

Additional costs of disability in Scotland: Understanding the available data and how this relates to personal experiences of disability.

A briefing on the additional costs of disability in Scotland for the Social Justice and Social Security Committee

Authors:

- **Chirsty McFadyen, Fraser of Allander Institute, University of Strathclyde**
- **Dr Laura Robertson, The Poverty Alliance**
- **Emma Congreve, Fraser of Allander Institute, University of Strathclyde**

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Introduction

Additional costs faced by disabled people are recognised as being detrimental to quality of life: for any given income, disabled people are not able to realise the same standard of living as a non-disabled person. Additional costs are many and varied, and depend on individual circumstances, including type of disability, household composition, and rurality. These additional costs are concerning not only from the point of view of fairness: the impact of poorer living standards is also potentially significant and can lead to poorer outcomes in relation to wellbeing and health over the short and long term.

In recognition of higher additional costs for disabled people, a system of disability benefits has long been an established part of the UK social security system and is now part of the devolved benefit system in Scotland. The Social Security (Scotland) Act 2018 states that Scotland's social security system will be designed based on evidence. However, to our knowledge there is no Scotland-specific baseline of the scale of additional costs faced by disabled people.

This report takes a step towards a better understanding of the additional costs of disability in Scotland. We have looked at the limited data available to analyse the scale of additional spending faced by disabled people in Scotland. To contextualise and supplement our findings using national survey data, we have also worked with six disabled Scottish residents who have provided information about their extra costs and their experiences of accessing support to us through weekly diaries and interviews.

In this research, we refer to the core Equality Act (2010) definition which states that a person is disabled if they have 'a physical or mental impairment which has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.' In this context, 'substantial' and 'long-term' are defined as:

- Long-term: the condition has lasted or is expected to last 12 months or more
- Substantial: the condition has a non-trivial impact on daily activities (most surveys allow individuals to say whether their condition impacts their activities 'a little' or 'a lot'; both are included in the Equality Act (2010) definition).

Our findings show that the best available data is far from perfect and cannot tell us enough. We find some evidence of additional spending in food, energy and health, but less spending in transport. We cannot say whether the additional costs in the spending data we used are statistically significant, though they are persistent over time. Data on spending does not capture needs that are not being met due to lack of income or what support is being received that may already compensate for additional costs. We offer some conclusions and thoughts for policymakers at the end of this report.

What can the data tell us?

The data we use in this report is from the Living Costs and Food Survey (LCFS). This survey contains expenditure data for individuals and households across the UK. This is the best expenditure data available for our purposes since it is designed to be

representative of the UK population, indicates whether each household member has a disability, and allows us to look at Scotland specifically. We have supplemented our analysis of the LCFS with our findings from weekly diaries completed by six disabled people living in Scotland over a 5-week period in January and February 2024. These diaries are not designed to represent all disabled individuals, but they provide context of the lived experience of additional costs related to disability including the drivers of these costs, other available support, and the impact of the continued higher costs of living in 2024 which the data by itself cannot provide.

Additional spending across Scotland

Table 1 and Figure 1 show the additional spending by disabled households in Scotland compared to non-disabled households across four essential categories, using the latest data from the LCFS (2021-22). A positive figure means that disabled households are spending more, while a negative figure means non-disabled households are spending more. We have split the sample into five equally sized income groups to control for household income – income group 1 refers to the lowest-income households and income group 5 refers to the highest-income households. The variation in these results is large, as shown in Table 1: these figures should be used as an indication of additional spending rather than exact numbers to be quoted.

How to read these results:

In one income group, disabled households spent £5 more per week on health than non-disabled households. In another income group, they spent £4 less per week. These are the biggest differences across income groups. The mean result across income groups was that disabled households spent £2 more per week on health.

