



Scottish Trans and Non-binary Experiences: Disabled People's Spotlight Report

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Introduction

We know that the trans and non-binary community in Scotland has been struggling across several different aspects of daily life for many years. Likewise, we know there are large gaps in data about what things are like for trans and non-binary people when we are just trying to do the same things as everyone else, especially in Scotland.

That's why in July 2024 we published two reports about what we found out from an online survey of 571 trans and non-binary people living across Scotland, which we ran between March and July 2023. One is a full research report, discussing all of our findings in detail, and the other is a summary report, giving a snapshot of some of our key findings.

One thing that was clear from these reports was that disabled trans and non-binary people often **had worse experiences and life circumstances** than non-disabled trans and non-binary people.

You can find both reports on our website here:

scottishtrans.org/our-work/research/scottish-trans-and-non-binary-experiences-report

This report spotlights the experiences of those disabled trans and non-binary people who took part in our survey in 2023. Disabled people made up the majority of respondents to our survey (67%), so this report should not be seen as talking about the experiences of a minority of our respondents – quite the opposite.

This report dives deeper into what disabled trans and non-binary people told us, builds on recommendations in our main report, and discusses how **working towards disability justice is central to furthering trans and non-binary people's equality and human rights**.

We recognise that this is a complex topic, and so we are grateful to Inclusion Scotland and Glasgow Disability Alliance for sharing their time and expertise to consider our findings in the context of their own members' lived experience. This has enabled us to be more confident about our own findings, interpretation and recommendations.

We're also incredibly grateful to Inclusion Scotland for sharing their time and expertise to review the report.



The Supreme Court Judgment in For Women Scotland v Scottish Ministers

Our Scottish Trans and Non-binary Experiences Report, which this report is based on, was published in July 2024. It tells the story of our findings from a survey we ran between March – July 2023.

All of the findings and the experiences that this report is based on then pre-date the UK Supreme Court judgment in April 2025 that “sex” in the Equality Act 2010 means “biological sex”.

At the time of writing this report it is not yet fully clear what the exact impact of this judgment will be on trans and non-binary people. But what we know so far is that it has the potential to have a hugely negative effect on our lives and rights. **You can find our work to try and understand the judgment, and to push back against the harm it will cause, at our website.**

Despite this, we still think that what we learnt in our research was important. While there is uncertainty about what might change for trans and non-binary people moving forward – and what we might need to call for from services and governments – we very much hope that this report and its recommendations can still make a positive difference in making the case for improving disabled trans and non-binary people’s lives.

Reflections from Disabled People's Organisations: Inclusion Scotland

The report highlights that trans and non-binary disabled people continue to face significant barriers to full participation in society.

Designing intersectional accessibility from the outset is especially important for trans and non-binary disabled people - and we know from our members that it also benefits those with caring responsibilities.

The report highlights that accessible, welcoming food banks, are essential. We know disabled households are disproportionately likely to experience poverty. Combined with the additional barriers to employment faced by trans and non-binary disabled people, this illustrates how inequality becomes entrenched.

Housing findings highlight the need for higher standard, accessible, and available rental options, as scarcity limits choice, and choice for trans and non-binary disabled people is essential for safety.

Current services lack robust training and understanding of people who are both gender diverse and disabled. We cannot expect trans and non-binary disabled people to have to prioritise parts of their identity to access services they need.

When care and support are designed effectively from the outset, outcomes for communities improve significantly. Intersectional, inclusive policy aligns with human rights obligations and provides a cost-effective, sustainable approach.

By examining the experiences of groups frequently scapegoated in policy and media discourse, the report offers a valuable foundation for reform. Moving into 2026, there is an opportunity to radically change direction and ensure trans and non-binary disabled people are treated as equally deserving of having their human rights upheld.

Reflections from Disabled People's Organisations: **Glasgow Disability Alliance**

Glasgow Disability Alliance was shocked, but not surprised, to read the findings of this report by Scottish Trans, chiming as they do with our own recent GDA Members Survey findings. GDA's survey revealed a grim picture of disabled people experiencing increasing poverty and inequality, and human rights regressions.

Disabled people experience structural inequalities in the way society is organised physically around, for example, transport, the built environment and housing, as well as in the way policies, systems and services are designed and delivered. But even more shocking is the attitudinal discrimination disabled people experience. All of this is backed up by Scottish Trans' findings in this report.

Disabled trans people are more marginalised and face the harsh reality of intersecting barriers and oppressions across all of these areas impacting on even poorer life outcomes. More must be done to level the playing field and give disabled trans people the same freedom and opportunities to live full, independent lives and fulfil their potential. All of this points to the need for more focused research, investment and support for trans disabled people.

What you'll find in this report

This spotlight report will tell you about disabled trans and non-binary people's experiences with:

- Public services
- GPs
- Their neighbourhoods
- Housing
- Homelessness
- Work & employment
- Benefits
- Cost of living

For each of these sections, we'll provide a summary of the findings of the **full report**, then focus on areas where the difference between disabled and non-disabled respondents was **statistically significant**. This means where our findings were notably different between disabled and non-disabled people, and where being disabled (or not) may be the reason for this difference.

Content Warning

As disabled trans and non-binary people often experience hardship and discrimination across aspects of their life, some of the findings and quotations included in this report can be quite upsetting. Only the Work & Employment section of the report has a specific warning at the beginning for potentially upsetting content, but please note that the majority of this report covers ways in which disabled trans and non-binary people are treated poorly and/or worse than non-disabled people.

In writing this report we went back to the original data from the survey, particularly the questions where people gave written responses telling us more about their experiences. We looked again at the responses from disabled trans and non-binary people to see if there was anything we'd missed, or if any themes emerged that we

didn't notice before. Because of this, some sections of this report are longer than others – this simply reflects those areas where there were more differences in disabled people's experiences.

We've also added new recommendations that focus specifically on disability justice, and not just trans equality, as the findings of our survey make it clear that the two go hand-in-hand. One of the main ways that we decided on new recommendations was by looking at what disabled people's organisations have been calling for, as they're the experts.

Remember: disabled trans and non-binary people were the majority of our respondents. So the findings in our longer research report still absolutely include their experiences too!

Social model of disability

When we talk about disabled people and disability justice, we use a "social model" of disability. Inclusion Scotland describe it this way:

- "What you do about disability depends very much on what you think causes disability. If a wheelchair user can't get on a bus you might think this is because of their impairment. You might therefore think the answer is to cure or treat the person's impairment. Or you might think it's because the bus isn't designed so wheelchair users can get on it. If so, the answer is to redesign the bus so they can. One response is fix the person. The other is fix the bus!"¹

Using this definition is important, as it highlights ways that our society creates the conditions that "disable" people, rather than seeing disability as an individual's own problem. This puts the emphasis on services and spaces to make changes to how they work to adapt to and include disabled people, who make up a large portion of the population and have a variety of different needs.

A glossary which covers a variety of the terms used in this report is available on page 64.

¹ inclusionScotland.org/get-informed/social-model

How did we ask about disability?

We asked respondents “Do you consider yourself to be disabled, or to have a long term health condition? (this includes mental and physical health conditions, as well as neurodivergency)”: 67% said yes, 28% said no, and 5% were unsure.

We asked this in a different way to the 2022 Scottish Census, which asked “Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?” with around 21% of the general population responding that they were limited a little or a lot². Because we asked our question in a different way, it’s hard to directly compare our results to the general population. However, it seems probable that respondents to our survey were at least as likely, or more likely, to be disabled as the general population.

While the question asked by the Scottish Census is closer to the definition of disability used in the Equality Act, we wanted to ask a more straightforward question which explicitly included different types of disability. Our question focused on a person’s own understanding of whether they considered themselves disabled or not, rather than a more diagnostic-style question related to performing day-to-day activities.

People were able (but not required) to provide more details about their disability when answering this question, and 77% of disabled respondents did so. Where possible, we categorised responses into groups. Respondents may have been included in more than one group, depending on the range of additional information provided. Of these:

- 39% mentioned a physical health issue
- 18% mentioned neurodivergence
- 17% mentioned a mental health issue

For a full breakdown of who took part in our research, see the Demographics section on **p.7 of our full research report**.

² scotlandscensus.gov.uk/2022-reports/scotland-s-census-2022-health-disability-and-unpaid-care/

Summary

Our main finding from this report is that **disabled trans and non-binary people often had worse experiences in the different areas of life that we asked about than non-disabled trans and non-binary people.**

This included difficulties with:

- Being able to access appropriate support services when they needed them,
- Finding and staying in suitable work and housing,
- Accessing benefits and cost of living support in their local area,
- Socialising outside the home, attending community events, using public transport, and many other parts of everyday life.

These problems arose both because of how disabled trans and non-binary people were treated by other people using and working in these services and spaces, but also because of systemic failures by these services and spaces to anticipate and meet their needs.

Key statistics

Here are some key stats from across the report that represent what we found out about disabled trans and non-binary people:

1. Two in three (65%) had avoided public services due to fear of being harassed, read as trans, or outed
2. Just over one in three (36%) rated the care they received from their GP as “excellent” or “good” – much lower than just over half (53%) of non-disabled trans and non-binary people
3. Only one in five (20%) rated their neighbourhood as a “very good” place to live
4. Disabled trans and non-binary people were half as likely to own their own homes (26%) compared to non-disabled trans and non-binary people (50%)

5. Around one in three (29%) had been homeless at some point
6. Only around half (55%) were currently employed, and three quarters (76%) were currently claiming benefits or had done so in the past
7. Almost three in five (57%) said that the rising cost of living had caused them to choose between essential household purchases, and purchases related to gender affirming care

MULTIPLYING BARRIERS

Non-disabled trans and non-binary people did also have issues across all these areas, but it seems like also being disabled made our respondents more likely to encounter problems, as it was harder to find one place that could meet all of their needs.

For example, if a trans person is looking for a job and, based on negative past experiences, only wants to work somewhere that has an explicit trans inclusion policy, this narrows down the pool of jobs they can apply for. If they are also disabled, and require reasonable adjustments to make a workplace accessible to them, then this pool is further narrowed to employers who they are confident can provide these adjustments.

On top of this, disabled trans and non-binary people are of course affected by the same problems that everyone in Scotland faces, such as the cost of living crisis, shortages of social housing, and shrinking job markets, and by other parts of their identity and experience.

Look for the “Multiplying Barriers” boxes throughout this report to find more information on the intersection between being disabled and trans or non-binary.

What needs to be done to make this better?

Services, spaces and workplaces need to meet the needs of and be accessible to trans and non-binary people. And disabled people. As this report shows, these groups often overlap. So they have to account for the intersecting needs of disabled trans and non-binary people.

While it's not always possible to make somewhere accessible for everyone, the recommendations we've included give a range of ideas about how to do this.

Involving disabled people in decision-making around accessibility and adjustments is a key recommendation that comes up multiple times across different sections of the report.

Public services

Disabled trans people were more likely than non-disabled trans people to have avoided at least one of the services we asked about due to fears of being harassed, being read as trans or being outed. They were also more likely to have had a negative experience in a public service. While some disabled trans and non-binary people told us about issues they experienced with service providers themselves, many told us about facing harassment from other service users.

