

The impacts of the cost-of-living crisis on disabled people: a case for action

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Key points

- Since 2021 the extraordinary surge in prices for basic commodities such as food, clothing, and energy has created a 'cost-of-living crisis' the impacts of which are severe for the most vulnerable members of society, creating an unfolding 'social catastrophe'.
- Understanding the impacts of the cost-of-living crisis on disabled people is a priority and is vital in forming competent crisis policy and practice responses. Essential to this is hearing from disabled people in order that they can convey their direct experiences of the crisis.
- The purpose of this report is to present a rapid examination of the impacts of the current cost-of-living crisis on the lives, health, and wellbeing of disabled people. Within the report, we hear directly from disabled people living in Glasgow of the impacts of the current crisis. We also present a scoping review of emergent evidence from across the UK concerning how disabled people report the current crisis is impacting their lives.
- The disabled people who took part in the focus groups describe the devastating impacts of the current crisis on their lives. The crisis has worsened poverty and financial insecurity, meaning that participants are unable to afford a healthy life. Several participants report being unable to heat their homes over winter and going hungry or eating a nutritionally deficient diet. Focus group participants describe these circumstances as being utterly corrosive to mental health and wellbeing, particularly stress levels. Furthermore, going hungry and being cold directly compromises the management of participants' health conditions, disrupting medication routines and worsening symptoms, including pain management.
- The deepening levels of poverty described by participants also mean that there is significantly less opportunity to undertake hobbies and pastimes, to socialise or to participate in their community, which further eroded mental health. Participants describe the significant benefits of peer support during this challenging time – where disabled people meet up, socialise, encourage and support one another during the crisis. Disabled people organisations such as Glasgow Disability Alliance, are described as hugely important in facilitating such peer support opportunities, among other vital services provided such as income maximisation.
- Participants were clear that they felt the policy focus on disabled people was inconsistent and needed to be more sustained, with clearer aims relating to poverty reduction. To be able to afford a healthy life, participants stated that they need a sustained uplift in their welfare payments which keeps pace with inflation at a minimum and fully compensates for the extra costs of being disabled.
- The scoping review undertaken found no peer-reviewed journal publications which included the direct views of disabled people on how the current crisis has impacted on their lives, a small number of relevant peer-reviewed publications are however reviewed. Instead, the greatest insight was to be found within grey literature, largely authored by disability charities, among others.

- ▶ The evidence reviewed in the scoping exercise, primarily within grey literature, broadly echoes the key points made by the participants. This included that the crisis has increased levels of poverty and financial insecurity for disabled people, particularly food and fuel poverty. The conditions created by the crisis are corrosive to mental health, particularly increasing stress levels and social isolation. The current crisis also affects physical health, worsening symptoms and compromising health conditions.
- ▶ The adverse impacts outlined are hugely concerning, demanding immediate and disability-prioritised policy and practice responses. Although a focus on mitigating the impacts of the crisis is vital, it must also consider the wider historical context of vulnerability experienced by disabled populations, specifically the disproportionate impacts of over a decade of UK austerity policies and the COVID-19 pandemic.
- ▶ This report makes recommendations to UK Government, Scottish Government, and citywide services within Glasgow regarding how to mitigate the impacts of the current crisis on disabled people; and to address the evidenced, historical health and social inequalities experienced by disabled people.
- ▶ The UK Government must provide adequate social security levels to support disabled people to live healthy lives and to compensate for the extra costs of disability. Furthermore, maximising access to existing social security is also essential, as is reducing societal barriers to fair employment and civic participation among disabled people. The Government must also work with energy providers to legislate for a discounted gas and electricity tariff for disabled people.
- ▶ Increasing disability equality competence and capacity across the Scottish Government is a priority. Greater knowledge, understanding and confidence around disabled people's inequalities is vital to inform analysis which leads to more effective policies and actions. The reduction of poverty among disabled people must become a devolved and local government priority.
- ▶ Within Glasgow, the development of a citywide strategy to support capacity building and improve disability competence within crisis mitigation services such as foodbanks and debt advice would enable increased access for disabled people. Research to further illuminate the hidden costs of disability are needed at a Scottish and Glasgow City level.
- ▶ For disabled people living in Glasgow to have unheated homes, to go hungry, and to have severely restricted opportunities to socialise and participate in their community paints a bleak picture of our society in 2023. Moreso, living like this is a direct violation of the human rights of disabled people. These conditions are a direct result of policy choices, primarily a decade of austerity policy, the impacts of which have been worsened by the pandemic and the current cost-of-living crisis. In terms of local and national government, disabled people must be considered a policy priority. As this report makes painfully clear, urgent action is essential.

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1. Introduction

We are living through times which present unprecedented threats to health and wellbeing, with the poorest and most vulnerable groups in society being disproportionately impacted^{1,2}. Since 2021, the extraordinary surge in prices for basic commodities such as food, clothing and energy has created a ‘cost-of-living crisis’ which is exacerbating poverty and insecurity, and directly harming people’s mental and physical health³. This is especially concerning for disabled people who are more likely than other groups to already be experiencing entrenched or ‘deep’ poverty⁴.

The current cost-of-living crisis cannot be considered in isolation, coming closely on the back of the COVID-19 pandemic and a decade of UK austerity policies. Collectively, these influences have widened, and are currently widening further, health inequalities⁵. The impacts of the current crisis for the most vulnerable members of society are severe, creating an unfolding ‘social catastrophe’⁶. We cannot allow the consequences of these combined influences on our poorest communities to become normalised⁷ – collective action is needed now to avoid generational harm⁸.