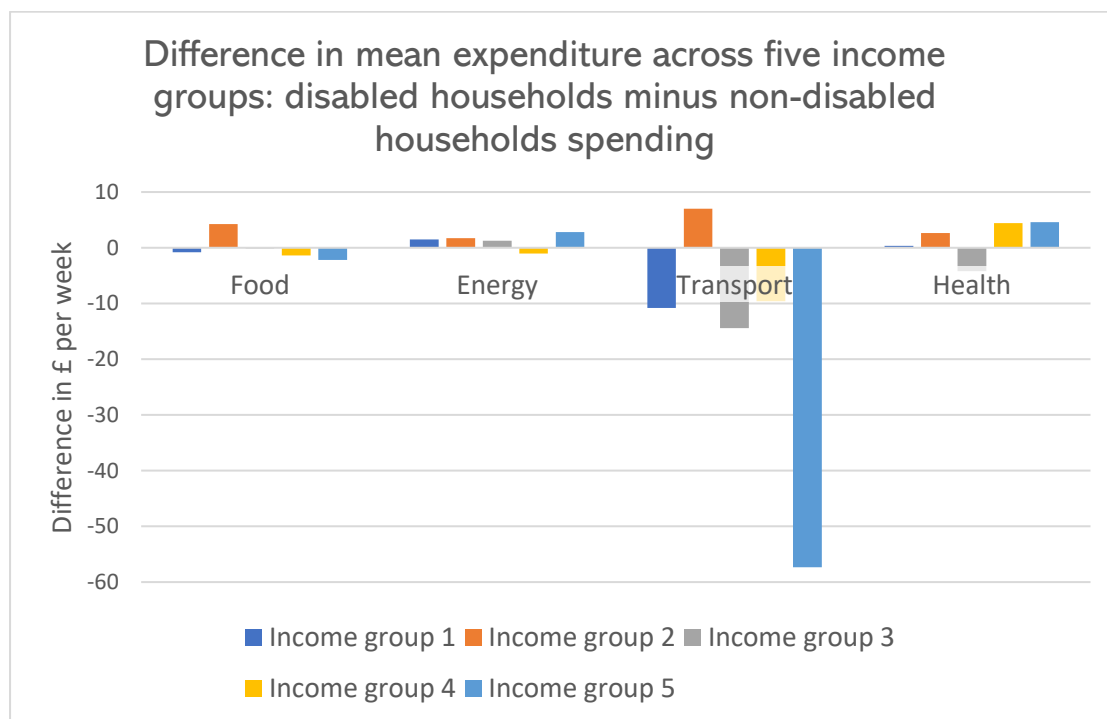
Table 1

Additional expenditure across five income groups	Difference between disabled household and non-disabled household spending in £ per week			
	Food	Energy	Transport	Health
Highest additional expenditure	4	3	7	5
Mean additional expenditure	0	1	-17	2
Lowest additional expenditure	-2	-1	-57	-4

Table 1 shows the largest and smallest differences in additional spending across five income groups for four categories of expenditure. The important result here is the ‘mean additional expenditure’ – this summarises our analysis of how much more (or less) disabled households spend compared to non-disabled households. For example, the mean additional expenditure on energy for disabled households is £1 per week. This means if non-disabled households spend on average £20 per week on energy, disabled households are spending on average £21 per week. Table 1 shows that disabled people spend slightly more on energy and health, about the same on food and less on transport compared to non-disabled households of similar income.

Actual spending is much more variable than the means shown due to different household incomes, and this is why we have split the sample into income groups. This way we are comparing like with like, rather than comparing a high-income household with a low-income household. The 'highest additional expenditure' and 'lowest additional expenditure' show the variation in our results across income groups. Some income groups have a larger difference between disabled and non-disabled households than others. In some cases, as you can see by the negative numbers, non-disabled households are spending more than disabled households. Figure 1 provides a graph of the results from the five income groups to show the variability in results.

Figure 1



We see additional spending for disabled households in the energy and health categories, and mixed results in the food category. These are additional costs that we would expect for disabled households. When we looked at previous years, we found that additional expenditure in the food category used to be higher. This could be an effect of inflation – all low-income households will have spent more of their income on food in 2021-22 compared to previous years, which could be muddying the effect we are looking for. If households have a limited amount they can spend on food each week, this limit could be reached faster in disabled households than non-disabled households due to additional costs associated with disability. Energy and transport effects remained persistent over time.

The LCFS data shows that disabled households spend less than non-disabled households on transport.¹ We believe that this effect is down to a combination of factors. One, disabled people take less trips on average than non-disabled people (Department for Transport, 2017). And two, disabled people are more likely to have access to free transport via a free bus pass or similar. It is still possible that disabled people are spending more per mile travelled (for example by needing to use taxis) but because they are taking less trips overall (for example, if they are not commuting to work) then their overall expenditure could still be lower. To provide further information for those interested, we have included a chart breaking down different types of transport spending in Appendix B, but in the absence of more information on the number of journeys and/or miles travelled, it is difficult to produce any estimate of additional costs from this data.

The case study below illustrates some of the additional costs and challenges faced by a diary participant during the study. Across all the diaries, struggling with energy costs was a concern with particularly cold weather in January and higher energy prices frequently mentioned. For most of the participants, taxis were also a regular and high additional cost. There were several examples in the diary entries of participants not going to a class or social event and in one case not going to a GP appointment because they could not afford taxis. Two participants were using their Personal Independence Payment to pay for personal assistants every week.

Case study 1: Thomas

Thomas has a physical disability and uses a wheelchair. He receives Personal Independence Payment (high mobility and middle care) and Employment and Support Allowance. Across his diaries, he reported mainly finding it 'very difficult' to manage on his income. Costs that he incurred related to his disability included taxis, energy costs, physiotherapist appointment fees, treatment fees, hiring people to help with household cleaning and other household tasks, and grocery deliveries.

His health condition means that getting cold increases the pain he experiences. Bad weather in January meant he had to use his storage heaters frequently, which use a high level of power. In his week two diary, he recorded that his storage heating costs were £100 in that week. High costs of food and heating this week meant that he had to borrow money from family.

In most of his diary entries, he reported that he had gone without basic essentials as a consequence of struggling on his income. He wrote in one diary entry that he sometimes has to make difficult choices between heating and eating. Not being able to do social activities outside of his home was also a frequent impact of struggling on his income.

Additional costs for those with more severe disabilities

¹ The large variation in transport costs for income group 5 is likely due to issues with the data collected rather than a 'true' effect.

