access was heightened due to measures to make these healthcare spaces more ‘Covid-19 secure’, further entrenching these barriers:

“I was at a hospital for an appointment last week, and they have closed off the back door due to Covid, the back door is near the car park, now I have to walk all the way around to the front. If you are going to have one entrance, make sure it has some disabled parking near it.”

This again typifies responses to the pandemic where disabled people have not been included or considered in the redesign of services. Of further serious concern, is evidence of new hospitals being built that do not appear to be fully accessible to disabled people:

“NHS Scotland are still building hospitals and other facilities that are inaccessible. Take for instance the new hospital in Dumfries & Galloway built at a cost of £232 million. There are 3 outpatient bays along a corridor and at each of them there is a cluster of toilets - male, female and what they term "disabled" toilets. The accessible toilet at Bay One is only accessible from one side of the wheelchair. So, on to Bay Two - the same applies i.e. the same side of wheelchair as Bay One. On to Bay Three and yes all 3 accessible toilets are only transferable from the same side of a wheelchair. The new hospital in Broadford on the Isle of Skye is a prime example of new-build inaccessibility. Despite being told often and regularly by the local Access Panel that the design was wrong from the beginning it is still going ahead without being amended to ensure accessibility.”

This highlights the failure of duty bearers such as NHS Scotland to fully utilise and integrate the recommendations and expertise of groups such as Access Panels. This contributes to the failure to deliver full accessibility to these vital healthcare spaces.

**Rural access**

Access to healthcare for disabled people living in rural areas, was specifically highlighted under Article 25:
“Stonehaven is rural. Without a car, it’s a 5 hr round trip to Aberdeen Royal Infirmary and back by 2 buses each way. By car it’s 20 mins each way. A & E at local hospital was closed... I had no support to get to Aberdeen hospital or to look after my daughter while I sought medical care. This has knocked my confidence”.

Home visits
When access to physical spaces was not possible, disabled people reported a failure of healthcare systems to provide adequate care.

“Even when I was bedbound with ME/CFS, which was over a year, I was told I couldn’t have a home visit from my GP or a specialist, I had to come in to the surgery or hospital, which was impossible, I was too ill... as soon as the pandemic came along and everyone else needed adaptations, suddenly home appointments, phone appointments, skype appointments become completely possible. This is great, but it shouldn't have taken able-bodied people not being able to access something important for a change to be made. And now we are moving beyond Covid, a lot of disabled people like me are worried we will go back to things not being accessible again.”

This response encapsulates a key example of society’s willingness to adjust during the pandemic for non-disabled people to continue to work and engage in cultural and social life, and the fear that access gains made due to this, will subsequently be removed.

Joined-up care and routes to justice
A lack of joined-up care was highlighted as being a barrier to adequate, and person-centred healthcare:

“I have several complex chronic illnesses that impact on everything from my mobility to every aspect of daily living. I have never had holistic care - I am seen by lots of specialists but no one brings that all together. No one has the full picture of my health. This has led to, on more than one occasion, me being prescribed treatments which are contradicted, or which exacerbate another health condition. It has led to new
symptoms being ignored/not investigated because they’ve been chalked up to something else. There is no joined up approach to healthcare for people with complex needs, and I am genuinely frightened that one day it may lead to something very serious being missed.”

This illustrates the state of healthcare provision in Scotland, where disabled people are required to be vigilant, and to fight, to protect themselves from a healthcare system that has the potential to not just fail to provide adequate care, but to cause actual physical harm. This was further typified by the barriers faced when disabled people attempted to access their own records, and challenge healthcare boards:

“I am not an informed patient, forced to take on the NHS Board for health and life, forced to access my medical records through subject access and freedom of information requests. I made complaints to my NHS Health Board about discrimination and harassment, which is ongoing, that has not ended and still continues.”

Experience not being taken into account

Responses to the survey spoke of a system where staff simply do not have the time to address the healthcare issues that people face:

“When you do speak to a health care person, you are often made to hurry because appointment times are too short, you’re not permitted to speak about more than one problem, and you tend to get fobbed off and not believed anyway”

Being ‘fobbed off’ and not having your expertise of your own condition valued when you share, was again a recurring theme in the survey responses.

“The first 2 GP’s I saw told me to exercise, which is the worst thing you can tell a person with ME. I didn’t have the energy to clean my teeth at the time, so thankfully couldn’t have exercised even if I thought that they were giving me good advice, which I felt they weren’t. They wouldn’t listen to me, or diagnose me. I had to join an ME support group and ask for
This experience illustrates areas of healthcare where empathy, dignity and quality of care is compromised, and disabled people are required to fight for human rights not being afforded by duty-bearers.

**Deaf BSL users**

Barriers to access for Deaf BSL users was a recurring theme in responses.