Summary of main report findings

We asked our respondents about their experiences with a range of different services, as we wanted to know about those that they used in their daily life, as well as services they used when in crisis or in need of support (p.19-38 of **full report**). Those services were:

- Citizens Advice Scotland
- Community centres
- Food banks
- Pharmacies
- Police Scotland
- Public spaces (such as parks)
- Public toilets
- Public transport

The full report provides more detail about trans and non-binary people's experiences with each service we asked about, but some of the key findings include:

- 61% of people had avoided at least one of these services due to fear of being harassed, being read as trans, or being outed
- 54% had had at least one negative experience in a public service, such as verbal harassment or physical assault
- Of the services we asked about, public spaces and pharmacies had the highest overall satisfaction, with Police Scotland and public toilets having the lowest

MULTIPLYING BARRIERS Visibility

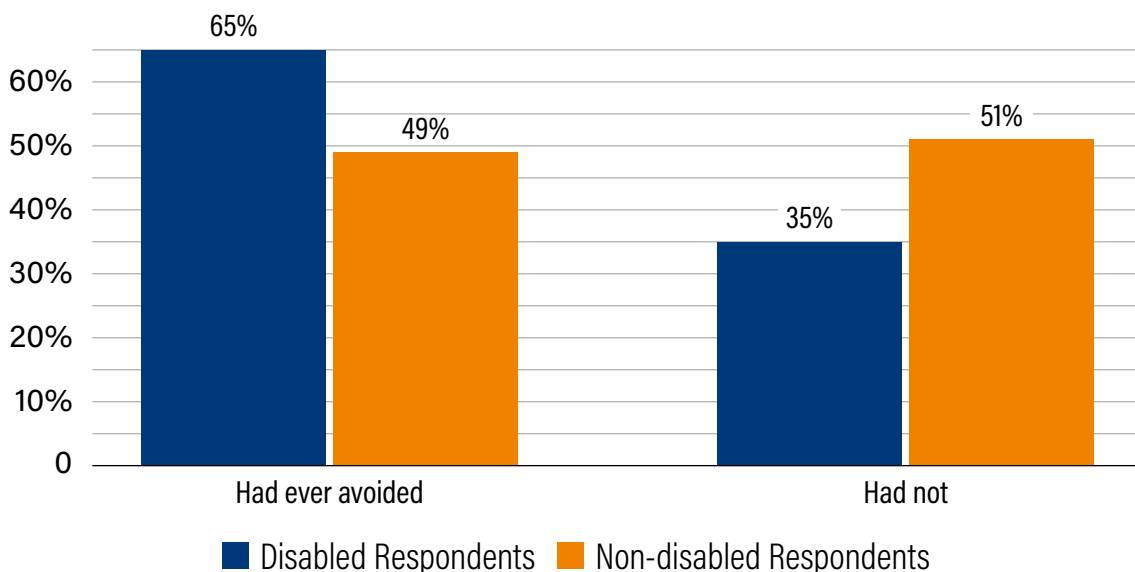
— “The more disabled I have become, the more vulnerable I have felt in public places. As a result, I have felt less confident about being visibly queer. The flip side of that is that if I’m less visible, it feels like a bigger risk each time I have to come out to a service provider”

Disabled trans and non-binary people can face barriers to (and while) using services because they are disabled, or trans or non-binary, or in some cases both. People who face multiple forms of marginalisation may then be more likely to experience barriers, and it may be harder for them to find services or spaces designed with them in mind.

As the above quote illustrates, if people have negative experiences related to certain parts of their identity (e.g. looking “visibly trans”) they may hide or suppress these parts of themselves if possible, to try and avoid repeat experiences. This can be incredibly upsetting, and harmful to a person’s mental health.

Avoiding services

Percentage of disabled and non-disabled respondents who had ever avoided one of the public services we asked about due to fear of being harassed, being read as trans, or being outed



Two in three (65%) disabled trans and non-binary people had avoided at least one of the services we asked about due to fear of being harassed, being read as trans, or being outed, compared to half (51%) of non-disabled trans and non-binary people.

Negative experiences in services

Disabled people were also more likely to report at least one negative experience in a service. We asked if people had experienced:

- Someone disclosing their trans status to others without their permission
- Verbal harassment, insults or other hurtful comments
- Exclusion from services, events, or activities
- Threats of physical or sexual harassment
- Sexual harassment or violence
- Physical harassment or violence

Around six in ten (58%) disabled people had experienced at least one of these in one of the services we asked about. This was only the case for around four in ten (42%) non-disabled people.

Toilets

In comments related to trans and non-binary people's experiences with public toilets, many people mentioned sometimes or always using accessible toilets rather than men's or women's toilets, as accessible toilets are usually gender neutral and single occupancy. While some said this was because they didn't feel comfortable using gendered toilets or had had negative experiences doing so, this can still create problems for disabled people if there is only one toilet for them to use.

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Similar problems occur if services and spaces designate their pre-existing accessible toilet as also being a gender neutral toilet for trans and non-binary people to use. This may be less of an issue if a space has more than one accessible toilet, but it's important that spaces providing toilets do their best to ensure that there are enough facilities for everyone to use and which meet the needs of different groups.

If more people are using an accessible toilet because it has been designated as gender-neutral, or because it is now more regularly used by trans and non-binary people who feel unsafe using other bathrooms, then it should also be cleaned and inspected more often to make sure it remains fit for use.

For some disabled trans and non-binary people, their access to accessible bathrooms can also be complicated by how others perceive both their disability and gender identity:

— “I avoid the public in general just in case, but especially with transphobic rhetoric on the rise I avoid public bathrooms. I don't feel safe using the men's, but it feels so invalidating to use the women's. If there's a disabled bathroom I'll use that, and although I have the right since I am disabled, I don't “look” disabled. So I get more stares.”

As well as asking trans and non-binary people if being trans had affected their experiences, we also asked people if any other aspect of their identity had negatively impacted their experience of public services. When disabled people told us more about how being disabled had impacted their experiences, some said that people directly mocked them for their disability, or treated them poorly because they didn't understand or believe that they had a disability:

- “People have gotten impatient/angry when I cannot move quickly, or need to sit down (because it is an invisible illness). Some have laughed, jeered, scorned when my balance and coordination is bad.”
- “I’m in my late 30s and frequently get glared at and muttered at by elderly people for using a walking stick, as if I’m somehow faking it. Have also been accused of taking up space on public transport and using disabled toilets.”

One person mentioned a change in the nature of the negative experiences they faced because of change in their appearance:

- “Now that I pass [in my gender identity] most of the time, adverse experiences due to my disability seem to overshadow those due to my gender or orientation in most public places.”

Key Recommendations

Recommendations from disabled people’s organisations:

- Invest in public services which uphold disabled people’s rights, advance equality and support independent living (**Glasgow Disability Alliance Manifesto 2024**, see p.11-12 of the Manifesto for a full list of recommendations on this).
- Develop a well-planned brief for toilet provision that can be used while travelling (**A Public Inconvenience: Better toilets for inclusive travel**, DRILL).
- The Scottish Ministers should amend the Public Sector Equality Duty regulations (The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012) to require public services, when carrying out Equality Impact Assessments, to consider the impact of policies and services on people with more than one characteristic (**Services for Who? The experiences of disabled people with other characteristics when accessing services**, Inclusion Scotland).
- Chief Executives (including of NHS Scotland, care providers, Social Security Scotland, social work departments, education providers,

transport providers and housing providers) should actively prioritise the voices of those who use their services by ensuring:

- A range of disabled people are involved in designing services through co-production. This means that disabled people should be meaningfully involved at every stage of the process.
- The services and products are tested by the people who will use them.
- A proportion of the workforce are disabled people.
- Policies and practices are reviewed to make sure they do not prevent people from getting involved (**Services for Who? The experiences of disabled people with other characteristics when accessing services**, Inclusion Scotland).

Adapted recommendations from our **full Research Report** (p.37-38):

- Organisations that provide or maintain public services should be aware that trans people can face significant risks of physical and sexual violence, harassment and abuse, and consult with trans and non-binary people and equality organisations on how to ensure safety for all. They should also be aware of how trans and non-binary people who also belong to other marginalised groups may have differential (and often worse) experiences, and explicitly involve them in decision making around improvements to their services.
- Public services should have intersectional trans and non-binary awareness and inclusion training for staff working directly with the public.
- There should be greater provision of public toilets, particularly accessible, changing places, and gender neutral public toilets. The design of these toilets needs to ensure safety and dignity for everyone, and organisations that are adding or changing toilet facilities should consult trans and non-binary people (including those who belong to other marginalised groups) on how these can best meet their needs.

GP practices

Disabled trans and non-binary people rated the care provided by their GP practice much lower than non-disabled trans and non-binary people. Many also experienced barriers to care related to their disabilities because of misunderstandings from GPs about the function of NHS gender identity clinics.

Summary of main report findings

GP practices are normally a person's first point of contact with health services, and for trans and non-binary people they are often our first step towards gender affirming care too. We wanted to find out more about trans and non-binary people's experiences with their GP practices, as our experience of working with trans and non-binary people is that these can be very mixed (p.39-51 of **full report**).

Respondents told us about a range of different experiences and issues they'd had with their GPs, including some examples of good practice. When talking about negative experiences they'd had, some of these related directly to their gender identity (such as GPs not understanding how NHS gender identity clinics work), but some related to the same problems that many people have, such as difficulty booking appointments.

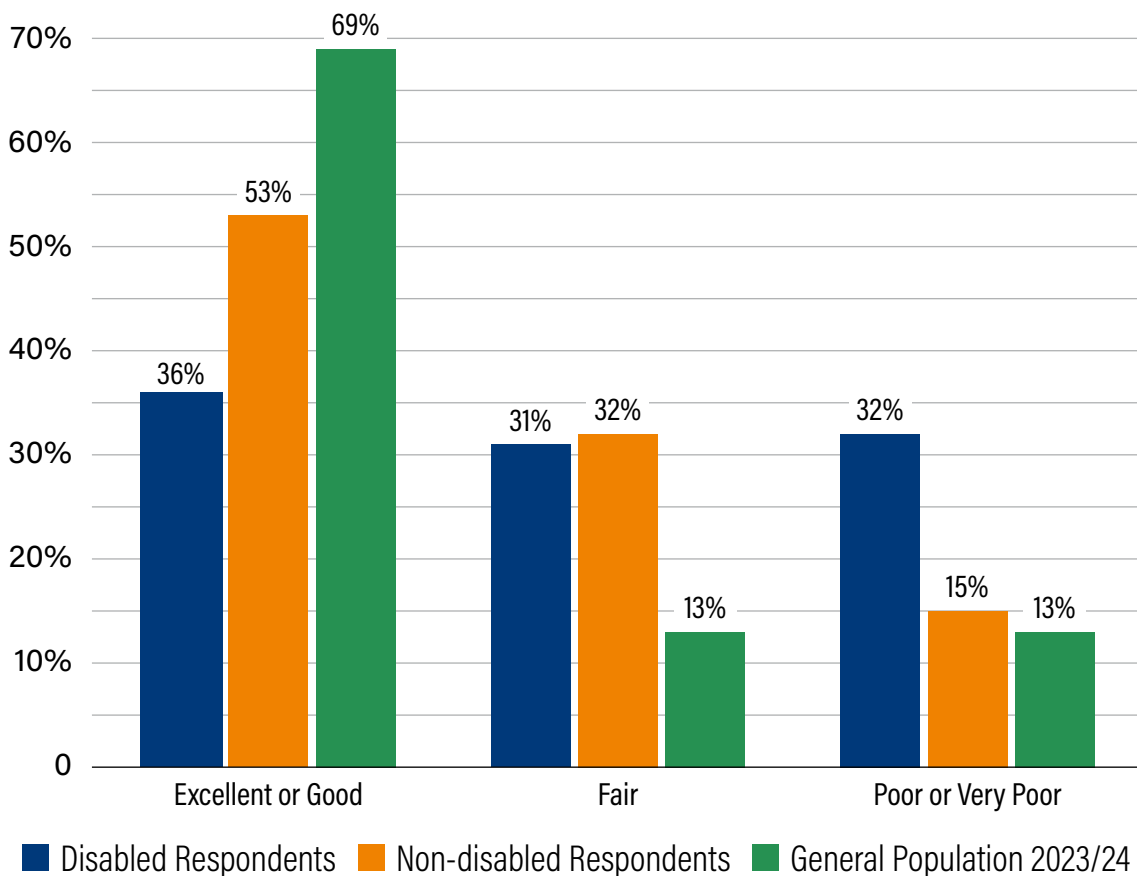
Care provided by GPs

We found that our respondents rated the care provided by their GP much lower than the general population. Further, we found that disabled trans and non-binary respondents rated the care provided by their GP practice significantly worse than non-disabled trans and non-binary people.

Around one in three (36%) disabled respondents rated the care provided by their GP practice as excellent or good. This was lower than for non-disabled respondents, where just over half (53%) rated the care provided this way.

Around one in three (32%) disabled respondents rated the care provided by their GP practice as poor or very poor. This was much lower for non-disabled respondents, with around one in seven (15%) rating the care provided by their GP practice as poor or very poor.

How would you rate the care provided by your GP practice?



Poor understanding of trans healthcare

GPs having a poor understanding of trans healthcare was a key theme that emerged from our main report from all our respondents.

One effect of this was that some people told us that it took them longer to get appropriate support for health issues unrelated to their gender identity, as their GP presumed that it was in some way related:

- “I have had great difficulty getting referred to any specialists – it took nearly 2 years to get a rheumatology referral, and instead of giving me a gynaecology referral they insisted it was a trans issue rather than a longstanding issue from childhood and so referred me back to the GIC [Gender Identity Clinic]. Luckily my GIC was able to refer me for hysterectomy after only a year (though the waiting list means I will not have surgery until probably at least 2 years from referral) but I have no gynaecologist to see for support or pain management because the GP will not refer me to one.”