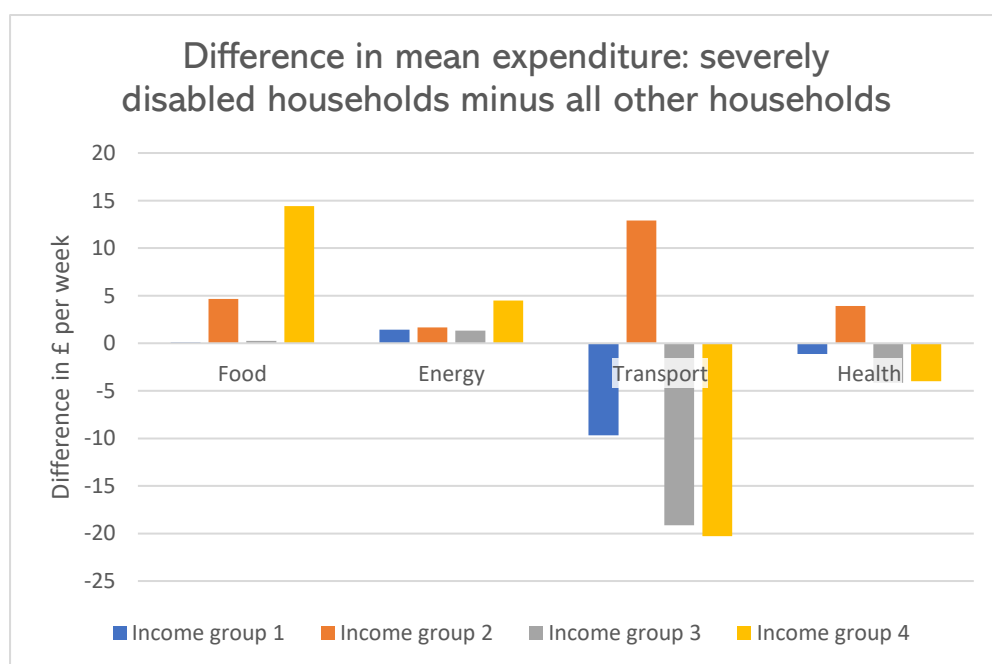
We see similar results in the LCFS data when we compare those with a severe disability² to all other households (Figure 2 and Table 2). The only obvious difference for those with more severe disabilities is that they have less additional spending associated with health spending³. This could potentially be due to those with more severe disabilities being more likely to draw on NHS care for their condition rather than relying on over-the-counter options, but we can't tell the exact reason from this data alone.

In Table 2 and Figure 2, income group 5 has been omitted due to a sample size of less than 10 observations for severely disabled households in this income group (see Appendix C for more information on sample sizes).

Table 2

Additional expenditure across five income groups	Difference between severely disabled households and all other households spending in			
	Food	Energy	Transport	Health
Highest additional expenditure	14	4	13	4
Mean additional expenditure	5	2	-9	-1
Lowest additional expenditure	0	1	-20	-4

Figure 2



Additional spending for urban versus rural areas

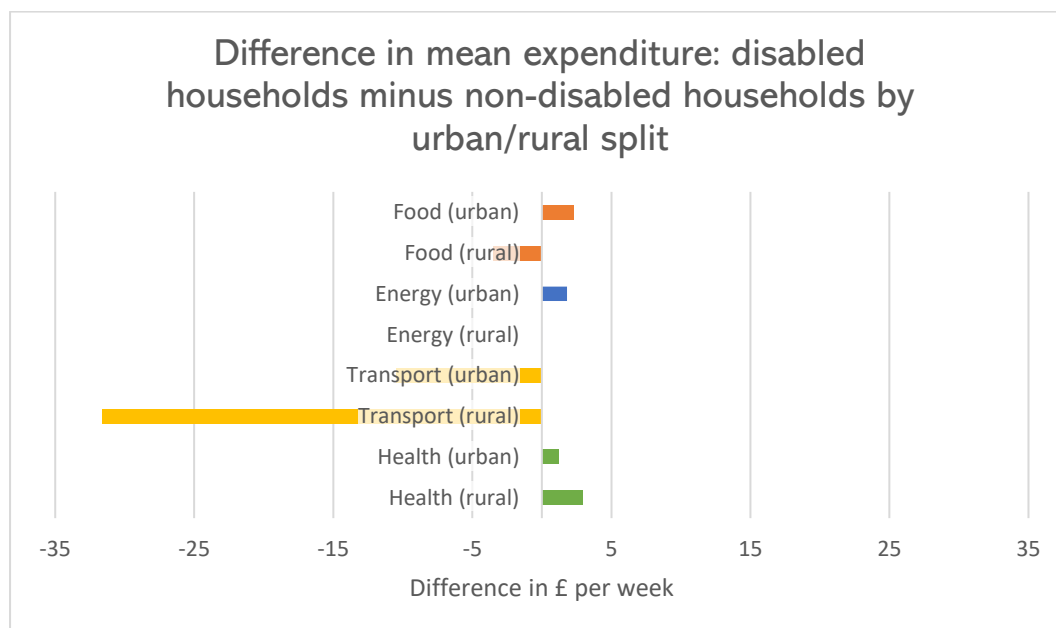
² Severe disability includes only those whose daily activities are 'limited a lot' by their disability as opposed to 'limited a little'.

³ Health spending includes prescription charges and payments; medicines and medical goods (not NHS); other medical products such as plasters, condoms, tubigrip etc; spending related to glasses and contact lenses; appliances and equipment e.g., wheelchairs; NHS and private medical, optical and dental services; services of medical analysis laboratories and x-ray centres; NHS and private medical auxiliaries; non-hospital ambulance services; hospital services.

We also looked at the differences in additional expenditure by disabled households in urban versus rural areas in Scotland. Figure 3 shows that those in urban households seem to be spending more than rural households in the spending categories of food, energy, and transport. At first glance this may seem somewhat surprising since we know that rural areas often face additional costs compared to urban areas. Sample sizes become even smaller when we split disabled households by urban versus rural areas, meaning we are even less sure that we can trust these figures compared to the already volatile Scottish averages above. It's possible that what we're seeing here is the extra costs of living in a rural area overshadowing the additional costs related to having a disability. This doesn't mean that disabled households in rural areas aren't facing additional costs – it just means that we can't see that in the data because there are other effects at play. However, we do see evidence in Figure 3 that disabled households in rural areas are spending more in the health category. We're not sure why this would be.

A further interesting difference in Table 2 and Figure 2 is the large difference in spending on transport between urban and rural areas for disabled households compared to non-disabled households. We are not sure whether this is a true effect or a result of poor data as mentioned above. If it is a true effect then one factor which could contribute to this is relatively fewer public transport options in rural areas, which could act as a barrier if private transport isn't an option for households.

Figure 3



What can't the survey data tell us?

As mentioned above, the findings from the LCFS data are variable, and small sample sizes become an issue when we analyse urban and rural areas. There aren't extra costs in every disabled household in Scotland, and some overlap means we cannot say whether these effects are statistically significant, though they are persistent over time. Data on spending also cannot quantify financial difficulty.