“Some Deaf BSL users struggle to use a BSL/English interpreter of their own preference. They are not informed 100% of any changes or updates in the health care. Often, doctors or medical professionals are ignorant of what it means to be a Deaf BSL as part of the linguistic minority.”

A lack of personal choice for support that individuals felt was most appropriate was highlighted as a barrier to equal healthcare.

“NHS Boards often have contracts with agency who may not have suitable interpreters on their list. There is a lack of options for Deaf BSL users to have the interpreter that they want rather than having to choose from a list that is available.”

This lack of suitable options was further highlighted in a need for age, and illness appropriate provision for deaf older people.
“There is need for more support for Deaf older people with health care such as Dementia assessment in their first language, BSL and care plan support at their homes and Care homes too. This similarly applies to access to equipment that is suitable for Deaf people at their home or hospital and care homes including buildings.”.

This highlights the need for healthcare approaches that are specific to the individual, as opposed to a ‘one size fits all approach’. These approaches, experienced by disabled people in Scotland, can be seen as barriers to equal treatment, and a failure to uphold Article 25 of the CRPD.

**Article 27 – Work and employment**

**The employment gap**

Work and employment has always been a prominent issue for disabled people, with the disability employment gap remaining significant and facing challenges finding and keeping a job. This was reflected within the survey:

“Not enough part time work for disabled people. Not enough acceptance of working from home without good reason. Not enough appreciation of autistic needs and skills in order to get and hold down a job. I have two degrees and many excellent skills, but am unable to work.”

This experience is an example of the inequality that many disabled people face, where the level or experience/qualification is rejected on grounds of impairment and disability.

**Experience of work**

The difficulty of accessing reasonable adjustment was an issue brought up within the survey data:

“I worked part time. I day a week I had to go into the office. My employer made adjustments so that I could work from home. But it was necessary to go in one day a week. My care providers do not consider having to go to work and food
enough reason for them to guarantee an early call in the mornings. I was told we don't have clients who work so to them it is not a priority. The reason they don't have clients who go to work is because they don't assist you to get ready for work. Not because disabled people don't want to work.”

Article 28 – Adequate standard of living and social protection

Standard of living

Whilst responses contained examples of disabled people leading fulfilled and happy lives, a recurring theme throughout the data was of a lack of support and a failure on the part of duty bearers to support disabled people to live equitably with others in society.

“If someone was not disabled, in another circumstance they could choose to gain employment, could save, would be better off financially, not be condemned and, forever, reliant on benefits. Benefit monies come in and go out. It is only just enough to keep the disabled people living, covering basic costs, nothing to have good health and well-being. It is a bleak life. Disabled people are often seriously unwell, not helped or favoured to have a happy, pleasurable and valued life. It is a dark deep hole, no one would want to end up in, stressful and distressing still today living in Scottish society disabled.”

Access to food

Survey respondents also experienced barriers to access to food due to a lack of official shielding status:

“lockdown made it very difficult to get shopping, all delivery slots for super markets were always taken by non-disabled people.”

This left disabled people reliant on the goodwill of those around them in order to feed themselves and their family:

“If it wasn't for good neighbours and friends we would have had empty cupboards. We also had to rely on our local food bank for the first 6 weeks as we couldn't access any
deliveries, not due to lack of money, but the circumstances surrounding supply and demand.”

Poverty and social security
Poverty is still pervasive amongst disabled people. Survey respondents talked about the inadequacy of benefits and the humiliating and unfair application processes.

“Definitely not enough financial support to live on. Access to Social Security benefits has become extremely difficult to the point of impossible due to the hostile culture which demonises claimants and treats them all as if they are liars and cheating the system. The assessment processes are cruel, degrading, discriminatory, depressing, demeaning - an absolute disgrace in this country. Appeals processes are gruelling and designed to make you give up - which lots of people do because they are too ill to continue with the cruel, demeaning and arduous process. Even if you do qualify for benefit, it’s nowhere near enough to live on in this country with a very high cost of living - especially if you have additional needs due to disability.”

Article 29 – Participation in political and public life
There has been a significant issue with disabled people’s access to participation in public life, and that remains. Survey responses reflected existing evidence that disabled people are less likely to be involved in politics because of systemic barriers:

“My area got an MSP who uses a wheelchair in the last Scottish Election, and I was so overjoyed that someone with a disability was in (and she's not part of the party that I vote for), I mean it's still that unusual. And she faced issues of accessibility and discrimination once she was voted in and started trying to do her job (she wasn't able to access a building she needed to be in, it's possible that it wasn't believed that she was the MSP, they set up a photo shoot up stairs, that sort of thing).”
Contact Inclusion Scotland

uncrpd@inclusionscotland.org

0131 370 6700