1.1 Purpose of this report

The purpose of this report is to present a rapid examination of the impacts of the current cost-of-living crisis on the lives, health, and wellbeing of disabled people.

Understanding the impacts of the cost-of-living crisis on disabled people is a priority and is vital in forming competent crisis policy and practice responses⁹. Essential to this is hearing directly from disabled people in order that they can convey their direct experiences of the crisis¹⁰. This was also the case during COVID-19 recovery, where the active and direct involvement of disabled people in the planning, delivery and evaluation of services and interventions was described as key to ‘building back fairer’¹¹. This is because non-disabled people typically have very little insight into the challenges of being disabled and the societal barriers disabled people encounter on a daily basis¹². Furthermore, disabled people are already at pre-existing risk – experiencing multiple health, social and economic disadvantages compared to the general population¹³. Importantly, evidence also tells us that disabled people have reduced access to services and support in general, and specifically during times of crises¹⁴.

This report is a collaboration between the [Glasgow Centre for Population Health](#) (GCPH) and [Glasgow Disability Alliance](#) (GDA). GDA, as a disabled people organisation (DPO), is controlled by over 5,500 disabled members and is the largest groundswell of disabled members in Europe. GDA is a leading example of a grassroots community of identity driving improvements to disabled people’s lives and social change.

Their work is built on foundations of individual and collective community empowerment and is based on peer support, and developing and drawing on disabled people's own strengths by:

- Building individual capacity through holistic programmes including learning and development, wellbeing, digital coaching and connections, support to navigate social care and welfare rights information, advice and representation.
- Amplifying diverse voices and perspectives of disabled people, supporting them to articulate and share lived experience and to participate in dialogue, deliberation and collective advocacy which challenges inequality and exclusion.
- Collaborating for change with local and national government, communities and third sector, sharing insights and evidence to shape policy and co-design more accessible services and solutions to poverty, inequality and exclusion.

Over the pandemic, GDA transformed its delivery model to respond to the urgent and pressing needs of disabled people. Programmes and support moved online, and new initiatives developed including Wellbeing, Digital and Peer Support activities. The organisation provided lifeline support to disabled people during the pandemic, including food and other resources, tailored to meet the needs of over 2,800 disabled people.

Within this report, we hear directly from disabled people living in Glasgow, on their experiences of the impacts of the current crisis. We also present a scoping review of emergent evidence from across the UK on how disabled people report the current crisis is impacting their lives. We conclude by bringing this latest evidence and lived experience insights together, and, drawing upon the expert disability perspectives of GDA, we make clear, actionable recommendations for policy, practice and future research in terms of how best to mitigate the adverse impacts of the current crisis on disabled people.

First, we begin by introducing and providing an overview of three important elements which form the basis of the report's narrative – 1) Disability overview; 2) The 2021-23 cost-of-living crisis; and 3) Wider health trends: austerity and stalling life expectancy.

1.2 Disability overview

Disability is a fundamental aspect of being human. Almost everyone will temporarily or permanently experience disability at some point in their life¹⁵. The World Health Organization estimates that in the region of 1.3 billion (one in six) people on the planet have some form of disability¹⁶. This figure has risen over the last decade and will continue to increase due to an ageing population, among other factors¹⁷.

Prevalence

Within the UK, the proportion of people reporting disability has also risen over the last decade. The Family Resources Survey (FRS) estimated that in 2010/11, 19% of the total population were disabled people, which increased to 22% in 2020/21, representing some 14.6 million people¹⁸. Substantial growth (and better diagnosis) in the reporting of mental health conditions explains much of this increasing prevalence of disability¹⁹. In 2020/21, the FRS reported that 29% of disabled people also had a mental health-related illness, this rate almost doubling from 16% in 2012/13¹⁹. The Institute for Fiscal Studies (IFS) reported that 80% of the rise in disability benefit recipients over the past two decades is accounted for by those with psychiatric conditions²⁰.

Despite this emergent trend, mobility-related impairments remain most common amongst those identifying as disabled people, accounting for approximately 46% of disabled people. 'Stamina/breathing/fatigue' (33%) and dexterity-related impairments (23%) are also major contributors²¹. In Glasgow, 24% of the working-age population are disabled people, rising to 64% in those aged over 65²². Almost a third (31%) of all Glasgow residents have one or more health conditions²².

Defining disability

The Equality Act 2010 defines disability as a long-standing physical or mental impairment which causes substantial difficulty with daily activities²³, often resulting in exclusion from a range of societal settings²⁴. Definitions of disability have long been debated – the disabled people's movement defines disability through a 'social model' which makes clear that exclusion and related inequalities endured by disabled people are caused by a range of complex societal barriers, and not through individual impairments or conditions^{25, 26}. Despite the high prevalence of disability, the societal barriers and issues affecting disabled people are, as indicated above, not well understood among non-disabled populations²⁷. Discrimination and stigma around disability, either deliberate or through subconscious biases, at an individual level or institutional, remain highly pervasive²⁸⁻³⁰.