Like the respondent above, we heard from many people who told us that their GPs did not have an accurate understanding of what care was provided by NHS Gender Identity Clinics (GICs), and presumed that GICs provided all medical care that trans people required, even if it was unrelated to their gender identity. GPs also seemed unaware of the long waiting times for GIC appointments, even for those already being seen by the service, and the difficulty that patients have in contacting GICs.

Similarly, some GPs misattribute unrelated healthcare issues as being side-effects of a person's gender identity, or from gender affirming care they receive, such as hormone replacement therapy (HRT) – this is sometimes referred to as “diagnostic overshadowing”. This is especially the case for people who do not receive HRT on the NHS, but source it privately or by other means.

MULTIPLYING BARRIERS: Lack of GP Knowledge

It seems likely that the cumulative impact of GPs lacking knowledge to provide appropriate and effective support to people will have a particularly negative effect on disabled trans and non-binary people's health outcomes and experiences. We heard about GPs who:

- Lack knowledge about trans healthcare
- Make inappropriate referrals to gender identity services for unrelated health needs
- Misattribute health problems to gender affirming care
- Disbelieve autistic and neurodivergent people about their gender identity

As disabled people likely have more frequent interactions with health services than non-disabled people, they then have to navigate this lack of understanding from their GP more often.

Disabled trans and non-binary people may then also experience a double barrier to accessing healthcare via their GP. They may be less likely to seek support for any health conditions if they have negative experiences regarding their gender identity, and less likely to seek support for issues related to their gender identity if they have negative experiences accessing support for health conditions relating to their disability.

Key Recommendations

Adapted recommendations from our **full Research Report** (p.50-51):

- GPs and other staff at their practices should have intersectional trans and non-binary awareness and inclusion training. This should cover the barriers that trans and non-binary people face in accessing health services, and how this can impact other aspects of their care unrelated to their gender identity.
- GP practices should be aware of NHS Healthcare Improvement Scotland's **national service standards for gender identity care**, and NHS Education for Scotland's **Transgender Skills and Knowledge Framework**, as both contain relevant recommendations and learning.
- GP practices should make patients aware of feedback opportunities regarding their care, provide information on what to expect from a complaints procedure, how to access it, and how to escalate a complaint if they feel it has been dealt with unsatisfactorily.

Neighbourhoods

Disabled trans and non-binary people had more negative views about their neighbourhood than non-disabled trans and non-binary people. They were also more likely to say that their trans status or history had an impact on their experience of their neighbourhood, and that it had only negative impacts.

Summary of main report findings

We wanted to know how trans and non-binary people felt about their neighbourhoods, the experiences they had in the places they lived, and whether they felt being trans or any other parts of their identity impacted those feelings and experiences (p.52-67 of **full report**).

Compared to the general population, all of our respondents (disabled or not) felt less positively about their neighbourhoods and their sense of belonging in the place they lived, compared to the general population.

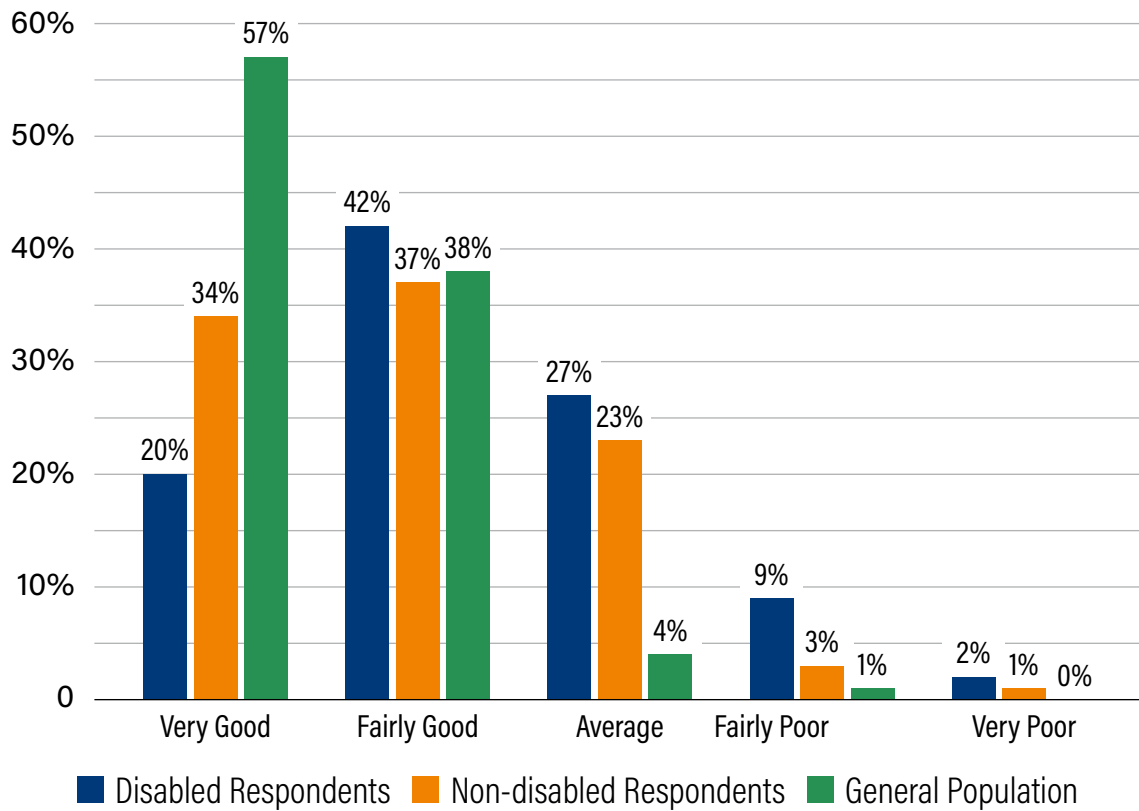
People told us about feeling unsafe and having a range of negative experiences – from low level incidents like being stared at, to more serious incidents like experiencing physical assault. They also told us that they didn't feel like they could access support or services from their neighbours or neighbourhood (such as food banks or community centres) even if they generally felt like they lived in friendly neighbourhoods.

Feelings about neighbourhood and sense of belonging

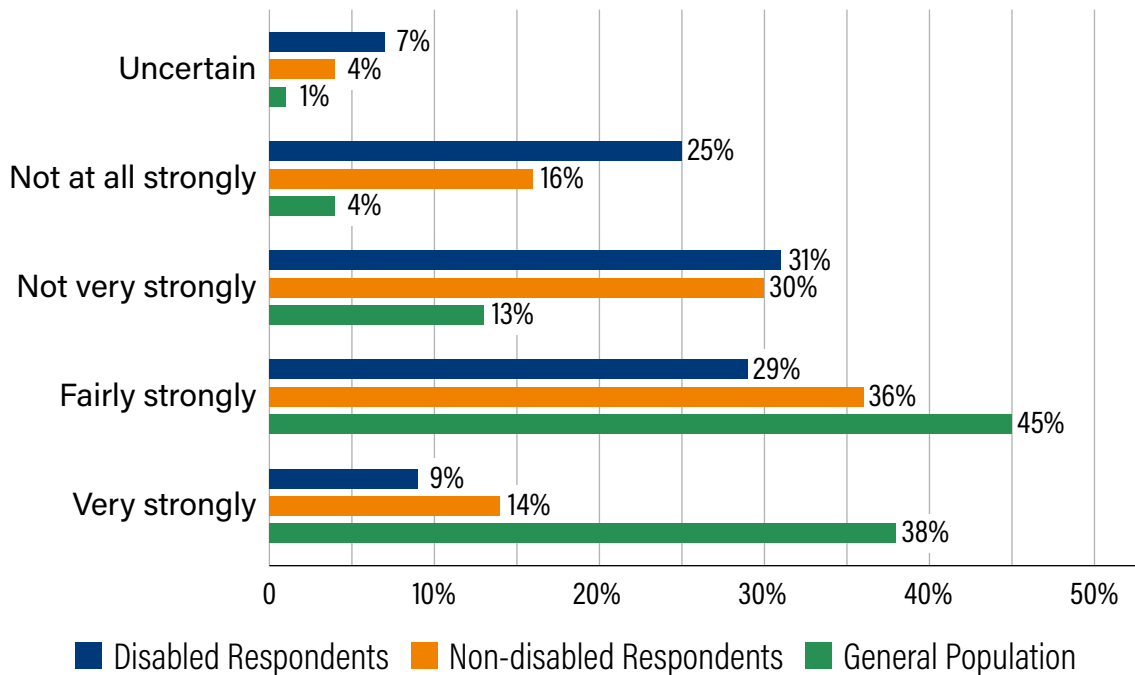
All of our respondents rated the place where they lived less positively than the general population do³. But disabled trans and non-binary people were even less likely to rate their neighbourhood as a 'very good' place to live – only one in five (20%) described their neighbourhood this way, compared to one in three (34%) non-disabled trans and non-binary people.

³ Scottish Household Survey 2022: [gov.scot/publications/scottish-household-survey-2022-key-findings/pages/4](https://www.gov.scot/publications/scottish-household-survey-2022-key-findings/pages/4)

Thinking about your neighbourhood, how would you rate it as a place to live?



How strongly do you feel you belong to your immediate neighbourhood?

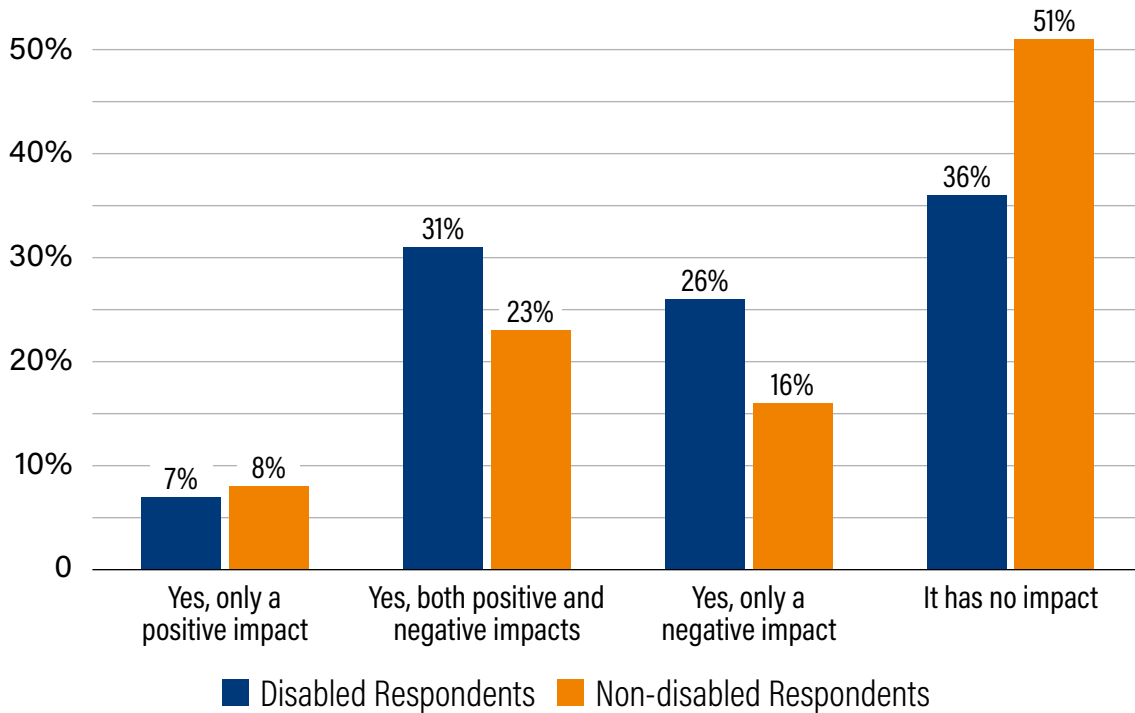


All of our respondents felt less strongly that they belong to their immediate neighbourhood than the general population do⁴. But disabled trans and non-binary people were less likely to feel like they belonged than non-disabled trans and non-binary people. A bit more than half of disabled trans and non-binary people (56%) said they felt not very or not at all strongly that they belonged, compared to a bit less than half (46%) of non-disabled trans and non-binary people. They were also less likely to feel very or fairly strongly that they did belong, with only around four in ten (37%) saying that they did compared to half (50%) of non-disabled people.

⁴ Scottish Household Survey 2022: gov.scot/publications/scottish-household-survey-2022-key-findings/pages/4

Does your trans status have an impact on your experience of your neighbourhood?

Do you feel as though your trans status has an impact on your experience of your neighbourhood?