Managing on incomes

Expenditure data gives us an indication of additional costs associated with disability, but it doesn't capture enough. Importantly, we don't know how many people in the LCFS data are going without things they need. For example, four of the six participants who took part in the diary exercise reported they were going without essentials every week (e.g., cutting energy use, eating less, not having a shower or a bath).

In terms of income, all six participants were receiving disability benefit (Personal Independence Payment or Adult Disability Payment), four were also receiving Universal Credit or Employment and Support Allowance whilst one was a full-time student, and another was in employment.

In their diaries, participants were asked to record how they were managing on their incomes each week: whether they were finding it easy to manage, OK to manage, quite challenging or very difficult. Five of the participants recorded finding managing on their incomes either quite challenging or very difficult every week and one participant, who was in employment, largely found his income OK or easy to manage.

	Easy to manage	Ok to manage	Quite challenging	Very difficult	Missing
Week 1	✓	✓	✓ ✓ ✓ ✓		
Week 2	✓	✓	✓ ✓ ✓	✓	
Week 3			✓ ✓ ✓ ✓	✓	✓
Week 4	✓		✓ ✓ ✓	✓ ✓	
Week 5		✓	✓ ✓	✓ ✓	✓

Examples of consequences of struggling on incomes shared across the six participants included: not being able to do social activities outside of home and borrowing money from friends or family. One participant accessed a loan from her university, and another was considering getting a loan due to increasing credit card debt. Energy related debt was mentioned by two participants. A couple of participants shared that the benefits system does not enable people to manage if an emergency arises. The diaries included a prompt on whether participants had received any forms of additional financial support each week: one participant had received a Scottish Welfare Fund Crisis Grant and another had received the Warm Homes Discount. There were no other forms of additional financial support mentioned.

The diary entries also reveal how the participants in this study constantly have to plan and make adjustments to try to lower spending, with one participant sharing how this impacts on her health:

“I combined all my journeys outside of the home into one combined journey, to save petrol costs, then did all my errands etc in one day, which resulted in experiencing fatigue and a day mostly in bed.”

Several diary participants reflected that as they were so used to having extra costs of living related to their disability or health condition, over time they had come to

'normalise' these costs, as they had become routine and part of their weekly budgets.

The diaries also convey the impacts of financial difficulty experienced on individual participants. Case study two illustrates the effects on Jenny's mental and physical health.

Case study 2: Jenny

Jenny, who has several health conditions, receives Personal Independence Payment (highest care and mobility rates). Her health conditions mean she needs to buy more expensive food and she must stay inside more. In the five weeks of the study, she had to buy shopping on her credit card as she did not have money left after paying energy bills. In her week three diary entry, she wrote that she and her partner had had to cut showers back to every three days to preserve electricity and to be able to put the heating on. She said: "This will obviously cost me more in the long run, but I live from week to week hoping the next one will be better." She noted the weekly effects on her mental health as well as the negative effects of the ongoing stress on her relationship with her partner. The stress exacerbated her symptoms; she wrote: "It is stressful and wearing and I often find myself on the edge of depression struggling to stay out of it."

Experiences of support

Case study three, below, also shows that there is another issue with support not being available in local areas due to a lack of personal assistants. One participant received self-directed support enabling her to have assistance for 10 hours a week. Two other participants used their Personal Independence Payment to hire personal assistants. One participant experiencing extreme fatigue due to her health conditions, wanted to have a cleaner but wrote that she could not afford to. Another participant shared that there was a lack of accessible welfare rights organisations available locally. A positive reflection was made by one participant who was receiving Adult Disability Payment, he said: "The constant anxiety and worry about whether your benefits will be taken away has abated due to the new stance by the Scottish Government on disability framing."

Case study 3: Joe

Joe has a physical disability and receives Personal Independence Payment at the highest rate for care and mobility. He lives alone and is in full-time employment. He uses his Personal Independence Payment to hire personal assistants and also regularly has to use it for travel to and from work as his transport expenses from his employer can take months to receive.

Joe recorded that he had gone without basic essentials in all of his diary entries.

"It isn't unusual to use this benefit (PIP) in half the time it should cover."

He shared that distinguishing what his additional costs are was difficult as he feels that he had 'normalised' these costs overtime, as he has had to adapt and make his

own solutions due to lack of available support in his local area and at a wider level, lack of recognition of the social model of disability.

Joe's housing is not accessible for his needs. This means that he cannot access and manage energy by himself. As a consequence, he shared that he sits in his flat wearing a hat and thermals and three layers of clothes with an electric fire in winter.

Joe has limited access to personal assistance support in his local authority; consequently, he is often not able to access the support he needs. He shared the following impacts in his diary entries:

- Week 4: my shopping and house cleaning was shelved so that I could get to and from my social event.
- Week 5: Obviously I'd love to have greater personal assistant support and use it when I needed it rather than generally trying to fit in with the paid worker. I'd love to have access to a resource that is user led such as the service run by Glasgow Centre for Independent Living.

Conclusions

Spending data from the Living Costs and Food Survey shows that disabled households in Scotland spend slightly more in essential categories such as health and energy but less on transport. However, as we've seen from the diaries, disabled households could be rationing essential spending due to financial difficulty.

The LCFS data is far from perfect. Small sample sizes are a problem at the Scotland-level, particularly when we start to look at severe disability and urban versus rural households (see Appendix C for further information). And importantly, spending data does not capture what households need but cannot afford.