COVID-19 and existing inequalities

The COVID-19 pandemic had disproportionate adverse impacts on disabled people through a range of mechanisms³¹. Whilst society has in many ways moved on from the pandemic, disabled people remain concerned about the risks of COVID-19 infection³². The pandemic underscored the long-established barriers and vulnerabilities that society renders on disabled people³³. Evidence is clear that disabled people have reduced access to healthcare and other vital services³⁴; public health messages³⁵; cultural activity³⁶ and green space³⁷. Furthermore, disabled people are twice as likely to experience social isolation and loneliness compared to non-disabled people^{38, 39}. Disabled people are also considerably more likely to face digital exclusion⁴⁰, and to encounter significant barriers in participating in their communities⁴¹, local decision making and civic life⁴². Disabled people have experienced long-standing income⁴³, educational⁴⁴, health⁴⁵ and wellbeing⁴⁶ inequalities that predate the pandemic and the current cost-of-living-crisis⁴⁷⁻⁴⁹. They are also three times more likely to face poverty and food insecurity than non-disabled people^{50, 51}.

► Poverty, employment, and extra costs of disability

In broad economic terms, there are two main factors which explain the higher rates of poverty experienced by disabled people and thus which underpin the related inequalities described above. First, disabled people are more likely to be excluded from full economic participation – being much less likely to be employed than the wider population⁵². The Office for National Statistics (ONS) reports that the employment rate for disabled people is 54%, compared to 82% for non-disabled people – this is known as the ‘disability employment gap’⁴⁴. Relatedly, disabled people who have jobs are usually paid less. This is known as the ‘disability pay gap’ – the gap in pay for disabled employees and their non-disabled peers is wider in Scotland (24.8% lower for disabled people), compared to a 19.6% difference throughout the UK⁵³.

Second, in addition to earning less, there are considerable extra costs associated with daily efforts to mitigate the impacts of disability⁵⁴. Disabled people face significant bills for assistive equipment and their running costs, care and therapies⁵⁵. Disabled people have to spend more on essential goods and services, such as heating, food and travel⁵⁶. Disabled people also face charges for using social care services in Scotland, which, unlike NHS services, are not always free at the point of delivery. These additional outgoings vary according to the specific nature of impairment. However, an often-quoted analysis over the past five years by the disability equality charity Scope estimated that the extra costs faced by disabled people average £583 a month, with a fifth of disabled people facing extra costs exceeding £1,000 a month⁵⁷. This analysis was updated in May 2023 and now shows that on average, disabled households (with at least one disabled adult or child) need an additional £975 a month to have the same standard of living as non-disabled households. If this figure is updated to account for inflation over the current period 2022/2023, these extra costs rise to £1,122 per month⁵⁸.

► Governmental financial support

The UK government has recognised the increased costs in households with disabled people, providing disability-related financial support such as benefits, tax credits, payments, grants, and concessions. As of November 2021, there were approximately 5.7 million people claiming an ‘extra cost’ disability benefit¹⁹. Even taking these ‘extra cost’ support measures into account, people on disability benefits are still disproportionately likely to be in relative poverty. According to the IFS, in 2020, 29% of people on disability benefits were in relative poverty, compared to 20% for working-age adults among the wider population²⁰. It is also recognised by the IFS²⁰, among others⁵⁹, that poverty rates among disabled people are consistently underestimated⁶⁰. Extra income received through disability benefits is reported as being completely absorbed by the additional costs associated with being disabled, rather than acting as a tangible boost to overall income²⁰.

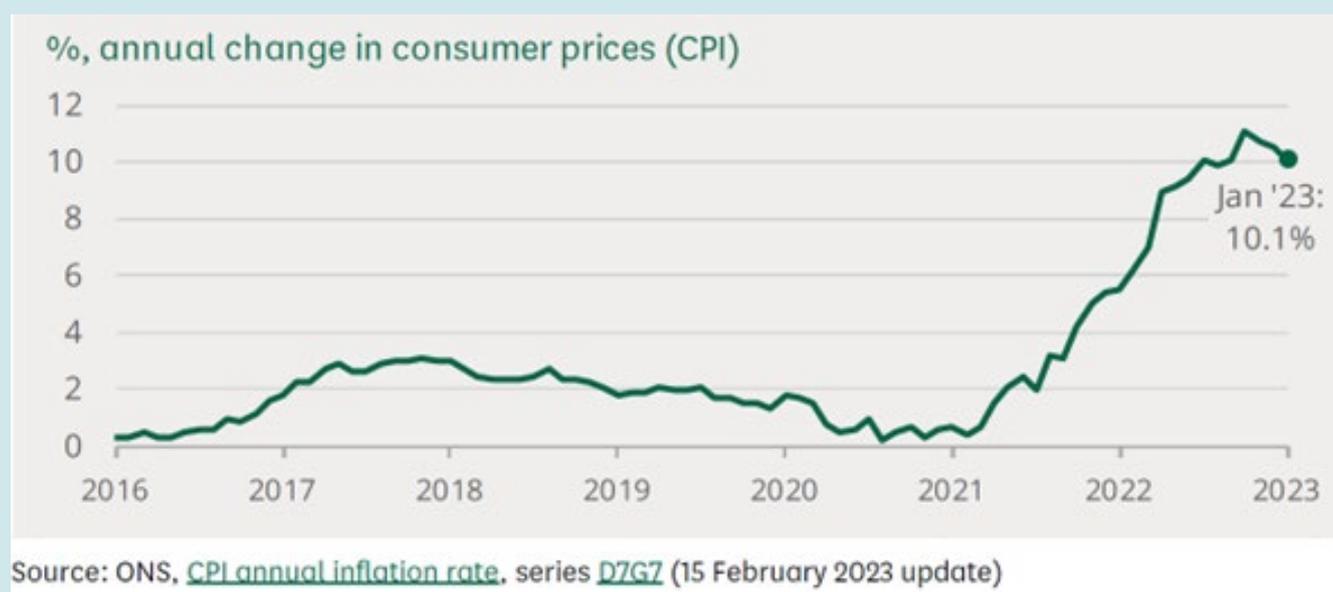
Very recent government intervention has seen inflation-linked benefits and tax credits rise by 10.1% from April 2023, in line with the Consumer Prices Index (CPI) rate of inflation in September 2022 (the following section explains increasing CPI and inflation within the current crisis)⁶¹. Whilst this progressive step is welcomed by disabled people organisations and charities, it is also regarded as inadequate in meeting the ongoing financial impact of the current crisis on disabled people experiencing poverty, particularly after a decade of austerity policy and cuts or freezes to many disability social security payments.