Only around one in three (36%) disabled people felt that their trans status had no impact on their experience of their neighbourhood, with around two in three (64%) feeling it did. Around one in four (26%) felt it had only a negative impact, around one in three (31%) both positive and negative impacts, and the remaining (7%) felt it had only positive impacts.

This meant our disabled respondents felt that their trans status had more of an impact on their experiences of their neighbourhood, and that this was more likely to be negative, than our non-disabled respondents. Half of non-disabled trans and non-binary respondents said it had no impact (51%), with around one in six saying it had only a negative impact (16%).

Impact of being disabled on experiences of your neighbourhood

We asked people if other aspects of their identity had an impact on their experiences of their neighbourhood. People told us that being disabled also had an impact, with around one in five telling us that being disabled had a mix of positive and negative impacts (19%), and a similar fraction, only negative impacts (21%).

When we asked people to tell us more about this, some people talked about how having difficulty leaving the house impacted their sense of connection to the people in their local area:

- “I don’t have a chance to get out all that often, either due to physical or mental issues, so I often feel a bit isolated from my community, both in my neighbourhood but also the queer community in Edinburgh as a whole, and fear of transphobia definitely contributes to that.”

Others also mentioned how anxiety about how their neighbours may behave towards them impacted their feelings of safety:

- “Due to my mental health issues and periods of physical illness, I haven’t really spoken to neighbours. I have seen transphobic graffiti around. Although I don’t want to assume people would be transphobic to me, there are pubs very close to my flat and I do feel intimidated by groups of drunk men if I am on my own. Because I have long hair and tend to dress androgynously, I would be afraid of being mistaken for a woman and getting a trans- or homophobic reaction if someone looked closer or heard my voice.”

Where people did experience positive feelings about their neighbourhood, it often came from seeing other people like them around:

- “My disability means that I am mostly housebound so I don’t come into direct contact with my neighbours very often, but there are a lot of disabled people around here and, perhaps as a consequence, other people tend to be accommodating and helpful.”

— “I have met many other trans and queer people in my area. Sometimes when I am driving home, I see a rainbow flag in a window and I feel welcomed by these strangers.”

Isolation

Many disabled trans and non-binary people told us that they felt isolated in their local area, and in some cases like they couldn't leave their homes. This was impacted both by the behaviour of people around them, but also by their physical surroundings and the resources and services available to them in their community. This is in line with research from the UK Government, which found that 15.1% of disabled people reported feeling lonely “often or always”, which was more than four times higher than 3.6% of non-disabled people who reported the same.⁵

In their 2024 Manifesto, Glasgow Disability Alliance suggest reasons which may prevent disabled people from making connections and participating in society:

- Lack of social care support to enable people to get out, meet others and take part in activities
- Absence of choice and control about what we do and how we do it!
- Financial constraints making socialising unaffordable, including the cost of travel
- Physical barriers and lack of access
- Public attitudes and lack of confidence that people will be welcoming and understanding.⁶

⁵ UK disability statistics: Prevalence and life experiences, 2025, researchbriefings.files.parliament.uk/documents/CBP-9602/CBP-9602.pdf, p.27

⁶ Glasgow Disability Alliance, 2024 Manifesto, gda.lon1.cdn.digitaloceanspaces.com/uploads/2024/06/GDA-Manifesto2024.pdf, p.12

Disabled trans and non-binary people then face additional barriers if they are also concerned that community spaces and services will not be welcoming or accepting of their gender identity, on top of issues around accessibility and lack of adequate services that meet their needs as disabled people.

As we cover in the next section on housing, disabled trans and non-binary people may not be able to find suitable accessible accommodation in places where there are also LGBTQIA+ community events, spaces and services, especially outside of the Central Belt.

MULTIPLYING BARRIERS: Feeling Excluded

Looking at the findings overall, we can see the effect of being disabled and trans and/or non-binary means that people face additional and multiplying barriers to engaging with their local community and more negative experiences in their neighbourhoods. This negatively impacts on their feelings about the places that they live.

This might explain why disabled trans and non-binary people were more likely to say both that being trans had an impact on their experience of where they lived, and that it had a negative impact. The cumulative effect of experiences of transphobia and ableism are likely to make each feel much more impactful to those who are experiencing both – and sometimes they may be very much interconnected with one another.

Key Recommendations

Recommendations from disabled people's organisations:

- End disabled people's social isolation and maximise civic, social and political participation (**Glasgow Disability Alliance Manifesto 2024**, see p.13-14 of the Manifesto for a full list of recommendations on this).

Recommendations from Health and Social Care Alliance's **Exploring 20 Minute Neighbourhoods Report** (p.15-17):

- Listed authorities (as defined in the PSED), planning authorities, housing developers, transport agencies, local authorities and health boards, health and social care partnerships and all other relevant bodies must actively and meaningfully engage everyone in decision making processes which impact their community. There should be a commitment and resourcing from bodies to actively reach out to seldom heard communities at the early stages of planning processes.
- Local authorities must invest and prioritise the development of local infrastructure to ensure that it is inclusive, accessible, and fit for purpose for everyone in the community.
- Investment and support will be required to enable the regeneration of local town centres. Local people want town centres to support social connection and reduce isolation (diverse, mix and range of opportunities).
- Rural communities must be consulted about plans to centralise services into local hubs including the proposed "mobility hubs".
- Consultation with the community must take place to find out what they need including transport links and the location of health and social care services.

Adapted recommendations from our **full Research Report** (p.67):

- Work by Local Authorities on community cohesion should pay attention to the particular types of harassment and isolation that trans and non-binary people experience, and consider how these can be addressed alongside wider plans to improve community relations. It should also consider the differential experiences and needs of trans and non-binary people who also belong to other marginalised groups.

- Local Authorities should provide increased funding for community spaces, with particular grants for improving the accessibility of these spaces, and require these community spaces to have a trans inclusion policy or plan. This should also include training and information on how to make these more accessible and inclusive for a wider range of people.
- Local Authorities should provide increased funding for trans specific social and wellbeing spaces and support, and ensure that these are accessible to disabled trans and non-binary people.

Housing

Disabled trans and non-binary people were more likely to rent, socially rent, live with their family, worry about making their next rent or mortgage payment, and be unsatisfied with their housing than non-disabled trans and non-binary people. When trying to find suitable housing, disabled trans and non-binary people often struggled to find affordable and accessible accommodation with access to local trans community.

Summary of main report findings

Everyone needs somewhere safe and affordable to live. We asked trans and non-binary people a range of questions to find out about their living situation, how satisfied they were with it, any issues they'd had finding and staying in housing, and the affordability of their housing (p.69-84 of **full report**).

Our respondents were:

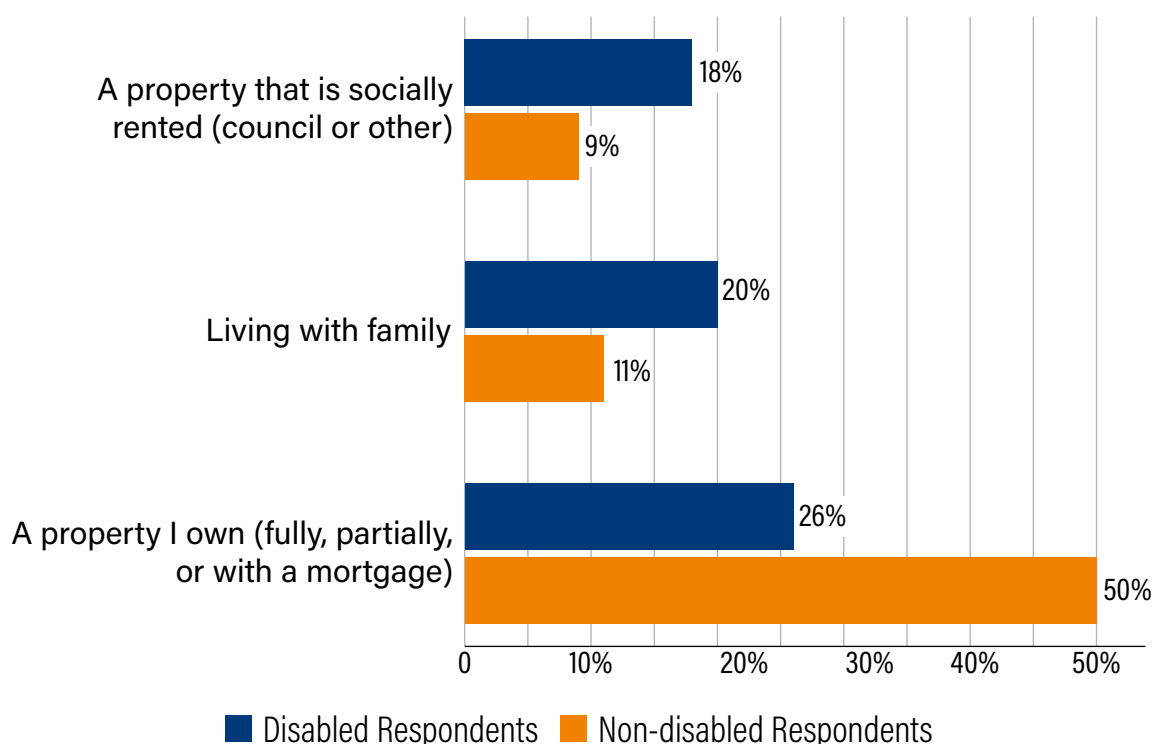
- More likely to be renting privately than the general population – 32% compared to 13% of the general population,
- Less likely to own their homes – 33% compared to 65% of the general population.

Around one in seven respondents had experienced problems obtaining housing due to being trans or non-binary (15%). Some people described this as being due to discrimination from landlords and lettings agencies, and others because of issues with documents and ID, but the most common issue was due to familial rejection, especially for young trans and non-binary people.

Current living situation and satisfaction with accommodation

Disabled and non-disabled respondents described several differences in their current living situation, and how satisfied they were with it.

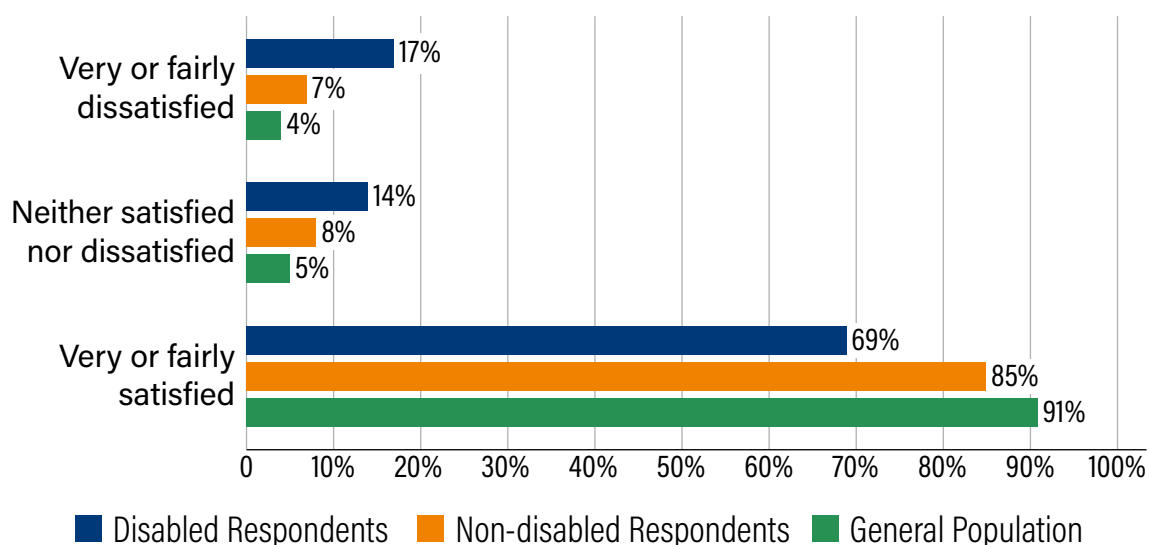
What kind of accommodation do you currently live in?



The biggest differences were around properties that were socially rented, living with family, or properties that they owned:

- Twice as many disabled people currently lived in a property that is socially rented (around one in five (18%)), compared to non-disabled people (around one in ten (9%)).
- Twice as many disabled people currently lived with family (around one in five (20%)), compared to non-disabled people (around one in ten (11%)).
- Disabled people were only half as likely to currently live in a property they owned (around one in four (26%)), compared to non-disabled people (one in two (50%)).

How satisfied are you with your current accommodation?



