

Economic, Social and Cultural Rights in the South of Scotland

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1. Foreword

Economic, social and cultural rights are about our everyday lives; our access to housing, food, transport, education, and income. This is the second report from our local monitoring of economic, social and cultural rights (ESC rights) in Scotland, with a focus on the wide area of the South of Scotland. Our first, on rights in the Highlands and Islands, prompted debate in the Scottish Parliament and action from the Scottish Government. I sincerely hope that this evidence from Scotland's National Human Rights Institution provokes a similar response.

This report provides a snapshot of life across the South of Scotland. It highlights the gaps between the rights to which we are all entitled and the lived reality of people's lives, as the individual testimonies show. Many of these gaps will be familiar to people in other parts of the country, which means these issues are systemic and widespread, as well as specific to rights holders in the South of Scotland. The absence of locally available healthcare and the distances that people have to travel for specialist care are acute and specific to the South of Scotland. But they are also endemic across Scotland, as our findings from Highlands and Islands suggest. Community-led services are a great strength of communities across Scotland, including in the South. But they face increasing pressure as public budgets are squeezed and services are pushed on to third sector organisations.

People in the region told us that they feel distant from decision making. There is a lack of effective and meaningful participation of rights holders in local decisions on budgets, planning and services. This Spotlight on ESC rights is about amplifying the voices of rights holders and taking the evidence from across Scotland direct to the Scottish Parliament and duty bearers. We are immensely grateful to everyone who participated in interviews, focus groups, town halls, and took the time to complete the survey. Your evidence, about your realities, is the power of this report.

We have used a framework based on the International Covenant on Economic, Social and Cultural Rights (ICESCR). Public service

providers can use it as the route map, especially at this time of public service reform, to design and deliver services that respect, protect, and fulfil human rights for everyone.

Professor Angela O'Hagan

Chair of the Scottish Human Rights Commission

2. Executive summary

2.1. Background and context

Economic, social and cultural rights are about the things we all need to live a life free from fear and want. These include the right to work, social security, food, clothing, housing, water, health, social care, education, and culture. The Scottish Government has legal obligations to protect, promote and uphold these rights under the International Convention on Economic, Social and Cultural Rights (ICESCR).

In December 2024, the SHRC published the first in our series of local monitoring spotlight reports. These reports take a deeper look at how economic, social and cultural rights are playing out in the lives of local communities in Scotland.

The first of these reports focused on the Highlands and Islands. In it, we piloted a new model of human rights monitoring for the SHRC, focused on hearing direct evidence of people's lived experiences. In our 2024-8 Strategic Plan, we committed to continue this local monitoring programme across Scotland. Through this work we are building a picture of ESC rights realisation across Scotland. We are developing recommendations for how duty bearers can make things better in people's daily lives and holding the State to account to ensure it meets its obligations to people across Scotland.

2.2. Approach of the report

This report sets out the findings, the testimonies of rights holders and our indicative assessment of economic, social and cultural rights in the second region we have visited: the South of Scotland.

In February and March 2026, we visited communities across the South of Scotland, including Ayrshire, Cumbrae, and Arran. We heard first-hand from human rights defenders and communities in Stranraer, Ayr, Dumfries, Kilmarnock, Hamilton, Irvine, Arran, Galashiels, Kelso,

Dalkeith and Haddington. We held community engagement events in Dumfries and Galashiels. And we shared an online survey via website, which was promoted via community events, Third Sector Interfaces and local civil society organisations and human rights defenders so that people could have their say remotely.

To inform our indicative rights compliance assessment we analysed the information collected through our community visits alongside a review of publicly available documents and policies from duty bearers in the region. This analysis meant identifying key areas where rights holders had raised concerns, and locating documented evidence of any steps taken to address them. This review included more than 200 reports from the Scottish Government, councils, NHS Boards, Audit Scotland audits and other reports issues by public bodies.

This report provides an indicative assessment, informed by rich testimonies from rights holders, on the current enjoyment of economic, social and cultural rights in the South of Scotland. It is not an absolute or definitive assessment. It does, however, show clearly where people are experiencing progress, where they are experiencing a deterioration of their rights, and where public services and policies appear to fall short of human rights standards.

2.3. Key findings

We found significant challenges in the enjoyment of economic, social and cultural rights across the South of Scotland. Across all the rights we examined, we have not found any right for which the conditions of adequacy under international law are fully met. This means that services, goods and systems across the region are not consistently available, accessible, affordable, acceptable, adaptable, or of sufficient quality.

We did find examples of progress towards the realisation of economic, social and cultural rights (ESC rights) across the South of Scotland. Public bodies, communities and civil society organisations have

developed strategies, services and local initiatives to improve access to food, housing, health, social care, education and culture. However, these efforts are often not enough to ensure people can enjoy their rights in practice. Many positive outcomes depend on short term funding, volunteers and community action. While these organisations play a vital role, they are often not underpinned by the support and funding required to ensure sustainable and consistent provision of essential services.

The evidence shows that rights are interconnected. Problems in one area often affect others. Difficulties accessing food can lead to poorer health. A lack of social care can limit participation in cultural and community life. Failures to realise rights can compound across people's lives, with serious consequences for dignity, wellbeing and opportunity.

We identified three cross-cutting barriers to the enjoyment of ESC rights across the region:

1. **Accessibility.** Services and support are often difficult to reach. Transport problems, including ferry services, the centralisation of services, digital exclusion, poverty, disability and caring responsibilities all affect whether people can access their rights.
2. **Affordability.** Rising costs are creating significant pressure on household incomes. Many people are struggling to afford food, housing, energy, transport and participation in community and cultural life. Some are forced to choose between essentials or rely on charity to meet basic needs.
3. **Fragility.** Community groups and third sector organisations provide trusted and important support across many areas of life. However, rights cannot be secure when access depends solely on short term funding, volunteers and goodwill.

Alongside these cross-cutting challenges, we found significant concerns across a range of rights. Evidence points to failures to realise the right to

food, serious problems in access to affordable and adequate housing, and growing barriers to healthcare. Social care services face increasing pressure from workforce shortages and unmet need. In education, school closures, reduced provision and barriers to additional support are affecting the adequacy of access. Cultural rights have regressed as community spaces, cultural programmes and local services face cuts and financial uncertainty. We also found deterioration in the right to work, with limited employment opportunities, insecure work and barriers to labour market participation.

Overall, many communities and duty bearers are working hard to protect dignity and human rights in challenging circumstances. However, we found clear human rights failures. In several areas, rights enjoyment is worsening rather than improving. And we know from the wider work of the SHRC that people do not have adequate access to justice when things go wrong. They cannot always access the advice and legal support they need, and often the legal obligations do not exist in domestic law to hold duty bearers to account.

Duty bearers must act with greater urgency, stronger coordination and clearer accountability to ensure everyone in the South of Scotland can enjoy their economic, social and cultural rights.

2.4. Recommendations

Realising rights requires systemic change that embeds accountability, invests in local and preventative provision, removes practical access barriers and ensures communities can shape decisions that affect their lives.

Firstly, this means making it an urgent priority for services and support to meet the basic standards required by human rights law. Secondly, it means improving access to justice, including through legislative reform, to make sure that people have recourse and access to advice when their human rights are breached. Thirdly, duty bearers at a national and local level must review their approaches to the provision of public services.

They should make a clear commitment and set concrete, measurable plans to fulfil their obligations under the 10 rights detailed in this report. These plans should be informed by the lived experience of people in the South of Scotland, and should reflect the interrelated ways in which these rights play out in people's lives.

Scottish Government, Parliament, local councils, NHS boards and other duty bearers should:

1. Strengthen human rights laws and access to justice
2. Meet Minimum Core Obligations
3. Enable flexible and localised policies
4. Set out clear, strategic and measurable plans to improve service adequacy, which listen to communities and measure success in terms of improved outcomes for people in the South of Scotland
5. Set ESC rights realisation as the core objective of public service reform
6. Formally respond to the findings of the SHRC and report on progress.

3. About this report

3.1. Who we are

The Scottish Human Rights Commission (the SHRC) is Scotland's human rights watchdog.

We are an independent, expert body that works with and for the people of Scotland; we monitor, listen, and speak up for everyone's rights and respond when things go wrong. We are a public body created by the Scottish Commission for Human Rights Act 2006 to protect and promote the human rights of all people in Scotland. We have carried out this work under sections 3 and 4 of our Act, which empower us to conduct research and to review laws, policies and practices in any area.

We are also part of the international human rights system. We are accredited by the United Nations as a trusted organisation to provide impartial evidence on the enjoyment of human rights in Scotland (a National Human Rights Institution). We are independent of Parliament, Government and any other public authority. We are accountable to the people of Scotland via the Scottish Parliament.

3.2. Why we did this work

In December 2024, we published our first spotlight report taking a deeper look at economic, social and cultural rights in local communities in Scotland. In our 2024-8 Strategic Plan, we committed to extending our monitoring approach. Using this local monitoring model, we are building a picture of rights realisation across Scotland and developing recommendations for how duty bearers can make things better in people's daily lives.

We want to fill the gaps in human rights data and make sure that people in the South of Scotland have their economic, social and cultural rights met. Our human rights monitoring model brings us closer to local communities and their human rights concerns. We aim to bear witness

to the lived experiences of people and communities across area and will report our findings to the Scottish Parliament.

3.3. The human rights framework

Economic, Social, and Cultural (ESC) rights are protected under international law. The UK has ratified several binding instruments that enshrine these rights, including the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the European Social Charter. Economic rights are also safeguarded through various International Labour Organisation (ILO) conventions, to which the UK has committed.

ESC rights are essential for living a dignified life, free from fear and want. These include

economic rights (e.g., social security and workers' rights);

social rights (e.g., healthcare, education, housing, food), and;

cultural rights (e.g., the right to participate in cultural life and benefit from scientific progress).

This means that the State in Scotland – the government and public bodies – have clear obligations to uphold ESC rights. However, ESC rights are not explicitly protected by the Human Rights Act 1998 and have yet to be incorporated into UK or Scots law. This means that people in Scotland cannot take legal action if the State does not uphold its obligations under ICESCR or other relevant human rights treaties. This also means that duty bearers have no legal requirements to plan, budget, and deliver services in a way that ensures that ESC rights are guaranteed and improved over time.

There is an exception to this in relation to ESC rights of children. Since the incorporation of the UN Convention on the Rights of the Child (UNCRC) by the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, most ESC rights in Scotland are protected for children. In practice, this means that duty bearers must

plan and report on their efforts to ensure they are acting in a way that is compatible with children's rights.

3.3.1. What do ESC rights require?

ESC rights come with five unique obligations:

a) Minimum core obligations

Minimum Core Obligations (MCOs) refer to the basic obligations related to ESC rights that a country must always meet, regardless of its resources or circumstances. MCOs represent the minimum essential requirements for survival and dignity. Examples include the obligation to provide shelter for people experiencing homelessness or to provide access to essential food for those facing food insecurity.

As fundamental obligations, MCOs are not subject to progressive realisation and must be met immediately. They are non-negotiable, and duty bearers must always comply with these obligations. There is little to no justification for failing to meet Minimum Core Obligations.

b) Progressive realisation

ESC rights must be progressively realised, meaning the legal and practical enjoyment of these rights should improve over time. This obligation requires:

Duty bearers to act as swiftly and effectively as possible to ensure the realisation of ESC rights.

Duty bearers to take continuous, proactive steps to realise these rights. They cannot remain passive; they must take action to ensure rights are enjoyed by all. This includes improving services over time to benefit everyone as fully as possible.

Steps taken by duty bearers must be deliberate, concrete, and targeted. Progressive realisation is not achieved by chance or through natural

developments over time; there must be deliberate actions that lead to better or wider enjoyment of rights.

c) Maximum available resources

Closely linked to progressive realisation is the obligation to use the maximum available resources. Duty bearers must:

Mobilise resources effectively, such as raising funds through taxation or other means to fulfil ESC rights.

Allocate resources in a way that prioritises disadvantaged groups and ensures cost-effective service delivery, maximising the impact of available resources.

Ensure resources are not wasted and that expenditures provide value for money, advancing the realisation of rights as much as possible.

This is an immediate obligation, meaning duty bearers must always comply with it.

d) Non-retrogression

As part of the obligation for progressive realisation, states must avoid taking deliberate steps that would reduce the existing levels of rights enjoyment. Actions which make things worse for people are known as 'retrogressive measures'. Retrogressive measures might include budget cuts to programmes supporting rights, withdrawal of funding for essential services, or policies that diminish the protection of certain rights.

In general, retrogressive measures are prohibited by ICESCR. If they do take such measures, duty bearers must demonstrate that the decision was the result of the most careful consideration of all alternatives. They must consult those affected, explore alternatives to ensure the right is still realised, and prioritise the most vulnerable groups.

e) Adequacy

For ESC rights to be fully realised, services, goods, practices, and policies must meet certain standards, referred to in international law as the "normative content" of ESC rights. These standards guide duty bearers in ensuring human rights are realised in a way that is fully adequate and provide a framework for assessing compliance with human rights norms.

As outlined in the indicators of compliance, each right has specific criteria of adequacy, with common features such as the need to ensure services are accessible and affordable for all.

3.4. How we carried out this work

Through the SHRC's 2024-8 Strategic Plan, we are developing and refining our innovative local monitoring approach for economic, social and cultural rights. We reflect on and learn from each review about the effectiveness of the approach and how best to reach people and to capture the lived experience of those in rural communities and in towns.

The project employed a series of different methods in the way we designed this work, combining different type of data to provide a thorough understanding of the human rights issues across the Scottish Parliament's regional area. It was designed to bear witness to the rights issues in the region without pre-determined hypotheses, ensuring the experiences of the people can drive the findings.

In this work we have taken an approach that puts people lived experience at its heart. This means that the primary purpose of our research with people and communities was to understand how they experience economic, social and cultural rights in their daily lives, and for this to inform and shape our analysis of human rights realisation. This approach meant engaging with people where they live, on their own terms. We chose this framework to ensure that our understanding of how rights are realised is not only informed by policies, data and public bodies, but also reflects the diverse realities of people's lives.

The baseline timeframe that the review used was from January 2016 up to March 2026. This allowed us to use the concluding observations issued by the UN Committee on Economic Social and Cultural Rights in 2016, and contrast it with the observations issued by the same Committee in 2024. This enabled us to comprehensively assess the obligations of progressive realisation and non-retrogression.

The research was conducted in four key stages:

3.4.1. Desk-based research and document review:

We conducted a desk-based review of more than 200 reports and datasets published between January 2016 and October 2025 to understand the human rights landscape in South Scotland. The review covered local authority strategies, audits, community plans, policy papers, regulatory and complaint decisions (including 128 Scottish Public Services Ombudsman decisions), and sector-specific evidence on housing, transport, digital connectivity, social care, education and the environment.

While few documents explicitly refer to human rights, most address issues that directly affect people's living standards, access to services, participation in community life, and ability to live with dignity and autonomy.

A consistent pattern emerged across the evidence. Concepts such as fairness, dignity, inclusion and wellbeing are widely used, but explicit human rights frameworks are rare. References to rights are typically linked to specific national initiatives, such as UNCRC incorporation, Cash-First approaches and social security commitments. In other areas, including housing, transport, water, digital connectivity and participation in decision-making, rights-related issues are generally framed in service, operational or financial terms rather than as human rights concerns.

A summary of this review is found in Annex 2. A full list of all identified sources can be found in Annex 3.

3.4.2. Community visits

Semi-Structured Interviews: We interviewed people to hear about how ESC rights play out in their lives. These people included human rights defenders, community representatives, third sector staff, advice givers, representatives of community development trusts, teachers, lawyers, health workers, housing professionals, carers, and rights holders.

Town-Hall meetings: We piloted two open community meetings (one in Dumfries and one in Galashiels) for people living in the South of Scotland to share with us directly their lived experiences of economic, social and cultural rights.

Focus groups: We held small focus groups with users of particular services to supplement our understanding of how that service was offered and how it impacted people's lives.

Online survey: We piloted an online survey to reach those who could not engage with us directly through the routes above. The survey took a sample of all local authorities in the South of Scotland and asked rights holders to share their experience of ESC rights.

In total, we engaged with 280 people to inform this report.

3.4.3. Data analysis

We used software to analyse the data we collected and identify key themes and patterns. We then examined each theme, for example access to healthcare or food security, in the context of human rights obligations. We also identified a range of cross-cutting themes.

We compared and cross-verified the primary data collected through interviews, focus groups, town halls and a survey, and information gathered through a desk-based review of available evidence, to gain a comprehensive understanding of the issues.

To inform our indicative assessment of ESC rights in the South of Scotland, we used information that public authorities have made widely available. When we could not find publicly available information, we have indicated that our assessment is based on available evidence.

3.4.4. Framework assessment

We then used the framework assessment developed for our local monitoring work to evaluate how the issues people told us about aligned with Scotland's international human rights obligations.

We used this framework to assess compliance with each aspect of the obligations on duty bearers under the International Covenant on Economic, Social, and Cultural Rights (ICESCR). These are: Minimum Core Obligations, Progressive Realisation, Non-Retrogression, and Adequacy.

Each obligation in international human rights law has different components. The obligation of non-retrogression, for example, includes:

- making sure that the enjoyment of a right has not deteriorated;
- that any deterioration is mitigated,
- that duty bearers do not make decisions that directly cause a service or a policy to deteriorate or disappear.

Further details can be found in Section 5.

Our framework uses a traffic light system to indicate the level of compliance with each aspect of the obligations:

Colour	Meaning
Green	Meets all obligations
Amber	Partially meets obligations
Red	Does not meet obligations
Grey	Not possible to determine at this stage

We looked at each component of the international obligations set out above. We then reached an indicative ‘traffic light’ assessment. Where we saw positive evidence across all components of a right, the rating is Green; where there were no positive indicators, the rating is Red. For many rights, we saw a mix of evidence. For example, in some cases we see that there has been a deterioration in the enjoyment of a rights with no mitigation, but we do not see evidence that this is a result of deliberate measures. In these cases, the ‘traffic light’ rating is Amber.

The indicative assessment has been completed in relation to the whole of the South of Scotland region. We recognise that underneath this may sit more local variability in how people experience their ESC rights. We encourage duty bearers to use the framework we have developed to make more detailed assessments of a specific region or service. It can also guide decision-making frameworks to ensure the progressive realisation of the rights of everyone in Scotland.

3.5. Limitations

This monitoring report is an indicative, not definitive, assessment of economic, social, and cultural rights in the South of Scotland. Some general limitations:

- **Mandate limitations:** We do not have a mandate to make detailed legal assessments in relation to reserved areas of law. This is why we only assessed the limited devolved aspects of the right to social security and the right to work.
- **Resource limitations:** We do not have the available resource to visit every community in the South of Scotland. We took strategic decisions to identify areas to visit to ensure we covered the geographic spread of the region and spoke to a range of communities facing unique geographical, historical, cultural or economic issues. We also piloted an online survey to further address this limitation, which increased the reach.
- **Mandate and access to information:** We do not have the legal power to compel the creation, compilation or release of information in the context of our local human rights monitoring work. This places limits on the comprehensiveness of the analysis of secondary data, which focused only on publicly available information. We did not seek evidence directly from duty bearers.

Additionally, we did not have sufficient resource to analyse local authority budgets, nor do we have the power to compel their release. We therefore did not seek this information. This meant that we were unable to assess compliance with the requirements of the human rights framework to use ‘maximum available resources’.

For a detailed explanation of how this work was developed, refer to Appendix 1: Research design and background.

3.6. The South of Scotland

This report focuses on eight local authority areas in southern Scotland: Dumfries and Galloway, the Scottish Borders, East Ayrshire, North Ayrshire, South Ayrshire, East Lothian, Midlothian and South Lanarkshire. For the purposes of this report, these areas are considered together as a single region. However, they do not form a single

administrative area and are served by five NHS Boards and multiple Health and Social Care Partnerships.

This region is home to approximately 1.17 million people, around one fifth of Scotland's population.¹ It includes communities with diverse demographic, economic and geographic characteristics, which shape access to healthcare, employment, education, transport and other public services.

The South of Scotland region should not be viewed as a single community with shared experiences or needs. Instead, it comprises places with different demographic profiles, labour markets, health needs and patterns of access to services.

3.6.1. Geography and communities

The region extends from the English border to the outskirts of Glasgow and Edinburgh. It includes remote rural communities, agricultural land, coastal settlements, market towns, former mining communities and large urban centres.

Dumfries and Galloway and the Scottish Borders are the most rural parts of the region.² Agriculture, forestry, food production and tourism remain important to their economies.³ Many communities are dispersed across large geographical areas, meaning residents may need to travel significant distances to access employment, healthcare, education and other services.

Parts of Ayrshire and South Lanarkshire have a strong industrial heritage, shaped by coal mining, engineering, steelmaking and manufacturing.⁴ Although their economies have diversified, some communities continue to experience the long-term effects of industrial decline, while others have developed new strengths in manufacturing, services and renewable energy.

East Lothian and Midlothian have experienced sustained population growth, reflecting their proximity to Edinburgh and increasing levels of

commuting.⁵ Both authorities retain agricultural land, market towns and rural settlements.

Dumfries and Galloway and the Scottish Borders have the highest proportions of people living in rural areas, while South Lanarkshire is the most urban authority included in the study. East, North and South Ayrshire, together with East Lothian and Midlothian, comprise a mixture of urban areas, small towns and accessible rural communities.⁶

3.6.2. People and communities

The region's population varies considerably between local authorities.⁷ Dumfries and Galloway and the Scottish Borders have older populations than the Scottish average, while East Lothian and Midlothian have grown through inward migration and residential development.⁸ These differences influence demand for housing, health and social care, education and other public services.

Ethnic diversity also varies across the region. Overall, the population is less ethnically diverse than Scotland as a whole, particularly in rural areas, although diversity is increasing in several local authorities, including East Lothian, Midlothian and South Lanarkshire.⁹

Educational attainment differs across the areas in focus, with variation in the proportion of residents holding degree-level qualifications and those with no formal qualifications.¹⁰ These differences reflect local economic histories and are closely associated with labour market opportunities, income and wider social outcomes.

Health and disability also vary. Levels of self-reported health, disability and long-term health conditions differ between local authorities, reflecting variations in age profiles and deprivation.¹¹ Census data also show that many residents provide unpaid care, highlighting the important contribution unpaid carers make to communities across the region.¹²

3.6.3. **Economy, employment and deprivation**

There is a diverse economy across this region that reflects its varied geography and history.¹³ Some areas have strong agricultural and land-based economies, while others have been shaped by mining, manufacturing or more recent residential growth associated with commuting into Edinburgh.¹⁴ These different histories continue to influence local economies, labour markets and demand for public services.

Current employment ranges from agriculture, forestry and food production in Dumfries and Galloway and the Scottish Borders to manufacturing, engineering, public services and the growing service economy across Ayrshire, South Lanarkshire and the Lothians.¹⁵ The proximity of East Lothian and Midlothian to Edinburgh has also contributed to high levels of commuting and growth in professional and managerial occupations.¹⁶

Employment rates, patterns of economic activity and occupational profiles vary across the study area, illustrating the diversity of local economies.¹⁷ Professional occupations account for a substantial proportion of employment in several authorities, particularly those influenced by commuting to Edinburgh, while skilled trades, manufacturing, agriculture and public sector employment remain important across other parts of the region.¹⁸

Median weekly earnings also vary between local authorities.¹⁹ In 2025, median gross weekly pay for people living in the study area ranged from approximately £576 in Dumfries and Galloway to almost £700 in North Ayrshire.²⁰ This variation reflects differences in local labour markets, occupational structures and commuting patterns.

Levels of deprivation also vary considerably.²¹ Around 40 per cent of neighbourhoods in North Ayrshire and 31 per cent in East Ayrshire are among the 20 per cent most deprived areas in Scotland, compared with around 6 per cent in East Lothian and the Scottish Borders.²² South

Ayrshire, South Lanarkshire, Midlothian and Dumfries and Galloway fall between these extremes, demonstrating that the study area includes both communities experiencing persistent socioeconomic disadvantage and more affluent rural and commuter areas.²³

3.6.4. Health and access to services

The health needs of people living across the study area vary, reflecting differences in age, deprivation and the characteristics of local communities.²⁴ Census 2022 data show variation between local authorities in self-reported health, disability and long-term health conditions.²⁵ These differences affect both demand for services and the support people require throughout their lives.

Primary care is delivered across five NHS Boards through a network of GP practices serving urban, rural and remote communities.²⁶ As of April 2026, the number of GP practices ranged from 11 in Midlothian to 47 in South Lanarkshire.²⁷ Providing equitable access presents different challenges in urban and rural settings, particularly where travel distances and workforce availability affect service delivery.

Access to secondary healthcare also varies across the NHS Boards serving the region.²⁸ Public Health Scotland data for June 2026 show differences in outpatient waiting times between NHS Ayrshire and Arran, Borders, Dumfries and Galloway, Lanarkshire and Lothian.²⁹ Long waits remain evident in specialties including gynaecology, ophthalmology and orthopaedics, placing pressure on services that are particularly important for women's health and older people.³⁰

Health and social care services are delivered across a range of urban, rural and remote communities. Factors such as population density, transport infrastructure, geography and workforce availability influence how services are planned and accessed across the region.

3.7. Attitudes to human rights

Research undertaken by the Scottish Human Rights Commission in 2023 found that attitudes towards human rights in the South of Scotland differed from the rest of Scotland:

- 38 per cent are supportive of human rights (compared to 48 per cent in the rest of Scotland)
- 34 per cent are conflicted (compared to 30 per cent)
- 12 per cent are disengaged (compared to 13 per cent)
- 16 per cent are opposed (compared to 10 per cent).

3.7.1. Context for the findings

The eight local authorities covered by this report differ in their population characteristics, economies, levels of deprivation and access to services. These factors provide important context for understanding the findings that follow, as people's experiences of public services are shaped both by their individual circumstances and by the places in which they live.

4. Summary of findings

Table 1: Overall Rights Compliance Assessment

Rights	Minimum core obligations	Progressive realisation	Non-Retrogression	Adequacy
Work	Meets all obligations	Partially meets obligations	Partially meets obligations	Partially meets obligations
Social security	Meets all obligations	Meets all obligations	Meets all obligations	Partially meets obligations
Food	Does not meet obligations	Partially meets obligations	Partially meets obligations	Partially meets obligations
Clothing	Not possible to determine*	Does not meet obligations	Partially meets obligations	Partially meets obligations
Housing	Partially meets obligations	Partially meets obligations	Partially meets obligations	Partially meets obligations
Water	Partially meets obligations	Partially meets obligations	Partially meets obligations	Partially meets obligations
Health	Partially meets obligations	Partially meets obligations	Does not meet obligations	Partially meets obligations

Rights	Minimum core obligations	Progressive realisation	Non-Retrogression	Adequacy
Social Care	Not possible to determine *	Partially meets obligations	Partially meets obligations	Partially meets obligations
Education	Meets all obligations	Partially meets obligations	Does not meet obligations	Partially meets obligations
Culture	Partially meets obligations	Partially meets obligations	Does not meet obligations	Partially meets obligations

*Minimum core obligations for clothing and social care have not been defined in international law. We have therefore not been able to make an assessment.

There are some areas where progress is being made. In relation to food, housing, health, social care, education and culture, we have found strategies, plans and local initiatives that, at the very least, seek to improve rights enjoyment.

But the evidence also shows that these efforts are often not enough. Too much of what is working depends on third sector organisations, volunteers, community groups and short-term funding. These efforts are often excellent, but they are also fragile. In some places they are filling gaps that should not exist in the first place.

We identified three clear cross-cutting challenges, or barriers, to the full enjoyment of economic, social and cultural rights in the South of Scotland.

The biggest cross-cutting challenge is accessibility. Rights may exist on paper, and services may exist somewhere in the region, but they are

often not reachable in practice. Transport failures (including ferries), centralised services, digital exclusion, poverty, caring responsibilities and disability all shape whether people can enjoy their rights.

The second major challenge is affordability. Food, housing, clothing, transport, energy, cultural participation and the hidden costs of accessing healthcare are putting pressure on people's lives. Rights holders are being forced to choose between essentials, or to depend on charity and informal support to live with dignity.

The third major challenge is fragility. Across food, clothing, culture, social care, health and social security advice, community and third sector organisations are carrying a heavy burden. They are often trusted, flexible and close to people's lived experience. But they cannot operate without support or replace the duties of local and national government. When basic rights depend on short-term grants, volunteers and goodwill, they are not secure.

Our work also found specific challenges and failures in relation to the rights to food, housing, health, education, social care and culture.

We found failures to meet the most basic obligations on the right to food. Action to mitigate hunger is being delivered largely through charitable and community provision, with limited state intervention. Food is available across the region, but it is not consistently affordable, local, resilient or nutritious. Rising food costs, low incomes and wider cost-of-living pressures mean many households are reducing food consumption, relying on lower-quality options, or depending on food banks and community support.

We also found serious failures in relation to housing. There are people without temporary accommodation, and hidden homelessness is not fully captured in public data. Housing is increasingly unaffordable for many, and people are experiencing poor quality housing, damp, mould, high energy costs and limited access to suitable homes in the places where they live. These failures affect dignity, health, family life, employment, education and community sustainability.