1.3 The 2021-23 cost-of-living crises

Since 2021, the cost of living within the UK has increased at a rate mirroring some of the highest ever on record⁶². The CPI is the most common measure of inflation⁶³. The CPI or annual rate of inflation reached 11.1% in October 2022, representing a 41-year high, before reducing gradually in the following months to 10.1% in January 2023⁶⁴. Costs of consumer goods including food have increased over this time period, driven by strong demand and supply chain blockages⁶⁵.

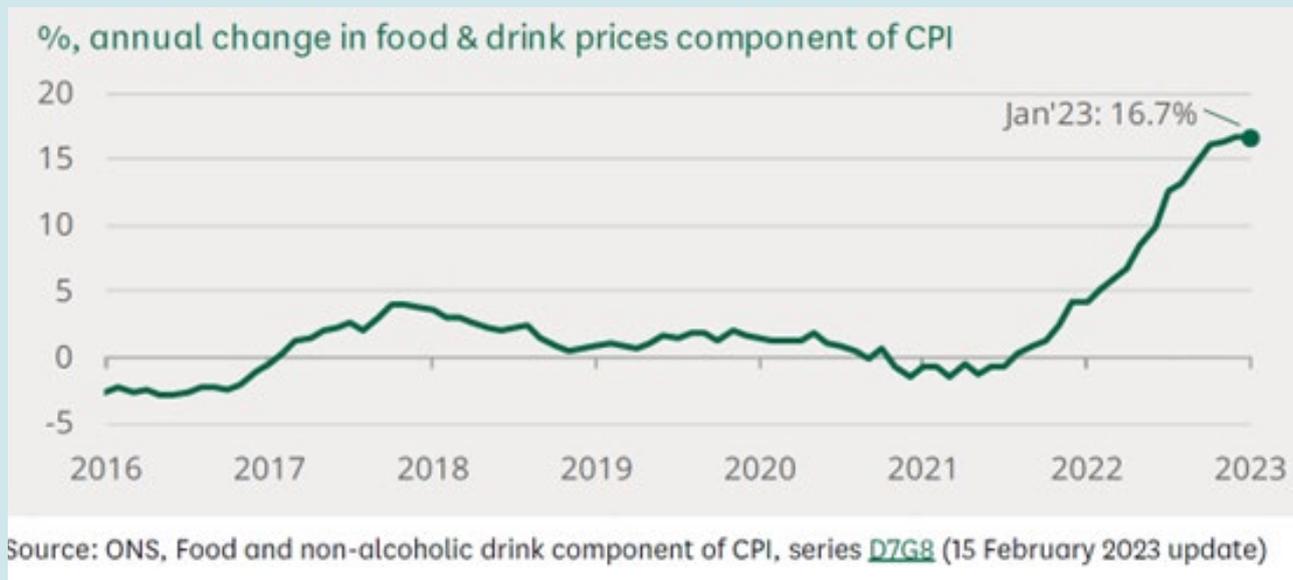
Increasing energy prices alongside a Brexit-related weakened pound⁶⁶ have been key drivers in these rises in inflation; from January 2022 to January 2023, domestic gas prices rocketed by 129% and domestic electricity prices also increased by 67%⁶⁴. Gas prices increased to record highs after Russia launched its full-scale invasion of Ukraine and continued to soar during much of 2022 due to cuts in Russian gas supply⁶⁴. Electricity prices tend to mirror gas prices and have followed a similar trend⁶⁷. Figure 1 below depicts the sharp increase in annual percentage change in CPI, peaking at 11.1% in October 2022⁶⁴.

Figure 1: Annual percentage change in consumer prices (CPI) 2016 -2023 (source: Office for National Statistics, 2023)⁶⁰



According to the Office for National Statistics, 94% of adults in Great Britain reported an increase in their cost of living in January to February 2023⁶⁸. The Office for Budget Responsibility expected real post-tax household income to fall by 4.3% in 2022-23, the biggest fall since comparable records began in 1956⁶⁹. Low-income households spend a larger proportion than average on food, and so have been more affected by the unprecedented price increases⁷⁰. The below chart supplied by the ONS details the annual percentage change in the price of food and non-alcoholic drinks, as a component of the overall CPI⁶⁴.