All of our respondents were less satisfied with their accommodation than the general population⁷, but this was worse for disabled trans and non-binary people. Only around seven in ten (69%) disabled trans and non-binary people were very or fairly satisfied with their current accommodation, compared to closer to nine in ten (85%) non-disabled trans and non-binary people. And disabled people were around twice as likely to be very or fairly dissatisfied with their current accommodation (around one in six (17%)), compared to non-disabled people (around one in fourteen (7%)).

Precurity and cost

Disabled people also had more precarious living situations. They were twice as likely to say they might be asked or required to leave their current accommodation by someone else. This was true for around one in five disabled people (21%), compared to around one in ten non-disabled people (9%). Some of this is probably explained by the difference in the kinds of accommodation that disabled people were currently living in compared to non-disabled people. Disabled people were also:

- more than twice as likely than non-disabled trans and non-binary people to worry a lot about being able to afford their next rent or

⁷ Scottish Household Survey 2022: gov.scot/publications/scottish-household-survey-2022-key-findings/pages/3

mortgage payment (around one in six (17%) disabled people worried about this compared to around one in fourteen (7%) non-disabled people).

- almost twice as likely to have had to leave or sell a property because they could no longer afford it (this had happened to around three in ten disabled people (29%) compared to around one in six (17%) non-disabled people).

MULTIPLYING BARRIERS: Finding and Staying in Suitable Accommodation

When giving further information in response to some of the questions above, many disabled trans and non-binary people discussed the specific issues they faced finding and staying in suitable accommodation:

- “I have been trying to move council house due to my disabilities and it has been an absolute nightmare, from being made to misgender and dead name myself in application, to them just refusing to recognise our disability needs for years making moving impossible the vast majority of the time we’ve tried.”
- [In response to the question “are you able to stay in accommodation as long as you want?”] “Theoretically, yes, but coping day to day here is very difficult because of my disability. I am trying to save up for a larger place where I can live with more people (giving me better care provision) and get in and out without having to be lifted. One of the challenges we face is trying to find somewhere where prices are low enough but it will still be safe to be visibly queer.”

As these respondents discussed, disabled trans and non-binary people often encounter a double barrier to finding suitable housing that is both accessible for their needs, and somewhere that they can live with or near their community, friends and support systems.

Key Recommendations

Recommendations from disabled people's organisations:

- Recognise that housing needs assessment for disabled people should include, for example, access to a garden for emotional well-being, access to local accessible public transport links and ability to maintain local connections, such as remaining with the same GP. (**Match Me: What works for adapted social housing lettings?**, DRILL).
- Scottish Government should set a national quota of at least 10% of all new housing to be fully wheelchair accessible, including both private and social housing. (**We Say: Our Place, Our Space**, Inclusion Scotland).
- Housing providers must ensure that disabled people are not disadvantaged by allocations policies when seeking accessible housing in suitable, safe and accessible areas. (**We Say: Our Place, Our Space**, Inclusion Scotland).

Adapted recommendations from our **full Research Report** (p.104):

- The Scottish Government should do more to increase the availability of safe, affordable, accessible housing for everyone, by increasing the provision of social housing.
- Social housing providers should take reports of transphobic abuse and harassment from neighbours more seriously, and be more responsive to requests to relocate people to safer housing in these circumstances.
- Housing providers should ensure that they have clear policies in place around proof of identity, so that trans and non-binary people do not face unfair barriers to obtaining housing.
- Systems in place for collecting evidence around a person's need for accessible housing should understand the complicated nature of obtaining some diagnoses, and allow for a person to express their own needs beyond diagnosis.

- There should be more support for individuals to make claims under the Equality Act 2010 where they have faced housing discrimination.
- Staff at housing and temporary accommodation providers should receive intersectional trans and non-binary awareness training, covering the barriers that trans and non-binary people face in accessing and staying in housing, as well as the experiences of those who also belong to other marginalised groups.

Homelessness

Disabled trans and non-binary people were more than twice as likely to have been homeless at some point than non-disabled trans and non-binary people (29% compared to 13%). Mental health issues were commonly mentioned by disabled trans and non-binary people as a cause or contributing factor to their homelessness, as well as a reason why they found it difficult to access support.

Summary of main report findings

One quarter (23%) of the people we heard from had been homeless at some point, compared to 8% of the general population.⁸ We worked with homelessness organisations to provide an extensive definition of homelessness, which was:

- “Homelessness encompasses a range of living situations, such as if you do not have a home where you can live with your whole household (e.g. family, spouse, children), if you have no legal right to stay where you are (e.g. sleeping on a friend’s sofa), if it is not reasonable to stay in your home (e.g. because you are experiencing abuse from those you live with), if there is not enough space for you to live within your home, if you have inconsistent access to housing or shelter, or if you are living on the street.”

We asked a range of questions to respondents who had been homeless, including how many times they’d been homeless, if they thought their trans status contributed to this, experiences with homeless applications if they made them, and with hostels and temporary and emergency accommodation if they had stayed in them (p.85-104 of **full report**).

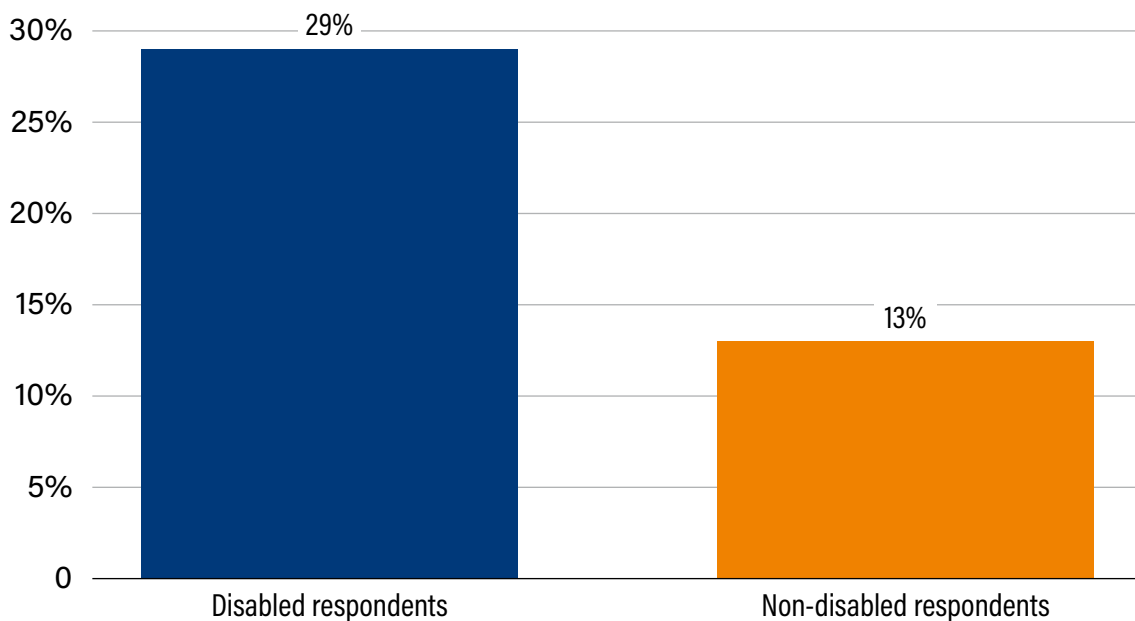
⁸ Public Health Scotland Homelessness Overview 2015: publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/homelessness/overview

As with the questions on housing covered on p.32 of this report, many people mentioned familial rejection as a reason they had been made homeless, as well as gender based violence, discrimination from landlords, and discrimination at work leading to a loss of income.

Homelessness history

Disabled respondents were more than twice as likely to have been homeless than non-disabled respondents.

Percentage of disabled trans and non-binary people who had ever been homeless compared to non-disabled trans and non-binary people



Almost one in three disabled respondents had been homeless (29%) compared to around one in eight non-disabled respondents (13%). This reflects findings from across the UK, that disabled people are more likely to experience homelessness than non-disabled people.⁹

⁹ Centre for Homelessness Impact: "Homelessness and Disability in the UK": cdn.prod.website-files.com/59f07e67422cdf0001904c14/645a76da097c6dad33fcc423_CHI-disabilities-homelessness23.pdf

Do you think being trans or other aspects of your identity contributed towards you being homeless?

Around one in three (35%) of all of our respondents who had been homeless felt that being trans had contributed to this. There were no significant differences between how disabled and non-disabled people answered this question.

As well as asking if people thought being trans had ever contributed to them being homeless, we also asked people about other parts of their identity. Around four in ten (37%) people who had ever been homeless said they felt being disabled had contributed to this.

When disabled trans and non-binary people told us more about this, two key themes emerged in their responses:

Mental health

- “My [mental health] spiralled downward, was fired from my job and could no longer afford rent, then moved in with a “friend” who I needed to be on the rental agreement in order to claim housing benefit but who wouldn’t do that who then eventually gave me less than 2 weeks to move out and I ended up homeless.”
- “Mental health, struggle with money management. Rent arrears caused homelessness.”

Discriminatory attitudes towards those on benefits

- “It’s IMPOSSIBLE and so horrid trying to find accommodation while disabled and not working. No landlords or agencies will consider you the second they see benefits they turn you down. You could make 2x the rent they need and they’ll still say no because you’re not working and disabled.”

— “When trying to find private rental accommodation, most landlords had rules that ensured most people on benefits wouldn’t be eligible. Even though I could have paid for six months in advance on a six month contract and would be eligible for housing element, I needed a guarantor that made 3x the annual rent. This was only for people on benefits, and because I come from a working class family like most people on benefits do, I could not even get a viewing for most places. I am on benefits because I am unable to work, and have no chance in the private rental market because I’m young and not working. Even though I’m on disability benefits and not choosing to not work, I was lucky if I was even accepted to view one property for every ten or fifteen applications I made. When I did get a viewing, it was always through an agency, and my benefits stopped me from getting any further.”

We also asked a similar question about whether other aspects of identity had impacted their homeless application, or support they had asked for from a Local Authority. Just over half (55%) of those who had been homeless had made a homeless application – around one in three (34%) had done so every time they were homeless and around one in five (21%) only sometimes. Only a relatively small number of people answered this question (64 out of the 571 who took the survey), but of those who did, around four in five (81%) said their disability had had an impact on their homeless application.

Mental health was once again mentioned as a key factor by some respondents:

— “Mental health was so bad that I couldn’t ask for help or be persistent in asking for what I needed which I was told I needed to do.”

One respondent also gave an example of how their disability had had a positive impact on their treatment:

— “Being disabled had a positive impact on how homelessness services treated me as it meant they didn’t try to put me in a

terrible high rise flat in a really bad area and instead put me in a homeless temporary accommodation that provided support to disabled young people until I got allocated a housing association tenement flat in a reasonable area.”

MULTIPLYING BARRIERS: Not Recognised as At-risk

Familial rejection was highlighted as a main cause of all of our respondents either having to leave housing, or having experienced homelessness.

Research from the Centre for Homelessness Impact also shows that disabled people often face challenges to being recognised as an at-risk group. They also found that disabled people can often face issues obtaining correct information and diagnoses from their GPs to evidence their need for homelessness support.¹⁰

Our disabled trans and non-binary respondents reported feeling the care provided by their GP was poorer than our non-disabled respondents. They also were in more precarious housing, more likely to be living with family, and as we will go on to explore later on in this report, had lower incomes.

This results in disabled trans or non-binary people being at particular risk of homelessness, but this is not well recognised by Local Authorities or in actions designed to prevent and address homelessness.

¹⁰ Centre for Homelessness Impact: “Homelessness and Disability in the UK”: cdn.prod.website-files.com/59f07e67422cdf0001904c14/645a76da097c6dad33fcc423_CHI-disabilities-homelessness23.pdf

Key Recommendations

From the Centre for Homelessness Impact's "**Homelessness and Disability in the UK**" Report:

- Improve consistency of homelessness provision for disabled people.
- Meet people's needs through collaborative working.
- Improve accessibility and suitability of support, including by considering:
 - Physical accessibility.
 - Awareness of sensory environment.
 - Being trauma informed.
 - There should be increased recognition of the intersection between disability and homelessness.

Adapted recommendations from our **full Research Report** (p.104):

- All recommendations from the previous section on Housing also apply here.
- Local Authorities should recognise that familial rejection after coming out is a significant risk factor for homelessness.
- Providers of temporary accommodation, emergency accommodation and hostels should organise trans awareness training for staff, covering the barriers that trans and non-binary people face in accessing and staying in housing and in using homelessness services, as well as the experiences of those who also belong to other marginalised groups.
- Providers of temporary accommodation, emergency accommodation and hostels should ensure that their services are accessible to people with a wide range of different access needs, and suitable for disabled people who are also trans or non-binary.