We found substantial deterioration in the right to health. Health services exist across the South of Scotland, but they are not evenly available or consistently sufficient. People face barriers accessing GPs, sexual and reproductive health services, dentistry, mental health services, specialist care and alcohol and drug support. Services have become centralised in ways that make access difficult, particularly for rural and island communities. Healthcare may be formally free, but for many people the cost of travel, childcare, accommodation and time away from work makes access unaffordable in practice.

We found social care is under significant pressure. Services are present, but not available at a level sufficient to meet demand. Workforce shortages, limited choice, delays, unmet need and fear of complaining can all affect whether people can access care with dignity. While there are strategies and local efforts in place, evidence suggests access has become significantly more difficult over the past decade and quality has been reduced by insufficient workforce capacity.

We found deterioration in education. Minimum legal access to education is broadly protected, but the right is not being fully realised in practice. Issues like school closures, budget cuts, withdrawal of programmes, limited subject choice, transport barriers, and delays to meeting additional support needs are all affecting adequacy. There are committed staff and positive experiences, but these are not consistent across the region.

We found serious regression in cultural rights. Cultural and community life remains rich and deeply valued in many places, but access is uneven and fragile. Libraries, leisure facilities, community spaces, heritage assets, youth activities and cultural programmes are under pressure. Transport, cost, rural geography, inaccessible venues, language barriers and poverty all restrict participation. Cuts to cultural and recreational services, especially those affecting third sector organisations and community groups, are having a significant impact.

There has also been deterioration in the right to work. Employment opportunities are structurally limited, narrow in range and unevenly distributed. Work exists, but not in sufficient quantity or variety, and often not in forms that provide stable, year-round or adequately paid employment. Transport, housing, insecure contracts, caring responsibilities, health and financial barriers all affect whether people can access work. For many, local economies are shrinking and young people leave because they cannot see a future locally.

Overall, the South of Scotland is a region where many communities and duty bearers are working hard to protect dignity and their human rights, often in difficult circumstances. But we have also found clear human rights failures. In too many areas, rights are not improving. In several areas, they are getting worse. Duty bearers must act with greater urgency, stronger coordination and clearer accountability to ensure that economic, social and cultural rights are fully realised for people across the South of Scotland.

5. Economic rights in the South of Scotland

Economic rights are essential to ensuring people have the financial resources to access services, goods, and other basic needs, enabling them to live a dignified life. These rights can be divided into two main categories: 1) workers' rights and 2) social security rights.

5.1. The right to work and fair treatment at work

The right to work and to a fair treatment at work are protected under various international treaties. In general terms, the right protects everyone's ability to freely choose their own work, and for working conditions that are good and dignified. Most of the protections of these rights are found in the UK within our employment laws, and the majority are areas reserved to the UK Parliament. In only a few exceptions the Scottish Parliament has authority to legislate and intervene.

However, many of these are intrinsically related to the protection and enjoyment of other ESC rights in areas which are within the remit of Scottish duty bearers. Several of these issues are raised in this report.

Based on the information we gathered through this monitoring work, our assessment is as follows:

Table 2: Assessment of minimum core obligations for the right to work and fair treatment at work in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Ensure the right of access to employment, especially for disadvantaged and marginalised people and groups, permitting them to live a life of dignity.	While in practice there are many challenges, the right to access is guaranteed through employment law protections and the Equality Act 2010.	Meets all obligations
Avoid any measures that result in discrimination and unequal treatment in the private and public sectors of disadvantaged and marginalised people, or that weaken mechanisms protecting such individuals and groups.	No concerns identified on devolved issues.	Meets all obligations
Adopt and implement a national employment strategy and plan of action based on and addressing the concerns of all workers, using a participatory and transparent process that includes employers' and workers' organisations.	No concerns identified on devolved issues.	Meets all obligations
Guarantee through law the exercise of the right to work without discrimination of any kind.	No concerns identified on devolved issues.	Meets all obligations
Put in place a comprehensive system to combat gender discrimination at work, including with regard to remuneration.	No concerns identified on devolved issues.	Meets all obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Establish legislation on minimum wages that are non-discriminatory and non-derogable.	No concerns identified on devolved issues.	Meets all obligations
Adopt and implement a comprehensive national policy on occupational safety and health.	No concerns identified on devolved issues.	Meets all obligations
Define and prohibit harassment, including sexual harassment, at work through law, ensure appropriate complaints procedures and mechanisms, and establish criminal sanctions for sexual harassment.	No concerns identified on devolved issues.	Meets all obligations
Introduce and enforce minimum standards in relation to rest, leisure, reasonable limitation of working hours, paid leave, and public holidays.	No concerns identified on devolved issues.	Meets all obligations

Table 3: Assessment of progressive realisation for the right to work and fair treatment at work in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Have there been targeted and concrete steps to improve?	While most of the responsibility for the right to work lies with the UK Government, the 2024 Scottish Government's strategy "Supporting and Enabling Sustainable Communities: An Action Plan to Address Depopulation" is an important step in addressing employment issues in rural Scotland, including for the South of Scotland. The Scottish Government 'No One Left Behind: employability strategic plan' is also an important step forward.	Meets all obligations
Have there been effective and expeditious efforts?	. There have been significant initiatives and interventions in recent years in order to improve current challenges to the right to work.	Meets all obligations
Is there evidence of improvement?	At this stage, available evidence does not demonstrate that recent efforts have significantly improved the enjoyment of the right to work in the South of Scotland. This might be particularly due to how recent some of these efforts have been introduced.	Does not meet obligations

Table 4: Assessment of non-retrogression for the right to work and fair treatment at work in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Has the enjoyment of the right deteriorated?	Evidence gathered demonstrates that there has been significant deterioration in the enjoyment of the right to work in the South of Scotland, with employment opportunities being reduced over time and overall remuneration stagnant to living conditions.	Does not meet obligations
If there has been deterioration, has there been sufficient government action to mitigate impacts?	Various Government action plans currently seek to improve access to work. As of now, evidence indicates that these have not been sufficient to mitigate current failures to the right to work.	Partially meets obligations
Has there been a deliberate measure that has reduced the enjoyment of the right?	None found at this stage.	Meets all obligations
Is there evidence that the deliberate measure(s) complied with all exceptions of non-retrogression?	N/A	N/A

Table 5: Assessment of adequacy for the right to work and fair treatment at work in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Availability: Are there sufficient employment opportunities and programmes?	The availability of work across the South of Scotland is constrained by structural economic conditions, including sector concentration, the legacy of industrial decline, and ongoing outmigration. Employment exists, but not in sufficient quantity or variety to meet local needs, and often not in forms that provide stable, year-round or adequately paid work.	Partially meets obligations
Accessibility: Are employment opportunities, services and programmes accessible for all?	Accessibility of work is shaped by multiple, overlapping constraints. Transport, housing, insecure contracts, social security interactions, caring responsibilities, health and financial barriers all influence whether people can access employment. Work may exist, but it is not equally accessible, and in many cases requires people to navigate significant structural obstacles to participate.	Partially meets obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Acceptability and quality: Are there good quality jobs that provide a dignified life?	Quality of work across the South of Scotland is uneven and often constrained by the structure of the local economy. Employment is frequently characterised by insecurity, low pay, limited progression and a mismatch with skills and aspirations. While work exists, it is not consistently experienced as stable, fair or of sufficient quality to support long-term wellbeing and economic security.	Partially meets obligations

5.1.1. Summary of what we found in our literature and policy review

Available documents found through our review depicts a complex landscape for the enjoyment of the right to work in the South of Scotland. Geographic isolation, economic structure, transport systems, health inequalities and caring responsibilities all currently shape access to work. Evidence indicates that these patterns disproportionately affect young people in rural and island communities, disabled people, women in low-paid sectors, and people without access to private transport. A consistent thread running through our review is the limited availability of local employment in many parts of South Scotland. This scarcity of opportunity is particularly marked in island and rural areas where narrow economic bases, often reliant on tourism or single industries, leave younger people with few viable options. Evidence demonstrates that there is a prevalence of zero-hour contracts, short-term seasonal work and restricted pathways for career progression. At the same time, there

are skills and employability gaps, with a mismatch between local labour demand and available skills.

Audit Scotland local area audit assessments demonstrate that there are workforce shortages that appear not only as an employment issue but as a structural constraint on local service systems. Local authorities report high sickness absence, ageing workforces, and difficulty recruiting to essential roles such as teaching, social work, nursing and care. These shortages have two implications for work and employment in South Scotland. First, they highlight unmet demand for secure, skilled jobs that remain hard to fill because of pay, conditions or geographic factors. Second, the resulting pressure on public services affects people's broader ability to participate in the labour market, for example when limited access to social care restricts carers' ability to work or when reduced transport provision affects mobility.

5.1.2. What we heard from rights holders

a) Availability of work

The availability of work across the South of Scotland was described by rights holders as constrained in number, narrow in range, and unevenly distributed across the region. These are what is known as structural limitations. While work does exist, the evidence consistently indicates that it is not sufficient in scale or diversity to meet local need and does not always provide a stable foundation for sustainable livelihoods.

Communities across the region repeatedly emphasised a shortage of local employment opportunities. This sense of scarcity is echoed across other areas through descriptions of limited job markets and lack of opportunity, rather than through isolated statements. From those surveyed by the SHRC, 78% did not consider that their area had sufficient job opportunities, in contrast to only 12% who thought there were sufficient job opportunities.

The variety of available work is also a defining feature. Employment is concentrated in a small number of sectors, particularly tourism,

hospitality, agriculture, and care. In Dumfries and Galloway this was described by a member of the community as “your rural employment, your hospitality, your agriculture, your care industries generally.” Similar patterns are reflected elsewhere, where local economies are dependent on a narrow base. This concentration limits the availability of professional, technical and higher-skilled roles, reducing opportunities for those with different qualifications and restricting the overall resilience of the labour market.

Communities express frustration that this lack of diversity is closely linked to a longer-term process of economic change. Many described the loss of industries that previously provided stable and accessible employment. This shift has reduced the availability of secure, entry-level work and removed pathways that once allowed people to move directly from education into employment.

“We used to have factories... but those jobs just aren't there now... [they] have closed down” - Third sector representative

This structural change is also reflected in the types of jobs that remain, with concerns on the precarity of seasonal jobs, particularly in tourism and agriculture. On Arran, for example, employment was described as limited in its continuity, with very few opportunities available for employment that is year-round. This indicates that while work is present, it can often be dependent on fluctuating demands.

In areas such as Galloway and North Ayrshire, wider economic contraction and decline are linked to reduced employment opportunities and a shrinking local economy, with communities describing their towns as “closing down.” Although this reflects broader economic conditions across Scotland, it directly affects the availability of work by reducing both the number and variety of jobs.

“Everything’s closing, everything’s shrinking, and there’s nothing replacing it.” - Human Rights Defender

The limited availability of stable employment also affects the structure of the workforce. Communities consistently describe young people leaving the region in search of opportunities elsewhere, with the observation that they leave for education and do not return because suitable employment is not available locally. This outward movement reduces the pool of skilled workers and reinforces the constraints of the labour market, contributing to a cycle in which limited opportunities lead to population loss, which in turn limits future economic development.

“Seasonal work on low pay encourages people to leave the island for better opportunities elsewhere.” - Third sector representative

Evidence also points to skills and employability gaps, with mismatches between local labour demand and available skills, alongside variability in access to training and employability programmes. These gaps are not evenly distributed and may disadvantage those already facing multiple forms of marginalisation.

For rural and island communities within South Scotland, the scale of local economies restricts both the number and type of jobs available. Even where employment exists within the wider region, it is often concentrated in particular towns or centres, leaving smaller or more rural communities with fewer opportunities. This uneven distribution means that availability varies significantly depending on location, with some areas experiencing particularly acute shortages.

Finally, access is limited by a mismatch between available jobs and the skills or qualifications of the population. Communities have described situations where people with professional training could not find appropriate roles locally and instead took lower-skilled work.

b) Accessibility of work

The accessibility of work across the South of Scotland is shaped by a combination of structural barriers that limit whether people can enter, remain in, and progress within employment. While jobs may exist, the evidence shows that access to those jobs is often conditional on factors

such as transport, housing, income, health, caring responsibilities and the structure of the labour market itself. 87% of survey respondents thought there were significant barriers to getting to work, in particular, transport and caring responsibilities.

Transport is the most consistent and significant constraint identified. In many areas, particularly rural locations, access to employment depends on the ability to travel, often by private car. For many communities this is often made more difficult given poor or unreliable public transport, including buses, trains, and ferries. Where people rely on public transport, cost becomes a limiting factor.

“If you want to go anywhere in this area it’s by bus... it’s £3 literally from here to my house which is not that far.” - Survey respondent

People experience the high cost of public transport within already constrained financial circumstances, such as the high cost of other essentials such as food and energy. These cumulative costs can determine whether taking up or maintaining employment is feasible.

Caring responsibilities also restrict access. In some cases, people are effectively prevented from remaining in employment due to demands of unpaid caring work. Carers reported being advised to leave work to take on additional responsibilities. This reflects the interaction between employment and social care systems, where support structures may not enable people to balance both roles. While not unique to the South of Scotland, parents and carers with children at school age told us that they have acute concerns about their struggles to find any job opportunities that could fit around school times.

c) Acceptability and quality of work

The acceptability and quality of work across the South of Scotland are shaped by the nature of available employment, including working conditions, job design, and the extent to which work is experienced as secure, fair and sustainable. The evidence suggests that while work is available in many areas, it is not consistently experienced as good

quality, as it falls short in relation to human rights standards around stability, dignity and fairness.

A central theme is the prevalence of insecure and low-paid employment. Communities repeatedly described jobs as characterised by instability, particularly in sectors such as hospitality, tourism and care. This is exacerbated by the prevalent use of zero-hour contracts. These types of contracts limit predictability of income and working hours, making it difficult for people to plan financially or maintain stability in other areas of life. This undermines the overall quality of the available employment and links directly to the job security and stability of income.

5.2. The right to social security

Social security is protected by a range of international human rights laws. These laws set out detailed standards and commentary on the State's obligations to respect, protect, and fulfil the right to social security. Many aspects of social security are the responsibility of the UK Government. However, some aspects are devolved to Scotland. Scotland's new social security system recognises social security as a human right and aims to treat people with dignity and respect.

The following general assessment and indicators of compliance are based solely on issues that are devolved to the Scottish Parliament and the Scottish Government. Based on the information we gathered through this monitoring work, our assessment is as follows:

Table 6: Assessment of minimum core obligations for devolved social security in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Ensure access to a social security scheme that provides a minimum essential level of benefits to all people and families, enabling them to acquire at least essential healthcare, basic shelter and housing, water and sanitation, food, and basic education.	No concerns identified in relation to devolved social security schemes. Current schemes currently provide for the most basic essential care, shelter, water, food, and education, as required in international law.	Meets all obligations
Ensure the right of access to social security systems or schemes on a non-discriminatory basis.	No concerns identified in relation to devolved social security schemes.	Meets all obligations
Respect existing social security schemes and protect them from unreasonable interference.	No concerns identified in relation to devolved social security schemes.	Meets all obligations
Adopt and implement a national social security strategy and plan of action.	No concerns identified in relation to devolved social security schemes. There are various strategies and implementation plans by Social Security Scotland.	Meets all obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Take targeted steps to implement social security schemes, particularly those that protect disadvantaged and marginalised people and groups.	No concerns identified in relation to devolved social security schemes.	Meets all obligations
Monitor the extent of the realisation of the right to social security	No concerns identified in relation to devolved social security schemes.	Meets all obligations

Table 7: Assessment of progressive realisation for devolved social security in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Have there been targeted and concrete steps to improve?	Important steps have been taken to ensure the realisation of the right to social security. This includes, among others, the recognition and protection of social security as a human right in the Social Security (Scotland) Act 2018.	Meets all obligations
Have there been effective and expeditious efforts?	Various social security schemes in Scotland have been established in recent years, with available evidence indicating that these efforts have been effective.	Meets all obligations
Is there evidence of improvement?	Current evidence indicates that there have been improvements in the overall enjoyment of [devolved] social security rights.	Meets all obligations

Table 8: Assessment of non-retrogression for devolved social security in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Has the enjoyment of the right deteriorated?	No concerns identified in relation to devolved social security programs.	Meets all obligations
If there has been deterioration, has there been sufficient government action to mitigate impacts?	N/A	N/A
Has there been a deliberate measure that has reduced the enjoyment of the right?	No concerns identified in relation to devolved social security programs.	Meets all obligations
Is there evidence that the deliberate measure(s) complied with all exceptions of non-retrogression?	N/A	N/A

Table 9: Assessment of adequacy for devolved social security in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Availability: Is there an existing social security system?	Social security is available as a system, but its reach is uneven. Availability is constrained by gaps in awareness, restrictive eligibility criteria, administrative disruptions and a lack of alignment between system design and lived realities.	Partially meets obligations
Social risks and contingencies: Does social security cover all key principles required in international law?	No concerns identified.	Meets all obligations
Adequacy: Is current social security sufficient in amount and time to realise an adequate standard of living?	In relation to devolved areas, no concerns were raised. Several concerns were raised about the insufficiency of reserved social security benefits (such as Universal Credit). The evidence also shows that social security is not consistently reliable as a system of support. Delays, errors, fragmentation and administrative complexity all contribute to instability, meaning that people cannot always depend on receiving the right support at the right time. However, inclusion of these issues in our assessment would be outwith the mandate of the SHRC.	Meets all obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Accessibility: Do people have sufficient physical access and support to receive social security?	Concerns were raised about the complexity of the application process for Scottish social security benefits, particularly for disabled people. Complexity, digital requirements and lack of information all restrict effective access.	Partially meets obligations

5.2.1. Summary of what we found in our literature and policy review

Evidence highlights the difficulty that people face in navigating the social security system, particularly where different benefits interact or where reserved and devolved provisions overlap. The administrative complexity of applications and assessments often requires the support of third-sector advice services, illustrating the ongoing dependence on intermediaries to secure what should be straightforward entitlements. Evidence also notes persistent gaps in benefit take-up, with older people, disabled people and low-income families regularly identified as groups less likely to receive all the support for which they are eligible.

While Scottish social security provisions are often described as more dignified and person-centred than their UK counterparts, evidence our policy and literature review repeatedly return to the issue of whether the level of financial support is sufficient to enable households to meet their basic needs. In relation to child poverty, disability payments and older people's income, evidence point to the precarious financial balancing act that households experience, particularly when faced with high housing, energy or transport costs.

Audit Scotland's Local Audits add additional concerns that reinforce this picture. While the audits do not examine social security delivery directly,

all council areas covered in this review highlight the growing financial pressures facing households and the corresponding rise in demand for crisis support, including Scottish Welfare Fund grants and discretionary assistance. These trends indicate increasing strain on the local safety net, with councils diverting resources to poverty mitigation as more residents struggle to meet basic living costs. Wider workforce pressures in social work and community support services may have indirect implications for people seeking help to navigate complex income and welfare issues, though the audits do not identify this as a specific capacity problem within social security or welfare rights provision.

5.2.2. What we heard from rights holders

Many of the concerns we heard from people across the South of Scotland on social security are related to areas that are reserved to the Westminster Parliament. It is not within our mandate to make an assessment of human rights compliance in these areas. However, we present here a summary of what people told us about these issues, reflecting the significant impact that they have on many people across the South of Scotland.

a) Availability

Availability in the context of the right to social security refers to the existence of functioning systems of support, including benefits, advice services and administrative mechanisms, that can provide income protection to those who need it.

A central issue we heard is that a significant proportion of available support does not reach those entitled to it. This can be due to lack of awareness. We heard evidence that people were often substantially better off once their entitlements were identified. Advice services reported that many people only access the correct level of support after external intervention, suggesting that availability is partly mediated through third sector and informal networks rather than realised directly through the system itself.

“If people don’t know they’re entitled to something they’re not going to claim it” Advice giver

Eligibility rules also shape availability by determining who can access support at all, and there are groups who fall outside or between categories of entitlement. Seasonal workers are struggling to qualify for support during periods without work because they are not consistently recognised as unemployed. Similarly, people with health conditions may face delays or exclusion where access to diagnosis is required before eligibility can be established.

There are also gaps at key transition points, which at times leaves people in precarious conditions. People leaving prison, for example, have been identified as having no guaranteed access to income immediately on release, with benefits requiring digital application processes which are difficult to access given their circumstances. This creates a period in which no effective support is available despite clear need. Human rights defenders express serious frustration with this system, which has led people either reoffending or trapped in cycles of destitution.

Interactions between different social security benefits further affects availability. The loss or suspension of one payment can remove access to others, particularly in households with caring responsibilities. In some cases, entire households experience sudden loss of income due to administrative issues or sanctions, demonstrating how availability can be disrupted rather than sustained.

b) Adequacy

Delays are a consistent feature affecting the adequacy of social security services. People described waiting months for initial payments, with some people expressing that it took them three months from claiming to receiving any benefits. This meant that during this time they relied on family support and experienced significant mental health distress. Delays also occur in appeals, with decisions taking up to two years in some cases, prolonging financial instability and uncertainty.

“It took three months from claiming to receiving any benefits. I had worked for 30 years yet I had to be supported by my mum until it all got sorted. This is an enormous pressure and really lowered my self-esteem.” Rights holder

There are also examples of perceived unfairness in how rules are applied. Rights holders described situations where individuals were overpaid or underpaid due to system errors, or where entitlement decisions were inconsistent or delayed. The need to challenge decisions through lengthy appeals processes reinforces a sense that the system is not always reliable or guarantee a dignified standard of living.

Errors and inconsistencies in decision-making also affect reliability. Rights holders described benefits being incorrectly stopped, miscalculated or inconsistently applied. In some cases, people experienced overpayments followed by repayment demands, even where the error was not their fault.

Reliability is further affected by system fragmentation. Advisers highlighted that many of the benefits are run by different systems and they do not necessarily interact with each other, requiring people to manage multiple processes simultaneously. This increases the likelihood of delays and errors. Advisers also stress that administrative processes are high-risk, where small mistakes can have significant consequences. Missing an appointment or communication can result in benefits being stopped, sometimes without the individual realising. This creates a system where continuity depends on constant monitoring and compliance.

The social security system has also been described by rights holders and advisers as insufficiently responsive to changing circumstances. Advisers highlighted challenges for those with irregular work, where income changes lead to unpredictable entitlement.

“People are scared to come off benefits for a job that might only give them ten hours one week and thirty the next. The system doesn’t make that easy.” Advice-giver

Sanctions and sudden loss of income have particularly strong impacts to people. In some cases, entire households are affected when benefits are stopped due to missed appointments or administrative failures, leaving families in immediate financial distress. Communities describe these experiences as part of a wider pattern that contributes to insecurity and anxiety, leaving people feeling they cannot enjoy a dignified standard of living.

c) Accessibility

Accessibility of social security in the South of Scotland is consistently shaped by the ability of individuals to understand, navigate and successfully engage with a system that is widely described as complex, fragmented and administratively demanding. While support exists in principle, the evidence shows that access to it is often difficult, conditional and dependent on external assistance. Only 3% of survey respondents indicated that the current social security system was easy to understand. A further 2% thought it was easy to use. In contrast, 37% of people found the system difficult to understand and 27% found it was difficult to use.

As demonstrated in the data, a recurring concern for people is system complexity. The benefits system is repeatedly described as difficult to understand, even for those who work with it regularly. This complexity arises not only from individual benefit rules, but from the interaction between multiple systems administered at different levels, which don't always talk to each other. As a result, people must navigate overlapping processes, eligibility criteria and administrative requirements.

"The system is so complicated even for us and we deal with it every day." Advice giver

This complexity translates into a high administrative burden. Applications, reassessments and appeals require significant time, documentation and persistence. Advisers described dealing with 'hundreds of pages of paperwork for an appeal' and cases that can take months or even up to a year to resolve before correct payments are in

place. For those already experiencing financial stress, these processes can be overwhelming and difficult to sustain.

Digitalisation is also major barrier to access. Many aspects of the system require online engagement, including applications, communication and monitoring of accounts. This assumes access to devices, connectivity and digital literacy that many people do not have. In East Ayrshire, for example, many described the situation starkly: “You need your phone... you need it online”. For people leaving prison, it was noted, they may not have a phone, or internet access, and no immediate support, creating a situation where “You come out... you don’t have benefits, you don’t have anything.” The gap between system requirements and people’s circumstances creates immediate exclusion at critical moments, reinforcing the transition gap.

Because of these barriers, access to social security is frequently mediated through third sector organisations and advice services. Citizens Advice, carers’ centres and community hubs play a central role in helping people apply for benefits, understand entitlements and challenge decisions. However, these services themselves are under pressure, with limited capacity and funding, and evidence that outreach is constrained.

“Citizen’s Advice secured millions of pounds in benefits for people that they wouldn’t otherwise have accessed. That tells you the system isn’t straightforward” Advice giver

Access is also affected by administrative processes. Benefits may be stopped or reduced due to missed appointments, misunderstandings or system errors. In some cases, entire households are affected, as when a missed appointment leads to sanctions that remove income from families already under pressure. These processes create instability and make access to support contingent on meeting administrative requirements that may not reflect people’s circumstances, linking directly to issues of reliability.

Geographical factors further complicate access. In rural and island areas, physical access to services such as Jobcentre appointments can be difficult, particularly where transport options are limited or require significant time and cost. Some described the difficulty of attending appointments from an island location, noting challenges with ferry travel, lack of parking and reluctance of services to travel locally, leading to delays and sanctions. This situation is not dissimilar in other rural areas of the South of Scotland, where road closures or limited public transport can have a significant impact in people's ability to access appointments.

Emotional and psychological barriers are also evident. Communities across the South of Scotland described frustration, anxiety, fear, and disengagement arising from repeated administrative difficulties. This reflects how delays and lack of clarity are not simply procedural issues but affect how people feel about themselves and their situation. Consequently, a form of attrition is developed, where people withdraw from the system despite entitlement because accessing it is too difficult or emotionally exhausting.

“People give up.” Human Rights Defender

Similarly, experiences of being judged, disbelieved or treated unfairly also emerge. Some rights holders described the system as operating on “crude stereotyping” of people accessing social security, and following rigid scripts, suggesting a lack of flexibility or recognition of individual circumstances. Others described being denied support despite clear need or being directed towards unrealistic alternatives such as applying for jobs that do not exist or relocating despite constraints. These experiences contribute to a perception that the system does not always treat people with respect or understanding.

The design of the system itself can contribute to this emotional impact. Administrative processes that involve being passed between multiple contacts, unclear communication, or sudden changes to entitlement create a sense of instability and lack of control. Rights holders have described being passed between multiple phone numbers when trying to

make simple changes, creating anxiety about overpayments and potential repayment demands. Similarly, benefits being stopped due to missed communications or administrative issues can create a perception of unpredictability and unfairness.

We did also hear some contrasting evidence of more accessible approaches. Social Security Scotland was described by rights holders in positive terms in some cases, with staff seen as more understanding and communication styles less intimidating. Small design differences, such as avoiding formal or overly bureaucratic formats, were recognised as improving accessibility.

5.2.3. Donald's story

“The government are targeting people like me, saying we should be working or contributing or something, but they're not offering any options.”

I've never been the type of person to sit around and watch the telly or do nothing. Before I got ill, I worked full time as a landscape gardener.

I had a stroke. I was trying to build my strength back up to go back to work when I got bitten by a tick. I went straight to the doctor, but it took them eight months to diagnose me with Lyme disease. The doctor put my symptoms down to the stroke. By the time I got the diagnosis, it was too late to reverse them

I was more and more tired. I can't do more than 30 minutes activity in a day without complete exhaustion. If I walk about for an hour, then I'm a day recovering. I can't stand up for long periods of time without getting dizzy. I can't work.

I saw a locum neurologist who told me about a clinic in another health board within the South of Scotland that deals with Lyme disease that could have me up and back to 90% normal within a year. He referred me, but I was rejected because that service doesn't exist here, and doctors won't refer you out of the Borders.

I have tried talking to ministers and even taking it to the ombudsman, but still nothing has been done about it. We don't have a national health service, we've got a regional health service. I'm just left in limbo, unable to work and unable to get better, even though I know that there's a solution out there.

There's so much stigma around claiming social security. I held out for months after I got first got ill and ended up in getting into debt, trying to get myself into a position where I was fit enough to work. When I did sign on, you could tell by the tone of the form that you are now being treated as a scrounger, as scum, as the dregs of society.

I've been working for thirty years, paying taxes and contributing to the economy, it's like going from that to just being the dregs. There must be a better way.

So, I tried lots of different things, but my energy just wasn't there to see them through. I tried painting, and I was able to do it and it kind of took my mind off the pain. It has been therapeutic because it makes me feel like I'm doing something, creating something.

I'm trying to make a contribution by selling art. Last year I set up an official business. It's been hard finding places to show my work here. There aren't any galleries in the Borders and it's expensive to go elsewhere, especially because the public transport makes it so difficult.

The buses are every hour and a half. It takes forever to get to where you want to go. My kids get free bus passes, but we still have to drive them everywhere because it takes so long on public transport. That all costs money and we're living month to month as it is.