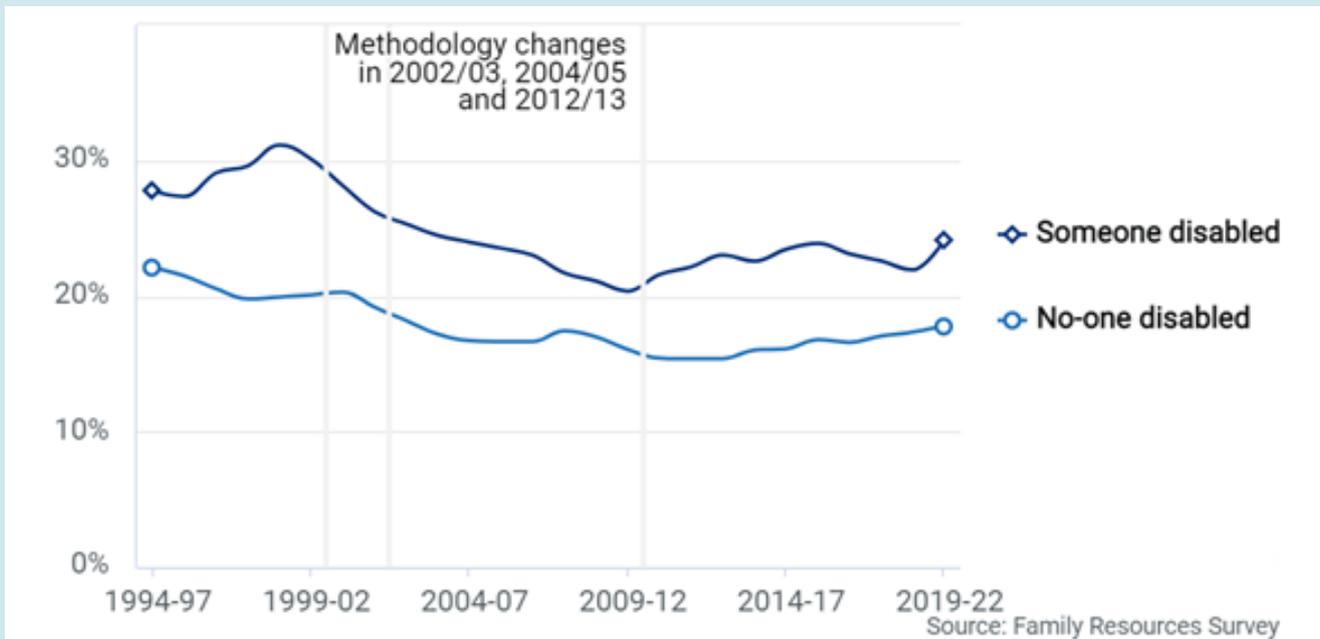
Figure 2: Annual percentage change in food and non-alcoholic drinks prices (component of CPI) 2016 -2023 (source: Office for National Statistics, 2023)⁶⁴



Food and non-alcoholic drinks prices were 16.7% higher in January 2023 compared to the previous year. This is down very slightly from 16.8% in December 2022, which was the highest rate of increase in food prices since 1977 according to the ONS⁶⁴. The figure in January 2023 was the first reduction in the food inflation rate after 17 consecutive months when the rate increased. During this time, foodbank charities reported an unmanageable increase in demand⁷¹. The Trussell Trust reported that in August 2022 they were providing almost twice the amount of emergency food parcels than was the case prior to the pandemic⁷².

For a number of reasons, it is difficult to accurately quantify the exact economic impacts of the current cost-of-living crisis on the household finances of disabled people⁷³. However, Figure 3 (overleaf) charts the proportion of households with and without a disabled person in relative poverty after housing costs in Scotland. Estimates from 2022 show a sharp increase in relative poverty among households with disabled people. The chart is based on data from the Family Resource Survey⁷⁴.

Figure 3: Relative poverty rates higher where a household member is disabled: proportion of people in relative poverty after housing costs, Scotland (1994-2022)⁷⁴



Although this sharp recent increase in poverty rates among disabled people might be expected given the surge in living costs, many of which are already higher for disabled people, the Scottish Government report that *“it is not yet clear whether this is the beginning of a new trend, or if it is a volatile data point”*⁷⁴. Figure 3 shows that in 2019-22, the poverty rate after housing costs for people in households with a disabled person was 24% (560,000 people each year). This compares with 18% (550,000 people) in a household without disabled household members⁷⁴.

Again, it must be kept in mind that many disabled people incur significant additional living costs^{58, 75}. The poverty measures and rates used to populate Figure 3 do not consider this and thus are highly likely to underestimate the levels of relative poverty experienced by disabled people. Attempts to adjust for these extra costs of disability estimate that poverty rates for disabled people (29%) are almost twice that of non-disabled people (16%)⁷⁴.

At the time of writing, the latest ONS *Well-being: Public opinions and social trends* survey (5th to 16th of April 2023) reports that when UK adults are asked about the important issues facing the UK today, the most commonly reported issue continues to be the cost-of-living crisis (92%)⁷⁶. Statistics from June 2022, where nearly 14,000 adults were questioned, allow comparison between disabled and non-disabled people⁷⁷. The findings make clear the additional financial distress and insecurity the current crisis is causing disabled people:

- 42% of disabled adults are spending less on food and other essentials, compared with 31% of non-disabled people, because of the rise in the cost of living.