Work & employment

Content warning: p.48 contains a mention of suicide

Disabled trans and non-binary people were, overall, less likely to be employed than non-disabled trans people, and when they were in work were more likely to work part-time and earn less than non-disabled trans and non-binary people. Disabled trans and non-binary people often struggled in jobs which did not provide reasonable adjustments, and with colleagues who did not understand the nature of their disability.

Summary of main report findings

We asked people about their current employment, work history, and experiences in the workplace, as we know from our own previous research that trans and non-binary people often experience difficulties at work (p.106-119 of **full report**). We asked about the kind of work they did, how much they earned, and their experiences in the workplace related to their trans status and other aspects of their identity.

Nearly two in five (38%) respondents we heard from did not currently have a job, with just over a quarter (26%) not having had a job at all in the past five years.

It's hard to compare this directly to the general public, as our question simply asked respondents if they were currently in paid employment. Some of the people we heard from may be considered "economically inactive", as they may be retired, students, or unable to work, and so would not be seeking paid employment. In 2023, 4% of the Scottish population was unemployed, and 23% economically inactive.¹¹

¹¹ gov.scot/publications/labour-market-trends-august-2023

Employment and earnings

Disabled trans and non-binary people were less likely to currently have a job than non-disabled trans and non-binary people, with around half (55%) of disabled respondents currently having a job, compared to around three in four (78%) non-disabled respondents. These are similar to figures from the general population, where, as of September 2022, half of disabled working-age adults (53%) in the UK were in employment, compared with eight in ten (82%) non-disabled working-age adults¹² – although it's important to note that our survey included some people who were of retirement age.

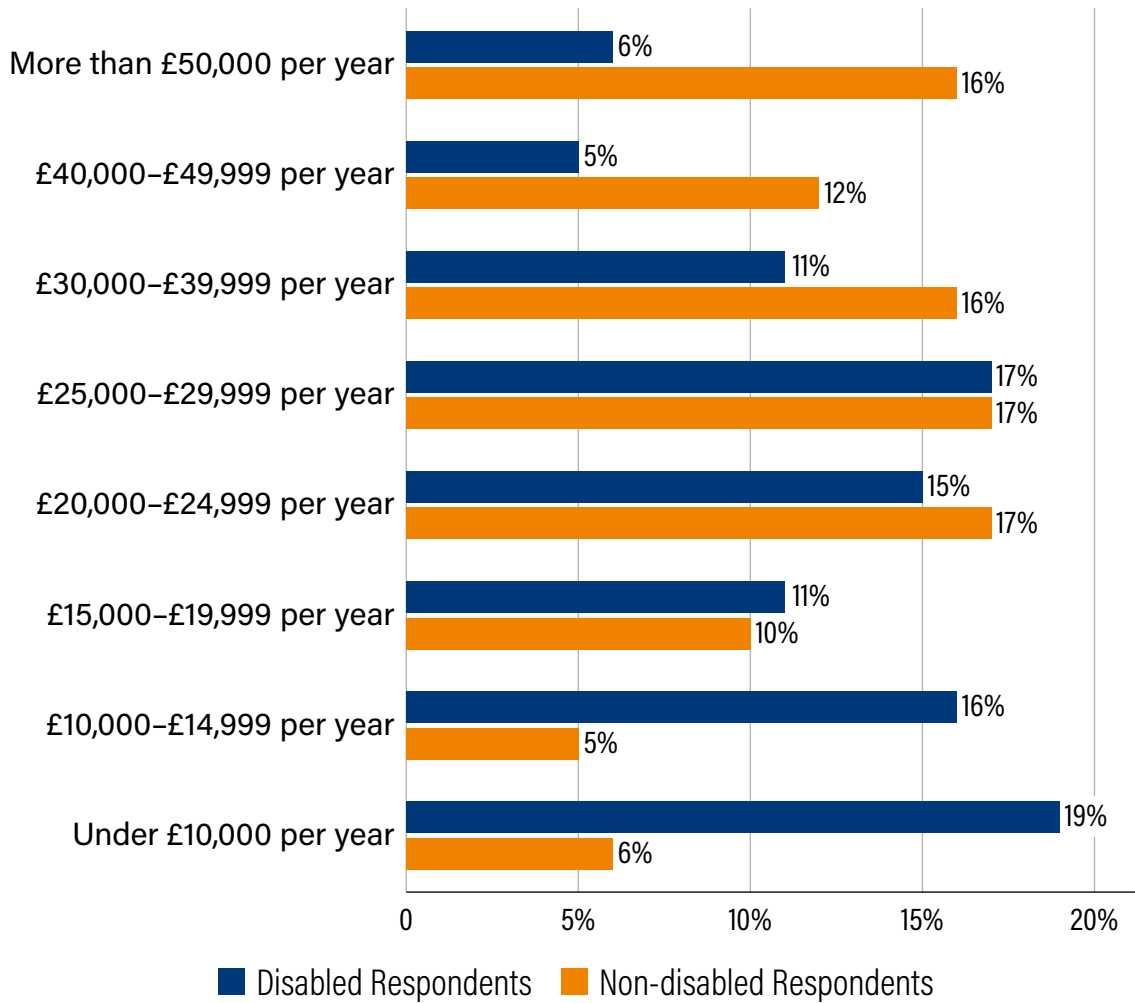
Disabled trans and non-binary people were also twice as likely to have not been employed in the past five years (around three in ten (31%) compared to around one in seven (14%) non-disabled trans and non-binary people).

As mentioned above, it's important to consider that we did not ask respondents for a reason why they were not currently in paid employment, so it may be the case that some disabled people were unable to work, rather than being unable to find work or not being employed for another reason.

However, we did find that when disabled trans and non-binary people we heard from were in work, they were more than twice as likely to work-part time (around four in ten (37%) compared to around one in six (16%) non-disabled respondents), and often earned less than non-disabled trans and non-binary people – although lower earnings may be explained in part by being more likely to work part-time.

¹² Joseph Rowntree Foundation, UK Poverty 2024, [jrf.org.uk/uk-poverty-2024-the-essential-guide-to-understanding-poverty-in-the-uk](https://www.jrf.org.uk/uk-poverty-2024-the-essential-guide-to-understanding-poverty-in-the-uk), p.69

What is your current income?



Disabled respondents were more than 3 times as likely to earn under £14,999 a year. Around one in three disabled respondents earned this much (35%) compared to one in ten non-disabled respondents (11%).

Disabled respondents were also less likely to have higher incomes. Only around one in ten disabled respondents earned over £40,000 a year (11%), compared to around three in ten non-disabled people (28%).

Disability and employment

In their 2024 Manifesto, the Glasgow Disability Alliance suggest the following as reasons why there may be a disability employment gap:

- Negative attitudes and stigma around employing disabled people still persists, with employers less likely to hire a disabled person
- Lack of accessible workspaces
- Lack of flexibility in hours that may be needed for people with health conditions that fluctuate
- Protracted assessments and decision-making from Access to Work resulting in delays to support being put in place
- Lack of knowledge, understanding or willingness to learn more about employing disabled people, on the part of employers.¹³

Disabled people who are also trans and non-binary may then face barriers related to a lack of inclusion, acceptance or understanding around their gender identity as well as those mentioned above.

Unwelcoming work environments

When respondents left comments to tell us more about their experiences at work, these often touched on ways that workplaces failed to provide reasonable adjustments for their disabilities:

- “My job is extremely unfriendly to autism and ADHD. As soon as I have an issue with something that effects what I can do or the company’s bottom line, it’s suddenly my problem.”

¹³ Glasgow Disability Alliance, Manifesto 2024, gda.lon1.cdn.digitaloceanspaces.com/uploads/2024/06/GDA-Manifesto2024.pdf

— “Worst of all was the lack of accommodation for my PTSD. There was no acknowledgement that I sometimes needed to take a moment if there were loud noises. I tried telling other staff not to shout at me during stressful periods but they didn’t listen. It got so bad I tried to kill myself, and then when I was seen by my GP after the attempt, was told it was my own fault for not getting a better job.”

Some people told us about the way other employees created an unpleasant environment, often targeting multiple different marginalised groups:

— “Assumptions made on assumed gender in regards to physical ability, ‘joking’ comments or offhand slurs about alternate sexualities or how neurodiversity isn’t a thing or isn’t worth acknowledging.”

We also asked respondents if other aspects of their identity had contributed to negative experiences in the workplace.

When disabled respondents told us more about these experiences, they focused largely on a lack of accommodations for neurodivergence:

— “As an autistic person, I’ve had issues with being held back by performance reviews that focused mostly on my communication style rather than my work. I’ve also had issues with employers gaslighting me by telling me we agreed something that we hadn’t and then suggesting it was my ADHD that was the issue. I had to record all meetings and send emails to confirm what was agreed for every single conversation where actions were discussed in order to avoid this. Which was exhausting.”

— “Being autistic in the corporate world causes all sorts of problems, from sensory issues in the office, to passive aggressive statements around how people should be coming into the office more or trainings that tell you that you have to make eye contact and not fidget to be an effective communicator.”

These comments highlight the ways in which a lack of reasonable adjustments and understanding of disability from employers impacts disabled people's ability to do their job, meet targets, and work effectively with colleagues.

Key Recommendations

Recommendations from disabled people's organisations:

- Invest in disabled people's employment (**Glasgow Disability Alliance Manifesto 2024**, see p.9-10 of the Manifesto for a full list of recommendations on this).
- Establish a Minimum Income Guarantee, a level beneath which no-one falls, including a Disability Premium which takes account of longer periods out of work, extra costs and less financial resilience (**Disabled People Challenge Poverty Survey Findings Headlines, Glasgow Disability Alliance**, page 7).

Adapted recommendations from our **full Research Report** (p.118-119):

- Create an atmosphere of acceptance and inclusion in the workplace – for example by having statements promoting understanding and inclusion of a diverse workforce, including trans and disabled people, as part of workplace values.
- Have robust trans and non-binary inclusion policies in workplaces.
- Ensure that trans and non-binary staff, including disabled trans and non-binary staff, have access to suitable changing and toilet facilities, and have clear policies on the use of these.
- Provide trans and non-binary awareness and inclusion training for staff, as well as neurodiversity awareness and inclusion training, and cover how the needs and experiences of these groups may intersect.
- Support trans and non-binary staff to establish support networks in the workplace.

Benefits

Disabled trans and non-binary people were more than six times as likely to currently be claiming benefits than non-disabled trans and non-binary people, and more likely to have claimed benefits in the past. Inaccessibility was a key issue for disabled trans and non-binary people trying to access benefits and related support services, as was benefits assessors disbelieving that they were disabled.

Summary of full report findings

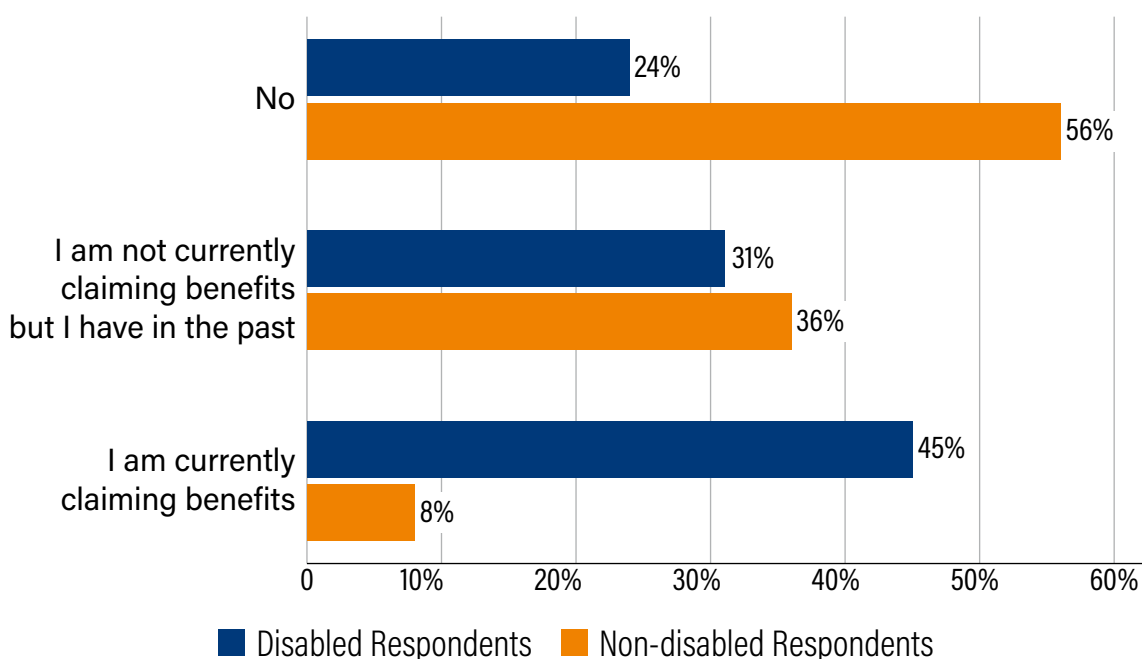
In the full report we found that trans and non-binary people described having a range of significantly negative experiences when trying to access benefits. We asked about the Department for Work and Pensions (DWP), HM Revenue and Customs (HMRC), the Job Centre, Local Authorities, and Social Security Scotland (p.120-136 of **full report**).