I'm also afraid that if I do sell my art, my benefits will be cut. I don't understand how it all works.

The government are targeting people like me, saying we should be working or contributing or something, but they're not offering any options, not saying, right, we'll guarantee you a minimum income while you get back on your feet, or we'll help you get set up with your business. There's nothing like that.

We're resourceful people, we can find ways of doing things, but when you don't have the physical strength to do it, then we can't.

If they're going to leave us on the scrap heap like this, then at least give us a way off, so that we can move forward and not be trapped in limbo. In the future, I'd like to see everyone getting the treatment they deserve.

6. Social rights in the South of Scotland

Social rights relate to those necessities, conditions and protections which enable everyone to live with dignity as a full member of society. Social rights include the right to an adequate standard of living (covering food, housing, and clothing), the right to health, the right to social care, and the right to education.

Currently, the right to education is the only social right expressly protected under UK law, through the Human Rights Act 1998 (HRA). However, the protection under the HRA that “no person shall be denied the right to education” is relatively narrow. Protections for education in other treaties, in particular the International Covenant on Economic, Social, and Cultural Rights (ICESCR), are broader. ICESCR sets out that education should support personal development, dignity and participation in society. It also requires free compulsory primary education and accessible secondary and higher education for everyone.

Elements of social rights are also protected through various domestic legislation in the UK, such as laws covering food, homelessness, and social care. These laws, however, do not protect these areas of social policy as fundamental human rights.

6.1. The right to food

Food is critical to all of us, both as individuals and as a society. It is an essential component of the human right to an adequate standard of living and is therefore protected under international human rights law.

Based on the information we gathered through this monitoring work, our assessment is as follows:

Table 10: Assessment of Minimum core obligations for the right to food in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Take the necessary action to mitigate and alleviate hunger, even in times of natural or other disasters.	Current action to mitigate and alleviate hunger in the region is almost solely led and delivered by third sector organisations, with extremely limited or even no state intervention.	Does not meet obligations
Ensure access to the minimum essential food, which is sufficient, nutritionally adequate and safe, to ensure their freedom from hunger.	Essential food is available generally, but for people living in poverty or facing other barriers to accessing food, this access has mostly been provided through non-state initiatives (charities, food banks and others), with only limited support from duty bearers. Some funding has also been identified as being in high risk.	Does not meet obligations
Ensure that no significant number of people are deprived of essential foodstuff.	Available evidence and testimonies indicate that there are parts of the South of Scotland in which people are currently deprived of sufficient food due to high costs and	Does not meet obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
	general poverty conditions, relying on food support services. Numbers would be significant higher without third sector interventions.	

Table 11: Assessment of progressive realisation for the right to food in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Have there been targeted and concrete steps to improve?	The Scottish Government's "Cash-First: Towards Ending the Need for Food Banks in Scotland" strategy is an important targeted step to ensure the enjoyment of the right to food. The passing of the Good Food Nation (Scotland) Act 2022 was also an important step forward. Various local authorities in the South of Scotland have also introduced various food growing strategies.	Meets all obligations
Have there been effective and expeditious efforts?	Given the complexity and prevalence of food insecurity in the South of Scotland, current efforts do not appear to be sufficiently effective in progressively realising the right to food.	Partially meets obligations
Is there evidence of improvement?	Current policies and strategies do not seem sufficient to progressively realise the right to food in the South Scotland. Limited progress has only been possible thanks to work of the third sector.	Does not meet obligations

Table 12: Assessment of non-retrogression for the right to food in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Has the enjoyment of the right deteriorated?	The evidence suggests that food affordability has significantly deteriorated, with an increasing number of people experiencing food insecurity and hunger due to difficulties accessing food. As a result, reliance on food support initiatives (such as food banks) has increased significant.	Does not meet obligations
If there has been deterioration, has there been sufficient government action to mitigate impacts?	Measures implemented have not been sufficient to mitigate food insecurity and hunger, nor to address the deterioration of the right to food in general.	Does not meet obligations
Has there been a deliberate measure that has reduced the enjoyment of the right?	No concerns have been identified in terms of deliberate measures introduced by duty bearers.	Meet all obligations
Is there evidence that the deliberate measure(s) complied with all exceptions of non-retrogression?	N/A	N/A

Elements under Examination	Summary of Evidence	Assessment of Compliance
Availability: Can people find food to feed themselves?	Food is available across the South of Scotland, but not in a way that is consistent, locally grounded or resilient. Availability is shaped by centralised retail systems, reliance on external supply chains and uneven geographic distribution. Community initiatives and emergency provision play a critical role in maintaining access but also highlight systemic gaps that recur across the following dimensions.	Partially meets obligations
Accessibility (financial): Is food affordable?	Food is not consistently affordable to everyone in the South of Scotland. Rising costs, low incomes and wider cost-of-living pressures mean that many households must actively manage or reduce food consumption, rely on lower-quality options or depend on community support.	Does not meet obligations
Accessibility (physical): Is food available at an adequate distance?	Physical accessibility of food is uneven across the South of Scotland. While food is present within the wider system, the ability to reach it is shaped by distance, transport, infrastructure and local provision. Community initiatives play an important role in mitigating these barriers, but as noted above, they do not replace the need for more consistent structural provision.	Partially meets obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Acceptability: Is food acceptable from a cultural and consumer perspective?	Acceptability of food is uneven across the region. While community initiatives and adapted service models can support dignity and inclusion, reliance on emergency provision, limited choice and experiences of stigma undermine the extent to which food is accessed in a way that is respectful and appropriate.	Partially meets obligations
Quality: Is food good and nutritious?	Food is generally safe, however, access to nutritious and appropriate food is uneven. Cost, supply constraints and reliance on emergency provision all affect the quality of diets, with some households unable to consistently access food that supports health and wellbeing.	Partially meets obligations
Sustainability: Is food production sustainable for present and future generations?	Food systems across the South of Scotland are not fully sustainable in their current form. Dependence on external supply chains, limited local production, concentration of retail provision and reliance on unstable community support structures all contribute to a system that is vulnerable to disruption. While food is available in the present, its long-term resilience is uncertain.	Partially meets obligations

6.1.1. Summary of what we found in our literature and policy review

The evidence reveals a landscape in which food insecurity is embedded within broader structural inequalities. Although we did not find many instances in which duty bearers directly invoke the right to food, the evidence demonstrates significant concerns about affordability, access, choice, and the sustainability of existing support mechanisms.

Evidence indicates that food security and access to adequate nutrition is an increasing concern for many local authorities. This is evidenced by local food-growing strategies, evaluations of food pantry models, Cash-First assessments, and a range of community-led initiatives. The groups identified as most affected by food insecurity include low-income families with children, older people, disabled people, and households in rural or island areas where the cost of basic goods is substantially higher. Evidence demonstrates that food insecurity in these contexts is rarely experienced in isolation; it is often entwined with fuel poverty, transport challenges, low wages, insecure employment and wider forms of socio-economic exclusion.

6.1.2. What we heard from rights holders

a) Availability

Across the South of Scotland, food availability is described as uneven, fragile and shaped by structural constraints rather than simple supply. The issue is not an absence of food, but the way in which provision is organised, distributed and sustained across different communities. While some areas experience relatively stable access through supermarkets and established supply chains, others face limitations linked to geography, infrastructure and the decline of local food systems.

This reliance on centralised systems is particularly pronounced in island and rural communities. On Arran, the community explained that the vast majority of food comes from the mainland. This dependence on imported

food creates structural vulnerability, as availability becomes tied to transport infrastructure. Ferry reliability was identified as a key factor, with rights holders describing how disruptions affect supply patterns. At times, this results in reduced access to certain goods, particularly fresh produce. Availability is therefore not constant, but contingent on external conditions.

“There are times, particularly with fresh produce, where there isn’t a lot available” Third sector representative

The distribution of food within communities further shapes availability. Even where supply is maintained at a regional level, access to food is often concentrated in specific locations. In some rural and islands communities, this is reflected in efforts to decentralise access through redistribution systems organised by third sector organisations and volunteers, with organisations describing how food is collected and distributed locally so that people have access where they live rather than having to come to the central town. Without such interventions, availability remains unevenly distributed and dependent on travel.

Communities also raised concerns about the availability of fresh, nutritious and locally produced food. Right-holders emphasise that fresh produce has recently been in shorter supply locally and that it can be very difficult to find local produce for sale at reasonable prices. In some cases, availability is constrained not only by supply, but by the structure of retail provision. This is characterised in communities where there is only food available by one single outlet with its food stock determined by centralised ordering systems, which do not necessarily match local needs and healthier options. This suggests that availability is not only about whether food exists, but whether a sufficient range of appropriate and healthy options is consistently present.

In several areas, rights holders described conditions that resemble “food deserts,” particularly in relation to fresh and affordable produce. While food is not absent, the limited availability of certain types of food, combined with restricted local choice, creates uneven access to a

balanced diet. This interacts directly with affordability pressures where healthier options may be present but not realistically accessible.

In response to these gaps, community and voluntary initiatives play a significant role in maintaining food availability. Across the region, food banks, community larders, redistribution schemes, cafés, and others, were described as essential sources of provision. Beyond traditional food banks and community larders, some exemplary cases include Café Recharge in Galashiels, a community café operates as a central point of access, redistributing surplus food and providing meals a voluntary contribution, while also addressing wider social needs. Similarly, structured redistribution systems to address both food insecurity and food waste were described on Arran by Arran Eco Savvy, where “every night of the week we have collections from the shop, and they get taken to seven or eight villages around the island.” These initiatives extend availability beyond formal retail systems and compensate for uneven geographic distribution.

Emergency food provision is also a key component of availability for some households. In East Ayrshire, for example, voluntary services provide regular food support, with “a free food bag... for folk who’s not got anything over the weekend, that’s their safety net.” The numbers of people accessing this type of emergency food support indicates that for some, their access to food is contingent on more than just the availability of food to buy locally. Furthermore, many rights holders indicated that third sector organisations operate in the absence of local and national government action. This concern is echoed by service providers, who described themselves as “basically filling gaps that shouldn’t be there in the first place.” This reliance is a recurring feature of how access to food is maintained.

“There are some good voluntary services, but we should not have to rely on volunteers for basics like food.” Human rights defender

The fragility of these voluntary arrangements is a critical concern. Food provision organised by the third sector is frequently dependent on short-

term funding, volunteer labour and external grants, creating uncertainty around long-term sustainability. Human rights defenders warned that changes to funding could have immediate impacts. In some cases, long-standing funding has already been withdrawn, with one service reporting that provision had been funded for nearly 20 years and has now been withdrawn. This instability directly affects the reliability of food availability.

“If they cut the poverty and inequalities budget, that’s going to hit food distribution straight away” Food bank staff

b) Accessibility (financial)

Financial accessibility of food across the South of Scotland emerges as one of the most significant and consistent challenges. The ability to afford food is highly uneven, with many rights holders describing cost as the primary barrier shaping access. 55% of survey respondents had concerns about being able to afford food in their community, with a further 46% of people saying they relied on or knew directly of someone who relied on a food bank.

Communities repeatedly identified rising food prices as a central issue. Most rights holders interviewed expressed general concern on the fact that people cannot afford to buy food. This was described as a deep frustration given that “supermarkets make billions of profit” while households struggle to meet basic needs. This reflects a wider perception that food has become increasingly unaffordable relative to income.

“Food is generally far too expensive. I have to limit my spending as a low-income person... families have to spend such a big percentage of their earnings on food.” Survey respondent

The impact of rising costs is particularly evident in the relationship between food affordability and food insecurity. Communities identified price increases as “the main driver” of food insecurity, noting that “food prices have gone up massively. At the same time, charities described a

disconnect within the system, where “we’re seeing really good food being thrown out while people can’t afford to buy it.” This reflects structural inefficiencies, which are closely related to the sustainability of our food systems.

Affordability also shapes the types of food that people can access. The evidence collected indicates that lower-cost options are often less nutritious, while healthier or locally produced food is more expensive and therefore less accessible. Rights holders noted that local produce “is hard to find and very expensive.” This can be particularly challenging for those with specific dietary needs, including disability-related requirements. Some rights holders explained that they have to rely on ready meals that are full of additives and high sodium, which they are not recommended to eat.

For many households, financial barriers to food access are addressed through reliance on community and emergency provision. Food banks, community cafés and redistribution schemes were described as essential supports rather than supplementary services. In East Ayrshire, for example, food provision was described as a “safety net” for those without sufficient resources. However, sustainability of food provision by the third sector is often dependent on short-term funding and volunteer capacity. Critical concerns exist that changes to funding could directly affect the availability of food support across the region.

The evidence collected indicates that food insecurity does not exist in isolation. Communities noted that food insecurity is intertwined with other forms of deprivation, where “cold homes, high energy costs and rising food prices operate together.” This cumulative pressure reduces disposable income and intensifies constraints on food access. This results in individuals and families having to make difficult choices between eating healthily, staying warm, and accessing cultural or recreational services.

We also collected direct evidence of insufficient food. In East Ayrshire, emergency provision was described as essential for those without

enough to eat, with services providing free food bags as an emergency service to support those who might be in a critical situation. Community organisations across the region reported supporting large numbers of people on an ongoing basis, indicating that food insecurity is not limited to isolated cases but affects a wider proportion of the population.

c) Accessibility (physical)

Physical accessibility of food across the South of Scotland is shaped by geography, transport infrastructure and the distribution of food outlets. While food is available within the wider system, the ability to physically access it varies significantly depending on where people live, with rural and island communities experiencing the greatest constraints.

Distance to food outlets is a consistent barrier for those rural and island communities in the South of Scotland. In many areas, food retail is concentrated in larger towns or central settlements, requiring travel to access basic goods. On Arran, for example, rights holders described how provision is unevenly distributed, with many residents needing to travel significant distances. Reliance on transport infrastructure further shapes access. In island communities, ferry services play a critical role not only in supply but also in access to food, as many travel to the mainland to access more affordable food.

“We rely on ferries here, which are chronically unreliable... Only one supermarket. Stock depends on ferry from mainland.” Survey respondent

Initiatives such as mobile or community-based food provision were described as extending access to those who may not be able to reach central locations. In some cases, services were designed specifically to reduce barriers associated with travel or stigma, including the use of external food cabinets to provide access without requiring entry into formal spaces. However, these solutions are not consistently available across the region. Their presence depends on local capacity, funding and volunteer involvement, meaning that access varies between

communities. Where such initiatives are absent, people remain dependent on formal retail systems and their ability to travel to them.

Physical accessibility is also affected by how services are organised and delivered. Evidence shows that standard models of provision do not always align with how people are able to access food in practice. For example, where food banks or community food services operate at fixed times or limited hours, this can exclude those with work commitments or caring responsibilities who are unable to attend during those periods. Similarly, where services are located in centralised venues, people without access to transport may not be able to reach them, particularly in rural areas.

d) Quality (safe and nutritious)

Quality of food across the South of Scotland is shaped by the nutritional value and overall suitability of what is available and accessible to households. The evidence indicates that safe food is generally present within the system. However, access to nutritious and appropriate food is uneven and often constrained by cost, availability and reliance on emergency provision.

A central issue is the relationship between affordability and nutritional quality. Many rights holders consistently described how lower-cost food options tend to be less healthy, while more nutritious food is often more expensive and therefore less accessible. Communities described how local produce can be “very expensive,” making it difficult for households on low incomes to maintain a healthy diet.

Reliance on food banks and redistribution schemes also shapes the quality of food available to some households. While these services provide essential support, the type of food distributed is often determined by surplus availability rather than nutritional balance or individual need. This can result in inconsistent access to fresh or healthy food, reinforcing inequalities in diet quality.

e) Sustainability of food systems

Sustainability of food systems across the South of Scotland is shaped by the long-term resilience of supply chains, the balance between local production and external dependence, and the stability of the systems that currently provide food. The evidence suggests that while food is available in the present, the systems underpinning that availability are not consistently sustainable and are highly vulnerable to disruption.

A central issue is the high level of dependence on external supply chains. In island communities, rights holders described how “the vast majority of food comes from the mainland,” with much of the agricultural and farming products produced on the islands being shipped to the mainland to be processed. At the same time, right-holders highlighted the limited development of local food production. In areas such as Stranraer, concerns were raised about the absence of local growing despite favourable conditions.

“there’s not a lot of growing going on... we’ve got this amazing climate, but there’s no market garden.” Third sector representative

There is also evidence of inefficiencies within the food system, particularly in relation to waste. Communities highlighted the contradiction between surplus food being discarded and people experiencing food insecurity. Communities also highlighted the frustration of living in an agricultural part of Scotland with the capacity for high food production, but without the systems in place for many locals are unable to produce or access this food. At the same time, there are examples of efforts to improve sustainability through local initiatives. Community growing projects, redistribution networks and local food systems were identified as positive developments that can enhance resilience and reduce dependence on external supply. However, these initiatives are not widespread and often operate within limited capacity and insufficient funding.

6.2. The right to clothing

Clothing is an essential component of the right to an adequate standard of living. While often overlooked and not fully understood as a human right, countries such as the UK have a responsibility to ensure that people can access sufficient, quality clothing to meet their needs.

Although there has not been significant development in international law to define the conditions of adequacy for the right to clothing, for this monitoring work, the SHRC assessed whether accessible, available, and quality clothing is currently provided for people in the South of Scotland. These conditions of adequacy are used by us in following the sustained practiced by the UN Committee on Economic, Social and Cultural Rights for other social rights.

Based on the information gathered through this monitoring work, the current assessment of the right to clothing in the South of Scotland is as follows:

Table 14: Assessment of minimum core obligations for the right to clothing in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
None have been determined so far within international law	N/A	N/A

Table 15: Assessment of progressive realisation for the right to clothing in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Have there been targeted and concrete steps to improve?	Evidence indicates there have been no efforts or steps to ensure the full realisation of the right to clothing. There are only limited efforts from some local authorities to support School uniforms, as part of their anti-poverty strategies.	Does not meet obligations
Have there been effective and expeditious efforts?	The available evidence has not identified any targeted efforts to progressively realise the right to clothing in the region.	Does not meet obligations
Is there evidence of improvement?	There is no evidence of significant improvement on the right to clothing for people in the South of Scotland.	Does not meet obligations

Table 16: Assessment of non-retrogression for the right to clothing in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Has the enjoyment of the right deteriorated?	The evidence suggests that the affordability of clothing has become an increasing and concerning problem for significant number of people in the South of Scotland, deteriorating the overall enjoyment of the right.	Does not meet obligations
If there has been deterioration, has there been sufficient government action to mitigate impacts?	There is no evidence of sufficient action taken by local or national government.	Does not meet obligations
Has there been a deliberate measure that has reduced the enjoyment of the right?	None found.	Meets all obligations
Is there evidence that the deliberate measure(s) complied with all exceptions of non-retrogression?	N/A	N/A

Table 17: Assessment of Adequacy for the right to clothing in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Availability: Are there sufficient services, programmes or institutions to access adequate clothing?	Clothing is available across the South of Scotland through multiple routes. However, this availability is uneven and not consistently secured across all communities.	Partially meets obligations
Accessibility: Are clothing services or facilities in safe physical distance? Is adequate clothing affordable?	Clothing is not fully accessible in some rural communities in the South of Scotland. Further, clothing is affordable for some people, particularly where low-cost and second-hand options are available. However, this affordability is often limited, conditional and dependent on a narrow range of sources. For others, particularly those experiencing financial hardship or crisis, clothing is not affordable without external support.	Partially meets obligations
Acceptability and Quality: Are current services or goods of good quality?	While most people can access some clothing, this does not consistently extend to sufficient, appropriate and dignified clothing for all, and adequacy is particularly fragile	Partially meets obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
	in situations of financial hardship or crisis.	

6.2.1. Summary of what we found in our literature and policy review

Clothing receives relatively limited attention in all policy documents found. The most explicit references appear in relation to school clothing grants and targeted supports for low-income households. These initiatives are generally presented as part of a wider anti-poverty framework, aimed at ensuring that children can attend school comfortably, safely and without stigma. While these policy documents do not frame clothing as a human right, they nonetheless highlight concerns that are central to the right to an adequate standard of living.

Overall, the reviewed evidence portrays clothing not as a stand-alone policy area but as an embedded element of child poverty and educational participation. It shows that inadequate clothing can affect children's comfort, confidence and inclusion, even if these consequences are not framed in rights language.

6.2.2. What we heard from rights holders

a) Availability

Availability of clothing across the South of Scotland presents a mixed picture. In many communities, clothing is obtainable through a combination of retail outlets, supermarkets, charity shops and online provision. 40% of survey respondents indicated that they were concerned about the availability of clothing in their communities.

A central issue is the limited presence of retail outlets in many areas, particularly in rural communities and smaller towns. Some rights holders noted that in some locations there are "very few outlets for clothing." and in others that "there just aren't many shops locally, especially affordable ones." This lack of provision reduces both availability and choice, meaning that while clothing may exist within the wider region, it is not consistently present within local communities.

“There is nowhere in my town that I could buy clothing...not even pants or socks” Survey respondent

Retail options tend to be concentrated in larger centres, leaving surrounding areas with reduced access. Barriers posed by geography and mobility can be exacerbated if there is no reliable public transport available.

In response to these gaps, alternative sources of clothing play an important role. Charity shops are a key component of local availability and, in some areas, represent the primary source of clothing where mainstream retail is absent. Some rights holders noted that “there are a good number of charity shops that offer clothing at low prices” and that “the charity shops are very useful and we all use them.” While many described these as useful and sufficient for meeting basic needs, reliance on second-hand provision can also limit range and choice, particularly where stock is inconsistent or dependent on donations.

Community-based provision further supplements availability. Clothing depots, winter coat schemes and school uniform distribution initiatives were identified as important mechanisms for meeting need. In some areas, organisations were described as doing “an awful lot round about winter clothing depots and school clothing depots.” Other organisations that have been set up to provide other services (such as food or housing support), have described having to “step in” and provide winter clothes and school uniforms given a critical need in the community. These initiatives increase availability in practical terms but also indicate that provision is not fully met through standard retail systems or with the adequate support of duty bearers such as local authorities.

b) Accessibility

Accessibility of clothing across the South of Scotland presents a varied picture, with some people able to obtain clothing relatively easily, while others face multiple and overlapping barriers. Access is shaped not only by the presence of clothing, but by whether people can realistically reach and use available sources. The evidence shows that accessibility is

often conditional, depending on transport, digital access, personal circumstances and income. 22% of survey respondents raised concerns about the accessibility barriers to getting clothes, including being outside post code delivery catchment areas or local shops not being accessible. A further 40% indicated that they, or someone they knew, had concerns about overall the cost of clothes.

Accessibility is also influenced by the suitability of different access routes. While online shopping expands access for many, it does not work equally well for all people or geographical areas. Some rights holders highlighted challenges for those who need to physically assess clothing before purchase, as well as the difficulty of obtaining specialist clothing online.

“People rely on online shopping, but that’s not always easy for everyone.” Human rights defender

Physical accessibility of local provision also presents barriers, with some rights holders expressing frustration over shops not having wheelchair access.

In situations of crisis, access to clothing can break down entirely. People who have experienced sudden changes in circumstances, such as leaving abusive relationships or moving into accommodation without belongings, may have no clothing or financial capacity to purchase any. In these cases, access is not achieved through normal systems but through intervention by support organisations. Reliance on third sector provision is therefore a recurring feature of how access is achieved. There are also indications that social factors can influence accessibility. References to stigma associated with receiving support suggest that some people may be reluctant to use clothing banks even where they are available.

In terms of financial accessibility, a central issue is the relationship between clothing costs and household income. Many people told us that cost is a direct barrier to accessing clothes, with particular impact for children given concern over high cost of school uniforms. This is

particularly acute for families with children, where clothing needs are ongoing and unavoidable. Unlike other household costs, clothing cannot be deferred indefinitely, meaning that even relatively low-cost items represent a recurring financial pressure. Even where lower-cost options exist, the cumulative cost of maintaining adequate clothing can place strain on already limited budgets.

There is also evidence that affordability is becoming more constrained over time. Many rights holders expressed with concern that second-hand markets, which are often relied upon to maintain affordability, are themselves subject to rising costs. This suggests that the affordability of clothing is narrowing, with fewer genuinely low-cost options available. While charity shops remain a key resource, their role has shifted from being a supplementary option to an essential one for many households.

“Even charity shops aren’t that cheap anymore” Rights holder

Retail pricing further reinforces affordability challenges. Independent retailers were described as effectively out of reach for many, with some commenting that purchasing clothing locally would require you go into debt. This reflects a disconnect between available goods and what households can realistically afford, particularly where local retail options are limited and do not provide a range of price points.

As a result, many households rely on a combination of low-cost retail, second-hand provision and informal or community-based support to maintain affordability. While some people describe these systems as sufficient, this reliance often reflects necessity rather than preference. In practice, affordability is achieved through a restricted set of options rather than through full access to the clothing market. In some cases, it also limits access to a wider choice of clothing, reinforcing a more constrained form of participation in everyday life.

c) Acceptability and quality

The reliance on charity shops and donated clothing plays a significant role in meeting basic needs, and for many participants this is normalised

and accepted. However, there is also evidence that this reliance can limit choice and personal preference. While people may have access to clothing, it is not always clothing they would choose, which can affect dignity and social participation.

“Charity shops usually supply the choice forced on some.” Survey respondent

Communities also expressed the challenges for people requiring specialist clothing, with a particularly detrimental impact in disabled people who need to access expensive clothes abroad. This creates additional financial and logistical barriers, putting disabled people at a higher risk.

“If you need specialist clothing for disabilities this often has to be imported from overseas.” Rights holder

Reliability over time is a key concern. While some people are able to maintain adequate clothing through a combination of retail and second-hand sources, this is often not resilient to changes in circumstances.

6.3. The right to housing

The right to housing implies the right to live somewhere in security, peace, and dignity. The human right to adequate housing, which is derived from the right to an adequate standard of living, is crucial for the enjoyment of all economic, social, and cultural rights. While this right is protected under international human rights law, housing is not explicitly recognised as a human right in Scotland, though some legislation protects certain aspects of what the right entails.

Based on the information gathered through this monitoring work, the current assessment of the right to housing in the South of Scotland is as follows:

Table 18: Assessment of minimum core obligations for the right to housing in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Ensure that no significant number of people are deprived of basic shelter and housing.	Evidence demonstrates that there are people without temporary accommodation. Hidden homelessness also exists in the region, which is not captured in public data. However, data collected does not indicate that such incidents amount to a structural problem impacting significant number of people.	Partially meet obligations

Table 19: Assessment of progressive realisation for the right to housing in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Have there been targeted and concrete steps to improve?	Various strategies, policies, and regulations have been enacted in recent years aimed at improving the right to housing for all in Scotland, including the South of Scotland. Efforts have also been placed by different local authorities in the region.	Meets all obligations
Have there been effective and expeditious efforts?	Given the scale of the current challenges and longstanding issues related to the right to housing in region, the measures and efforts have not been sufficiently expeditious.	Does not meet obligations
Is there evidence of improvement?	Available evidence suggests there have not been significant improvements in the enjoyment of the right to housing because of current local and national government action.	Does not meet obligations

Table 20: Assessment of non-retrogression for the right to housing in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Has the enjoyment of the right deteriorated?	Evidence suggests there has been a deterioration in the enjoyment of the right to housing for many people in the South of Scotland.	Does not meet obligations
If there has been deterioration, has there been sufficient government action to mitigate impacts?	Government action, both local and national, does not appear to have been sufficient to mitigate the general challenges and regression in the right to housing.	Does not meet obligations
Has there been a deliberate measure that has reduced the enjoyment of the right?	None found.	Meets all obligations
Is there evidence that the deliberate measure(s) complied with all exceptions of non-retrogression?	N/A	N/A

Table 21: Assessment of adequacy for the right to housing in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Legal security of tenure: Are there guarantees that people can remain where they live and not be made homeless at any time?	No concerns identified in relation to the legal right to security of tenure.	Meets all obligations
Availability of services: Are there sufficient facilities to ensure health, security, comfort, and nutrition needs?	Availability of services varies depending on the housing stock and location within the South of Scotland. While many individuals and families can fully enjoy a high level of available services, others are negatively impacted by lack of access facilities and services, impacting their health, education and food security.	Partially meets obligations
Affordability: Are housing costs high and/or threatening people's ability to afford other essential goods and services?	Affordability of housing across the South of Scotland is uneven and increasingly constrained. Rising costs, limited incomes and structural market pressures combine to create a situation in which many households are unable to secure or sustain housing without financial strain.	Partially meets obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Habitability: Are homes providing protection against cold, damp, heat, rain, wind, or other threats to health or structural hazards?	While many individuals and families live in habitable housing, others experience conditions that are affected by poor-quality, high-energy costs, damp and mould.	Partially meets obligations
Suitability of location: Does housing allow access to employment, healthcare services, schools, childcare, and other social facilities?	The suitability of location is uneven across the region, with certain communities having accessible employment, health services, education and cultural centres, while rural and island communities have significant challenges accessing services. For rural and islands communities this is made worse by limited and unreliable public transport.	Partially meets obligations
Cultural adequacy: Are current systems appropriately enable the expression of cultural identity and diversity of housing?	While there are emerging concerns related to community sustainability, no significant failures have been yet identified.	Meets all obligations

6.3.1. Summary of what we found in our literature and policy review

The evidence suggests significant issues with affordability, availability, suitability and security of housing in the South of Scotland. Evidence from duty bearers highlights growing pressures on temporary accommodation, including limited capacity, the unsuitability of some placements, and the length of time households spend waiting for permanent housing. Some of the evidence point to specific challenges

for families, young people, and people with complex needs, emphasising the cumulative impact of homelessness on wellbeing, education, and social connection.