The diary entries show that the six participants' incomes are not providing consistent, adequate levels of income for additional costs associated with having a disability or health condition. While these diaries do not represent all disabled households in Scotland, there have been other studies which show similar findings on a wider scale. SCOPE (2023) looked at the difference in material deprivation levels between disabled and non-disabled households and found that disabled people's incomes (including disability benefits) provide a lower standard of living when compared to non-disabled households on the same income.

The impacts of the cost-of-living crisis on deepening levels of poverty amongst disabled people has been evidenced in qualitative and quantitative research (Biggs et al., 2023; Dessouky and McCurdy, 2023; Harkins et al., 2023). In particular, people with disabilities in the UK have been affected by rising energy and food prices and are more vulnerable to increases in these essential costs as they make up a higher proportion of their budgets than for non-disabled people (Dessouky and McCurdy, 2023). Recent qualitative research commissioned by the Trussell Trust found a near consensus that disability benefit payment levels were too low to meet the extra costs associated with physical and mental health conditions (Biggs et al., 2023).

For some of the participants in the diary exercise, lack of available support from the social care system, including personal assistants, was a recurring challenge and therefore there are wider implications around social care support that meets the needs of people with a disability or health condition in Scotland. Getting the right social care support in place could reduce the additional costs that disabled people face. Some of the interviews also highlight the importance of the right housing that better meets people's needs is also crucial.

Going forward, policymakers will need to think carefully about how to measure additional costs of disability and the adequacy of benefits and other public services to ensure an evidence-driven approach.

We do not believe there is an existing source of quantitative data that can provide robust enough evidence on additional costs in Scotland, and even if this was the case, the personal nature of disabilities means that costs are likely to differ markedly between different people. An effective evidence-based policy to meet additional costs of disability will need to recognise that rather than assuming a one size fits all approach will suffice.

References

Biggs, H., Wildman, J., Hamid, A., and MacGregor, A. (2023) *Disability and financial hardship: How disability benefits contribute to the need for food banks in the UK* (online). Available at: [Disability and financial hardship: How disability benefits contribute to the need for food banks in the UK \(trusselltrust.org\)](https://www.trusselltrust.org/2023/02/23/disability-and-financial-hardship-how-disability-benefits-contribute-to-the-need-for-food-banks-in-the-uk/) (accessed 23 February 2024).

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Dessouky, E. L. and McCurdy, C. (2023) *Costly differences: Living standards for working-age people with disabilities*. Available at: [Costly-differences.pdf \(resolutionfoundation.org\)](https://www.resolutionfoundation.org/2023/02/23/costly-differences/) (accessed 23 February 2024).

Harkins, C., Burke, T. and Walsh, D. (2023) *The impacts of the cost-of-living crisis on disabled people: a case for action*. Available at: [CoL Disabled people.pdf \(gcph.co.uk\)](https://www.gcph.co.uk/2023/02/23/cost-of-living-crisis-impacts-on-disabled-people/) (accessed 23 February 2023).

SCOPE (2023) *Disability Price Tag 2023: the extra cost of disability*. Available at: [Disability Price Tag 2023: the extra cost of disability | Disability charity Scope UK](https://www.scopeuk.org/2023/02/23/disability-price-tag-2023-the-extra-cost-of-disability/) (accessed 23 February 2023).

Appendix A: UK-wide results

Table A1 and Chart A1 show the results for all disabled households versus all non-disabled households in the UK split by five income groups. Additional costs in food, energy and health are more obvious in the UK-wide sample.

Table A1

Additional expenditure across five income groups	Difference between disabled household and non-disabled household spending in £ per week			
	Food	Energy	Transport	Health
Highest additional expenditure	4	2	-5	1
Mean additional expenditure	2	2	-8	1
Lowest additional expenditure	-1	0	-13	1

Chart A1

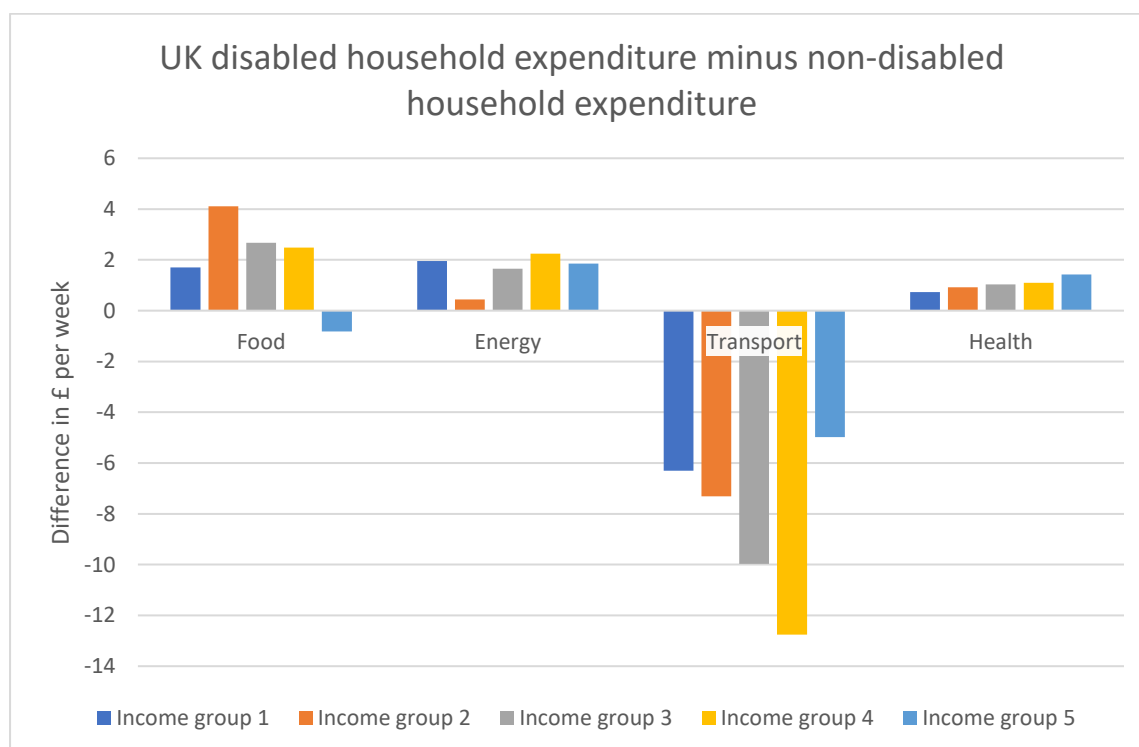


Table A2 and Chart A2 show the results for severely disabled households versus non-disabled households. Similar to Scotland's results, it seems that those with more severe disabilities spend less on health than those with less severe disabilities.