- Almost half of disabled people (48%) said they bought less food in the last fortnight, compared with 38% of non-disabled people.
- 13% of disabled people said it was already “*very difficult*” to pay their bills and 38% said it was “*somewhat difficult*”, compared with 6% and 29% of non-disabled bill-payers.
- 46% of disabled people are cutting back on non-essential journeys in their own vehicles, compared with 40% of non-disabled people; and 55% are using less fuel in their home, compared with 50% of non-disabled people.

1.4 Wider health trends: austerity and stalling life expectancy

The impacts of the current cost-of-living crisis (and indeed the pandemic) on disabled people must be considered against the backdrop of some worrying health trends observed since the early 2010s. Unprecedented changes to life expectancy and mortality rates have been observed across all parts of the UK, driven by austerity policies which have increased poverty rates⁷⁸. At the country level, decades of previous continual improvement stalled around 2012, while among the more deprived populations in Scotland, England, Northern Ireland, and Wales mortality rates actually started to increase^{1, 79, 80}. These changes predate the COVID-19 pandemic and the current cost-of-living crisis, but have been made worse by them⁸¹⁻⁸³.

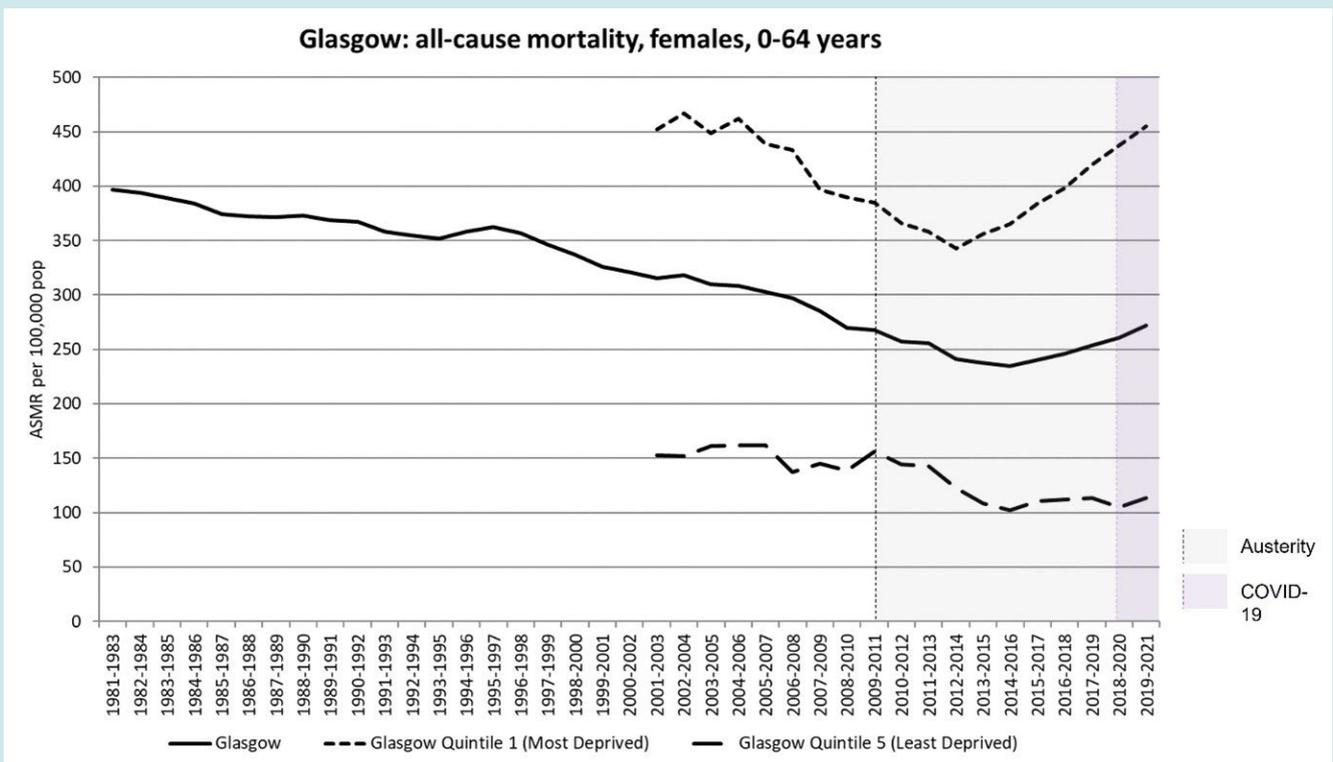
Changing mortality rates have been shown for both males and females, all age groups and for many different causes of death^{84, 85}. In Scotland, changes in rates of early death (‘premature mortality’) have been particularly noteworthy, with dramatic reversals of previously improving trends⁸¹. Healthy life expectancy (a separate measure which estimates the average number of years that people live in good health) has also declined, particularly among more deprived populations⁸⁶.

A wealth of evidence, both international and from within the UK, has attributed these hugely concerning mortality changes to government austerity policies (broadly defined as cuts to public spending)⁷⁸. International evidence has demonstrated the detrimental impact of austerity on mortality rates across multiple high-income countries⁸⁷.

In the UK, the particular ‘dose’ of austerity – first implemented in 2010 and measured principally as cuts to social security and public services – has been particularly severe, with targeted cuts of around £85 billion to overall public spending, including tens of billions of pounds to the social security budget^{88, 89}. UK research has demonstrated how such measures impact on health via well understood causal pathways: these include increased poverty⁹⁰⁻⁹², loss of vital services⁹³⁻⁹⁵, higher levels of stress and poor mental health among the most affected populations⁹⁶⁻⁹⁸, increased death rates for different age groups^{84, 85, 99} (including some implicated in changes to health and social care services¹⁰⁰) and for different causes (including those related to addiction issues and services^{94, 101, 102}), and ultimately adverse effects on overall mortality rates and life expectancy, especially among the poorer and more vulnerable sections of society, including disabled people⁸³⁻¹⁰³.