Fuel poverty, energy inefficiency, dampness and inadequate insulation appear frequently as a high concern across policy documents. The evidence links these problems to both rising energy costs and poor housing condition, particularly in older stock and rural properties. For many households, especially those on low incomes, the inability to heat homes adequately poses risks to health and undermines the broader adequacy of living conditions. Accessibility also features prominently, with several local housing strategies acknowledging gaps in adapted housing and delays in meeting the needs of disabled people or older adults requiring accessible homes.

Audit Scotland's Local Audits in the South of Scotland identify housing and homelessness as significant strategic risks, often linked to financial pressures, high demand for temporary accommodation and limited supply of suitable permanent housing. The audits also highlight the challenges associated with temporary accommodation provision, including the increasing length of stay for some households and the impact this has on cost and service capacity. In addition, the reports point to delays and constraints within housing investment programmes due to procurement difficulties, inflationary pressures and workforce shortages.

6.3.2. What we heard from rights holders

a) Availability

Across the South of Scotland, the evidence suggests that concern around housing is not simply one of price, but of increasingly insufficient supply, the wrong kinds of housing being built, and a wider failure to provide the infrastructure and supporting conditions needed to make housing viable and sustainable in practice. Communities across the South of Scotland described a shortage of affordable and social housing,

but they also pointed to a more structural problem. Housing delivery is not aligned with local labour markets, demographic patterns, transport links, service provision or community sustainability, especially as these issues have become more acute over time. 72% of survey respondents indicated that they were concerned about the availability of housing in their community.

Communities described supply as inadequate at a basic level. In some areas, a housing emergency has been declared, social housing remained insufficient and some hotels are being used to accommodate homeless households. Right-holders also described a simple “lack of housing overall” and a “shortage of affordable and social housing.” More specifically, village housing supply was described as stagnant, with developers prioritising larger urban estates rather than small-scale development in rural communities that need families to sustain schools and services. This suggests that the issue is not only numerical shortage, but a mismatch between what is being built and what communities require.

“Housing is a major issue – there just isn’t enough of it” Human rights defender

In some communities, housing shortages were repeatedly identified as one of the most significant issues affecting their community, with affordable housing being a big issue. Communities described a situation in which even essential workers could not be accommodated, including the account of social workers sleeping in their cars on specific nights given cost of accommodation. Other evidence highlights that particularly young people cannot stay in their communities given the lack of either social housing or private rented housing.

The consequences for workforce sustainability were a recurring concern across the region. In some areas, housing shortages were linked to recruitment challenges in health and social care, while material lack of affordable housing was said to affect teachers and other key workers. In communities such as the Borders, it was noted that some teachers

commute long distances rather than relocate given difficulties in finding suitable housing.

Some communities have also identified the erosion of long-term housing supply through second homes and tourism pressures. In areas such as Dumfries, second homes were said to push up prices and reduce availability, while the private rented sector was described as “not working” due to properties being used only intermittently. In the Borders and on Arran, similar concerns were raised. Rights holders reinforce these concerns, highlighting the increasing impact of holiday lets and second homes on long-term supply.

“Too many second homes. Not enough housing for local people”. Survey respondent

b) Legal security of tenure and homelessness

Rooflessness, including those without provision of temporary or emergency accommodation, is a critical concern for certain areas of the South of Scotland. Human rights defenders described the existence of hidden or ‘invisibilised’ rooflessness, including through “sofa surfing”. This indicates that some people are unable to access formal housing systems at all, relying instead on informal solutions that are often unstable and unsustainable.

There are also situations in which people have been placed far from their communities. Human rights defenders described people being “flung away out into the back of nowhere.” This raises concerns that availability, where it exists, does not always translate into appropriate or sustainable accommodation.

The use of hotels to accommodate homeless households has also been raised as a concern over suitability, particularly for families or individuals with complex needs. While such arrangements provide immediate shelter, they do not offer the stability or conditions required for longer-term wellbeing. This is critical when families or individuals are left long-term in temporary accommodation.

A further issue is the operation of allocation systems and eligibility criteria. Many rights holders described long waiting lists for social housing. This creates a situation in which access to housing is delayed, and in some cases unattainable, even where need is clearly identified. Administrative barriers further affect this issue. The complexity of application processes and the need for advocacy to navigate systems effectively creates further hurdles in access secure accommodation. In practice, this means that people who can access housing often do so because they have support, while others may struggle to engage with the system at all. This creates inequalities in access based on knowledge, confidence and available support.

c) Availability of services, materials, facilities and infrastructure

Existing housing stock is often poorly matched to need. Some communities highlighted that shortages of smaller and accessible homes, while large rural properties were described as inaccessible to younger families due to regulatory and financial barriers.

“The whole two, three, four bedroom housing market is more or less out of the reach of working people who were born and brought up here”
Survey respondent

Right-holders were also clear that housing cannot be treated in isolation from infrastructure. Many highlighted misalignment between housing and infrastructure to support services and a high-quality of life. Many stressed that housing development must be considered alongside services such as healthcare, schools and transport.

“More houses is not enough, we need services for the community” Third sector representative

d) Affordability

Affordability of housing across the South of Scotland presents a significant and persistent challenge, shaped by the relationship between local incomes, housing costs and wider economic pressures. The overall evidence suggests that affordability of housing is worsening in the South

of Scotland. While housing exists across the region, communities consistently described a situation in which it is not affordable for a growing proportion of the population.

Affordability pressures are evident in both the rental and owner-occupied sectors. Rights holders described rising private rents alongside limited access to social housing, creating a situation in which people are increasingly reliant on the private market despite it being unaffordable for many, given current salaries and high cost of living in the South of Scotland. Evidence from human rights defenders highlights the scale of financial strain, including cases involving £10,000 worth of arrears. This indicates that housing costs are exceeding the capacity of households to pay, leading to debt and financial instability.

The gap between housing costs and available financial support was also highlighted. Human rights defenders noted that Local Housing Allowance rates do not reflect actual market rents, meaning that even those receiving support are unable to secure affordable accommodation. This creates a structural affordability gap, where support mechanisms do not align with market conditions.

For some communities in the South of Scotland, affordability is similarly shaped by rising demand and limited supply. Communities described how inward migration, particularly retirees with high purchasing power from other parts of the UK, is increasing competition for housing and contributing to increased prices.

“people moving into the area... are pushing up demand and pushing up prices” Survey respondent

In some communities, affordability pressures are particularly acute, as local wages are insufficient to meet housing costs, even for those in employment. Affordability is also closely linked to wider financial hardship. Many rights holders indicated limited capacity to absorb housing costs given cost of food, energy, and other essentials. Within this context, even relatively low-cost housing can become unaffordable, particularly when combined with other living expenses. This highlights

the cumulative nature of affordability pressures, where housing costs cannot be separated from broader economic conditions.

Affordability is also influenced by the condition and energy efficiency of housing. In rural communities, rights holders described older properties requiring significant investment to meet regulatory standards, effectively pricing them out of reach for local residents.

Geography further shapes affordability in way that current policies do not recognise. In rural areas, the need to travel for work, services and education adds to the overall cost of living, meaning that housing that appears affordable in isolation may not be sustainable in practice.

Human rights defenders also emphasised that where housing is technically available, costs associated with deposits, rent in advance and ongoing expenses can prevent people from accessing it. This is particularly relevant in the private rented sector, where upfront costs can be prohibitive, leaving people without being able to rent a home.

e) Habitability

Habitability of housing across the South of Scotland is shaped by the condition, safety and suitability of housing in meeting the needs of those who live in it. While not always the most prominent issue compared to availability and affordability, the evidence indicates that housing quality is uneven and, in some cases, inadequate. 39% of survey respondents felt the housing stock was of a poor quality.

Rights holders raised significant concerns over damp and mould in both social housing and private rented accommodation stock with were an overwhelming concern for respondents. This is aggravated by the apparent lack of ability to enforce standards against landlords. This includes many rights holders indicated not being able to ensure that their landlords to maintain their properties and carry out necessary repair work, like remedying damp and mould.

Overcrowding was also identified as an issue in some contexts, particularly where limited availability forces households to remain in

housing that does not meet their needs. While not always explicitly quantified, the evidence suggests that mismatches between household size and available housing contribute to reduced living standards.

Energy efficiency is a recurring concern. Many rights holders noted that older housing stock can be difficult and costly to upgrade, particularly in rural areas where properties may be off-grid or reliant on more expensive forms of heating. Communities described older properties requiring significant maintenance and upgrades, including insulation and energy efficiency improvements. These conditions affect both comfort and cost, as poorly insulated homes contribute to higher energy bills, linking habitability directly to the overall affordability of homes.

Safety and suitability for specific groups were also raised. While less prevalent across the region, there are indications that housing does not always meet the needs of people with disabilities or additional requirements, particularly where accessible housing is in short supply.

f) Suitability of location

Location of housing across the South of Scotland is a critical factor shaping how housing functions in practice. The evidence indicates that even where housing is available, its location can significantly affect access to employment, services and community life. However, this varies across the region, with certain areas having better access to services than others.

A central issue is the relationship between housing and employment. Many described how housing shortages in certain areas limit the ability of workers to live near their place of work. On Arran, this was particularly evident, with essential workers unable to secure accommodation locally. In Dumfries and Galloway and the Borders, similar issues were identified, including long commuting distances for teachers and care workers.

Access to services is also shaped by location. Housing in rural or remote areas may be distant from healthcare, education and retail, creating

additional barriers for residents. Rights holders highlighted the importance of aligning housing development with infrastructure, noting that more housing was not sufficient if it was not accompanied by new services and infrastructure for the community.

Transport plays a key role in mediating location. In areas with limited public transport, the impact of distance is amplified, particularly for those without access to a private vehicle. This reinforces inequalities between those who can travel and those who cannot.

Community connection is another important aspect of location. Some rights holders described the impact of being placed in housing away from established social networks. Such placements can disrupt support systems and affect wellbeing, indicating that location is central to the social function of housing.

In some rural areas, location is also linked to population sustainability. The inability of young people to remain in their communities due to lack of housing has implications for long-term demographic balance and service viability.

g) Cultural adequacy

Cultural adequacy of housing across the South of Scotland relates to whether housing supports the ways of life, identities and community structures of those who live there.

Communities highlighted a mismatch between housing provision and community needs, particularly in rural areas where larger developments do not support the sustainability of smaller communities. There are also indications that housing systems do not always accommodate diverse needs and identities, although this is less extensively evidenced.

The evidence suggests that cultural adequacy is an emerging concern, particularly in relation to community sustainability and the impact of housing markets on local populations. While not always explicitly framed in these terms, communities' accounts indicate that housing systems are

not consistently supporting the continuation of established communities and ways of life.

6.4. The right to water

Under international law, the human right to water is recognised as emanating from the right to an adequate standard of living, as well as being crucial to the rights to life, health and human dignity. It is not a specific right, but is protected under both articles 11 and 12 of ICESCR which protect the right to an adequate standard of living and the right to health respectively.

It has further been recognised by the United Nations through its General Assembly Resolution 64/292 (on the Human Right to Water and Sanitation).

Table 22 Assessment of minimum core obligations for the right to water in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Ensure access to the minimum essential amount of water, that is sufficient and safe for personal and domestic uses to prevent disease.	No concerns identified.	Meets all obligations
Ensure the right of access to water and water facilities and services on a non-discriminatory basis, especially for disadvantaged or marginalised groups.	No concerns identified on the legal right to access.	Meets all obligations
Ensure physical access to water facilities or services that provide sufficient, safe and regular water; that have a sufficient number of water outlets to avoid prohibitive waiting times; and that are at a reasonable distance from the	No concerns identified in relation to physical access to water.	Meets all obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
household.		
Ensure personal security is not threatened when having to physically access to water.	No concerns identified.	Meets all obligations
Ensure equitable distribution of all available water facilities and services.	Concerns over people relying on private water supply, which is often unreliable and also include concerns of contamination of private water sources.	Partially meets obligations
Adopt and implement a national water strategy and plan of action addressing the whole population; the strategy and plan of action should be devised, and periodically reviewed, on the basis of a participatory and transparent process; it	No concerns identified.	Meets all obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
should include methods, such as right to water indicators and benchmarks, by which progress can be closely monitored; the process by which the strategy and plan of action are devised, as well as their content, shall give particular attention to all disadvantaged or marginalised groups;		
Monitor the extent of the realisation, or the non realisation, of the right to water	While there are various monitoring mechanisms on water provision and supply, none of them seem to monitor water from a human rights perspective.	Partially meets obligations
Adopt relatively low-cost targeted water programmes to protect vulnerable and marginalised groups	No concerns identified.	Meets all obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Take measures to prevent, treat and control diseases linked to water, in particular ensuring access to adequate sanitation.	No concerns identified.	Meets all obligations

Table 23 Assessment of progressive realisation for the right to water in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Have there been targeted and concrete steps to improve?	Significant steps have been taken to ensure the realisation of the right to water. This includes strategies, policies and various water management agreements issued by Scottish Government, local authorities and Scottish Water.	Meets all obligations
Have there been effective and expeditious efforts?	Evidence shows that these strategies and policies have been expeditious and effective over time.	Meets all obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Is there evidence of improvement?	Overall, there has been improvement of the right to water for the general population. However, concerns remain over improvements for those relying on private water supplies, with evidence of deterioration of quality of supply.	Partially meets obligations

Table 24 Assessment of non-retrogression for the right to water in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Has the enjoyment of the right deteriorated?	There is no significant deterioration of the right to water. However, concerns remain on the deterioration of quality and reliability of supply for those relying on private water sources.	Partially meets obligations
If there has been deterioration, has there been sufficient government action to mitigate impacts?	Evidence indicates that those experiencing deterioration of private water supply have not received sufficient support from the responsible public authorities, with no significant measures implemented to mitigate the reduction of quality and reliability of private water supply.	Partially meets obligations
Has there been a deliberate measure that has reduced the enjoyment of the right?	No concerns identified.	Meets all obligations
Is there evidence that the deliberate measure(s) complied with all exceptions of non-retrogression?	No concerns identified.	Meets all obligations

Table 25 Assessment of adequacy for the right to water in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Availability: Is water provision sufficient and continuous for personal and domestic uses?	Water services are widely present; however, availability is not consistent. Variation is shaped by geography, infrastructure resilience and system design, with rural and island communities experiencing the greatest instability.	Partially meets obligations
Quality: Is water provision safe? Is it free from micro-organisms, chemical substances and radiological hazards that may constitute a threat to a person's health?	For the majority of the population (those connected to stable mains systems) water quality is experienced as good and reliable. However, clear evidence of contamination, environmental risk and infrastructure fragility is experienced by those relying on private water supply.	Partially meets obligations
Accessibility: Is water facilities and services within safe physical reach for all? Are water facilities and services affordable for all?	There is good physical and financial accessibility for the majority of the population. However, those reliant on private systems face direct and sometimes unavoidable costs in securing safe and reliable water.	Partially meets obligations

6.4.1. Summary of what we found in our literature and policy review

Evidence points to substantial concerns regarding availability, quality, accessibility and environmental vulnerability of the right to water in the South of Scotland. Audit Scotland's local area audits reinforce this picture. All council areas in the South of Scotland have reported financial and infrastructural pressures related to water management, including the need for investment in drainage systems, coastal and flood protection, and climate resilience. These pressures are particularly evident in rural and coastal communities where ageing infrastructure, environmental exposure and resource constraints heighten the risk of disruption to water access.

Policy documents identify the groups most affected by water-related challenges as rural and island residents who depend on private supplies, low-income households who face the financial burden of maintaining water infrastructure, and communities in areas prone to flooding or environmental degradation. In these contexts, the adequacy of water access is shaped by a combination of geographic isolation, environmental risk and socio-economic disadvantage.

6.4.2. What we heard from rights holders

a) Availability

Availability of water across the South of Scotland is uneven and, in some areas, cannot be characterised as continuous or reliable. While many households are connected to mains supply, a significant proportion, particularly in rural and island communities, rely on private water systems, including wells, boreholes and springs. This reliance introduces both variability in access and additional vulnerability where systems fail. Most survey respondents (77%) were not concerned about the supply of water in their area, while 17% of respondents reported interruptions and supply issues.

Across the Scottish Borders and Dumfries and Galloway, there are clear examples of households experiencing complete loss of supply. In Berwickshire, one incident involved a household having “no water in the house... took quite a long time to resolve (more than a month).” This illustrates that interruptions are not only possible but can be prolonged, particularly in rural areas where infrastructure response times are slower.

Island communities face distinct pressures. On Arran, people described both seasonal and structural challenges affecting availability. Population increases linked to tourism significantly increase demand, with numbers rising from four and a half thousand in winter to twenty-five thousand in summer. At the same time, supply is not always sufficient to meet this demand. In some cases, water has had to be transported to the island by tanker during drought conditions. This reflects a disconnection between natural resource availability and system capacity, linked to infrastructure constraints explored further below.

“We get lots of rain but we keep running out of water” Human rights defender

Reliance on private water supplies is a relatively common theme across more rural areas of the region. Where these systems fail, households must secure alternatives independently, creating direct exposure to disruption.

Infrastructure reliability is a key factor shaping availability. Across Dumfries and Galloway, and the Borders, right-holders described issues including broken pipes, flooding and storm-related disruption. These are not isolated incidents but reflect wider system fragility.

In Stranraer and surrounding rural areas, availability is further affected by the interaction between water systems and other infrastructure. Households reliant on private wells may lose access during power outages if pumping systems fail. Communities described extended outages lasting “over a week,” during which water supply could also be compromised.

The region is characterised by its unevenness. While some people reported stable provision, noting they “very seldom have any interruption in service,” others described systems that “frequently fail” and require manual management. This contrast reinforces the uneven distribution of reliable availability across the South of Scotland.

b) Accessibility (physical)

Physical accessibility of water is shaped by infrastructure, geography and connection to mains supply. While many households have direct in-home access, a significant minority, particularly in rural and island areas, face additional barriers. These barriers are closely linked to reliance on private systems.

For those not connected to mains water and reliant on private systems, accessibility is more complex. Water may need to be managed or physically handled by households.

Infrastructure fragility also affects accessibility. In rural Dumfries and Galloway, reliance on electrically powered systems means outages can interrupt access. During outages lasting several days, water supply may be disrupted where pumps cannot operate.

c) Quality and Safety

Across the South of Scotland, water quality is generally perceived as high where stable mains infrastructure is in place, with some people reporting few interruptions and no significant concerns in everyday use. However, this positive baseline is uneven and does not reflect the experiences of households reliant on private supplies or those affected by infrastructure fragility.

The most direct concerns relate to contamination of private water sources. In some areas, people have reported that their wells have been contaminated and are not able to access them. Evidence reinforces this pattern, with rights holders describing sewage overflow, including reports of raw sewage overflow directly into the river, alongside accounts of outdated septic systems and drainage failures. These issues extend

beyond individual households, affecting local environments and raising wider public health concerns.

Environmental pressures further compound these risks. In Dumfries, repeated flooding in areas such as Whitesands and Dock Park was linked to concerns about contamination and the effectiveness of mitigation measures. Flooding can introduce pollutants into water systems and disrupt sanitation infrastructure, increasing the likelihood of compromised water quality.

Even within mains systems, communities described issues that affect confidence in water quality. In Stranraer, it was reported that hydrant use can cause water to “go brown for days afterwards.” While this may not always indicate unsafe water, visible discolouration undermines trust and suggests underlying issues within pipe networks, such as sediment disturbance or ageing infrastructure.

Private water supplies introduce additional challenges in maintaining consistent quality. Responsibility for testing, treatment and remediation often falls on individual households, resulting in uneven quality assurance. Where systems fail or contamination occurs, households must respond directly, creating variability in both safety and confidence.

d) Affordability

Across the South of Scotland, water is generally experienced as a public service provided through council tax, meaning affordability is less visible for households connected to mains supply. However, as highlighted in Availability and Quality, costs emerge more clearly where households rely on private systems or where infrastructure fails.

6.5. The right to health

The right to health is not a guarantee of being healthy, but rather the right to access all the conditions and services necessary to achieve the highest attainable standard of health. The right to health encompasses both physical and mental well-being and is realised not only through the

provision of adequate healthcare, but also by addressing a wide range of socio-economic factors that collectively create conditions for a healthy life.

These underlying determinants include access to adequate food and nutrition, housing, safe and potable water, adequate sanitation, safe and healthy working conditions, and a healthy environment.

Based on the information received through this monitoring work, the current assessment of the right to health in the South of Scotland is as follows:

Table 26: Assessment of minimum core obligations for the right to health in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Ensure that no significant number of people are deprived of essential primary health care.	Reports indicate difficulties in accessing primary care, particularly through GPs, in certain areas of the region.	Partially meets obligations
Ensure the right of access to health facilities, goods, and services on a non-discriminatory basis.	No concerns identified in relation to the legal prohibition of discriminatory access.	Meets all obligations
Ensure access to minimum essential food that is nutritionally adequate and safe to ensure freedom from hunger.	While the access is varied, lack affordable food has resulted in many people experiencing food insecurity and hunger.	Partially meets obligations
Ensure access to basic shelter	As detailed in the section on the right to housing, there are concerns over rooflessness and difficulties accessing temporary accommodation.	Partially meets obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Ensure access to safe and potable water	As detailed on the section on the right to water, there are concerns for those dependent of private suppliers over the safety and quality of water.	Partially meets obligations
Provide essential drugs (as defined by WHO)	No concerns identified.	Meets all obligations
Ensure equitable distribution of all health facilities	Many services have been centralised in certain areas, creating barriers for many in accessing health services.	Partially meets obligations
Adopt a national public health strategy and plan of action	No concerns raised identified.	Meets all obligations
Repeal or eliminate laws, policies and practices that criminalise, obstruct or undermine access by people or a particular group to sexual and reproductive health facilities, services, goods and information	No concerns identified.	Meets all obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Adopt and implement a national strategy and action plan, with adequate budget allocation, on sexual and reproductive health.	While strategies and action plans are in place, we did not have sufficient information to make an assessment about whether the allocated funding is adequate.	Not possible to determine.
Guarantee universal and equitable access to affordable, acceptable, and quality sexual and reproductive health services.	Significant concerns raised about access to sexual and reproductive health services.	Does not meet obligations
Enact and enforce the legal prohibition of harmful practices and gender-based violence	No concerns identified in relation to legal prohibition.	Meets all obligations
Take measures to prevent unsafe abortions and to provide post-abortion care and counselling for those in need.	No concerns identified.	Meets all obligations
Ensure comprehensive education and information on sexual and reproductive health that are non-discriminatory, non-biased, evidence-based, and	No concerns identified.	Meets all obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
consider the evolving capacities of children and adolescents.		
Provide medicines, equipment, and technologies essential to sexual and reproductive health.	No concerns identified.	Meets all obligations
Ensure access to effective and transparent remedies and redress for violations of the right to sexual and reproductive health.	While routes to remedies exist, frustration has been expressed over the complexity, trauma, duration, and ineffectiveness of the process.	Partially meets obligations

Table 27: Assessment of progressive realisation for the right to health in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Have there been targeted and concrete steps to improve?	There has been various national and local strategies, policies and other plans to improve the current enjoyment of the right to the health. Further improvement could be made with clarity in these plans and strategies about how they link to the requirements of adequacy of the human right to health, and how much these aim to tackle the specific realities of rural communities in the South of Scotland.	Meets all obligations
Have there been effective and expeditious efforts?	The evidence available indicates that there are some strategies, reviews and policies to which there has been very slow progress in their effective implementation.	Partially meets obligations
Is there evidence of improvement?	Evidence indicates that no significant improvements have been made to the enjoyment of the right to health in the last decade.	Does not meet obligations

Table 28: Assessment of non-retrogression for the right to health in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Has the enjoyment of the right deteriorated?	The available evidence suggests that the last decade is characterised by a general deterioration in the enjoyment of the right to health in the South of Scotland.	Does not meet obligations
If there has been deterioration, has there been sufficient government action to mitigate impacts?	While national and local action has been taken, we do not have evidence that current efforts are sufficient to mitigate the impacts of current failings in the provision and support of physical and mental health within the South of Scotland.	Does not meet obligations
Has there been a deliberate measure that has reduced the enjoyment of the right?	In certain areas, deliberate cuts to critical health services and programmes have been made, negatively impacting the local population. This includes the reduction, centralisation or the disappearance altogether of previously provided services. This includes closures of sexual and reproductive services (including maternity care) and closures of GP surgeries.	Does not meet obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Is there evidence that the deliberate measure(s) complied with all exceptions of non-retrogression?	No. This right requires that where retrogressive measures are taken those affected must be consulted, less impactful measures must be explored and those most at risk or marginalised must be prioritised. We did not find evidence that these conditions were satisfied.	Does not meet obligations

Table 29: Assessment of adequacy for the right to health in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Accessibility: Are health facilities, goods, and services within safe physical reach for all? Are services affordable for all?	Physical accessibility to health services is uneven and, in some cases, unreliable. For many people, particularly in rural and island communities, the ability to travel safely, predictably and within reasonable timeframes to access health services cannot be consistently guaranteed, meaning that healthcare is not equally accessible in practice across the region. Further, many experience a high financial burden of accessing healthcare given cumulative impact of transport, parking, meals, childcare, accommodation and time away from work. For those requiring repeated or ongoing care, these costs build over time. As a result, while services are formally free, they are not equally affordable in practice.	Partially meets obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Availability: Are there well-functioning public health and healthcare facilities, goods, and services available in sufficient quantity?	While many health services are available across the South of Scotland, they are not available in way that is evenly distributed or consistently sufficient. Availability is shaped by geography, workforce capacity and system pressures. There are critical concerns about the insufficient availability of services related to general practitioners, sexual and reproductive health, dentistry, mental health, and drug and alcohol support services.	Does not meet obligations
Acceptability: Are health services respectful of the culture and dignity of individuals and disadvantaged groups?	Many rights holders feel frustrated by their voices and concerns not being heard. Further concerns were raised in relation to the delivery of services that do not take into account individual needs and circumstances, with insufficient flexibility to respond to such needs.	Partially meets obligations
Quality: Are services of good quality? Are they scientifically and medically appropriate?	Evidence suggests that there are concerns of constancy of care, timeliness and the extent to which services meet clinical need in practice. Overall delays can be identified as the biggest challenge for the delivery of high-quality health services.	Partially meets obligations

6.5.1. Summary of what we found in our literature and policy review

The literature and policy documents portray a health system working under considerable strain, with significant geographic and socio-economic inequalities in access and outcomes. Evidence highlights systemic pressures on both primary and secondary care. This includes workforce shortages, difficulties in recruiting and retaining healthcare professionals in remote areas, and strain on unscheduled care services. These pressures can contribute to long waiting times, reduced continuity of care and fragmentation between services.

Evidence indicates that for people managing long-term conditions, inconsistent support or barriers to timely intervention can have significant implications for their wellbeing. Mental health services are a particular area of concern, with sources noting long waits, high thresholds for access, and limited availability of community-based support.

Health inequalities are widely documented. Documents show clear links between poverty, isolation, housing conditions and poorer health outcomes, with people in deprived or rural areas often experiencing multiple disadvantages. These patterns appear consistently across health profiles and local assessments, which identify chronic illness, disability and reduced life expectancy as disproportionately affecting certain communities.

6.5.2. What we heard from rights holders

a) Availability

Health service provision across the South of Scotland is characterised by a combination of formal NHS services, community-based provision and specialist support, but rights holders consistently described

availability as uneven, fragile and increasingly constrained. While a wide range of services exist in principle, the evidence shows that they are not always available in sufficient capacity, consistency or proximity to meet demand, particularly in rural and island communities. Availability is shaped not only by the presence of services, but by workforce pressures, geographic distribution and system capacity.

At a general level, participants described a system under strain, with increasing demand and limited resources affecting the availability of care. 81% of survey respondents expressed concerns on the availability and access to healthcare services.

A central issue is the uneven geographic distribution of health services. Provision is often concentrated in larger towns, with more limited availability in smaller or more remote communities. In rural Dumfries and Galloway, rights holders described areas where there is no local GP provision and limited access to diagnostics, requiring travel to access even basic care. On Arran, availability is similarly shaped by geography, with people noting that many services, particularly specialist care, require travel to the mainland for treatment and appointments. This creates a system where services exist regionally but are not locally available in a consistent or reliable way.

Workforce capacity is a key factor shaping availability. Communities repeatedly highlighted challenges in recruiting and retaining healthcare staff, particularly in rural areas. These workforce constraints reduce the number of available appointments, increase pressure on existing staff and contribute to gaps in local provision.