Table A2

Additional expenditure across five income groups	Difference between severely disabled households and all other households spending in £ per week			
	Food	Energy	Transport	Health
Highest additional expenditure	4	3	3	3
Mean additional expenditure	3	2	-7	0
Lowest additional expenditure	1	0	-17	-4

Chart A2

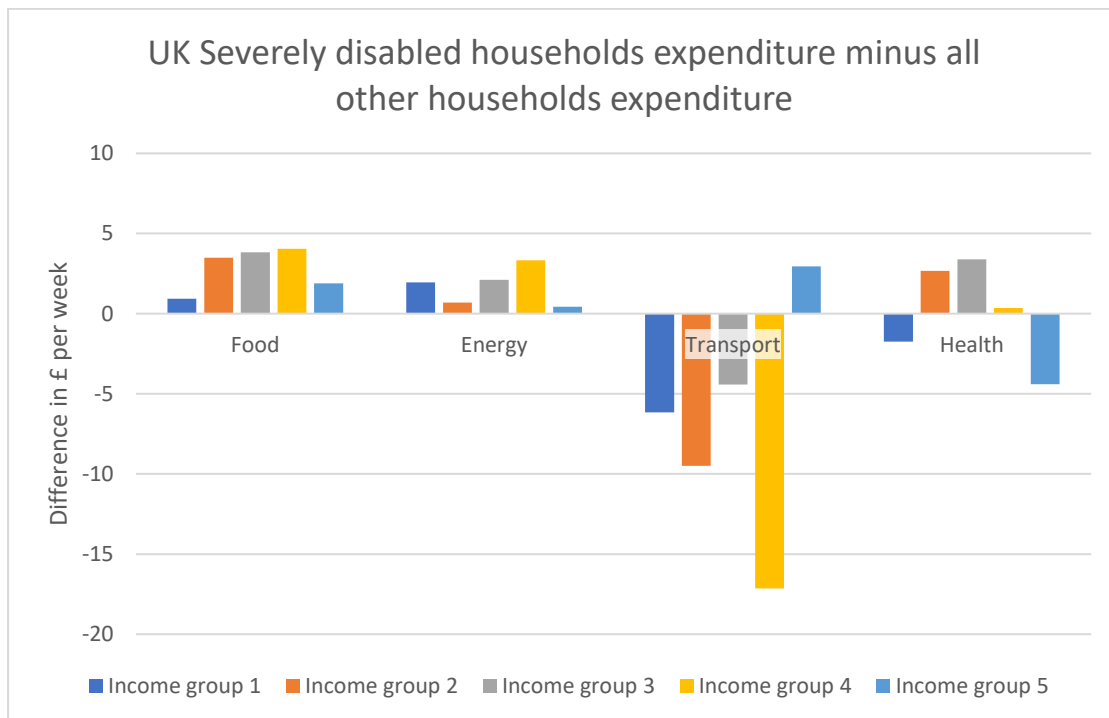
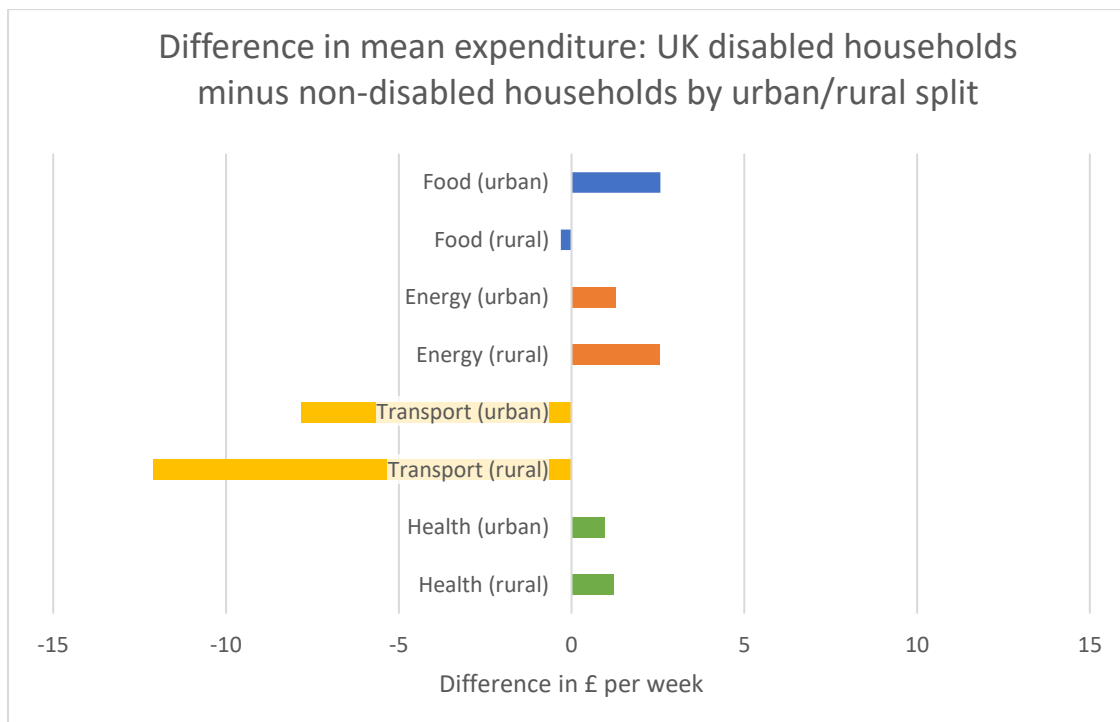


Chart A3 shows the results across urban and rural households for the whole of the UK. In the UK results we see that rural disabled households face additional costs for energy as well as health, while in the Scotland results only additional costs in health for rural areas was visible.