Trans and non-binary people experienced some specific barriers to accessing benefits – namely that trans people’s HMRC records are often locked for privacy to protect our trans status, and only accessible by a small number of people within benefits services – as well as issues we face in other services too, such as discrimination and problems related to ID and name changes.

Because disabled respondents were much more likely to be currently claiming benefits or to have done so at some point, the majority of findings from our main report are largely reflective of their experiences already.

Claiming benefits

Have you ever claimed benefits?



Unsurprisingly, disabled respondents were more likely to be currently claiming benefits, or to have done so at some point. Disabled trans and non-binary people were nearly six times as likely to currently be on benefits (almost half (45%)) than non-disabled trans and non-binary people (around one in ten (8%)).

Only around one in three disabled respondents had never claimed benefits (24%) but this rose to more than half of non-disabled respondents (56%).

Inaccessibility and barriers to benefits

When we asked respondents about their experiences with different benefits support services, many pointed out they found them inaccessible:

- “Phones not answered, slow, cumbersome & hard to navigate websites.”

- “The landlines of Social Security Scotland are extremely inaccessible (waiting times of more than an hour, unable to arrange a call beforehand).”
- “Job centres need to have a larger variety and actually give help and help people secure interviews and jobs rather than just listing jobs on their website and making us do all the work. This is impossible for someone with a disability and being able to send in one application rather than dozens with what kind of job we are looking for and then given offers back based on that would be much more helpful.”

This correlates to the wider experiences of disabled people - in 2021, the UK Government found that 74% of disabled people who had accessed disability benefits had experienced at least some difficulties.¹⁴

Inaccessibility

- “Lack of accessible options, insistence upon initial phone calls, limited ways to contact DWP/Jobcentre, e.g. I was completely unable to contact them online including email or webchat and my only option was to phone, which was also problematic and not straightforward.”
- “The PIP assessment, as well as work capability and adult disability assessments, aren’t very accessible for people with neurological conditions, mental health issues, or fatigue issues. Just filling in the forms left me exhausted and overwhelmed, and when I had my assessment I masked my symptoms because I can’t deal with strangers or appointments without doing so, but there was no recognition of that fact.”

¹⁴ UK Government Disability Unit, Public Services: National Disability Strategy Explained, 2021 disabilityunit.blog.gov.uk/2021/07/28/public-services-national-disability-strategy-explained

- “Despite having clinical diagnoses from my GP & having been awarded enhanced level Adult Disability Payment I am currently having challenges with applying for LCW [Limited Capability for Work], as they insist on doing a separate health assessment.”
- “Back when I was receiving income support (in my partner’s name), my partner’s illness meant that I was the one who had to attend appointments. Provision for disabled access was appallingly bad. Towards the end, I was only able to get there because a friend volunteered to drive me and used the staff car park without permission.”

Being disbelieved

- “My mental health and trauma affects me every day, as well as being autistic, and I’m trying to work on things myself. However, I feel very worried all the time that I won’t be believed and they can just stop my benefits any time, and then I’d be left with nothing.”
- “The person who interviewed me for pip said I didn’t have a cognitive impairment and implied I lied through my form. He wasn’t qualified to make that judgment as he had no experience with brain injury survivors and admitted this. I still lost my benefits and was put through a lot of stress. My GP wrote quite a scathing letter and the decision was overturned.”
- “After my appointment, she wrongly decided I was not eligible, and I would have given up without the mandatory reconsideration or tribunal if I had to do it on my own, because it was far too much for me to handle.”
- “I was refused PIP on my first application and scored zero on everything despite being awarded it on my next application. It seemed like they didn’t even look at my application and just rejected it.”

MULTIPLYING BARRIERS: Being Disbelieved

Respondents also spoke of experiences of being disbelieved about being trans when navigating the benefits system.

- “They said I was “choosing” the issues that were causing me to suffer anxiety and depression. I was also accused of going for non-essential cosmetic surgery (my top surgery). Very condescending.”

For disabled trans and non-binary people, the potential of having to “convince” the system of two aspects of who you are often leads to compounded negative experiences, as we see throughout this section.

Comments relating to age spoke of how the intersection of the person’s age and being disabled had had an impact:

- “When I applied for PIP, the woman assessing me didn’t believe the things I said about my own mental health and neurological problems. She didn’t believe I had short term memory issues because of my age.”
- “My being disabled tends to be looked down on and with them getting ever worse as I get older then it’s not helping matters.”
- “There has always been an undercurrent of the idea that, because I am younger, my disabilities aren’t that bad.”

Key Recommendations

Recommendations from disabled people’s organisations:

- Increase non-means tested disability benefits (e.g. ADP, AA, Child and Older People Disability Payments) to meet the true extra costs of disability (**Disabled People Challenge Poverty: Survey Findings Headlines, Glasgow Disability Alliance, p.7**).

Adapted recommendations from our **full Research Report** (p.135-136):

- More needs to be done to humanise and destigmatise the processes in place for claiming benefits. Staff working across services administering benefits should:
 - Have training on trauma informed approaches to working.
 - Have trans and non-binary inclusion training.
 - Have disability inclusion training.
- Public services need to rebuild trust with people who have had negative experiences when claiming and receiving benefits, especially if this was tied to parts of their identity.
- Public services should work with disabled people's organisations to increase the accessibility of information provided about benefits, and of the processes for claiming benefits – with a particular understanding of the barrier that relying on phone conversations can present to people.
- Job centres should take a more person-centred, flexible approach to supporting people into employment. They should review whether current practices meet the needs of people looking for jobs (including people who belong to different and multiple marginalised groups), and make necessary changes to processes to ensure that all people accessing Job Centres are genuinely supported to find appropriate working opportunities.

Cost of living

Disabled trans and non-binary people were much more likely to have been impacted by rising costs than non-disabled trans and non-binary people, and more likely to be anxious about things like running out of food and not having enough money to cover bills. Many disabled trans and non-binary people said they found it difficult to access support around the cost of living in their area (such as food banks) because these spaces were not accessible or welcoming to them.

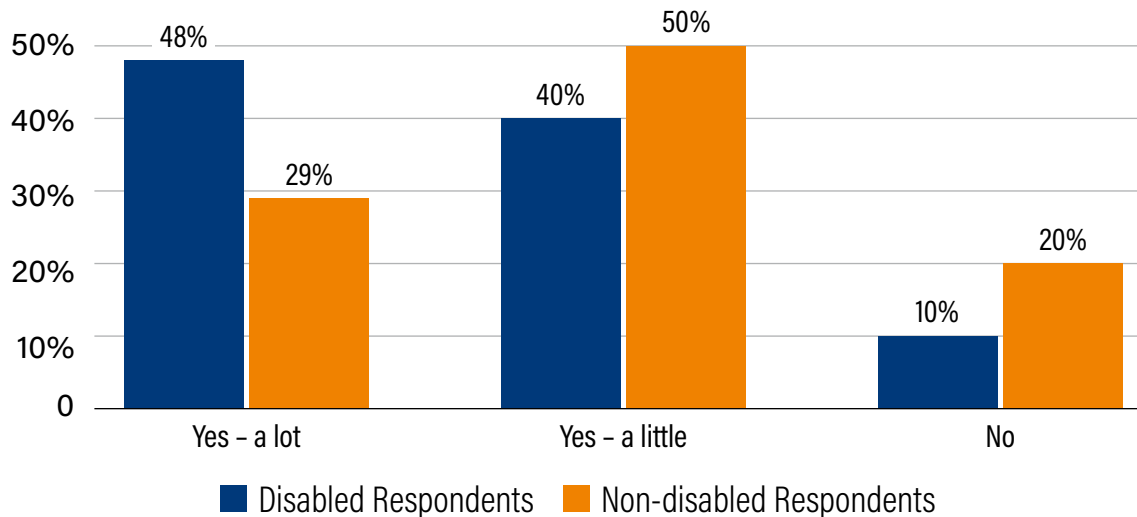
Summary of main report findings

We found that trans and non-binary people are feeling the effects of the cost of living crisis, as many people are. Often, this was in the same ways as everyone else, such as challenges paying for household essentials, staying warm, and paying bills (p.137-150 of **full report**).

But we also heard about some of the specific ways that this was impacting on trans and non-binary people. Around half (52%) of our respondents said that rising costs had caused them to need to make decisions between essential household purchases (food, bills etc.) and purchases relating to their transition (e.g. gender affirming clothes or cosmetics, private healthcare). Long wait times for gender affirming care on the NHS were a significant contributing factor to this.

Rising costs

Have rising costs affected your lifestyle for the past 12 months?



Disabled respondents were much more likely to have been affected by rising costs in the last 12 months. Only one in ten disabled respondents said they had not been affected (10%) – compared to one in five of non-disabled respondents who said the same (20%).

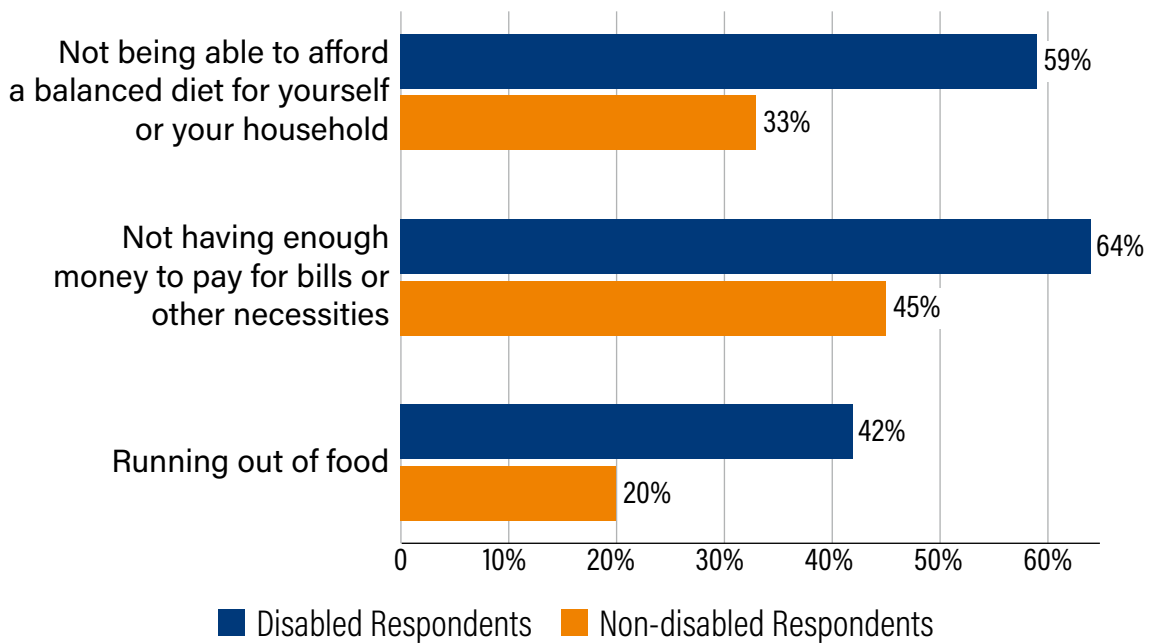
Disabled respondents were particularly more likely to say they had been affected 'a lot' by rising costs – almost half of disabled respondents said this (48%) compared to around three in ten non-disabled respondents (29%). This is likely to be explained by disabled respondents having a lower income than non-disabled respondents.

We asked about specific types of situations where people may have felt more anxious during the past 12 months due to the cost of living crisis. These were:

- Running out of food
- Not having enough money to pay for bills or other necessities
- Not being able to afford a balanced diet for yourself or your household
- Having to use credit cards or take out loans
- Needing to use less gas, electricity or heating

Disabled respondents were much more likely to have felt anxious or worried about some of these situations in the last 12 months.