There is also evidence that service provision is becoming more centralised over time. Communities described a shift towards larger, hub-based models of care, with services consolidated into fewer locations. This is reflected in accounts of patients needing to travel to larger centres for specialist treatment, including journeys to Glasgow and Edinburgh. While this may improve efficiency in some areas, it reduces local availability and increases reliance on travel.

Alongside formal healthcare provision, community and third sector organisations play an important role in supporting health needs, particularly in areas such as mental health and addiction support. In some cases, these services were described as filling gaps in statutory provision, although they are often dependent on short-term funding and are not consistently available across all areas. This creates variation in availability depending on local resources and organisational capacity.

Rights holders also highlighted pressures arising from increasing demand, particularly in areas such as mental health and primary care. In some cases, support was described as only becoming available once people reach crisis point.

“People have to be at crisis point before they get seen” Third sector representative

b) General practitioners (GPs)

Availability of general practitioner services across the South of Scotland is consistently described as constrained in practice. While GP services are present across the region, communities highlighted difficulty accessing timely care.

Across multiple areas, delays in securing appointments were a consistent theme. In the Scottish Borders, right-holders reported that “people are waiting weeks just to get a GP appointment.” This was not described as an isolated issue, but as a routine feature of accessing primary care. In some cases, the consequences of these delays were explicit, with participants noting that people were “going straight to A&E” when GP appointments could not be obtained, illustrating how limited availability in primary care places additional pressure on other parts of the health system.

Access is further constrained at the point of contact. Many rights holders described difficulty getting through to practices, with reports of long call queues and limited appointment slots. In Stranraer, for example, “long GP call queues” were highlighted as a barrier in themselves. This

creates a situation where people may struggle to secure an appointment even before clinical need is assessed, reinforcing delays and frustration.

In Dumfries and Galloway, workforce pressures were directly linked to reduced availability. The community described the difficulty of sustaining services, noting that “it’s very difficult... to attract GPs, to attract newly qualified doctors.” These recruitment challenges limit the number of available appointments and increase pressure on existing staff, but in GP care they are felt particularly sharply because they affect the main entry point to the health system.

Rurality intensifies these constraints. In more rural parts of Dumfries and Galloway, rights holders described areas where there is no local GP provision and people must travel to access care.

The increased use of telephone and online consultations has been introduced in response to capacity pressures, but rights holders indicated that this does not fully compensate for reduced face-to-face provision. While remote consultations can improve efficiency in some cases, they were not experienced as a complete substitute for in-person care, particularly for people with complex or ongoing conditions or those less able to engage with digital systems. This view, however, is not consistent across all communities, with some expressing support for easier digital access to basic healthcare appointments.

Continuity of care is also affected by these constraints. Where appointments are difficult to secure, people may be less able to see the same practitioner consistently, particularly in areas where services are stretched or reliant on a small number of staff. This reflects a broader issue in which limited availability shapes not only whether care can be accessed, but how it is experienced over time.

Rights holders did acknowledge that GP services continue to operate and that staff are working under significant pressure. However, these acknowledgements sit alongside consistent reports of difficulty accessing appointments, long waiting times, barriers at the point of contact and reduced local provision in some areas. The overall picture is

therefore one of a system under strain, where availability is constrained and uneven rather than absent. Bottom of Form

c) **Sexual and reproductive health**

Availability of sexual and reproductive health services across the South of Scotland is primarily evidenced through accounts of maternity care, with limited additional data relating to other aspects of provision. The evidence indicates that while services exist within the wider health system, they are not consistently available in a way that ensures safe, timely and locally accessible care, particularly in more rural parts of the region.

While maternity services are technically available within the region, their concentration in Dumfries means they are not available locally in large parts of the West and South-West Galloway, and access to them is further constrained by the practical realities of long-distance travel. Human rights defenders did not describe this as a system that is simply under pressure, but one in which the absence of functioning local provision introduces clear and direct risks to safety.

The most acute concerns relate to the West and South-West of Galloway, where rights holders and human rights defenders described local maternity provision as effectively non-operational despite infrastructure remaining in place. Services were described as “not closed, but not open,” reflecting that facilities exist but cannot be staffed. Here the consequences of wider workforce and geographical issues are time-critical and immediate. Issues with physical accessibility of healthcare become, in the maternity context, direct questions of clinical safety.

The consequences of this are described in concrete and often alarming terms. Women in labour are required to travel from the west of Dumfries and Galloway, including areas such as Stranraer and surrounding communities, to Dumfries along the A75. This route is widely recognised as a fragile and high-risk transport corridor, subject to delays, closures and changing conditions. In the context of maternity care, access to

services is therefore dependent on completing a time-critical journey along a road network that is not designed for emergency medical travel. Rights holders elsewhere described the need to make careful calculations about when to travel, how early to leave, and whether journeys are safe, particularly in poor weather or where disruption occurs.

One account described a woman travelling to Dumfries for assessment, being told to return home, and subsequently going into labour during the return journey. Another described a baby being born in a hospital car park after access to services was refused despite the imminence of delivery. These examples illustrate that labour is not consistently managed within clinical settings, but instead takes place across distance, without guaranteed access to care.

Rights holders and human rights defenders were explicit that this is not simply a matter of inconvenience but of safety. It was stated that “every out of hospital birth is unattended... there is no scope for a midwife accompanied transfer.” This reflects a model of care in which labour may occur without clinical supervision, without prior assessment and without access to appropriate support. In contrast to standard expectations of maternity care, the absence of skilled attendance introduces known and avoidable risks.

These risks were directly linked to evidence on outcomes. Human rights defenders highlighted that “unattended rural births have a three-to-six-fold mortality,” reinforcing that the current configuration of services is associated with increased danger to both mother and child. This moves the issue beyond service limitation into one of potential risk to life. The situation was further contextualised through comparison with international practice.

The comparison highlights a perceived regression in safety standards. Practices that were identified as essential to protecting maternal health in that context are not consistently secured within the current system in parts of rural Scotland. The implication drawn by participants is that the

level of risk now experienced in areas such as the West and South-West of Galloway reflects conditions that were recognised and addressed in other settings many decades ago.

The absence of local provision is not offset by alternative models of care. Rights holders reported that there are no midwife-led units, no consistent home birth pathways and no reliable system of local assessment prior to travel. This leaves people with a single pathway that depends on travelling significant distances during labour. Our overall evidence reinforces that such travel is often unpredictable, shaped by weather, road conditions and infrastructure constraints, further compounding risk.

The impact extends beyond immediate health outcomes. Rights holders described how the absence of local maternity services affects decisions about family life, with some stating that they would not consider having children while living in the area due to the risks involved. This indicates broader implications for community sustainability and population viability.

d) Mental health services

Availability of mental health services across the South of Scotland is consistently described as limited, with demand exceeding capacity and access often dependent on reaching high thresholds of need. While a range of services exists across statutory and third sector provision, rights holders described a system that is difficult to access in practice, characterised by long waiting times, restricted eligibility and gaps in ongoing support.

Across multiple areas, communities reported extended delays in accessing mental health care. In East Ayrshire, people described waiting prolonged periods for assessment and treatment, with one example noting that people can wait “months to see a specialist even when something quite serious is suspected”. In other cases, waiting times were described as significantly longer, with people reporting delays of “eleven months” for critical mental health appointments. These delays

were not presented as exceptional, but as indicative of a system under sustained pressure.

We heard evidence that access to mental health services is often determined by severity, with support only becoming available once people reach crisis point. This reflects a model of provision in which early intervention is limited, and people may experience deterioration in their condition before support is provided.

Geographic variation further affects availability. In rural areas, access to mental health services is more limited, with fewer locally available services and greater reliance on travelling to larger centres. Rights holders described how this can create additional barriers, particularly where transport options are limited or where people are already experiencing significant distress. While services may exist at a regional level, they are not always accessible locally in a timely or consistent way.

There is also evidence of gaps in continuity of care. People described situations in which they can access initial support but struggle to receive ongoing or follow-up care. This creates a fragmented experience, where availability is limited not only in terms of entry into services but also in the ability to sustain support over time.

Third sector organisations play a significant role in addressing these gaps. Community-based services, including counselling, peer support and wellbeing initiatives, were described as important sources of support, particularly where statutory services are unavailable or delayed. However, these services are not consistently available across all areas and are often dependent on short-term funding, creating uncertainty in provision.

Human rights defenders also highlighted increasing demand for mental health support, particularly following the COVID-19 pandemic. This demand interacts with existing capacity constraints, further limiting availability and increasing waiting times. In some cases, services were

described as operating at or beyond capacity, with limited ability to respond to new referrals.

The impact of limited availability is significant. Delays in accessing support can lead to worsening mental health, increased reliance on crisis services and additional pressure on other parts of the health system. Where people are unable to access timely care, issues may escalate to the point where emergency intervention is required.

e) Specialist services

Availability of specialist health services across the South of Scotland is shaped not only by geography, but by administrative boundaries and referral pathways, which in some cases require patients to travel significantly longer distances than would otherwise be necessary. While specialist care exists within the wider NHS system, rights holders consistently reported that it is not available locally in many parts of the region, resulting in reliance on larger centres such as Dumfries, Glasgow and Edinburgh.

A central issue is the absence of local specialist provision in more rural areas. In Dumfries and Galloway, people described limited access to diagnostic and specialist services, including MRI scanning and other forms of investigation, requiring patients to travel for assessment and treatment. This creates delays not only in treatment but also in diagnosis, as people must first navigate referral pathways and then undertake travel to access appropriate care.

Availability is further shaped by the structure of referral pathways. Many described how patients in the West and South-West Galloway, including areas such as Stranraer and surrounding communities, are often required to travel eastwards for specialist care, including cancer treatment in Edinburgh, even though Glasgow or Ayrshire may be geographically closer. This reflects historic health board arrangements rather than current patterns of need or accessibility, resulting in journeys that are significantly longer than necessary.

The consequences of this configuration are substantial. Travel to specialist services was described as physically and emotionally demanding, particularly for those undergoing intensive or ongoing treatment. One individual explained that those travelling for radiotherapy are required to use patient transport systems that involve collecting multiple patients along the route, meaning that journeys can take you all day, with travel times of five or six hours while undergoing treatment. For some, treatment is technically available but accessed through a process that is exhausting and difficult to sustain.

In some cases, the burden of travel directly affects decisions about treatment. A case shared with us includes an elderly man whose cancer had returned aggressively but who chose not to pursue treatment because of the journey required to Edinburgh. This was described as a “nine hour return” trip, undertaken while experiencing pain, chemotherapy side effects and bowel incontinence. Such decisions are not captured in official data, as it will ultimately be recorded as a ‘mortality.’ This highlights how access barriers may influence not only experience of care but treatment uptake and outcomes.

Timing of appointments further compounds these challenges. Our evidence indicates that little consideration is given to the realities of long-distance travel when appointments are scheduled. People described situations in which they are required to attend early morning appointments despite living several hours away, effectively requiring travel in the early hours of the morning or the night before. This reflects a system organised around the needs of centralised services rather than the circumstances of patients travelling from remote areas, and increases the physical and logistical burden of accessing care.

Some people identified digital or remote appointments as a potential way to reduce the burden of travel, particularly for shorter or routine consultations. Where people are required to travel several hours for appointments that may last only a short period of time, the ability to access care remotely was seen as a practical alternative in some cases. This is particularly relevant where attending in person involves taking

significant time off work, arranging transport or managing long journeys while unwell.

However, rights holders were clear that digital provision is not a universal solution. Access to online services is uneven, with some people lacking reliable internet access, appropriate devices or the confidence to engage with digital systems. In other cases, the nature of specialist care requires physical examination or in-person treatment. As a result, remote appointments were framed as an additional option rather than a replacement for face-to-face care, but one that is not consistently available within current service models. This reflects similar limitations identified in GP services and relates more broadly to issues of acceptability and quality discussed later.

Island communities face similar structural constraints. On Arran, people described reliance on mainland services for specialist care, requiring ferry travel followed by onward journeys to treatment centres. This creates a system in which availability is dependent not only on distance, but on transport schedules, weather conditions and service reliability. This has become of critical concern given the significant disruptions of the ferry service to and from Arran.

People did however report positive experiences once specialist care was accessed. In Dumfries, some described positive experiences of hospital-based care once treatment was reached. However, these experiences are conditional on being able to reach services in the first place, which is not consistently achievable for all.

f) Dentistry

Availability of dental services across the South of Scotland is described as severely constrained, with communities consistently reporting that access to NHS dentistry has reduced to the point where it is no longer reliably available for many residents. While services exist in principle, the evidence indicates that they are not accessible in practice for a significant proportion of the population.

A central issue is the widespread inability to register with an NHS dentist. This is understood no longer as a temporary shortage but a structural gap in provision, where access to routine dental care cannot be assumed.

“You cannot find an NHS dentist for love nor money.” Survey respondent

The consequences of this are visible in patterns of unmet need. People described how lack of access has accumulated over time, with “large numbers of adults and children... not [having] accessed dental treatment for years.” This indicates that the issue extends beyond difficulty securing appointments to a situation in which preventative care has effectively dropped out of the system for some households.

Workforce shortages were identified as a key driver of reduced availability. Challenges affecting dental provision, including the loss of European staff following Brexit and wider difficulties attracting professionals to rural areas, are key drivers. These challenges are not confined to dentistry but reflect broader difficulties in attracting and retaining healthcare professionals in rural regions.

In practice, limited NHS provision appears to push people toward private care or out of the system altogether. Many described situations where people are denied access or referred to go private providers, creating a two-tier system in which those who can afford private treatment are able to access care, while others remain without it. For those unable to meet these costs, the result is often delayed treatment or no treatment at all.

This contributes to a shift from preventative to reactive care. Rather than accessing routine check-ups, people are more likely to seek help only when problems become acute. Although not always described in clinical terms, individuals’ accounts indicate that people are living with untreated dental issues for extended periods, increasing the likelihood of pain, deterioration and more complex interventions at a later stage.

Geography further compounds these challenges. As with other health services, dental provision is unevenly distributed, with more limited

availability in rural areas and smaller towns. Some described how access is shaped by where services are located, meaning that those outside larger centres may face additional barriers in securing care. In the absence of local provision, travel becomes necessary, but this is not always feasible, particularly for those with limited transport options or financial constraints.

Unlike other areas of healthcare, there is little evidence that gaps in dental provision are mitigated through community or third sector services. Dentistry remains largely dependent on formal NHS structures, meaning that where provision is constrained, there are few alternative pathways for accessing care.

g) Alcohol and drug services

Availability of alcohol and drug services across the South of Scotland is described as uneven and, in some areas, insufficient to meet the level and complexity of need. While services exist, rights holders consistently highlighted gaps in provision, particularly in relation to sustained, long-term support and the integration of treatment with wider health and social care systems.

A central concern is that provision is often focused on crisis intervention rather than ongoing recovery. In East Ayrshire, people described a system in which they may receive initial support, such as detoxification or methadone reduction, but without consistent access to follow-up care addressing underlying issues. This reflects a model of provision where substance use is treated in isolation, without sustained psychological or social support.

“When you put the drugs down... what’s there? Absolutely nothing”
Rights holder

This lack of continuity was described as a significant barrier to recovery. Many people emphasised that substance use is often closely linked to trauma, mental health and social conditions, and that without integrated support across these areas, people are at risk of relapse. The absence

of coordinated services means that people may be stabilised temporarily but are not consistently supported through longer-term recovery pathways.

Gaps in provision are particularly evident for people with complex or dual diagnoses. Rights holders reported that services may struggle to respond effectively where substance use and mental health needs intersect, leaving people without appropriate support. In some cases, eligibility criteria or service thresholds can exclude those who do not fit neatly within a single category of provision, further limiting availability. This aligns with the pressures described in the mental health section, where high thresholds and fragmented provision also shape access.

Geography also shapes access to alcohol and drug services. In rural areas, provision is more limited, and people may need to travel to access support. This can be particularly challenging for those already experiencing instability or poor health. As with other services, availability is therefore uneven, with more consistent provision in larger towns and more limited access in remote communities.

People also highlighted the importance of structured activity and community-based support in recovery. In East Ayrshire, alcohol and drug recovery services described embedding volunteering and skills development into recovery pathways, with one service provider noting, “We try and promote to volunteer... that’s getting [them] skills, it’s letting [them] have a purpose.” These approaches were seen as critical to rebuilding routine, confidence and social connection, but are not consistently available across all areas.

Housing and environment were also identified as key factors affecting recovery. Social workers described how people may complete treatment but return to the same conditions that contributed to substance use. One example highlighted the risk of relapse where people are placed back into environments associated with previous use: “He’ll go back to [their] flat and the same issues are there... needles down the back of the

couch.” This illustrates how availability of treatment alone is insufficient without corresponding support in housing and wider life circumstances.

More broadly, human rights defenders described alcohol and drug issues as embedded within wider patterns of deprivation, mental health and social isolation. In communities such as Stranraer, substance use was discussed alongside economic decline, lack of opportunities and deteriorating mental health, indicating that demand for services is shaped by structural conditions rather than individual behaviour alone.

h) Physical accessibility

Physical accessibility to health services across the South of Scotland is shaped not only by distance, but by the safety, reliability and condition of the routes that people must rely on to reach care. Across Dumfries and Galloway, the Scottish Borders, Ayrshire and island communities, people described a system in which access to healthcare depends on infrastructure that is often fragile, indirect or difficult to use in practice.

In Dumfries and Galloway, and particularly in the west, the A75 and A77 are critical routes for accessing services such as hospitals, maternity care and specialist treatment. However, these routes were repeatedly described as unreliable and vulnerable to disruption. Evidence presented indicated that at least one key route had been closed “204 times in three years,” In the context of healthcare, this means that access to services cannot be assumed, even where appointments are scheduled or care is urgently required.

When closures occur, the impact on access to healthcare is immediate. People described detours extending journeys by 60 to 100 miles, often along minor rural roads not designed for heavy traffic or emergency vehicles. For people travelling to hospital appointments or urgent care, this can result in significant delays or an inability to reach services at all. This reflects a broader pattern across rural areas, where alternative routes are limited or impractical.

The risks associated with this infrastructure were directly linked to access to care. The community described situations in which both the A75 and A77 were closed simultaneously, effectively cutting off access to hospital services, with one account stating that “we have to shut off access to hospitals... lives are being put at risk”. This demonstrates that accessibility is not simply about distance, but about whether routes to care remain open and usable when needed.

Island communities face distinct but related barriers. On Arran, accessing healthcare involves ferry travel followed by onward journeys, meaning that even short appointments can require a full day of travel. In this context, accessibility is shaped not only by distance but by timetabling, weather conditions and the reliability of transport connections.

“Fifteen minute appointment turns into a whole day off school because of the ferry situation” Third sector representative

The timing and organisation of appointments further compound these issues. People across multiple areas described being given appointments without consideration of travel distance, requiring early morning attendance despite living several hours away. This effectively shifts the burden of access onto individuals, who must absorb the logistical and physical demands of reaching services.

Physical accessibility is also shaped by the wider environmental conditions associated with transport infrastructure. In communities along the A77 corridor, including Girvan and surrounding areas, people described the cumulative impact of heavy freight traffic moving directly through towns. The concentration of large vehicles was linked not only to road safety concerns, but to noise, air pollution and reduced quality of the local environment, with implications for both physical and mental health. These accounts indicate that transport routes such as the A77 are not simply pathways to care, but environments that actively affect health and wellbeing. For people living along these corridors, the impact of transport infrastructure is therefore continuous rather than episodic,

shaping everyday living conditions as well as the ability to access services when needed.

Environmental factors further reduce reliability. Communities described landslides and ongoing “vulnerable areas” along key routes, meaning that disruption is not occasional but expected. This creates a situation in which people cannot be certain of reaching care, particularly for time-sensitive or repeated appointments.

These challenges are intensified by the centralisation of services. As healthcare provision becomes more concentrated in fewer locations, people across the region are increasingly required to rely on these same routes and transport systems to access care. Whether through long road journeys in Dumfries and Galloway, ferry-dependent travel on Arran, or extended distances in the Borders, accessibility is shaped by the interaction between geography and infrastructure.

i) Financial accessibility

Financial accessibility to health services across the South of Scotland is shaped by the cumulative costs of travel, accommodation, lost income and private payment where NHS provision is unavailable or delayed. Although healthcare is formally free at the point of use, communities repeatedly described a situation in which the real cost of reaching treatment, sustaining attendance and securing timely care falls heavily on individuals and families, particularly in rural, island and more peripheral communities.

In Dumfries and Galloway, people described the financial burden created by long-distance travel to hospital services in Dumfries, Edinburgh and Glasgow. Survey responses were especially direct on this point. One respondent stated that some patients are “getting taxis at £120” or “using travel lodge to stay till they can travel by bus,” adding that Dumfries hospital shows “no regard for those in the west of the region.” These accounts demonstrate that the cost of accessing care is not incidental but embedded within the way services are geographically organised.

This burden is reinforced by service design. In Stranraer, rights holders described the expectation that people travel long distances for very short appointments, with one example noting that people are “up at six in the morning for a ten-minute appointment.” The financial implications of this were described as cumulative, including fuel costs, loss of income and the need to organise extended travel for minimal clinical contact. Families seeking maternity care were described as having to absorb additional costs themselves, with people stating they are expected to “just manage it.”

The cost of accessing specialist treatment was also highlighted. People described how the routing of cancer treatment to Edinburgh, rather than closer centres, increases the financial burden on those living in the west. For treatments such as radiotherapy, this may involve repeated travel or extended stays away from home, creating ongoing financial pressure.

Island communities experience additional and unavoidable costs. On Arran, people described how attending mainland appointments involves not only travel time but direct financial expense. People explained that if travel cannot be completed in a single day, you may need to incur further accommodation costs, and if the ferry is then cancelled, this can become prohibitively expensive as you might need to stay for several nights. These accounts highlight that for island residents, accessing healthcare routinely involves accommodation costs alongside transport.

Financial barriers also arise where NHS provision is unavailable and people are required to pay privately. In some areas, individual described dental care in particular as inaccessible without private payment.

“You either pay private or you go somewhere else” Rights holder

Concerns were also raised about the financial consequences of gaps in provision, including situations where people face significant financial pressure to access necessary care. This represents a form of financial exclusion, where access to timely care depends on ability to pay.

Across the region, the financial burden of accessing healthcare is therefore cumulative rather than singular. A single appointment may involve multiple associated costs, including transport, parking, meals, childcare, accommodation and time away from work. For those requiring repeated or ongoing care, these costs build over time. As a result, while services are formally free, they are not equally affordable in practice.

j) Acceptability

Acceptability of health services across the South of Scotland is shaped by how people experience care in practice, including whether they feel listened to, respected and able to engage with services in a way that meets their needs. While services may be available and, in some cases, physically and financially accessible, participants described a range of experiences that affect whether people feel comfortable seeking care or continuing to engage with it.

A recurring theme across multiple areas was the experience of not being taken seriously or not being listened to within healthcare interactions. In the Scottish Borders, people described difficulties in being heard within primary care, with concerns that people's needs are sometimes dismissed or not fully understood. This was particularly relevant for people with more complex needs or those whose experiences do not fit standard clinical expectations. Such interactions affect not only immediate care but also longer-term trust in services.

Issues of dignity and respect were also raised. Rights holders described situations in which people felt that services were delivered in ways that did not adequately take account of their circumstances. In rural areas, this can be compounded by the lack of flexibility in how services are organised, meaning that people must adapt to systems that do not always reflect their needs. Where people feel that their circumstances are not recognised, this can reduce willingness to seek care.

Mental health services were particularly associated with issues of acceptability. Stigma remains a significant barrier, affecting whether people feel able to seek support. Many described a reluctance to

engage with services due to concerns about how they would be perceived, particularly in smaller communities where anonymity is limited. In some cases, people described delaying or avoiding seeking help because of these concerns.

Confidentiality and anonymity were also identified as factors influencing acceptability. In smaller or rural communities, the visibility of accessing services can act as a deterrent, particularly for sensitive issues such as mental health, addiction or sexual health. Some noted that the lack of anonymity can make it difficult for people to feel comfortable accessing care locally, contributing to avoidance or delayed engagement.

Experiences of accessing care through non-traditional or adapted service models were mixed. The increased use of telephone and digital consultations, introduced in response to capacity pressures, was not always experienced as appropriate. Some indicated that remote consultations can feel impersonal or insufficient, particularly where people require reassurance, physical examination or more in-depth discussion. This reflects issues identified in GP and specialist services, but here the focus is on how these modes of delivery affect willingness to engage. This can affect whether people feel that their needs are being adequately met.

Some people recognised that alternative models of delivery may improve acceptability for certain groups, particularly where they reduce the need for travel or allow more flexible engagement. However, this was not seen as a universal solution, with the suitability of such approaches depending on individual circumstances and the nature of the health issue.

We also heard that previous negative experiences influence future engagement with services. Where people feel that they have not been treated appropriately, not listened to, or not supported effectively, they may be less likely to return or to seek help in the future. This creates a cumulative effect, where acceptability is shaped over time through repeated interactions with the system.

k) Quality

Quality of health services across the South of Scotland is shaped by consistency of care, continuity, timeliness and the extent to which services meet clinical need in practice. While people frequently acknowledged the commitment and professionalism of healthcare staff, the evidence indicates that systemic pressures are affecting the quality of care experienced by patients across multiple parts of the region.

A central issue affecting quality is delay. Across Dumfries and Galloway and the Scottish Borders, people described long waiting times for appointments, referrals and treatment. Continuity of care was also identified as a key component of quality, and one that is increasingly difficult to maintain. In areas experiencing workforce shortages, people described difficulties in seeing the same practitioner consistently, particularly within GP services. This affects the ability to build relationships, maintain oversight of ongoing conditions and provide coordinated care over time. In smaller or rural communities, where services may rely on a limited number of staff or locum provision, this lack of continuity was described as particularly pronounced.

Workforce pressures were repeatedly linked to the quality of care delivered. In some areas, people highlighted the difficulty of recruiting and retaining healthcare professionals. These pressures affect not only availability but also the quality of care that can be provided, as staff manage high workloads and limited capacity. People consistently recognised that staff are working under strain, but also indicated that this has consequences for patient experience.

There were also indications that variation exists across the region, with quality differing depending on location and service type. Larger centres may offer more comprehensive services, while smaller or more rural areas experience greater constraints. This creates uneven experiences of care, where quality is not consistent across the system.

Despite these challenges, communities frequently acknowledged the efforts of healthcare staff and the importance of maintaining services

under difficult conditions. However, these acknowledgements sit alongside clear evidence that systemic pressures, including workforce shortages, delays and service configuration, are affecting the quality of care experienced by patients.

I) Underlying determinants of health

Health outcomes across the South of Scotland are shaped by a wide range of social, economic and environmental conditions that influence both the level of need within communities and people's ability to respond to that need. People consistently described a context in which poverty, housing, employment, infrastructure and isolation interact, creating cumulative pressures that cannot be addressed through healthcare services alone. These underlying determinants form the conditions in which health is produced, maintained or undermined.

Fuel poverty was highlighted as a particularly acute issue. People described households reducing heating use to unaffordable levels, with some limiting heating to specific rooms, wearing additional layers indoors or avoiding heating altogether. These strategies reflect coping mechanisms rather than choice and have clear consequences for physical health, particularly for older people, children and those with existing health conditions. Cold homes contribute to respiratory illness, exacerbate chronic conditions and increase vulnerability during winter months. The persistence of these conditions points to structural issues in housing quality, energy costs and income levels.

Housing conditions themselves were also identified as a determinant of health. In rural areas, communities described older housing stock that is difficult to heat and maintain, often with limited access to affordable repairs or upgrades. In some cases, infrastructure issues extend beyond the home, including concerns about water supply and sewage systems, which can affect environmental health and wellbeing. These conditions are not isolated but form part of a wider pattern in which rural housing presents specific challenges that directly affect health outcomes.

Social isolation emerged as a significant concern, particularly in rural and island communities. People described how distance, limited transport and dispersed populations reduce opportunities for social interaction, contributing to loneliness and affecting mental health. For some people, particularly older people or those disabled people, isolation was described as a persistent condition rather than a temporary experience. This has implications not only for mental wellbeing but also for physical health, as isolation can reduce access to informal support networks and early help.

Caring responsibilities also play a role in shaping health outcomes. Young carers, for example, were described as taking on significant responsibilities within the home, sometimes acting as “the authority in their house... the people making decisions.” These responsibilities can affect education, social development and mental health, with potential long-term consequences. Adult carers were also described as experiencing strain, particularly where support services are limited or difficult to access.

Food insecurity, addressed in detail in a previous section, forms an important part of this wider picture. People described rising food costs and increasing reliance on support services, indicating that access to adequate nutrition is becoming more difficult for some households. This has direct implications for physical health and contributes to stress and anxiety within households.

Overall, the evidence shows that health outcomes in the South of Scotland are shaped by a complex and interrelated set of underlying determinants. Poverty, housing, employment, infrastructure and social isolation interact to create conditions that increase health need and limit the capacity of people to respond to that need. These factors operate alongside and beyond the healthcare system, meaning that improvements in health outcomes require attention not only to services, but to the broader conditions in which people live.