Chart A3



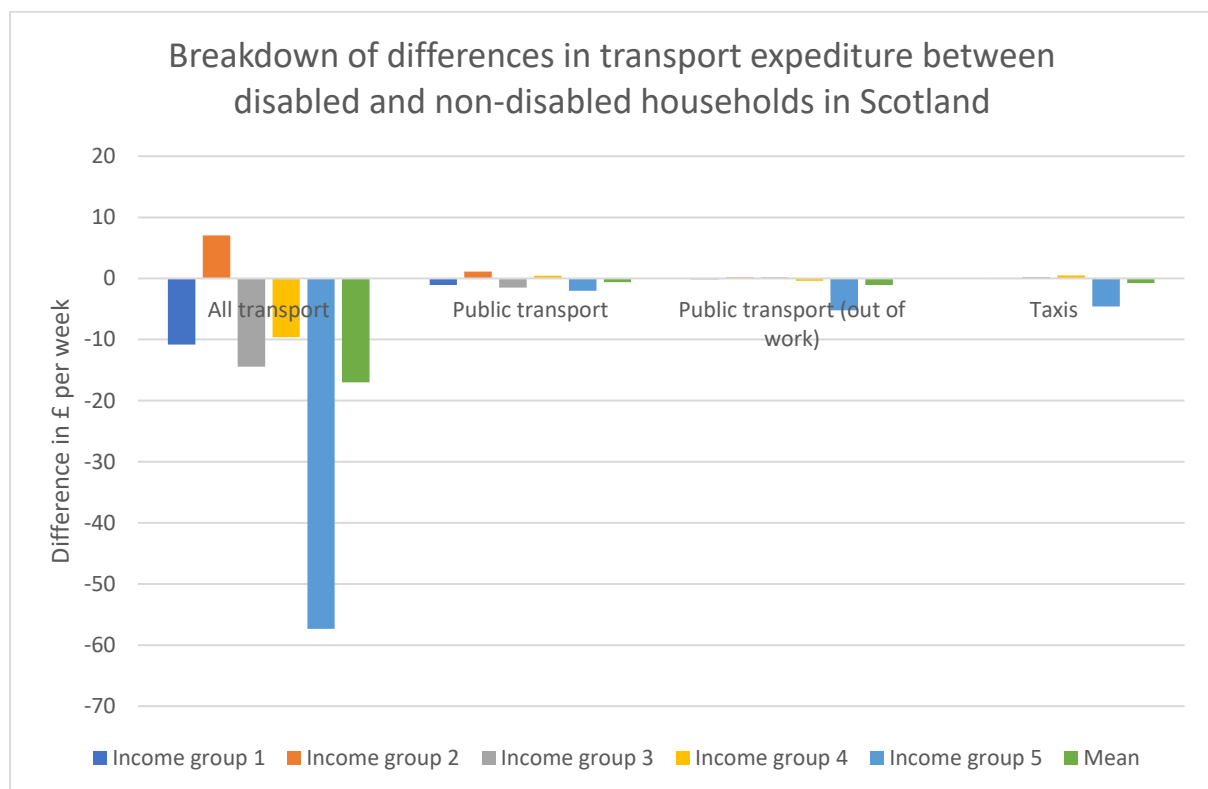
Appendix B: Transport categories breakdown

We have provided results of additional costs across various transport categories. We did not find additional costs in either public transport or taxis for disabled households in Scotland – this is likely explained by disabled people traveling less on average compared to non-disabled people, as well as the provision of free travel to disabled people in some instances.

Table B1

Additional expenditure across five income groups	Difference between disabled household and non-disabled household spending in £ per week			
	All transport	Public transport	Public transport (out of work)	Taxis
Highest additional expenditure	7	1	0	0
Mean additional expenditure	-17	-1	-1	-1
Lowest additional expenditure	-57	-2	-5	-5

Chart B1



Appendix C: Data limitations and statistical significance

The LCFS had a sample size of 5,306 UK households in 2022, 815 of which were in Scotland. Of those households, not all manage to record data in every spending category. For example, only 55% of UK households in 2022 recorded health spending. We also must consider that disability is a minority characteristic: approximately 20% of individuals have a disability across Scotland. This number becomes even smaller if we only look at severe disability. Sample size is incredibly important for Scotland since we are usually only a small part of UK-wide surveys to begin with. Once we begin to look at, for example, severe disability in rural areas in Scotland in the LCFS, the sample sizes are too small to confidently draw conclusions based on one year alone.

Table C1 shows the sample sizes for Scotland in the LCFS 2021-22 data. An asterisk means that the sample size for that group was less than 10 and has therefore been omitted from the results due to disclosure risk.