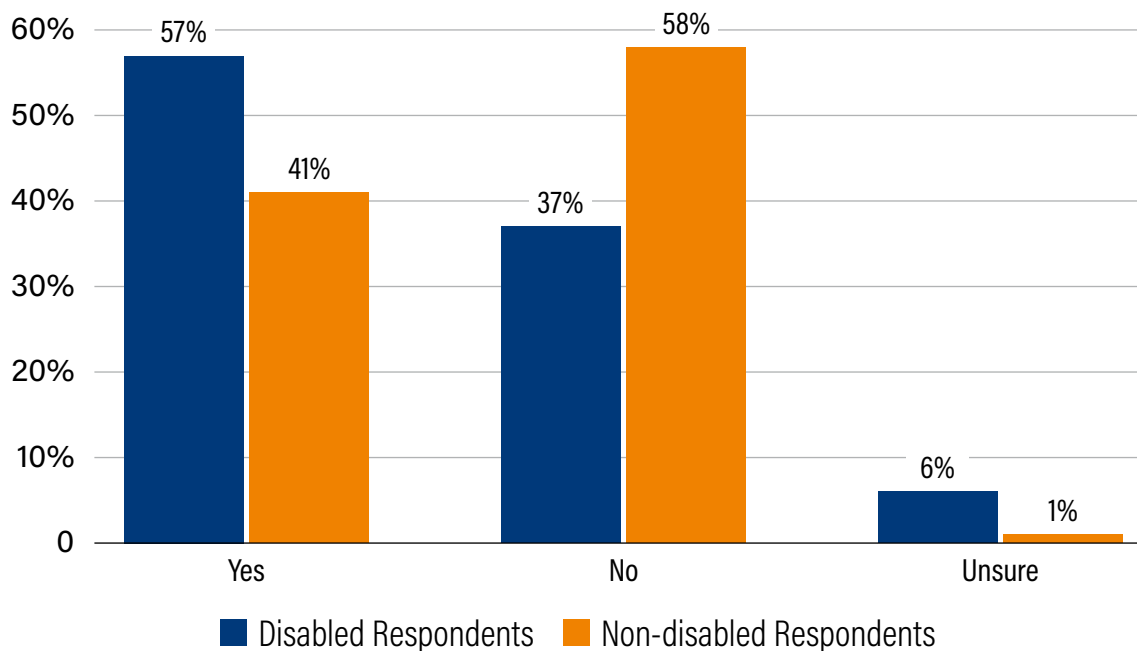
Have you felt anxious or worried about any of the following over the last twelve months due to rising living costs?



Disabled trans and non-binary people were more than twice as likely to have worried about running out of food. Around two in five disabled respondents worried about this (42%) compared to one in five non-disabled respondents (20%). They were also almost twice as likely to have worried about being able to afford a balanced diet for themselves or their household. Around three in five disabled respondents worried about this (59%) compared to one in three non-disabled respondents (33%). This shows that food insecurity was a particular problem for our disabled trans and non-binary people.

Nearly two in three disabled trans and non-binary people worried about not having enough money to pay for bills or other necessities (64%) compared to just under half of non-disabled trans and non-binary people (45%).

Have rising costs caused you to make decisions between essential household purchases and gender affirming purchases?



Disabled respondents were more likely to have had to make decisions between essential household purchases and transition related costs: around three in five disabled respondents said they had had to do this (57%), compared to around two in five non-disabled respondents (41%).

Some of this is likely to be a result of the fact that disabled respondents earned less than non-disabled respondents. However, disabled respondents also face additional everyday costs that non-disabled trans and non-binary people don't, such as: contributions towards care, additional electricity costs for refrigerating medicine or charging equipment, additional food costs for pre-prepared food or ready meals, delivery fees from having to shop online, buying mobility and sensory aids not covered by the NHS, and additional travel costs due to the inaccessibility of public transport. In 2022, the Joseph Rowntree Foundation found that the risk of "deep" poverty is 60% higher in families where someone is disabled compared to those where no one was disabled.¹⁵

¹⁵ Joseph Rowntree Foundation, From Disability to Destitution (2022) [jrf.org.uk/deep-poverty-and-destitution/from-disability-to-destitution](https://www.jrf.org.uk/deep-poverty-and-destitution/from-disability-to-destitution)

Barriers to seeking community support for the cost of living crisis

Disabled trans and non-binary people felt similarly to non-disabled trans and non-binary people about whether they would be able to seek community support for the cost-of-living crisis if they needed it. Responses were almost equally split between being unsure, feeling they could, and feeling they couldn't. Respondents also felt the same about whether or not being trans would impact their ability to seek support, whether they were disabled or not.

We also asked if respondents felt that any other aspect of their identity would impact seeking support. Comments from disabled trans and non-binary people who felt being disabled would impact this spoke about issues with the inaccessibility of support services and negative treatment from service providers:

- “It looks like a lot of the support you can get involves physically going places, carrying heavy loads or the use of cars. I might be able to get to a location but I cannot carry heavy things (e.g. bags of groceries), and I don't have a car.”
- “I've encountered worse reactions to any form of disability recently, and I feel there is a lot of in-built ableism in society. Also, there are a few religious-led charities in the area who actively have stances that exclude queer people - but I do know not to approach them.”
- “I'm too anxious to ask for help, and lots of help is done through helplines and I cannot do phone calls due to my disability.”
- “A lack of disabled access at places like food banks stop people seeking help.”

MULTIPLYING BARRIERS: Disability, Poverty, Accessibility and Transition

We found that disabled trans and non-binary people earned less than those who aren't disabled. This led to them worrying more about all kinds of costs – whether housing, paying bills, or being able to afford to eat.

The inaccessibility of support services in their local community may then mean that support services that would otherwise be able to address some of their financial needs are actually out of reach.

A knock-on effect of this is that they had less income available to spend on costs related to their transition – whether this was private healthcare to address excessively long waiting times for NHS gender identity services, buying gender affirming clothing or cosmetics, or travelling to take part in community events or spaces.

The last of these – travelling to take part in community events or spaces – could also be impacted by whether public transport was accessible for them, whether the venues where community events were held were physically accessible, and whether groups and events were accessible to their needs.

We can see, through these intersecting barriers and additional considerations, that transitioning itself, and being able to make choices about gender identity, gender expression, and being part of trans community, is more challenging for disabled trans and non-binary people.

Key Recommendations

Recommendations from disabled people's organisations:

- Place disabled people at the heart of tackling poverty and inequality (**Glasgow Disability Alliance Manifesto 2024**, see p.7-8 of the Manifesto for a full list of recommendations on this).
- Work with [disabled people's organisations] to co-design Disability Poverty Reduction Actions such as free bus pass, blue badges, taxi card scheme, and fuel poverty measures, and plan strategic actions to address the specific causes and impacts of poverty on disabled women, e.g. accessible employability, fair work and more adequate disability benefits (**Glasgow Disability Alliance and Scottish Women's Budget Group Briefing Paper**).
- Take into account the additional costs faced by disabled women when designing cost of living support schemes: this will necessarily require an increased understanding of the inequalities and barriers faced by disabled women (**Glasgow Disability Alliance and Scottish Women's Budget Group Briefing Paper**).

Adapted recommendations from our **full Research Report** (p.150):

- More needs to be urgently done to tackle waiting times for NHS gender identity services. This should build on the existing work and financial commitments in the Scottish Government's **NHS gender identity services: strategic action framework**.
- Community services seeking to mitigate the cost of living crisis should have intersectional trans inclusion training, and proactively communicate to local trans and non-binary people that they are welcome to use their services.
- Community services seeking to mitigate the cost of living crisis should be supported, including by additional funding from Local Authorities where necessary, to ensure that their services are accessible to disabled people.

- Actions and services that seek to address food insecurity should be designed in ways that ensure they meet the needs of disabled people, including those with particular dietary needs, or those who need food to be pre-prepared.

Glossary

It is important to remember that language around trans issues is constantly changing and evolving. Particularly as many terms are related to people's personal identities, the terms may be used by different people to mean different things. This is a non-exhaustive list of some of the terms used in this report and our current understandings of their meanings.

Ableism

Discriminatory or prejudiced actions or bias related to someone's actual (or perceived) disability.

Accessibility

The design of many different parts of life (including buildings, products, services, and information) to ensure that they can be used by everyone.

Gender identity

How we understand ourselves as being a man, a woman, or somewhere in between or beyond.

Intersectionality

The relationship between different social categories and/or identities (such as race, class, and gender) and how this can create overlapping and interlocking impacts, discrimination, and disadvantage. Often used to refer to approaches to understanding discrimination which take many different social categories into account, such as intersectional feminism.

Neurodivergence

Umbrella term for a range of different cognitive differences (such as autism, ADHD, dyslexia, dyspraxia) which impact how people process sensory inputs, information, focus and social comfort.

Neurodiversity

A term that recognises the ways that different people's brains work, whether they are neurodivergent or not, is a spectrum.

Non-binary person

A person who identifies as having a gender which is in-between or beyond the two categories 'man' and 'woman', as fluctuating between 'man' and 'woman', or as having no gender, either permanently or some of the time.

Outing

Exposing someone's LGBTQIA+ identity to others without their permission. Outing someone can have serious repercussions on their personal safety at home or at work situations.

Personal Independence Payment (PIP)

A non-means tested benefit provided to some disabled people by the UK Government. PIP is often characterised as being very difficult and traumatic to access, as well as requiring frequent reassessments in order to continue receiving it. PIP has largely been replaced by Adult Disability Payment in Scotland.

Queer

A term used by those wanting to reject specific labels of romantic/sexual orientation and/or gender identity, also sometimes used to refer to groups of LGBTQIA+ people (e.g. "the queer community"). Some LGBTQIA+ people view the word as a slur, but others have reclaimed it and are proud to use it.

Transgender / Trans

Umbrella terms for anyone whose gender identity or gender expression does not fully correspond with the sex they were assigned at birth. For example, a person who was assigned male at birth but identifies as a woman may identify themselves as being trans.

Trans status

Whether a person considers themselves to be trans or not. Often used when referring to data held about a trans person, such as the answer to the demographic question "do you consider yourself to be trans, or to have a trans history?"

Transition

The process of changing the way you live in order to match up with your gender identity. Examples of transitioning include changing your name, asking people to use different pronouns for you, and changing the way you express your gender. For some people, this will involve medical treatments such as hormone therapy and surgery.

Transphobia

Discriminatory or prejudiced actions or bias related to someone's actual (or perceived) gender identity or gender expression.

Trauma informed

A service or system that has been trained or developed to consider, as part of its operation, the needs of those who have experienced trauma.

Need support?

Below are links to organisations that provide a wide range of support – including helplines, information, in-person peer support, online support, counselling, crisis support, and support for survivors of gender-based violence.

Trans/LGBT+

LGBT Health and Wellbeing lgbthealth.org.uk

LGBT Youth Scotland lgbtyouth.org.uk

MindLine Trans+

mindinsomerset.org.uk/our-services/adult-one-to-one-support/mindline-trans

Galop galop.org.uk/helpline

LGBT Foundation lgbt.foundation/help/helpline-email-support

MindOut mindout.org.uk

Switchboard switchboard.lgbt

Disability

Glasgow Disability Alliance

gda.scot/what-we-do/coaching/gda-wellbeing

Disability Information Scotland disabilityscot.org.uk

Equality Advisory & Support Service

equalityadvisoryservice.com/app

Advice Scotland advice.scot

Gender-based violence

Rape Crisis Scotland rapecrisisScotland.org.uk/help-helpline

Scotland's Domestic Abuse and Forced Marriage Helpline:
sdafmh.org.uk/en/contact-us

Mental health support

Breathing Space breathingspace.scot

Samaritans

samaritans.org/scotland/how-we-can-help/contact-samaritan

Shout giveusashout.org/get-help



Scottish Trans is a national project of the Equality Network working to improve the equality, human rights and inclusion of trans people.

scottishtrans.org
info@scottishtrans.org

 [scottishtrans.org](https://www.facebook.com/scottishtrans.org)
 [scottish_trans](https://www.instagram.com/scottish_trans)



The Equality Network is a national lesbian, gay, bisexual, trans and intersex (LGBTI) equality and human rights charity in Scotland.

equality-network.org
en@equality-network.org

 [EqualityNetwork](https://www.facebook.com/EqualityNetwork)
 [lgbtiscotland](https://www.instagram.com/lgbtiscotland)

30 Bernard Street
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Registered Scottish Charity: SC037852
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