6.5.3. Rhona's* story

“There are many more families like ours in Scotland. Something has to change. We should have healthcare without boundaries and people should be able to drive their own care.”

My family are from the Southwest of Scotland. My husband joined the army at 17 and was a career soldier for 24 years. He sustained multiple complex injuries while in service and by the time he returned from his final tour, he needed knee replacements in both legs and – though we didn't know it at the time - he was also suffering from blast traumatic brain injuries and complex PTSD.

After leaving the military, his healthcare was handed over to the NHS. It was a battle to get his knees fixed because the injuries were complex and extensive so there was no one locally who could do the operation and the local health board refused to refer us elsewhere.

The pain was so significant, he was not able to walk. He couldn't sit down on the floor and change a nappy. He wasn't able to work. Eventually, we scraped together the money for a private consult in the central belt. The consultant recommended a treatment to our GP, but the local authority refused to pay for it. He had to wait to be treated locally. It took seven years.

While he waited, the pain and the effects of his brain injury caused his mental health to deteriorate. He would wake up with night traumas and he would be having seizures in the night. He wore a hole in the mattress from marching in his sleep.

As he started to fall apart, navigating services was impossible. Doctors didn't know what to do. There were no trauma-trained psychiatrists in our area, and he needed specialist brain scans, but they still refused to refer us elsewhere.

Not having a diagnosis was torture. He was trapped in the health care system here, and he became suicidal. He stood on the front line to protect everybody else's rights, and nobody would help him.

After he attempted to end his life, we had no other option but to sell our house to pay for private scans, which confirmed he had multiple blast traumatic brain injuries. That diagnosis gave him peace, and I believe that if he hadn't got it when he did, he would be dead now. But even after he was diagnosed, the health board refused to refer him to the central belt for treatment.

There was no support in place at all. Our new home needed disability adaptations, but the local authority told us they didn't have the money to do what we needed despite the NHS Occupational therapist stating the adaptations were essential and mandatory. I wasn't offered community care. I got to the stage where, after some health issues of my own — COVID affected me and my son — the caring responsibilities doubled and I had to stop working too.

When my son developed serious complications from long COVID, it was like history repeating itself. We really struggled to access care for him. The doctor made me feel gaslit and really patronised, like I was just some over the top mother. It wasn't my first rodeo by that point, and I was aware of how difficult this was going to be.

We ended up using the remaining money from the house sale to go private again. He's on medication now that helps but it's been a slow process. He hasn't been able to attend school, and we were denied home tutoring until a charity stepped in to advocate on his behalf.

I've gone through all of this with my husband, and they've not learned any lessons. There are many more families like ours in Scotland. Something has to change. We should have healthcare without boundaries and people should be able to drive their own care. Those values of not walking past what's wrong and helping those in difficulty—we need them applied at government level so all people in Scotland

have equal access to the best services for them regardless of area of residence.

6.6. The right to social care

Social care is a crucial part of the right to health and the right to an adequate standard of living. It ensures that individuals, if they so choose, have access to the necessary support for maintaining healthy and dignified living conditions.

Based on the information gathered through this monitoring work, the current assessment of the right to social care in the South of Scotland is as follows:

Table 30: Assessment of minimum core obligations for the right to social care in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
There are no minimum core obligations for social security determined under international law	N/A	N/A

Table 31: Assessment of progressive realisation for the right to social care in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Have there been targeted and concrete steps to improve?	Several initiatives and strategies, both national and local, aim to improve social care across the country and in the South of Scotland. Health and Social Care Partnerships have developed various strategies to address local needs. The passing of the Care Reform (Scotland) Act 2025 is an important step forward.	Meets all obligations
Have there been effective and expeditious efforts?	There has been significant initiatives and interventions in the past few years in order to improve current challenges to the right to social care.	Meets all obligations
Is there evidence of improvement?	While efforts have been made, the available evidence indicates that these have not been sufficient to guarantee significant improvements in practice in social care in the South of Scotland.	Does not meet obligations

Table 32: Assessment of non-retrogression for the right to social care in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Has the enjoyment of the right deteriorated?	Evidence suggests that accessing social care has become significantly more difficult in the past decade, with overall quality reduced given insufficient workforce.	Does not meet obligations
If there has been deterioration, has there been sufficient government action to mitigate impacts?	While there are ongoing efforts from both local and national governments, including Health and Social Care Partnerships, the evidence suggests that these efforts have not been enough to fully prevent or mitigate the impacts on people's human rights in relation to social care in the region.	Does not meet obligations
Has there been a deliberate measure that has reduced the enjoyment of the right?	No concerns identified.	Meets all obligations
Is there evidence that the deliberate measure(s) complied with all exceptions of non-retrogression?	N/A	N/A

Table 33: Assessment of adequacy for the right to social care in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Accessibility: Are social care services physically available and affordable?	While social care may be available for many, evidence indicates that there are continuous barriers that prevent people from accessing it in a timely, consistent or equitable way.	Partially meets obligations
Availability: Is there sufficient social care available for those who need it?	Social care services are present across the South of Scotland but are not available at a level sufficient to meet demand. Workforce shortages, geographic constraints and system capacity issues limit the number and scope of care packages that can be delivered. As a result, care is often delayed, reduced or substituted by unpaid support, and availability varies significantly between communities.	Partially meets obligations
Acceptability: Are current services respectful of the culture and dignity of individuals?	Evidence shows that there is limited choice, concerns about dignity, fear of complaining, stigma and lack of cultural fit which are all affecting whether people feel able to engage with social care.	Partially meets obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Quality: Are services of good quality? Are they medically and ethically appropriate?	While care is delivered across the region, it does not consistently meet assessed need in a comprehensive or coordinated way. Workforce shortages are affecting adequacy and quality of care delivered for some people.	Partially meets obligations

6.6.1. Summary of what we found in our literature and policy review

The literature on social care in the South of Scotland consistently highlights issues related autonomy, dignity, participation and the ability to live independently in the community. The documents collectively portray a system under sustained pressure, shaped by demographic change, workforce challenges, financial constraints and the complexity of people's needs.

A central theme in the evidence is the challenge of accessing timely and appropriate social care support. Policy documents describe increasing demand for care at home, reablement and long-term support, set against limited service capacity and strained or reduced budgets. Eligibility thresholds are a recurring issue, with some evidence noting that people may only receive support once their needs escalate to higher levels. This creates gaps in preventative provision and can increase the likelihood of avoidable crises. Care costs and financial uncertainty are also widely referenced. Guidance documents and local information highlight the complexity of financial assessments, transitions to care home settings and the anxieties faced by individuals and families in navigating costs.

Audit Scotland's Local Audits in the South of Scotland identify significant pressures across health and social care, including sustained workforce shortages, financial instability within Integrated Boards, and rising demand linked to ageing populations and increasing complexity of need. The audits report persistent challenges in maintaining primary care capacity, meeting integration objectives, and ensuring timely access to community and unscheduled care

6.6.2. What we heard from rights holders

a) Availability

Availability of social care across the South of Scotland is increasingly constrained in practice, with demand exceeding the capacity of formal services. While care systems are in place across the whole region, communities described a situation in which the model of care focuses only on urgent need rather than prevention, anticipation of need or relationships with communities and rights holders. This results in gaps in provision, delayed support and increasing reliance on informal care. Overall, people's experience of care and support does not appear to reflect a human rights based approach, as recommended in independent reviews of adult social care.³¹

Workforce capacity is the central factor shaping availability. Across multiple areas, people highlighted significant and increasing challenges in recruiting and retaining care staff, particularly in rural and island communities, worsening access to social care in the South of Scotland. In some areas, this was described in direct terms, with services unable to expand due to lack of staff and housing constraints limiting the ability to attract workers. In other areas, difficulties in recruiting care workers were linked to wider issues of low pay, travel requirements and limited local workforce. These constraints reduce the number of care packages that can be delivered, and limit the flexibility of services to work with communities, coordinate across services and respond to changing needs.

As a result, availability of care packages is restricted. Human rights defenders have described situations in which individuals are assessed as needing support but are unable to receive it in practice due to lack of capacity. In some cases, this leads to delays in care being put in place, while in others, support is provided at a reduced level that does not fully meet assessed need. This indicates that availability is not determined solely by assessment processes but by the practical ability of the system to deliver care.

The consequences of limited availability are particularly visible in hospital discharge processes. Across the region, people described delays in discharging patients due to the absence of appropriate care packages in the community. This creates a situation in which people remain in hospital longer than clinically necessary, not because of medical need but due to the lack of available care provision.

Care home capacity was also identified as a constraint. Care workers described increasing limited availability of placements, particularly for individuals with complex needs or requiring specialist support. In some cases, people are placed at a significant distance from their home communities due to the lack of local provision, indicating that availability is not only limited in scale but unevenly distributed. This has implications not only for individuals receiving care but for families who must travel to maintain contact.

In the context of these constraints, unpaid carers and informal support networks play a critical role in sustaining care provision. Unpaid carers are described as effectively forming the “biggest workforce” within the system. Family members, including young carers, are reported to be taking on significant responsibilities, sometimes managing household finances, providing personal care and coordinating support. The involvement of families is an important factor in the delivery of person-centred care, especially where it can support independent living. However, what we heard reflected that often unpaid carers are taking responsibility where service provision is unavailable, rather than as a planned and supported part of the care model.

Third sector organisations also contribute to maintaining availability, particularly in areas such as mental health support, wellbeing services and community-based care. However, care providers and human rights defenders noted that these services are often dependent on short-term funding and are not consistently available across all areas, creating variation in provision depending on local resources.

In rural areas, the time required to travel between people reduces the number of visits that can be delivered by care staff, limiting overall capacity. Paid carers described how long travel distances and dispersed populations make it more difficult to sustain services at the same level as in more urban areas. On Arran, the combination of limited workforce and geographic isolation creates a system with very limited resilience, where any increase in demand or reduction in staff has a disproportionate impact.

b) Accessibility

Accessibility of social care across the South of Scotland is shaped by the ability of people to obtain support in practice, once services exist. The evidence indicates that access is uneven and often dependent on geography, system navigation, advocacy and personal capacity to engage with complex processes. While care may be available in principle, people consistently described barriers that prevent people from accessing it in a timely, consistent or equitable way.

Administrative barriers are one such example. People described the complexity of navigating social care systems, particularly in relation to Self-Directed Support (SDS). Individuals and families may be required to manage care arrangements, employ staff or coordinate services themselves, which can be difficult without support. In practice, this can limit access for those who lack the knowledge, confidence or capacity to engage with these systems. The need for advocacy was highlighted, with participants indicating that individuals who can access support often do so because they have someone to advocate on their behalf, while others may struggle to access services at all.

Thresholds for access further restrict accessibility. Across multiple areas, people described increasingly high eligibility criteria, meaning that individuals must reach a significant level of need before support is provided. This creates a situation in which people may experience deterioration in their condition before they are able to access care, particularly in areas such as mental health and early intervention support.

Affordability also interacts with accessibility. While some aspects of social care are publicly funded, human rights defenders described situations in which people are required to make financial contributions or cover additional costs. This includes top-up payments for care homes or the need to fund elements of care privately where public provision is insufficient. For people on low incomes, these costs can act as a barrier to accessing appropriate care, even where services are technically available.

The interaction between social care and other services also affects accessibility. Rights holders described gaps between health and social care systems, where people may be discharged from hospital without adequate support in place, or where responsibility for care is unclear. These gaps can make it difficult for people to access coordinated support, particularly where they have complex or multiple needs.

c) Acceptability

Acceptability of social care across the South of Scotland reflects whether people feel comfortable engaging with services, whether care is delivered in a way that respects dignity and choice, and whether it aligns with people's preferences, identities and lived circumstances. The evidence indicates that, while many services continue to operate under pressure, there are significant concerns about how care is experienced in practice, which in turn affects willingness to engage with formal support.

A consistent theme is the limited degree of meaningful choice within care arrangements. People described how Self-Directed Support (SDS),

while intended to increase control, does not always function in practice as a genuine choice. In some cases, people are presented with constrained options due to workforce shortages or lack of available providers, meaning that care packages are shaped more by system capacity than personal preference. This creates a gap between the principle of choice and the reality of provision, affecting how acceptable care feels to those receiving it.

Dignity within care provision was also a significant concern.

Communities described task-based models of care, where visits are short and focused on specific activities rather than holistic support. While this relates to quality, it also affects acceptability, as people may feel that care is rushed, impersonal or not responsive to their wider needs. Where care is delivered in this way, it may meet basic functional requirements but fail to provide a sense of dignity or respect.

We also heard evidence that some people are reluctant to raise concerns or complaints about care. Some indicated that people may fear that complaining could result in reduced support or loss of services altogether, particularly in a context where provision is already limited. This means issues of acceptability may be underreported, as people prioritise retaining access to care over challenging how it is delivered.

Stigma and perception of services also influence acceptability. In some communities, particularly smaller or rural areas, people described a reluctance to engage with formal care services due to concerns about visibility, judgement or loss of independence. This is particularly relevant for mental health and addiction-related support, where people may prefer informal or community-based settings over statutory services.

Unpaid and informal care was often described as more acceptable than formal provision, particularly where it is delivered by trusted individuals within the community. However, this preference is not always based on choice but on the perceived limitations of formal services. Where formal care is experienced as inflexible, impersonal or difficult to access,

people may rely more heavily on family or community support, even where this places strain on those providing care.

Cultural and personal fit of services was also raised, though less frequently. Some indicated that services do not always reflect the specific needs or identities of individuals, including those from minority groups or with particular social circumstances. This can affect whether people feel comfortable accessing and continuing to engage with services.

Continuity and consistency of care also influence acceptability. Where people experience frequent changes in care staff or inconsistent provision, this can affect trust and comfort, particularly for those requiring personal or intimate care. While not always explicitly framed in these terms, people's accounts suggest that stability in relationships is an important aspect of acceptable care.

d) Quality

Quality of social care across the South of Scotland is shaped by the extent to which services meet assessed need in a safe, consistent and effective way. While people frequently acknowledged the commitment of staff working within the system, the evidence indicates that systemic pressures, particularly workforce shortages and constrained capacity, are affecting the adequacy and consistency of care delivered.

A central issue is that care provided does not always match the level of need identified. Communities described situations where people receive reduced or minimal care packages due to capacity constraints. This results in care that is technically in place but insufficient in scope or frequency to support daily living effectively. In practice, this can mean that essential needs are only partially met, with gaps filled by unpaid carers or left unmet altogether.

The structure of care delivery was also highlighted as affecting quality. Some people described short, task-based visits focused on completing specific activities within limited timeframes. While this model enables

services to reach more people, it reduces the ability to provide holistic or responsive care. People may receive assistance with basic tasks but lack support for broader wellbeing, social interaction or changing needs. This approach can lead to a fragmented experience of care, where services are delivered in isolation rather than as part of a coordinated package.

Gaps in coordination between services also affect quality. Some described individuals “falling between” health and social care systems, particularly where needs are complex or span multiple services. This lack of coordination can result in deterioration, readmission or increased reliance on emergency services, indicating that care is not functioning as a coherent system.

The impact of workforce pressures is evident throughout. Limited staffing levels reduce the time available for each visit, constrain flexibility and increase reliance on less experienced or temporary staff. People across multiple areas highlighted that care workers are operating under significant pressure, which affects not only availability, but the quality of interactions and support provided. They indicate that these pressures are becoming more acute over time, reducing the level of quality of care provided. While staff commitment was consistently recognised, the conditions in which they are working limit the level of care that can be delivered.

Despite these challenges, there were also indications that where services are accessible and adequately resourced, people can have positive experiences of care. However, these experiences are not consistent across the region and are often dependent on local capacity and circumstances.

6.7. The right to education

The right to education is a fundamental human right, key to empowering individuals and enabling them to break cycles of poverty. It allows both children and adults, especially those who are economically and socially

marginalised, to actively participate in their communities. In Scotland, the right to education is legally protected by the Human Rights Act 1998 and is further reinforced for children under the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024.

Based on the information collected through this monitoring work, the current assessment on the state of education in the South of Scotland is as follows:

Table 34: Assessment of minimum core obligations for the right to education in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Ensure the right of access to public educational institutions and programmes on a non-discriminatory basis.	No concerns identified.	Meets all obligations
Provide free primary education for all.	No concerns identified.	Meets all obligations
Adopt and implement a national educational strategy which includes provision for secondary, higher and fundamental education.	No concerns identified.	Meets all obligations
Ensure free choice of education without interference from the state or third parties.	No concerns identified.	Meets all obligations

Table 35: Assessment of progressive realisation for the right to education in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Have there been targeted and concrete steps to improve?	Each council area has its own education strategies and objectives, but it is unclear how these plans consider the right to education and its essential components to enhance the realisation of the right. Various national plans and strategies have also been created with the intent of improving the overall realisation of the right to education.	Partially meets obligations
Have there been effective and expeditious efforts?	Although significant efforts have been made in recent years, there is no evidence that these have been effective in targeting the challenges identified in the South of Scotland.	Partially meets obligations
Is there evidence of improvement?	Current available evidence does not demonstrate that the enjoyment of the right to education has significantly improved in the last decade in the South of Scotland.	Does not meet obligations

Table 36: Assessment of non-retrogression for the right to education in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Has the enjoyment of the right deteriorated?	Evidence indicates that there is a general deterioration of various aspects of the adequacy of the right to education. This includes availability, accessibility, acceptability, and adaptability.	Does not meet obligations
If there has been deterioration, has there been sufficient government action to mitigate impacts?	Despite interventions by local and national government, actions have not yet been sufficient to address challenges identified in the South of Scotland.	Does not meet obligations
Has there been a deliberate measure that has reduced the enjoyment of the right?	School closures, budget cuts and the withdrawal of educational programs have negatively impacted the overall enjoyment of the right to education. These actions have disproportionately affected disabled students. These actions include reductions of spaces for pupils with additional support needs and the withdrawal of certain subjects.	Does not meet obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Is there evidence that the deliberate measure(s) complied with all exceptions of non-retrogression?	Available evidence does not suggest that these retrogressive measures were implemented after thorough consultation with affected people or communities. Nor does it appear that alternative, less harmful measures were explored. Furthermore, those most at risk or marginalised do not seem to have been prioritised during the decision-making process.	Does not meet obligations

Table 37: Assessment of adequacy for the right to education in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Availability: Are there sufficient schools, programmes, courses, and facilities for all?	Education is available across the South of Scotland, but not evenly or comprehensively. Limited subject choice, centralised provision, school closures, workforce challenges and gaps in specialist and post-school have all been identified as critical failures.	Partially meets obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Accessibility: Are educational programmes accessible for all? Are they in safe physical reach for all?	Accessibility is uneven and conditional. While some students can access education relatively effectively, others face intersecting barriers linked to geography, infrastructure, digital access and personal circumstances.	Partially meets obligations
Acceptability: Are educational programs and services relevant, culturally appropriate and of good quality?	Many students experience supportive environments. However, many others encounter barriers related to inclusion, safety, curriculum relevance and support. This is particularly critical for those requiring additional support.	Partially meets obligations
Adaptability: Are educational programmes flexible? Do they adapt to the needs of students within their diverse social and cultural settings?	Many students reports that there are systems in place that are less able to adjust to their needs, resulting in a situation where they are often required to adapt to the system rather than the system adapting to them.	Partially meets obligations

6.7.1. Summary of what we found in our literature and policy review

Recurring evidence indicates that a significant challenge in the South of Scotland is ensuring equitable access to education for all students. The needs of children and young people with additional support requirements are a key concern, with variability in the capacity of schools and local authorities to provide consistent support across the region. Inspection reports often highlight strengths in relationships and ethos, but also

identify gaps in specialist provision, staff confidence and the availability of tailored interventions. These concerns are framed in terms of service improvement rather than human rights, yet they speak directly to questions of inclusive education and equal participation. Children and young people from low-income households, those with additional support needs, care-experienced learners, and those living in rural or island communities appear to be most affected by the issues identified in the literature and policy documents.

Audit Scotland's Local Audits in the South of Scotland have highlighted pressures within education and children's services, including rising demand for additional support needs provision, challenges recruiting and retaining specialist staff, and financial pressures affecting the ability to sustain or expand services. The audits also note the impact of wider cost-of-living pressures on families, which can influence attendance, engagement and the affordability of participation in school life.

6.7.2. What we heard from rights holders

a) Availability

Availability of education across the South of Scotland is shaped by patterns of centralisation, constrained local provision and uneven distribution of resources. While education is present across the region, the evidence shows that it is not consistently available in a form that meets the full range of needs, particularly in rural and smaller communities.

We heard about a limited range of provision available within local schools. Evidence highlights concerns about narrowing subject choice, including references to the loss of subjects such as music and drama. Survey responses also point to a lack of alternatives to academic pathways. This indicates that availability is not only about whether schools exist, but whether they offer a sufficiently broad and balanced curriculum.

At further and higher education level, provision is often geographically concentrated. Whilst appreciating the availability of some higher education availability at the Dumfries Crichton Campus (a unique multi-institution campus featuring the University of Glasgow, University of the West of Scotland (UWS), The Open University in Scotland, and Scotland's Rural College (SRUC), alongside Dumfries & Galloway College), a number of people described how access to specific courses or training frequently requires travel outside the immediate area, particularly to larger centres. This reflects a wider pattern of centralisation, where opportunities are clustered in particular locations rather than distributed across communities. As a result, availability is closely tied to geography, with direct implications for accessibility.

School infrastructure is also uneven. People talked about school closures, mothballing and mergers, particularly in rural areas. These changes reduce the number of local education settings and affect the sustainability of provision within communities. Alongside this, workforce capacity further constrains availability, with consistent references to challenges in recruiting and retaining teachers, particularly in specific subject areas. This directly limits what schools can offer and contributes to reduced curriculum breadth.

Provision for pupils with additional support needs is also constrained. Evidence indicates that appropriate support and specialist provision are not consistently available, with increasing pressure placed on mainstream settings. This means suitable educational environments are not available for all students and links directly to issues of accessibility, quality and adaptability.

There are also limitations in post-school pathways. People described restricted local opportunities for further education, training and progression into employment, with concerns that young people often need to leave the area to pursue education. This suggests that availability is uneven across the broader education and skills system, particularly in relation to progression.

Alongside these challenges, rights holders described examples of local initiatives supporting education, including community-based approaches and targeted programmes. However, these are not consistently available across the region.

b) Accessibility

Accessibility of education across the South of Scotland presents a mixed picture, with some students able to access provision relatively effectively, while others face significant and often overlapping barriers. Access is shaped not only by the presence of schools and educational opportunities, but by whether people can realistically reach, participate in and sustain engagement with them.

Transport and geography are central to accessibility. People consistently highlighted the distance required to access education, with concerns that this would not be manageable using public transport. These distances are not unusual in rural areas and indicate that access is heavily dependent on mobility, particularly access to a private car.

Digital provision provides an alternative route to access for some students. Online learning can reduce the need for travel and expand participation, particularly in more remote areas. However, this is not consistent. Evidence indicates that digital access is uneven, with barriers relating to connectivity, affordability and digital skills. As a result, digital provision improves accessibility for some but does not operate as a universal solution.

Accessibility is also shaped by the organisation of services and everyday practical constraints. People highlighted difficulties related to opening times and access to town centres. While raised in a different context, these issues reflect wider barriers around timing, travel and service design that also affect education.

Caring responsibilities, particularly for young carers, can affect attendance and engagement. Evidence shows that some young carers

take on significant roles within the household, limiting their ability to fully participate in education.

“We do have young carers who don’t engage with school” Third sector representative

For students with additional support needs, accessibility is particularly uneven. Evidence indicates that support is not consistently sufficient or timely, meaning that some students are not able to fully access education in practice. Delays in support and lack of tailored provision create barriers even where formal access exists.

Financial pressures also play a role. Costs associated with transport, materials and participation can create additional barriers for families already under strain. In situations where households are described as “very hand to mouth” these pressures can directly affect participation. In situations of instability, access can break down entirely, with children and young people experiencing disruption struggling to maintain consistent engagement.

c) Acceptability

Acceptability of education across the South of Scotland is shaped by how education is experienced in practice, including whether it is respectful, inclusive, safe and aligned with students’ needs. The evidence presents a mixed picture, with both positive experiences and consistent concerns.

A central issue is inclusion and respect within educational settings. Evidence highlights that not all feel equally valued or supported, particularly those with additional needs. Acceptability is therefore also shaped by how well schools respond to additional support needs. Where support is delayed or insufficient, students may feel excluded or unable to participate fully. Mental health pressures further affect experience, particularly where schools are not equipped to respond adequately. At the same time, there are examples of positive experiences, including supportive environments and strong relationships with staff. Overall,

these experiences influence whether education is perceived as acceptable and whether students feel able to participate fully.

Bullying and safety are also recurring concerns. Evidence indicates that some experience bullying within school environments, affecting both attendance and engagement. This raises questions about whether educational settings consistently provide safe environments for all pupils.

The structure of the curriculum further affects acceptability. People raised concerns about a strong emphasis on academic pathways, with insufficient recognition of alternative routes. This can result in some feeling that education does not align with their interests or aspirations.

d) Quality

While many students receive a good standard of education, quality is uneven and influenced by structural pressures.

Workforce capacity is a central issue. Evidence highlights difficulties in recruiting and retaining teachers, particularly in rural areas and specialist subjects. This affects continuity of teaching and limits subject availability.

Staff workload and class sizes also influence quality. Pressures on teaching staff can reduce the level of individual attention available to pupils, particularly those requiring additional support. This links closely to provision for additional support needs, where delays and limited specialist services can affect outcomes and place further strain on mainstream staff.

Curriculum breadth is another key factor. Reductions in subject availability, particularly in arts and practical subjects, limit both choice and the overall educational experience. Wider support services, including mental health provision, also affect quality, with schools often expected to respond to increasing need without corresponding resources.

There are also indications of disparities in infrastructure and resources between schools. These differences contribute to uneven quality across the region, particularly between larger and more remote settings.

At the same time, there is evidence of strong provision in some areas, including committed teaching staff and positive student experiences identified across engagement sessions and survey responses. However, these are not consistent, and quality varies depending on location, resources and support availability.

e) Adaptability

Adaptability of education across the South of Scotland relates to the system's ability to respond to diverse and changing student needs. The evidence indicates that while there are examples of flexibility, this is not consistently achieved, and that the system often struggles to respond effectively where needs are complex or non-standard.

A central issue is responsiveness to additional support needs. Evidence highlights delays in assessment and limited access to specialist provision, meaning that students do not always receive appropriate support in a timely way. This affects engagement and participation, and creates situations where students are present within the system but not fully able to benefit from it. These challenges also link directly to issues identified in accessibility and quality, where insufficient or delayed support constrains both access and outcomes.

There are also broader challenges in adapting to different learning styles and circumstances. Some students, including those who are neurodivergent, told us they struggle within standard classroom environments where tailored approaches or appropriate spaces are limited. Similarly, young carers say that they face significant constraints on participation due to caring responsibilities, and where systems are not flexible in response, which leads to reduced engagement or disengagement over time. Together, these examples indicate that adaptability is not only about formal provision, but about how well the system responds to the realities of students' lives.

People also raised concerns about limited vocational options and a strong emphasis on academic routes, which can restrict the system's ability to respond to different aspirations and strengths. Geography reinforces these constraints, as in rural areas limited provision reduces flexibility in timetabling, subject choice and access to alternative learning environments. Financial and structural barriers can also limit access to tailored support, meaning that flexibility is not equally available to all students.

At the same time, we heard examples of adaptive practice, including tailored support and partnership working identified across engagement sessions. Responsiveness is possible within the system, but it tends to depend on local capacity and are not consistently embedded.

6.7.3. Valerie and Lola's story

"I went into school armed with a book about education rights. The headteacher looked me in the eye and said, 'You absolutely have a legal right. But we don't have the resources.'"

Lola became poorly in 2023. We had a diagnosis of autism spectrum disorder.

Things were very difficult for Lola at school. And then she developed anorexia. We suspect it was a form of self-harm in response to those difficulties.

It's just the two of us. I'm a lone parent. She couldn't be left, so I stopped working and became Lola's full-time carer.

It was financially catastrophic for us, we relocated to Galashiels to be closer to family.

Lola attended a facility for kids with eating disorders. While she was getting treatment, she could access the day school and the tutors, who were hugely beneficial.

But it's only for kids that access that service, so when she left that service, she couldn't access the day school anymore. So that was taken away again.

It made it worse, if you like.

Because she had this extra layer of anxiety about being denied the education she so wanted. Lola's very bright. And it was really hard for her not to have access to education.

We knew she had a legal right, but that made no difference.

I went into school armed with a book about education rights. The headteacher looked me in the eye and said,

"You absolutely have a legal right. But we don't have the resources."

There was no provision for us. We got an outreach service for one hour a week. That was it. I think that might be changing, but it's not changing quick enough.

We secured a little bit of money from social work. It was supposed to be for "anything that would benefit Lola". It could have paid for activities or maybe a little break.

But we ended up paying for Lola to have a maths education when she was legally entitled to have that anyway. That really didn't sit well with me. Lola was so keen to learn and she really wanted to try her hardest - we had no choice.