Table C1

Scotland Sample Size	Income quintiles					Total
	1	2	3	4	5	
Disabled households	86	72	49	32	24	263
Non-disabled households	95	87	131	134	105	552
Severely disabled households	52	45	26	12	*	135
Rural disabled households	22	26	22	10	12	92

We completed t-tests for the difference in means between disabled households and non-disabled households for each spending category. When we did not control for income, we found that our results for Scotland for all disabled households versus all non-disabled households were statistically significant at the 95% confidence level in the categories of food and transport, but not for energy and health. However, not controlling for income may skew these results since we are not comparing like with like – if non-disabled households are better off financially than disabled households, then they could spend more in these categories which would affect our results. When we control for income by splitting our sample into five income groups and running separate t-tests for each, the sample sizes are too small to produce statistically significant results.

Whilst statistical significance is an important threshold for measuring the robustness of results, statistical robustness does not necessarily imply that the data is not robust. Most official statistics, such as the LCFS and other more well-known data series such as the Labour Force Survey, are used routinely by governments to look at trends, and the persistence of a trend over time can also provide assurance that the data is showing something 'real'.

Appendix D: information about participants

Information about participants from the diary exercise, including whether they have physical or mental health-based condition, how limited they are in day-to-day activities, their age, sex, and urban/rural location, is provided in Table D1. This information has been generalised to protect the identity of the participants.

Table D1

Participant code	Disability/health condition	Effect on day-to-day activities	Age	Sex	Location
1	Physical health conditions and disability	Limited a lot	50-60	F	Rural
2	Mental health condition	Limited a lot	50-60	M	Urban
3	Physical and mental health conditions	Limited a lot	60-70	F	Rural
4	Physical disability	Limited a little	50-60	M	Urban
5	Physical disability	Limited a lot	50-60	M	Urban
6	Physical health conditions	Limited a lot	50-60	F	Urban

Appendix E: Results over time

Table E1 shows the additional spending of disabled households compared to non-disabled households over time. The year 2020-21 has been excluded as this data did not include the required variables which indicate disability status. As shown by table E1, while results in an individual year are not statistically significant due to small sample sizes, they are largely persistent over time. As mentioned in Appendix C, this persistence over time helps us to be able to trust our results even when sample sizes are small.

Table E1

Historical results Scotland	Mean additional spending (£ per week) for disabled households			
	Food	Energy	Transport	Health
2016-17	1	2	-15	-3
2017-18	1	3	3	1
2018-19	1	0	-19	0
2019-20	2	1	-8	1
2021-22	0	1	-17	2

Appendix F: Case studies

Of the diarists, three case studies are included in the main report. The other three case studies are included in this appendix.

Case study 4: Maura

Maura has several health conditions. She is currently studying full-time and cannot access Universal Credit. Her income includes PIP and a student bursary and loan. She receives self-directed support for ten hours each week. At the beginning of February she received the £150 warm home discount.

In her diaries, she found it 'quite challenging' to manage on her income every week. Every week, she had to go without basic essentials and was not able to pay energy bills. She also had to take a loan from her university (week 1) and borrow money from friends/family.

Frequent additional costs included transport for treatment and hospital appointments, energy related costs, costs of treatment and costs of specific food items required. Energy costs were high as she lives in a rural area which had temperatures below freezing in January.

In her diaries, she detailed how she adopts strategies in order to lower costs, such as trying to save on petrol by doing all her tasks and errands in one day, leading to fatigue. Ordering deliveries from supermarkets is difficult as, to avoid the delivery surcharge, she shared that she only makes an order once every fortnight. This affects her health as she is restricted to buying tinned and dry food.

Her diaries also show that she was not able to attend a GP appointment and also missed sessions of oxygen treatment as she could not afford a taxi. As a consequence, she wrote that this had affected her recovery from an illness she was hospitalized for in January and led to an increase in fatigue and pain.

Case study 5: Jack

Jack receives Adult Disability Payment (standard living component) for a mental health condition. He also receives Universal Credit. Jack shared that as the diaries were only over five weeks, it was important to highlight the long-term, cumulative effects of struggling on his income.

In his weekly diary entries, he recorded that he found managing on his income either 'quite challenging' or 'ok to manage' and every week recorded that his income prevented him from being able to do social activities outside of his home, affecting his mental health. In four of his five diaries, he recorded that he had gone without basic essentials. He also shared that the benefits system does not enable people to manage with an emergency, writing that this leads to 'a constant state of fear, anxiety and uncertainty'. Not being able to save any money also affects his mental health and means that trips, days out, and holidays are not possible for him. He wrote: "Everything goes on day-to-day living. There is nothing left for the future".

Jack did not receive any other forms of financial support during the study but has been receiving support with his mental health condition from a local charity. In his

week two diary, he said that bad weather had meant that locally 'everything had shut'.

Jack was positive about his experience of Adult Disability Payment, writing: "The constant anxiety and worry about whether your benefits will be taken away has abated due to the new stance by the Scottish Government on disability framing".

Case study 6: Jo

Jo receives PIP and also has a small work pension. She has mental health and physical health conditions. She lives in a rural area in Scotland.

In her weekly diary entries, one of her main additional costs was the costs of taxis to go to the shops and to leisure and social activities. Going to the shops is also important to her as she said it makes her feel part of the community. She also wrote about worries about the condition of her housing. During the diary exercise, she shared that she had been unsuccessful applying for a loan for essential rewiring needed in her house. In week 2, she found managing on her income was very difficult. She wrote: "Keeping on top of small purchases of fresh food via debit card. I'm never sure at this point, whether my debit card purchase will be approved at the checkout". In another diary, she shared that she had identified furniture that she could sell so she could buy a tabletop oven and a new sink.

Appendix G: equivalised income ranges for each income group in LCFS data

Income brackets for each income group are provided in table G1 for reference.

Table G1

	Equivalised income range (rounded to nearest £50)
Income group 1	up to £250 per week (includes negative incomes)
Income group 2	£250 to £350 per week
Income group 3	£350 to £500 per week
Income group 4	£500 to £650 per week
Income group 5	£650 or more per week