To illustrate the above points, Figure 4 details the overall decline in all-cause mortality in females, aged 0-64 living in Glasgow (solid, middle line), from 1981 until the impacts of UK austerity policies result in an upward mortality trajectory around 2014 and beyond. The figure also illustrates the overall austerity-driven widening of health inequalities, as measured by all-cause mortality between the most deprived SIMD¹⁰⁴ quintile (upper, small dashed line) and least deprived quintile (lower, large dashed line) again since 2014. In particular, the top line demonstrates the sharp increase in deaths over this time period, resulting from austerity, among females living in Glasgow's most deprived SIMD quintile⁸¹.

Figure 4: All-cause mortality, Glasgow females, 0-64 years (1981 to 2021)⁸¹



Source: Walsh D, McCartney G. *Changing mortality rates in Scotland and the UK: an updated summary*. GCPH: Glasgow; 2023

Austerity is known to have disproportionately affected disabled people¹⁰⁵. In 2017, the UN Committee reported that disabled people's rights across the UK had regressed to the point of a 'human catastrophe', eroded through 'grave and systematic violations' originating from UK austerity policies¹⁰⁶. Crucially, the UN established that since austerity, devolved settlements have not been adequately resourced to enable local authorities to meet their duties under the UN Convention on the Rights of Persons with Disabilities (2006) – in particular with regard to social care which, for many disabled people, is the fundamental enabler to accessing all other rights and independent living¹⁰⁶.

A number of the key changes to social security in the UK since 2010 have directly affected disabled individuals and their families¹⁰⁷. Poverty rates for households with a disabled person (which were already much higher compared to the rest of the population) have thus increased

sharply in the last decade⁷⁴. Disability is socially patterned – with people in socioeconomically deprived areas much more likely to report a condition or impairment than those living in more affluent areas¹⁰⁸ – and the impact of austerity policies is known to have been much more severe in poorer parts of the UK¹⁰⁹⁻¹¹⁰. Such effects clearly compound existing health inequalities: while types of conditions and impairments (and indeed definitions) of disability vary considerably, many disabled people are already in poor health and at greater risk of adverse outcomes¹¹¹. As one example, people with learning disabilities already have notably higher mortality rates than the general population¹¹².

2. Methods

This study has two key methods. First, a thematic analysis of two focus groups conducted with 17 disabled people in Glasgow in April and May 2023 which explored how participants felt the current cost-of-living crisis was impacting their lives, health, and wellbeing. Second, a scoping review of current evidence on the same topic was conducted. This considered emergent evidence and insights from a variety of sources, including recent grey literature publications and peer-reviewed journal publications. Below we outline each method with further detail in the technical annexes at the end of the report.

2.1 Focus groups

Two focus group discussions (n = 9, n = 8) were conducted, to explore participant's views on how the current cost-of-living crisis was impacting on their lives, health, and wellbeing. Focus groups were especially useful in this study as they can provide rich descriptions of emergent phenomena such as the impacts of the cost-of-living crisis and thereby enhance understanding of the lived experience of disabled people¹¹³. Often people with disabilities are systematically excluded from other forms of data collection, including population-based survey research¹¹⁴. Within disability research, focus groups are well regarded on account of their inclusiveness, open and transparent format, and flexibility of implementation¹¹⁵.



2.2 Evidence scoping review

Whilst there is no agreed definition of a scoping review, the general purpose for conducting one is to identify and map available evidence in answer to an often-broad question or topic¹¹⁶. A scoping review was particularly suited to this study as there was a need for rapid learning and insights, the study required flexibility regarding the nature of evidence considered, and the study question was broad¹¹⁷.

“In what ways do disabled people report that the 2021-23 cost-of-living crisis impacts on their lives, health, and wellbeing?”

3. Findings

3.1 Focus groups findings

Eight themes emerged from the focus group discussions with disabled people, these include: poverty and financial insecurity; food poverty; extra costs (of disability); fuel poverty; mental health and wellbeing; physical health and condition management; coping and support, and; cost-of-living crisis mitigation responses. The themes are closely connected and convey the realities of the impacts of the current cost-of-living crisis on the lives, health, and wellbeing of participants. Also covered are some strategic points relating to policy responses designed to mitigate the crisis which the focus group participants raised during discussions.

Poverty and financial insecurity

An overarching theme which underpinned much of the specific discussions was that participants consistently described living in poverty and simply not having enough money to survive. It was repeatedly articulated within the focus groups that, as a result of the current cost-of-living crisis, poverty and financial insecurity had become worse. Participants were now unable to afford commodities essential in meeting their basic human needs such as food, heating, and warm water. This in turn, as described by several participants, led to making intolerable and undignified decisions concerning which aspects of their basic needs to sacrifice mostly on a temporary, but sometimes on an ongoing basis. The impacts of poverty of this nature are not just economic but impact adversely on all aspects of life.

“In this cost-of-living crisis I feel the guillotine above my head all the time, I feel it so vividly. Things [finances] were always tight before, and even through COVID, but this is different, I can't get by, everything is so much more expensive, so much more, I have no room to move. It feels like you are condemned to a joyless life being disabled in this crisis.”