Now, Lola attends a college for pupils whose learning has been interrupted, up in Midlothian. It's mostly young people who are autistic, or who have had health problems. She's been there since she turned sixteen. It's very nurturing, very supportive.

There's no provision for that here, nothing at all in our area. It takes about forty-five minutes each way. People commute every day — it's not the end of the world. But it's costing an absolute fortune in diesel. Lola gets an Education Maintenance Allowance. It's supposed to help with

college costs. But most of it goes into the car. It's not really covering the cost.

Soon she'll move to advanced education, so we'll lose the child element of universal credit. But because she won't be 18 yet, she can't claim in her own name as an adult. We'll lose hundreds of pounds a month.

None of it makes any sense.

And it's a long day. We're up early, sometimes she's just asleep on the drive home.

When you're fatigued, that's a lot. Even if you can do the work, the thought of travelling, getting up, showering, presenting yourself — that can be really hard some days.

Lola's dream is to go to Edinburgh University to study politics and economics. She's so passionate about the idea of rights - making sure society isn't discriminatory when people need more support.

7. Cultural rights in the South of Scotland

Cultural rights are fundamental to human dignity. International human rights law recognises that cultural rights are essential for maintaining the dignity of individuals and ensuring harmonious interaction among diverse communities. The right to take part in cultural life is both an individual and collective freedom and a responsibility of states to ensure its enjoyment. It requires governments to refrain from arbitrarily interfering with cultural practices while actively creating the necessary conditions that allow people to fully engage in cultural life freely and meaningfully.

Based on the evidence collected through this monitoring, the current assessment of the right to take part in cultural life in the South of Scotland is as follows:

Table 38: Assessment of minimum core obligations for cultural rights in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Take legislative and any other necessary steps to guarantee non-discrimination and gender equality in the enjoyment of the right.	No concerns identified.	Meets all obligations
Respect the right of everyone to identify or not identify themselves with one or more communities, and the right to change their choice.	No concerns identified.	Meets all obligations
Respect and protect the right of everyone to engage in their own cultural practices.	No concerns identified.	Meets all obligations
Eliminate any barriers or obstacles that inhibit or restrict a person's access to their own culture or to other cultures, without discrimination.	Concerns over lack of physical and financial accessibility to cultural services.	Does not meet obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Allow and encourage the participation of persons belonging to minority groups, indigenous peoples or to other communities in the design and implementation of law and policies that affect them.	While participation is legally allowed, concerns have been identified about insufficient participatory processes in the design and delivery of cultural services in the region.	Partially meets obligations

Table 39: Assessment of progressive realisation for cultural rights in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Have there been targeted and concrete steps to improve?	Various national and local efforts have been made in relation to improving access to cultural life.	Partially meets obligations
Has there been effective and expeditious efforts?	Given decline in access to cultural life, including budget reductions and program cuts, current efforts by local and national governments do not seem to be sufficiently effective to progressively improve the realisation of the right.	Does not meet obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Is there evidence of improvement?	Current available evidence does not suggest any significant improvement in the enjoyment of the right to take part in cultural life in the South of Scotland, particularly given evidence of retrogression in the region.	Does not meet obligations

Table 40: Assessment of non-retrogression for cultural rights in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Has the enjoyment of the right deteriorated?	Evidence suggests there is a deterioration of cultural services and facilities, with many cultural services previously available now reduced or eliminated.	Does not meet obligations
If there has been deterioration, has there been sufficient government action to mitigate impacts?	Current efforts made by national and local authorities do not seem to be sufficient to mitigate the deterioration of cultural life in the South of Scotland.	Does not meet obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Has there been a deliberate measure that has reduced the enjoyment of the right?	Cuts to cultural and recreational services, especially for thirds sector organisations and community groups, are having a significant impact in the right to take part in cultural life. Reduction of budgets is having further impact.	Does not meet obligations
Is there evidence that the deliberate measure(s) complied with all exceptions of non-retrogression?	Available evidence does not suggest that these retrogressive measures were implemented after thorough consultation with affected people or communities. Nor does it appear that alternative, less harmful measures were explored. Furthermore, those most at risk or marginalised do not seem to have been prioritised during the decision-making process.	Does not meet obligations

Table 41: Assessment of adequacy for cultural rights in the South of Scotland

Elements under Examination	Summary of Evidence	Assessment of Compliance
Availability: Are there sufficient cultural goods and services open to everyone (e.g. libraries, museums, theatres, cinemas, sports)?	South of Scotland has a cultural and community life which in some places remains rich, energetic and deeply valued. However, the overall identified pattern is that availability is not secure, equal or sufficient. Public provision is often reduced or under pressure. Community buildings and heritage assets are not consistently maintained or repurposed. Activities for particular groups, especially young people and minority communities, are often limited.	Partially meets obligations
Accessibility: Are cultural opportunities physically and financially easy to access?	Accessibility of cultural rights across the South of Scotland is shaped by a combination of structural factors. Transport limitations, cost pressures, rural geography, time constraints, lack of accessible spaces for disabled people, language barriers and poverty all interact to restrict participation. Cultural opportunities may exist, but they are often not equally reachable. Access frequently depends on having a car, sufficient income, flexible time, and the ability to navigate systems that are not always designed with all users in mind.	Does not meet obligations

Elements under Examination	Summary of Evidence	Assessment of Compliance
Acceptability: Are policies and services formulated in a way that is acceptable to all individuals and communities?	Evidence suggests that cultural life in the South of Scotland is meaningful and valued. However, its acceptability across the region is uneven. For some, particularly those aligned with dominant local traditions, cultural provision appears to reflect identity and belonging. For others, including ethnic minority communities, LGBT+ people, disabled people and those facing language barriers, provision may feel limited, inaccessible in practice, or not designed with them in mind.	Partially meets obligations
Adaptability: Are current programmes and services flexible?	No concerns identified.	Meets all obligations
Appropriateness: Are services and policies respectful of individual and community cultures?	No concerns identified.	Meets all obligations

7.1.1. Summary of what we found in our literature and policy review

Evidence indicates that a key issue in the South of Scotland is the uneven distribution of opportunities to participate in cultural activities. Policy documents indicate that access to cultural events, facilities and programmes varies significantly between urban, rural and island areas.

In some communities, particularly those that are geographically remote, access to theatres, museums, community arts spaces or organised cultural activities is limited by both distance and cost. These disparities are noted in strategic documents that call for more equitable distribution of cultural resources and greater support for creativity at the local level.

Funding and sustainability emerge as significant concern in the literature and policy review. Several cultural initiatives are described as dependent on short-term funding cycles, which can make it difficult to build long-lasting programmes or maintain continuity in community engagement. This instability affects both the organisations delivering cultural work and the communities that benefit from it. This is confirmed by Audit Scotland's local area audits in the South of Scotland, which has reported wider financial pressures that affect discretionary services, including culture, sport and leisure. For rural authorities, the audits have stress transport limitations are a barrier to participation in community activities more broadly.

7.1.2. What we heard from rights holders

a) Availability

Across the South of Scotland cultural life is described as present, valued and in some places still vibrant, but its availability is uneven, fragile and increasingly dependent on community effort rather than secure public provision. What we saw is not an absence of culture, but a pattern in which opportunities are patchy between places, vulnerable to closure, and shaped by funding instability and the erosion of local infrastructure. This appears across Dumfries and Galloway, the Borders, East Ayrshire, and Arran in different forms, but with a recognisable common pattern.

In Dumfries and Galloway, people described both the presence of cultural life and the thinning out of the spaces and structures that support it. People referred to tourism and cultural heritage as important sectors, including reference to a new museum project, but they also note heritage buildings with “No support for maintaining or repurposing them”

and “Visible empty or protected buildings not being used.” These are not simply aesthetic concerns. They indicate that cultural assets exist but are not being sustained or brought into active use. Communities also noted the importance of common good spaces and the threat to them, particularly in Dumfries, where Whitesands, Greensands and Dock Park are described as spaces used for long-term social goods including fairgrounds, the Rood Fair, and use by Showpeople. Communities says that if these common spaces are removed or altered, long-standing cultural practices lose their physical base. The closure of the common good building used by CAB in Castle Douglas was noted as a loss of locally rooted community infrastructure.

In Galashiels and across the Borders, evidence provides a similar picture of mixed provision. People noted active theatre groups, music groups and sports groups, and described some towns as having swimming facilities and parks and play areas that are “very good”. But this is tempered by repeated concern that such facilities are vulnerable, unevenly distributed, or not available in ways that meet actual need. People described community hubs as important but of “limited availability”, records “limited opportunities for social connection”, and noted that some groups, including disability groups, have few programmes. Community buildings “could be better used” and there is a stated “need for more inclusive spaces.”

A recurring theme across most areas is that community and cultural life is sustained by local organisations, volunteers and grassroots groups. On Arran, people described community organisations and voluntary initiatives as playing “an important role in social and civic life”, with clubs, events and initiatives creating opportunities for residents to connect and participate in shared activities. Arran Eco Savvy described the zero-waste café as very much a social space, particularly benefiting older rural isolated residents. In North Ayrshire Food and Support, community growing projects and local organising efforts were described as creating opportunities for residents to connect with one another and participate in shared activities, and one participant said, “There’s not many places where you can just go and chill.” In Kilmarnock, community hubs were

described as offering opportunities for social engagement through creative projects and group activities. These local, volunteer led and grassroots initiatives were welcomed and valued by communities. However, the lack of secure underlying provision can lead to precarity and inconsistency.

People also pointed to the availability of group-based community and social spaces, though often targeted and issue-specific rather than broad public cultural provision. Evidence indicates that in some areas there is still an active cultural life, but it is increasingly dependent on discretionary local funding and volunteer effort rather than guaranteed provision. In some areas, for example, the swimming pool provision is limited, and libraries have reduced hours. And often, when budgets are cut, cultural activities are the first to go. The absence of resources and community spaces is a challenge to sustaining the grassroots initiatives which preserve and enrich civil and cultural life.

Young people are particularly affected by these issues. In some communities, youth inactivity was linked to the absence of things to do. Evidence suggests that there has been a reduction in activities such as music, drama and arts, particularly within education and community settings. People felt that this, in combination with a lack of infrastructure including cinemas, leisure facilities and community spaces makes some area less attractive, particularly for younger people.

People made repeated references to loss of local spaces, high costs of running venues, closures due to funding pressures, community buildings that could be better used, underfunded and underused assets, and heritage buildings left without maintenance or repurposing support. In some areas, green spaces and parks do exist, but maintenance issues are noted. Public toilets were also highlighted as part of the infrastructure that shapes whether shared public spaces can function properly. Cultural availability depends heavily on this physical environment: buildings, halls, libraries, pools, cafés, parks, toilets, community centres and maintained public spaces, many which are at risk given funding constraints.

Taken together, the evidence suggests that the South of Scotland does have cultural and community life across multiple areas, and in some places, this remains rich, energetic and deeply valued. There are theatres, music groups, sports groups, festivals, community cafés, hubs, gardens, peer support spaces, volunteer-led organisations, heritage projects and local initiatives.

But the overall pattern is that availability is not secure, equal or sufficient. It is frequently dependent on volunteers, short-term funding, local goodwill and community resilience. Public provision is often reduced or under pressure. Community buildings and heritage assets are not consistently maintained or repurposed. Activities for particular groups, especially young people and minority communities, are often limited. In towns such as Stranraer, people describe long-term contraction and weakening cultural vitality. In rural areas, opportunities may exist but only sparsely. The issue is not simply whether culture is present, but whether there is enough stable, locally rooted and sustained provision to make cultural life reliably available across the region.

b) Accessibility

Across the South of Scotland, accessibility emerges as one of the most consistently evidenced constraints on cultural rights. While cultural and community activities, spaces and initiatives often exist, the ability to reach, afford and participate in them is frequently limited by transport, cost, geography, time, and personal circumstances. These barriers interact in ways that mean participation is often conditional rather than guaranteed.

Transport is one of the most significant and repeatedly cited barriers. Across multiple areas of the region, communities describe limited, poorly timed or non-existent public transport as restricting participation in cultural and community life. In Dumfries, attending facilities such as swimming pool can become “a full day outing using bus to go to swimming pool due to timings.” This illustrates that even where facilities exist, they are not practically accessible without significant time and

effort. More broadly, rural geography compounds this, with dispersed populations and long distances creating additional time and financial burdens for participation.

“Transport limits participation” Human rights defender

Cost is another pervasive barrier shaping access. Participation in cultural and community life is frequently described as dependent on the ability to pay. Even where facilities exist, they may be priced beyond reach. In the Borders, swimming sessions were described as costing £7.75 per session or £40 per month, with concerns that this is expensive even with concessions. People highlighted a lack of affordable activities and noted that cost is a barrier to attending events. People also indicated that rising costs of maintaining and heating village halls are making them “prohibitively” expensive to hire, leading to reduced activity. In practice, this means that access to culture is often mediated by disposable income.

Rurality is described as a structural factor shaping access across multiple areas. In Arran, the dispersed nature of the population means that opportunities for social interaction are limited, particularly for those without access to transport. In the Borders and Dumfries and Galloway, long distances between communities and centralised services create additional barriers.

Certain groups experience additional and overlapping barriers. Disabled people are particularly impacted. Many venues and events do not adequately consider accessibility needs, including the absence of suitable accessible toilets or infrastructure. This means that even where activities are nominally open, they may not be usable in practice.

Minority communities and those facing language barriers also encounter distinct access issues. Lack of interpretation services and accessible information limits engagement not only with services but with community life more broadly. Without language support, people are effectively excluded from participation, regardless of whether activities exist.

Accessibility of cultural and community activities is often limited by income and poverty. Human rights defenders have said that older residents have to save money to pay for taxis to attend social groups, demonstrating how access becomes dependent on individual financial sacrifice. In Stranraer, wider economic decline and poverty are linked to reduced participation, with the absence of both disposable income and local opportunities reinforcing disengagement. Accessibility is therefore shaped not only by physical reach but by the unequal ability to absorb the costs of participation.

There is also evidence that access is shaped by the availability and condition of physical spaces. Loss of local venues, closures of community spaces, and reduced opening hours all affect whether people can access cultural life. Café Recharge in Galashiels was valued precisely because it provided a space where people could gather without needing to spend money. This highlights how rare accessible, informal spaces can be, and how their absence limits participation.

“There aren’t many places where people can just come and be without spending money.” Human rights defender

Tourism and seasonal pressures also affect access in specific areas. In Stranraer, people described how congestion and parking pressures during peak tourist seasons can limit access to local spaces. While tourism brings economic benefits, it can also restrict local people’s practical access to shared cultural and recreational spaces.

Digital and administrative barriers are also present, particularly where people depend on booking systems, awareness of opportunities or navigating services. While not as explicitly developed as transport or cost, these factors contribute to a wider pattern in which access is not straightforward or universal.

c) Acceptability of cultural rights

Across the South of Scotland, cultural and community life is consistently described as important, valued and meaningful to people’s sense of

identity, belonging and wellbeing. However, the evidence also shows that cultural provision is not always experienced as inclusive, representative or aligned with the identities and needs of different groups. Issues of cultural relevance, recognition, stigma, exclusion and dignity recur across multiple areas, shaping whether people feel able to participate.

There is strong evidence that culture is closely tied to identity, heritage and sense of place, and that this dimension is highly valued by communities. In some areas, people emphasised that culture is important because people “have nothing else” and that there is a need to “hold on to a historical way of life.”

At the same time, there is evidence of tension around whose culture is recognised and supported. The issue of Scots language and identity as being marginalised was raised, expressing frustration at the introduction of Gaelic signage in a region where Scots is seen as the dominant local language. Island culture and heritage was also noted as being “ignored, diminished, and almost wiped out”, with concerns about demographic change affecting language, architecture and identity. These accounts point to perceived hierarchies of cultural recognition, where some identities are seen as undervalued or displaced. It indicates an example of where centralised policy making does not reflect local realities and needs.

There is also consistent evidence that cultural provision is not equally appropriate or inclusive for all groups. In the Borders, people noted that minority communities “have less” and that limited diversity can result in a lack of tailored support or services. In East Lothian, human rights defenders report limited culturally appropriate services and activities for ethnic minority communities and a broader lack of cultural inclusion across all services. This suggests that cultural provision is often designed around majority populations, with insufficient adaptation to reflect different cultural backgrounds, languages or practices.

7.1.3. Steph's story

"You've got villages dotted around who don't get the support they should. There's a big disparity between the town and the rural areas, which needs to be addressed.

It shouldn't matter where you are."

I'm the Service Manager at Eacha, Each Recovery Matters.

It's a recovery sign-posting service. We have an open door policy. Anybody can come in.

People come to our door, we get them in, if need be we can get them fed, showered, clothed, we've got a hair salon which offers haircuts free of charge. We give out phones, sim cards, support with benefits and debt. We work in partnership with housing, Department of Work and Pensions, justice, we've got nurses that come in.

People have a right to dignity and that's what we try to do. 90% of our staff have lived experience, they're in recovery or they've got family experience, they understand. People's rights to being treated well, and access to food and support it matters. It matters to me.

I'm 20 years in recovery and 18 years working in this field. I see so much injustice, people being turned away.

We had an 82 year old woman, she got scammed out of all her money on the internet and her family threw her out. So, she's on the street with her dog and a bag, no mobile phone. She sat here all day, we were feeding her coffee, chatting to her. That's the kind of work we do.

People who find themselves homeless come here, at times they have to wait and can get the phone call from housing at 4 o'clock saying there's nowhere for them to go, they need to sleep rough.

So we run about trying to get a food parcel, a sleeping bag. We're telling them where to go and sleep rough. It's horrendous that we've got to do

that. We say, go to the police station or sleep in a church, or the back of the sports centre because there's heaters; hot air blows out the back.

When you come here you get a warm welcome; a cup of coffee and a biscuit. Whereas at the other services, you've got a big glass screen or a desk, and it's "what do you want?" attitude and it can be a "no, no no". that's what our guys are used to and sadly, they accept that.

Attitudes have changed slightly, but only in individuals. Structurally and centrally, there's still a lot of policies and procedures that hold so much up and it's unfair to people.

The government make recommendations, guidelines, and the services just say, "we can't afford to do that", or "we can't do that". Where's the follow up? They're never held to account, because they look at the Charter of Rights and go, "ach well, they're just guidelines". There's not really any teeth to them.

NHS, housing and councils won't work across borders, you can't get something if you don't have the right postcode. We do our best to cross those borders and try and support people.

You've got villages dotted around who don't get the support they should. There's a big disparity between the town and the rural areas, which needs to be addressed.

It shouldn't matter where you are.

We support people to go to appointments, because they're treated better when we're there. We tell people, "you've got the right to have a house, you've got the right to be supported". They tell us, "I don't want to go, because I get treated like s**t".

Then workers phone up and it's all different. That's not right. There's institutional discrimination going on. People are treated badly because the staff are burnt out, they've had enough or systems don't allow them to help in a way they should.

I do talks for nursing students. I talk about myself as a child, where I used to sit on the bridge in Ayr waiting on my dad, because I met him there once. Every Saturday for two years I would sit on that bridge waiting. And he never turned up.

It's about trying to get people to understand when that person is standing in front of you demanding prescriptions, showing poor behaviour – that's that wee guy sitting waiting on his dad all those years. That's the trauma that results in this behaviour. This is a human being we're talking about.

8. Overarching structural barriers

We found that the realisation of economic, social and cultural rights across the South of Scotland is constrained by structural barriers that are cumulative, interconnected and unevenly distributed. These barriers shape how people access services, participate in decisions, secure adequate living standards, move through their communities and access justice when rights are not realised in practice.

Overall, we determined that the principal barriers to economic, social and cultural rights in the South of Scotland are structural rather than individual. They arise from how systems are governed, funded, organised, accessed and distributed across place. Rights are weakened where accountability is unclear, services are centralised or overstretched, information is inaccessible, poverty limits choice, transport restricts mobility, stigma deters engagement and communities lack control over key assets. Realising rights requires systemic change that embeds accountability, invests in local and preventative provision, removes practical access barriers and ensures communities can shape decisions that affect their lives.

8.1. Governance and accountability

Governance and accountability are central barriers. People did not describe an absence of policies or rights-based commitments; rather, they described a persistent gap between how policies are designed in principle and how they are experienced in practice. This is made worse by the lack of access to justice when things go wrong. Complaints processes are not always adequate, people cannot access advice where their rights are violated, and there is no domestic legal accountability for economic, social, and cultural rights. This often means that duty bearers do not prioritise the realisation of rights in their decision-making.

Further, across the region, consultation processes often feel procedural rather than meaningful, with decisions perceived as already made or

insufficiently shaped by local evidence. We found particular concern in Dumfries and Galloway about centralised decision-making, where peripheral communities felt distant from power and unable to influence decisions affecting services, infrastructure and investment. Fragmented delivery across councils, partnerships and third sector organisations can also obscure responsibility for outcomes, weakening accountability and access to remedy.

8.2. Participation and information

We found that participation and access to information are not consistently realised in practice. Systems often assume that rights holders know what support exists, understand complex processes, have confidence to challenge decisions, and can use digital systems. This creates barriers for people with lower literacy, limited digital access, health conditions, caring responsibilities or limited time. We determined that formal participation structures are insufficient where people cannot see how their input affects decisions. Consultation fatigue, weak feedback loops and inaccessible information reduce trust and limit the ability of communities to claim and shape their rights. This falls short of the obligation to ensure that, when regressive measures are taken, less harmful alternatives are explored, and that vulnerable groups are prioritised, which has contributed to our assessment of the enjoyment of rights in the above sections.

8.3. Rurality and spatial inequality

We found that rurality and spatial inequality are defining structural conditions across the South of Scotland. Geography actively shapes rights realisation by determining whether services, employment, education, healthcare, social care and community participation are practically accessible. In rural, peripheral and island communities, distance from services is compounded by weaker infrastructure, poorer connectivity, centralised provision and limited local investment. Services may exist regionally but remain inaccessible locally, meaning formal availability does not translate into effective access. Island communities

such as Arran experience these barriers acutely, with ferry dependence, housing constraints and limited employment opportunities shaping everyday access to rights.

8.4. Service system strain

We found that sustained service system strain is another major barrier. Public and third sector services are operating under pressure, with demand exceeding capacity across health, social care, housing, advice and community support. People described long waits, reduced provision, crisis-led responses and growing reliance on unpaid carers and voluntary organisations. The third sector is often filling gaps that should not exist in statutory provision, while also facing short-term and insecure funding. This undermines continuity, planning and accountability, and shifts systems away from prevention towards crisis response.

8.5. Socioeconomic inequality

We found that socioeconomic inequality underpins and intensifies many other barriers. Poverty, insecure income, rising food and energy costs, fuel poverty and low-paid or insecure employment affect the ability of households to meet basic needs and access services. We determined that poverty is not only a result of human rights failure but also a structural condition that limits access to other rights. Travel costs, childcare, digital access, time off work and the cost of maintaining a car all shape whether people can attend appointments, seek advice or participate in community life.

8.6. Transport and mobility

We found that transport and mobility are fundamental determinants of rights realisation. Limited, unreliable or unaffordable public transport restricts access to healthcare, employment, education, food, social care and participation. In many rural areas, car ownership becomes essential, creating a structural divide between those who can afford private transport and those who cannot. We determined that poor road

infrastructure, long travel times and service centralisation create cumulative burdens, especially for rights holders needing repeated healthcare appointments, older people, disabled people, unpaid carers and those on low incomes.

8.7. Social barriers, stigma and discrimination

We also found that social barriers, stigma and discrimination affect rights realisation. People may avoid seeking help for mental health, addiction, poverty or financial hardship because of shame, fear of judgement or lack of anonymity in smaller communities. We determined that stigma interacts with rurality, poverty and service design, reducing engagement with support and increasing reliance on informal networks. Minority groups such as LGBTI people also described services that do not always feel inclusive or responsive.

8.8. Land and assets

Finally, we found that land and assets can function as structural barriers in some communities, particularly on Arran. Concentrated land ownership limits local control over housing, development and economic opportunity, showing how control over resources shapes community sustainability and the distribution of power.

9. Recommendations

Scotland requires an overarching, systemic approach to improving the realisation of economic, social and cultural rights in people's lives. Firstly, this means making it an urgent priority for services and support to meet the basic standards required by human rights law. Secondly, it means improving access to justice, including through legislative reform, to make sure that people have access to advice when they need it and recourse when their human rights are breached. Thirdly, duty bearers at a national and local level must review their approaches to the provision of public services. They should make a clear commitment and set concrete, measurable plans to fulfil their obligations under the 10 rights detailed in this report. These plans should be informed by the lived experience of people in the South of Scotland, and should reflect the interrelated ways in which these rights play out in people's lives.

9.1. **Strengthen human rights laws and access to justice**

A domestic legal framework that upholds ESC rights is necessary to ensure accountability and justice. Economic, social, and cultural rights need legal protection. The Scottish Government's proposed Scottish Human Rights Bill, due to be introduced in the second year of this Parliamentary session, has the potential to deliver this. The SHRC has already provided substantial guidance on proposals for the domestic incorporation of ESC rights.

This legislation should include clear requirements on duty bearers which put people's rights at the heart of decision-making. It should strengthen accountability and provide routes for redress when people's rights are not upheld. Alongside this Bill, the Scottish Government should strengthen complaints mechanisms and ensure rights holders can access legal advice when they need it.

9.2. **Meet Minimum Core Obligations**

Minimum Core Obligations represent fundamental, basic and non-negotiable obligations. Urgent action is needed by Scottish Government, councils and relevant NHS Boards to make sure all of these obligations are being met in the South of Scotland. This means the prioritisation of resources at a local and national level, including through the next Scottish Budget, to:

- Eradicate rooflessness in the South of Scotland.
- Alleviate hunger and ensure universal access to essential food
- Ensure universal access to affordable, acceptable, and quality sexual and reproductive health services
- Address barriers that currently restrict access to cultural life, working alongside charities and communities to do so.

9.3. Flexible and localised policies

Policies and service delivery must be shaped by the lives of the people they exist to support. Local councils should ensure that their programmes and services are adaptable to the realities and needs of people in rural and urban communities.

Programmes should identify and address local challenges. Scottish Government should review the key national policies which intersect with ESC rights, to ensure they recognise that different approaches may be needed in different areas to achieve the best outcomes for people.

Scottish Parliament should scrutinise all new legislation to ensure centralised approaches are not implemented in a way that obstructs flexibility and local decision-making. This should be a key consideration for Parliamentary Committees, and for cross-Government work on public service reform.

9.4. Take clear, strategic and measurable action to improve service adequacy

Duty bearers must improve the accessibility, availability, acceptability, and quality of services. This includes services related to work, social security, food, clothing, housing, water, health, social care, education, and culture.

Duty bearers should use the monitoring framework set out in this report to ensure their plans, strategies and service delivery are designed to improve human rights realisation and are doing so in practice. To do this, Scottish Government, Local Authorities and relevant NHS Boards should:

9.4.1. Assess whether they currently meet their obligations to realise economic, social and cultural rights.

This must include listening to people and communities, and ensuring that service delivery is delivering the required outcomes for people in practice, not just in principle. A human rights-based approach (HRBA) focused on transparency, collaboration, and people centred services is essential. Policies must consider real life experiences, not just data.

9.4.2. Create clear objectives for how to improve rights realisation for human rights

After assessing compliance with their human rights obligations, duty bearers should develop clear, measurable and timed objectives to progressively improve human rights. Where plans exist at a local level, for example through local planning mechanisms, measurable short, medium, and long term goals reflecting how these plans will meet human rights obligations and improve the realisation of rights should be built in. The plans and objectives should also be developed in a transparent approach, in collaboration with services users and ensuring the voices of marginalised groups are heard.

Where plans do not yet exist, they should be developed so that the duty bearers responsible for all 10 human rights examined in this report can

clearly demonstrate what they intend to do to improve rights realisation. Where responsibilities for these rights are shared, duty bearers should collaborate to make sure their plans and targets are clearly aligned. Measures of success should be rooted in genuine improvements to people's lives.

Progress against these human rights objectives should be publicly reported annually.

9.5. Set ESC rights realisation as the core objective of public service reform

The Scottish Government's priority programme of public service reform must have the clear objective to improve realisation of economic, social and cultural rights. The Scottish Government should use improvements against the monitoring framework in this report as a measure of success in its public service reform agenda.

Public service reform is a key opportunity to embed a human rights based approach to decision making and to taking a human rights budgeting approach to decisions about how to allocate resources when such resources are limited. This should also contain human rights impact assessments before any budget reduction, service closure or withdrawal of funding affecting economic, social and cultural rights, including evidence of consultation, alternatives considered and protections for those most at risk. All impact assessments should be published.

9.6. Formally respond to the findings of the SHRC and report on progress

The Scottish Parliament should establish a formal follow-up process for this report, requiring the Scottish Government, NHS bodies and relevant local authorities to respond publicly within six months and report annually on progress.

The Scottish Government should respond in detail to this report, informed by collaboration with, and evidence provided by, local authorities and relevant NHS boards. The response should be submitted to the SHRC and to the Equalities, Human Rights and Civil Justice Committee of the Scottish Parliament. We recommend that it also informs the annual Human Rights Day debate in the Scottish Parliament.

10. What happens next

We are strongly committed to continuing to support the communities we work with. We will return to the South of Scotland to share the findings of this report with rights holders and duty bearers. While this limited is by our modest resources, the size of our staff team, and the ambition to undertake a review of all regions of Scotland in 4 years; we hope that the accountability infrastructure outlined below gives everyone confidence that there will be continued focus on the ESC rights of the people of South of Scotland.

We will therefore ensure that all those responsible for implementing the recommendations in this report - Scottish Government, local authorities, NHS Scotland and health boards – are clear what change is needed to realise ESC rights in the region. We will ask others, including the Scottish Parliament and relevant regulatory bodies, to help hold duty bearers to account for meeting their obligations under human rights law. And we will continue to make tools available, such as the SHRC's guidance on Human Rights Budgeting and a human rights-based approach, to support decision-makers in allocating resources, working directly with rights holders, and using the human rights framework to guide and inform policy and practice.

In line with our role as a National Human Rights Institution, we will assess progress against our recommendations to inform our reporting to international treaty bodies. This will include the next assessment of the UK by the ICESCR Committee, but also the realisation of ESC rights as they affect compliance with other international treaties: for example, the Convention on the Elimination of Discrimination against Women (CEDAW), the Convention on the Elimination of Racial Discrimination (CERD), the Convention on the Rights of Persons with Disabilities (CRPD) and the UN Convention on the Rights of the Child (UNCRC). The findings of this report will also inform our contribution to the Universal Periodic Review – Scotland's international human rights scorecard.

The evidence and recommendations in this report will also inform our decisions about how and when to use other powers within our mandate. For example, where appropriate and feasible, we may use our legal powers conferred through the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 to ensure the economic, social and cultural rights of children, as protected in the UNCRC, are upheld.

We will continue our program of local monitoring across Scotland. The next region in which we will monitor economic, social and cultural rights, in 2026-7, will be Mid to North-East Scotland.

Annex 1: Research design and background

Methodology for South of Scotland monitoring

1. Overview

The Scottish Human Rights Commission is Scotland's human rights watchdog. We are a public body created by the Scottish Commission for Human Rights Act 2006 to protect and promote the human rights of all people in Scotland.

We have carried out this work under sections 3 and 4 of our Act, which empower us to conduct research and to review laws, policies and practices in any area.

The SHRC is also part of the international human rights system. It is accredited by the United Nations as its trusted organisation to provide impartial evidence on the enjoyment of human rights in Scotland (a National Human Rights Institution).

National Human Rights Institutions are mandated by the Paris Principles to monitor the full implementation of international human rights. The UN Committee on Economic, Social, and Cultural Rights has also affirmed that NHRIs play a key role in monitoring the implementation of ESC Rights at a national level.

Based on the approach we piloted to monitor ESC Rights in the Highlands and Islands, we expanded and developed the same approach for the South of Scotland. We developed the way we engage with people and communities, adding community events and a digital survey as additional opportunities for people to have their say. We have then used

the evidence we collected to assess the realisation of ESC Rights in South Scotland, based on the framework developed in our 2024 local monitoring pilot.

This annex summarises the methods, methodological approach and context we took for the South of Scotland monitoring work. It sets out:

- Identifying the region
- Research design and methodology
- Evidence collection and analysis
- Research limitations

2. Identifying the region

The South Scotland Scottish Parliament area consists of 9 different Constituencies with their own MSP. The current region is as follows:

[Add map here. Ask designer to make this.]

The region does not, however, include areas which fall within the remit of some local authorities (within South Scotland), or areas that share the similar geographical context, such as rural and island communities like Arran, Cumbrae, and Ayrshire.

Stakeholders (including civil society and local authorities) told us that the omission of these areas risked creating an arbitrary division between communities with similar geographic and local contexts. To avoid drawing artificial lines between and within communities, we therefore decided that the South of Scotland local monitoring report would cover the Scottish Parliament South Scotland regional area, in addition to the totality of Ayrshire, Cumbrae, and Arran.

3. Project baseline

Based on previous experience with Highlands and Islands, the baseline timeframe that the review used was from January 2016 up to March 2026. This allowed us to use the concluding observations issued by the UN Committee on Economic Social and Cultural Rights, and contrast it with the observations issued by the same Committee in 2024. To create the SHRC's own baseline, this has allowed for the obligations of progressive realisation and non-retrogression to be assessed comprehensively.

4. Methodology and research design

4.1. Overview

Based on the pilot approach taken with the work on 'Economic, Social, and Cultural Rights in the Highlands and Islands', we developed a similar methodology for the next local monitoring project in the South of Scotland. We built in learning from work in the Highlands and Islands about how best to reach people and to capture the lived experience of those in rural communities and towns. This development continues to contribute to the SHRC's goal to have a robust and consistent approach to local monitoring of economic, social, and cultural rights.

The project combined primary and secondary data collection to provide a thorough understanding of the human rights issues across the Scottish Parliament's regional area. It was designed to bear witness to the rights issues in the region without pre-determined hypotheses, ensuring the experiences of the people can drive the findings.

4.2. Premise and rationale

Based on the Paris Principles and General Comment 10 of the UN Committee on Economic, Social and Cultural Rights, the SHRC is mandated to continuously monitor the full realisation of ESC Rights in the country. Based on the pilot approach taken in the Highlands and Islands, the SHRC continues to develop a consistent method of local

rights monitoring which directly takes into account the lived experience of rights holders. This is in line with the SHRC's Participation Strategy.

In this work we have taken what is known as a 'constructivist approach'. This means that the primary purpose of our research with people communities was to understand their subjective lived experience - how they experience economic, social and cultural rights in their daily lives – and for this to inform and shape our analysis of human rights realisation. This approach meant engaging with people where they live, on their own terms. We chose this framework to ensure that our understanding of how rights are realised is not only informed by policies, data and public bodies, but also reflects the diverse realities of people's lives.

4.3. Ethical considerations

The project was conducted in line with the SHRC's internal ethical framework. We put measures in place to ensure the anonymity of participants and the security of sensitive information.

Informed consent: We fully briefed everyone we spoke to on the nature of the work, their role in the work, and their rights, including the ability to withdraw at any time. We obtained written consent from interviewees.

Confidentiality and anonymisation: All personal data, including interview notes, have been securely stored in compliance with GDPR regulations. Interview notes were anonymised to protect the identities of participants.

Review of anonymised survey: When we requested data, we did not include any identifiable information.

Stories: All case studies were developed through qualitative interviews with people who we spoke to as part of our human rights monitoring work over the last year. One on one conversations took place with a member of the SHRC staff team. Final written versions were shaped and edited collaboratively between SHRC staff and story-owners, with story-owners having the final say on how their stories were presented and what information was included. As such, they are presented as the story-

owner's own account and any allegations of failures are those of the individual. This work was done in line with the SHRC's Participation Strategy and payment for participation approach. This policy means we compensate people for giving up their time and sharing their lived expertise.

5. Evidence collection and analysis

5.1. Data collection methods

We collected data through a combination of desk-based research, community visits, semi-structured interviews, structured survey and a review of secondary data from a wide range of sources (listed in Annex 3). This approach was designed to gather as comprehensive an understanding as possible of the rights issues across South Scotland, combining evidence of law, policy and practice with people's lived experience.

5.1.1. Desk-based research

We conducted a document review to assess existing reports, policies, strategies and data relevant to human rights in South Scotland. This included Scottish Government strategies and reports, Local Authority strategies and reports, Audit Scotland area audits, SPSO decision reports, information published under freedom of information laws, community plans, thematic policy materials and technical documents from public bodies in relation to housing, transport, digital infrastructure, social care, education and environmental management in the South of Scotland. Data already gathered through the Highlands and Islands (related to law, policy and practice relevant across rural Scotland) was also used. A summary of the desk-based review is found in Annex 2. A full list of all identified sources can be found in Annex 3.

5.1.2. Community visits and semi-structured interviews:

We interviewed human rights defenders, community representatives, third sector staff, advice givers, representatives of community development trusts, teachers, lawyers, health workers, housing professionals, carers, and rights holders. The interviews provided detailed insights into participants' experiences on their enjoyment of ESC Rights.

Interviews lasted between one and three hours. An interview guide was used, focusing on areas of key ESC Rights. See Box 1 below. Each interview was attended by two staff members to ensure accuracy of notes taken, all personal data was anonymised, and processed for thematic analysis.

- Town-Hall meetings: For this project, we piloted two open community meetings (one in Dumfries and one in Galashiels) for any resident of the South of Scotland to attend and share their lived experiences of economic, social and cultural rights. These provided an opportunity for people to engage
- Focus groups: We held small focus groups with users of particular services to supplement our understanding of how that service was offered and how it impacted people's lives. These were facilitated by civil society organisations and run by the SHRC's Participation Officer in line with the SHRC's Payment for Participation policy. This policy means we compensate people for giving up their time and sharing their lived expertise..

5.1.3. Sampling strategy: who did we choose who to speak to?

We used a purposive sampling strategy for the interviews. This means that we deliberately selected people based on their experience, expertise or insight, rather than sampling people randomly. This is

because the methodology for this report prioritises rich and contextual insight into the realisation of rights, rather than a sample that would allow us to make generalisations or statistical findings.

We took this approach to ensure that participants with relevant experience and knowledge of economic, social, and cultural rights were included in the work. The sample included a mix of community members, civil society representatives from a broad range of areas, human rights defenders, and local representatives.

Participant selection: The sampling process prioritised individuals who could offer direct experiences with human rights issues, ensuring that a range of perspectives could be represented. We identified interviewees through a range of methods including through Third Sector Interfaces (TSIs), online community forums, and those who responded to our local promotion of the project.

Sample Size: A total of 280 people engaged through the different activities in the community visits.

5.2. Data analysis

We thematically analysed all interview data, identifying key themes and patterns. This data was 'coded' using. This identified themes such as access to healthcare, housing quality, and food security. Each theme then was examined in the context of human rights obligations. We also identified a range of cross-cutting themes.

Data from the interviews and secondary sources was then triangulated to ensure a comprehensive understanding of the issues. The evidence presented in the report, and which informs the SHRC's assessment of the realisation of ESC rights, is based on a cross-verification process between primary data collected through interviews, focus groups, town halls and a survey, and information gathered through a desk-based review of available secondary data.

5.3. Framework assessment

We then used the framework assessment developed for the Highlands and Islands report to evaluate how the identified challenges aligned with Scotland's international human rights obligations. This framework is structured around the key themes from the data analysis, specifically focusing on:

- Economic rights: Only in relation to devolved issues, including access to sufficient income, employment opportunities, and social security support.
- Social rights: Access to health, education, food, housing, and other critical services that ensure quality of life.
- Cultural rights: The preservation of cultural practices and traditions, as well as the right to participate in cultural life.

We examined each of these themes in the context of the International Covenant on Economic, Social, and Cultural Rights (ICESCR) and the obligations this imposes on local and national governments. To develop the indicators assessing compliance with the international obligations, we used all the standards developed by the United Nations Committee on Economic, Social, and Cultural Rights through its General Comments, Statements, and Concluding Observations.

Each component or aspect of the international legal obligations was assessed. This includes the following:

5.3.1. Minimum core obligations:

Each Core Obligation related to the nine rights under examination were assessed individually.

5.3.2. Progressive realisation:

Obligation to take targeted and concrete steps.

Obligation to move as effectively and expeditiously

Evidence of improvement/effectiveness of the measures.

5.3.3. Non-retrogression

Evidence of deterioration of a right.

If deterioration is present, obligation to mitigate impacts.

Obligation to not implement measures that reduces the protection or enjoyment of a right.

If retrogressive measures had been implemented, obligation to ensure it was done after careful consideration, proportionally, participatory, prioritising those most marginalised (among other measures).

5.3.4. Adequacy (normative content)

The normative content of each right was assessed, based on international standards. E.g. The accessibility, availability, acceptability, and quality of health services, goods, and policies was assessed (in line with the UN Committee's General Comment 14).

We did not assess the obligation to maximise all available resources.

5.3.5. Research limitations

The research is designed to address a specific gap in understanding human rights issues in the South of Scotland. It is not intended to be generalisable to the whole of Scotland, given the differences between different geographical areas.

5.3.6. Monitoring model limitations:

- Resource limitations: The SHRC did not have the available resource to visit every community in the South of Scotland. We therefore took strategic decisions to identify areas to visit based on the uniqueness of the issues faces, ensuring we spoke to

people from a range of areas and geographical contexts within the region, and ensuring we could speak to those in more remote communities or who face barriers to travel. We also piloted an online survey to further address this limitation.

- **Access to Information:** The SHRC does not have the legal power to compel the creation, compilation or release of information in the context of our local human rights monitoring work. This places limits on the comprehensiveness of the analysis of secondary data, which focused only on publicly available information. We did not seek evidence directly from duty bearers.
- **Budgetary Constraints:** The SHRC does not have access to a detailed analysis of local authority budgets, which limited the evaluation of how resources are being allocated to fulfil human rights obligations (obligation to maximise all available resources). This is why we did not assess the obligation to maximise all available resources.

Annex 2: Summary of ‘grey’ literature and policy review

1. Introduction

The review brought together a wide range of publicly available policy and strategy documents (known as ‘grey’ literature) and data relevant to the economic, social and cultural rights landscape in South Scotland between January 2016 and October 2025.

The review was structured in three parts. The first examined the way in, and degree to, which human rights are explicitly/implicitly reflected throughout the available literature. The second examined the thematic evidence across key rights domains, including work, social security, food, clothing, housing, health, social care, education, water, cultural life, the environment, participation and access to justice. The final part analysed the geographic distribution of concerns, drawing on literature and local audit findings for Dumfries and Galloway, Scottish Borders, East Ayrshire, South Ayrshire, North Ayrshire (including Arran and Cumbrae), South Lanarkshire and Midlothian.

Across the material from public bodies, we saw a consistent picture. Human rights challenges are shaped by structural factors such as rurality, island geography, ageing infrastructure, poverty, energy costs, transport networks and workforce shortages. These conditions interact to influence how people experience access to housing, food, water, healthcare, education, work and participation. They also highlight significant gaps in the visibility of rights language, the consistency of local responses and the ability of households to navigate complex or fragmented systems. This baseline set the foundation for our visits to South Scotland, which explored how these dynamics were felt in people’s everyday lives and how they understood, exercise and experience their rights in practice.

2. How human rights were reflected in the literature

In reviewing the full range of documents relevant to South Scotland, a clear pattern emerges regarding how human rights are presented, understood and used across local, regional and national materials. Although the evidence base covers issues central to economic, social and cultural rights, explicit human rights engagement is uneven and often limited. This is consistent across thematic literature, local strategies, regulatory decision reports, and the local audit evidence for each South Scotland council area.

The documents fall into three broad groups: those that clearly and intentionally use a human rights framework, those that show partial or implicit engagement with rights concepts, and those where rights are largely absent despite the subject matter being rights-relevant.

3. Documents with strong, explicit human rights framing

A relatively small proportion of documents engage directly with human rights. In these sources, human rights are named clearly, sometimes with reference to specific obligations or frameworks. These documents tend to:

- use rights-based language such as dignity, respect, participation or equality in a deliberate and structured way
- link decisions or priorities to human rights duties or safeguards
- recognise children, disabled people and people receiving social security as rights holders
- connect services or policy goals to rights principles (for example the Good Food Nation framework, Cash-First approaches, Mental Welfare Commission safeguards, children's rights duties, and social security commitments to dignity and respect)

In these cases, human rights function as more than a value statement; they shape how issues are framed and sometimes how solutions are justified. However, even within this group, explicit reference to ESC rights or ICESCR is uncommon. Rights tend to be invoked at the level of principle rather than as a fully developed analytical framework.

4. Documents showing partial or implicit engagement with human rights

A large portion of the reviewed literature falls into a middle category where human rights concepts appear, but not in a fully articulated way. These documents:

- use adjacent concepts such as fairness, inclusion, tackling poverty, equal access, trauma-informed practice and co-production
- refer to statutory duties or responsibilities related to homelessness, child poverty, social care or education, without framing these as human rights obligations
- describe issues of minimum living standards, deprivation, affordability, access and participation, but primarily through policy or service lenses rather than rights-based analysis
- often conflate equality and human rights, assuming that equality impact assessment captures the human rights dimension

Importantly, although the substance of ESC rights is present and often described in detail, the documents rarely position these issues as rights. Human rights are treated as implicit norms connected to service quality or inclusion rather than as binding obligations that guide decision-making, resource allocation or accountability.

This middle group is where most local authority strategies, Health and Social Care Partnership plans and community-focused documents in South Scotland sit. Audit Scotland local area reviews similarly present local practice which is heavily rights-relevant but rarely rights-framed.

Complaint and regulatory records are a powerful example of this. We analysed 128 published decisions by the Scottish Public Sector Ombudsman (SPSO) from 2021 onwards. They deal with fundamental rights, like health, housing, and family life. However, they often frame these issues strictly as administrative failures or service quality issues, rather than human rights obligations.

5. Documents where human rights are not referenced at all

A significant portion of the evidence base contains no explicit human rights framing, even though the material is highly relevant to ESC rights. These documents include:

- statistical releases, labour market profiles and SIMD data
- environmental assessments, water quality and flood risk documents
- housing regulator engagement plans and planning guidance
- transport appraisal tables and infrastructure studies
- FOI releases and operational updates
- education handbooks and local service information

These documents are written in administrative, technical or regulatory language. While they provide essential evidence about housing, environment, health, water, land use, transport and local services, human rights do not appear as part of their analytical framework.

6. What this indicates about understanding of human rights across the evidence base

The SHRC's conclusions based on the available literature relating to ESC rights in the South of Scotland are:

- Issues relating to economic, social and cultural rights are not commonly expressed in terms of human rights
- Where rights language appears, it is often tied to specific national initiatives (UNCRC, The Promise, Cash-First, AWI, dignity and respect in social security) rather than integrated across sectors.
- Rights are frequently equated with values rather than obligations.
- Documents emphasise fairness, dignity or inclusion, but rarely connect these to enforceable duties or accountability mechanisms.
- Equality and human rights are often blended.
- Many documents treat equality considerations as if they cover human rights, which reduces visibility of the broader ESC framework.
- ESC rights are almost never named explicitly.
- Although sectors such as housing, health, food, income, education, transport and digital connectivity are covered extensively, they are not presented as rights domains.
- Local-level practice is rights-relevant but rights-silent.
- Many local authority strategies, island plans, HSCP plans and community initiatives address rights-related needs but do not articulate the connection to human rights.

7. Implications for the South Scotland ESC rights review

These conclusions expose opportunities and gaps in how human rights are treated in local policies and strategies. There is some evidence and data already in existence which can inform analysis of ESC rights. However, the rights-based framing is not consistently applied, which affects how issues are understood, prioritised and resourced.

There is a strong foundation of rights-relevant activity, especially around poverty, food, housing, health and community care. But a coherent approach to addressing issues which considers the human rights framework and its obligations on public bodies is missing across most policy areas.

8. Analysis of complaints

This absence of a coherent approach to rights has a huge impact on people's lives. Our analysis of SPSO complaints confirms that when people push through the complex complaints process, the Ombudsman usually validates their concerns. We reviewed 128 cases across the region. (We excluded NHS Lothian and NHS Greater Glasgow and Clyde. We cannot identify complaints specific to the council areas in our review).

The SPSO upheld or partially upheld 70 per cent of all cases against duty bearers. Most of these severe failings were in the health sector (83 cases). The SPSO consistently upheld complaints about poor clinical assessments and severe delays in diagnosing acute conditions. Local government also showed high fault rates (37 cases). They failed particularly in handling highly sensitive social issues like child protection and kinship care.

Crucially, the SPSO reports highlight ongoing failures in how duty bearers handle frontline complaints. They frequently cite undue delays, poor communication, and defensive responses. Duty bearers frame these severe issues as service quality disputes rather than binding human rights obligations. As a result, people feel duty bearers dismiss their concerns. This further damages their faith in the formal accountability process.

9. Further substantial findings of the review

Taken together, the thematic and geographic evidence offers a detailed picture of the conditions shaping rights realisation across South Scotland. The issues raised in the literature cut across multiple rights, and although human rights language is often absent, the underlying concerns align closely with the obligations associated with ESC rights. The review shows that barriers to rights are driven not by isolated failures but by structural patterns that produce recurring forms of disadvantage, particularly in rural, coastal and island communities.

The SPSO complaint records clearly show this gap in access to justice. When people challenge decisions about their health or local government services, they regularly face defensive responses, poor communication, and long delays from duty bearers. Even though the SPSO upholds most of these complaints, the complex process deters many people from holding public bodies to account. Workforce shortages and financial constraints appear across all local authority areas reviewed, affecting service capacity in health, social care, education, housing and community support. These pressures limit the system's ability to respond to need and have direct implications for the realisation of rights.

This review established the evidence base which informed and supplemented our primary data collection. Community visits in South Scotland helped us to understand how people interpret the structural conditions identified in the literature, how they navigate systems that are often complex or fragmented, and where they feel able or unable to exercise their rights. The community visits also allowed a deeper exploration of issues that the literature did not consider in depth, such as stigma, decision making autonomy, meaningful participation and the cumulative effect of living with multiple disadvantages.

Annex 3: Data sources

1. A Culture Strategy for Scotland Scottish Government 2020
Standalone Literature Summary
2. Additional Support for Learning: Briefing (2025)
3. Adult Mental Health (2023)
4. Affordable Housing (2020)
5. Ageing Well in South Ayrshire Consultation and Engagement Report
August 2024
6. Ageing Well in South Ayrshire Strategy 2024
7. Annual Audit Plan 2024/25: East Lothian Council
8. Annual Audit Plan 2024/25: Midlothian Council
9. Annual Audit Plan 2023/24: North Ayrshire Council
10. Annual Audit Plan 2024/25: South Lanarkshire Council
11. Annual Audit Plan 2024/25: Dumfries and Galloway Council
12. Annual Audit Plan 2024/25: South Ayrshire Council
13. Annual Audit Report 2023/24: Dumfries and Galloway Council
14. Annual Audit Report 2023/24: East Lothian Council
15. Annual Audit Plan 2023/24: Midlothian Council
16. Annual Audit Plan 2023/24: North Ayrshire Council
17. Annual Audit Plan 2023/24: South Lanarkshire Council
18. Annual Audit Report 2024/25: Dumfries and Galloway Integration
Joint Board
19. Annual Audit Report 2024/25: Dumfries and Galloway Pension
Fund
20. Annual Audit Report 2024/25: East Ayrshire Council
21. Annual Audit Report 2024/25: East Lothian Integration Joint Board

22. Annual Audit Report 2024/25: Midlothian Integration Joint Board
23. Annual Audit Report 2024/25: North Ayrshire Integration Joint Board
24. Annual Audit Report 2024/25: Scottish Borders Council
25. Annual Audit Report 2024/25: Scottish Borders Integration Joint Board
26. Annual Audit Report 2024/25: Scottish Borders Pension Fund
27. Annual Audit Report 2024/25: South Ayrshire Council
28. Annual Audit Report 2024/25: South Lanarkshire Charitable Trusts
29. Annual Audit Report 2024/25: South Lanarkshire Integration Joint Board
30. Annual Audit Report 2024/25: South of Scotland Enterprise
31. Arran Inscribed as a UNESCO Global Geopark Press Release April 2025
32. Arran Local Island Plan North Ayrshire Council 2022
33. Arran Local Island Plan North Ayrshire Council 2022 23
34. Artists in Residence named for Bioregion Art Project North Ayrshire Council 29 August 2025
35. Ayrshire Integration Joint Boards Approved Scottish Government Health and Social Care Blog 2015
36. Best Value Thematic Work in Dumfries and Galloway Council 2023/24
37. Best Value Thematic Work in East Ayrshire Council 2024/25
38. Best Value Thematic Work in East Lothian Council 2023/24
39. Best Value Thematic Work in Midlothian Council 2023/24
40. Best Value Thematic Work in North Ayrshire Council 2023/24
41. Best Value Thematic Work in Scottish Borders Council 2024/25

42. Best Value Thematic Work in South Ayrshire Council 2024/25
43. Best Value Thematic Work in South Lanarkshire Council 2023/24
44. Business Register and Employment Survey BRES Scottish Borders Update 2019
45. Carbon Neutral Islands Project Progress Report 2023-2024
46. Cash First Ending the Need for Food Banks Islands Communities Impact Assessment Scottish Government October 2023
47. Cautious welcome on unemployment rate in Scotland North Ayrshire Conservatives 22 August 2016
48. Changing the International Territorial Level ITL Geography for Scotland Consultation Analysis 2024
49. Child Disability Payment MFIN Information Sheet June 2024
50. Child Disability Payment Statistics to 31 March 2025 Social Security Scotland
51. Code of Practice Access to Funds AWI Scotland Act 2000 2008
52. Collaborative Improvement Summary of Findings North Ayrshire Council ADES and Education Scotland December 2023
53. Community Food and Health Scotland Making Good Food Accessible Enjoyable Relevant to Communities CFHS Blog 2025
54. Consultation Response on NUTS2 NUTS3 Boundaries Cumbrae Submission
55. Council Housing Strategies and Targets Agreed by Cabinet East Lothian Council January 2024
56. Cultural Engagement in Scotland Creative Scotland and Scottish Household Survey
57. Cumbrae Community Council Cumbrae Local Place Plan December 2024

58. Cumbrae Primary School Food for Thought Education Fund Phase 6 Application 2018
59. Decarbonising Heat in Homes (2024)
60. Disability Assistance in Scotland Analysis of Responses
61. Dumfries and Galloway Council NUTS ITL Consultation Local Authority Evidence 2023
62. Dumfries and Galloway Council Plan 2023-2028
63. Dumfries and Galloway Council Plan 2023-2028 Data Reference Sheet
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65. Dumfries and Galloway Council School Admissions Policy and Procedure 2024
66. Dumfries and Galloway Council Surface Water Drainage and SuDS Guidance 2020
67. Dumfries and Galloway Education and Learning Improvement Plan 2023-2027
68. Dumfries and Galloway Education Authority Schools Handbook August 2025
69. Dumfries and Galloway LEP Delivery Plan Briefing Update 2025
70. Dumfries and Galloway Local Employability and Skills Partnership LEP Delivery Plan 2022-2027
71. Early Learning and Childcare: Progress Report (2023)
72. East Ayrshire Council Local Development Plan 2 Skills and Employment Plans Draft Guidance 2024
73. East Ayrshire Council Local Housing Strategy 2019-2024

74. East Ayrshire Health and Social Care Partnership Strategic Plan 2021-2030
75. East Ayrshire HSCP Strategic Plan 2021-2030
76. East Ayrshire Unemployment Rate East Ayrshire by Numbers
77. Education Scotland Inspection Cumbrae Primary School and Nursery Class April 2024
78. Education Scotland Summarised Inspection Findings Arran High School 16 June 2020
79. Education Scotland Summarised Inspection Findings Cumbrae Primary School 23 April 2024
80. Education Scotland Summarised Inspection Findings Pathways to Success Midlothian Council 23 September 2025
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82. Education Standards and Quality Report 2023-24 South Ayrshire Council
83. Educational Grants Footwear Clothing and Free School Meals North Ayrshire Council
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85. Employment and Property Land Study Dumfries and Galloway 2017
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88. Flooding in Communities (2025)
89. Food Resources in East Lothian East Lothian Council
90. General Practice in Scotland (2025)
91. Great Cumbrae Island Potentially Vulnerable Area PVA 12 02
92. Guide to Housing Options in South Ayrshire Updated January
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93. Helping people get the right care in the right place Scottish
Government News Release 29 October 2020
94. Homelessness in Scotland 2024-25 Accredited Official Statistics
95. Homelessness Prevention Island Communities Impact Screening
Assessment Scottish Government July 2024
96. Housing Options and Homelessness Strategy 2023-2028 Dumfries
and Galloway Council
97. Improving Care Experience for People Who Use Adult Social Care
(2025)
98. Improving Outcomes for Young People Through School Education
(2021)
99. Inequalities Data Midlothian Health and Social Care Partnership
100. Integration Joint Board Strategic Framework 2023-2026
101. Integratis Consulting Borders Sporting and Cultural Estate Review
Report
102. Introduction to Social Care in the Scottish Borders
103. Investing in Scotland's Water Industry Improvements Delivered
2010-15

104. LDP2 Interim Environmental Report Appendix 4 Baseline Environmental Data and Sources
105. LDP2 Interim Environmental Report Appendix 5 State of East Ayrshire Environment Baseline Data and Issues
106. Leroy et al What People Told Us and What We Found MWC Local Visit Report
107. Local Housing Strategy 2023-2028 Assessing Strategic Impact
108. Local Housing Strategy 2023-2028 Assessing Strategic Impact North Ayrshire Council
109. Luke D Graham, Reasserting the Right to Adequate Clothing in International Human Rights Law, Human Rights Law Review, Volume 24, Issue 1, March 2024
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111. Mental Welfare Commission Announced Visit to Community Mental Health Team Three Towns Resource Centre Saltcoats 12 October 2023
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114. Midlothian Council Water Supplies Webpage 2025
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