Focus Group participant

“Every day is a battle, every day, from the moment I wake up I am continuously faced with these awful decisions to make. It's freezing, I'll heat the flat for 15 minutes but it doesn't last, I'm hungry but I've nothing much there, nothing I want to eat, maybe it's just before a [benefits] payment. Can't really get out anywhere because of my [details of condition], nae money to do anything anyway.”

Focus Group participant

Food poverty

The first specific theme that emerged within the focus group discussions related to food poverty; participants consistently reported that due to the current cost-of-living crisis, there had been frequent periods where they did not have enough money to eat properly. Participants described going hungry for, at times, prolonged periods as they simply could not afford to eat and on occasions only had one meal a day or had frequent snacks and no substantive meals at all over the course of a day.

“I’ve lost two stone, but not in a good way or a healthy way. I’ve been hungry for, since all this began, it’s just I don’t have enough money to eat right, to pay my bills. I know I’m not eating right, there’s no fruit or veg, there’s no meat, none of that, just stodge, anything that can fill me up at least. It’s incredibly hard.”

Focus Group participant

Relatedly, participants were clear that during these times they were not meeting their nutritional requirements; nutritional foods being described as considerably more expensive than high satisfaction, calorie dense food, such as oven chips or bread. Some participants who were parents described regular occasions where they would feed their children with what food they could afford and sacrifice having food themselves.

“There’s been plenty of times over the past year or so when I’ve went hungry for days, often I’ll just have one meal a day. I give what food we have to my kids, they’re out learning, they need the food to grow and develop. I don’t want them to worry about our situation, I just tell them I’ve eaten already.”

Focus Group participant

Extra costs

Given their specific impairments, some participants are unable to cook themselves and rely on easily prepared ‘ready meals’. Such pre-prepared, microwavable meals were described as already being expensive prior to the current crisis and one of the hidden costs of disability that is often overlooked or misunderstood. Participants noted that the price of ready meals substantially increased since the crisis began. Another issue raised by some visually-impaired participants was that only one supermarket had an effective app which enabled them to scan products with their phone and cooking instructions digitally read to them. This was a higher-end, comparatively expensive supermarket, which participants were forced to shop at for this reason. Again, this was described as another hidden cost of disability which was not recognised or understood.

Accessible equipment was described as a significant additional cost, which some participants spoke of as plunging them into further poverty.

“You feel dependent upon other people, you are just existing and struggling to have a basic standard of living. Getting an accessible [talking] microwave costs £160. On Universal Credit you can't meet the costs to live independently.”

Focus Group participant

“A powered wheelchair costs £12,000 – it's like buying a car! Disabled people are coerced into having to buy expensive equipment where the prices are not controlled, and you have no choice of provider.”

Focus Group participant

“I need taxis cause the buses aren't great and I can't manage the walk or the standing – like going to my GP or the pharmacy to pick up prescription can be £20 for the round trip. I can't afford that, never mind socialising.”

Focus Group participant

Another issue touched upon by several participants was how, due to the current crisis, increasing taxi costs meant that accessing supermarkets had become much more expensive. This was described as another hidden cost of disability expressed by wheelchair users. 'Black hack' taxis were described as the most expensive taxis, but had to be used as they were the only mode of transportation that was truly accessible, having ramps and the appropriate seatbelts etc.

“I'm £10 to £12 before I even get to the shops, and then the same coming back, it's a lot, it's a big outgoing on top of the shopping which is through the roof [expensive]. Folk say to me order it in to your house – because of my [details of condition and impairment] I really struggle with iPads, I'm getting better but that's something that I struggle with and it's not as easy as that for me.”

Focus Group participant



A hidden cost which many participants in the group described was around the charges applied to using social care services. The points made by the participants resonate closely with the findings of the [Adult Social Care: independent review \(2021\)](#) commissioned by the Scottish Government, which concluded that the charging for social care services and supports that had been assessed as needed, was extremely damaging to the income and financial security of many disabled people, as well as limiting their options and control over the support they require.

The impact of social care charges on people's ability to afford their care and to live their lives was evident in many comments made.



I have to give up my entire PIP (Personal Independence Payment) for my care. All my care component I have to give up. And I've already given up my mobility component to have a mobility vehicle. So all these extra costs that I've got for being disabled, that my PIP is meant to help with, I can't use it for. So there's then the choice of like, what do we do? So the fact that they say, oh, PIP's meant to pay for X-Y-Z but then how'd you pay for it if you're trying to pay for your social care, it doesn't really work out. And I've heard that the Council has approved a decision to increase charges to disabled people – it's so unfair.”

Focus Group participant



It's a nightmare really. I wish I didn't have to have carers, but I don't have a choice. If I didn't need help to get showered and ready or to go to the toilet, I would never choose this life. And on top of it all I am paying social care charges which are so unfair. These really are a backdoor tax on human rights for disabled people and make vital support unaffordable. If the general public knew – there would surely be an outcry.”

Focus Group participant



Even before COVID-19, in the height of austerity, Local Authorities were cutting costs resulting in processes like we had in Glasgow – equalisation, I think that's what they called it! This was where social care packages were cut and disabled people were told, this is equalising, “we'll give it to your neighbour down the road”. While we leave you without the proper care you need.”

Focus Group participant

Fuel poverty

Almost all focus group participants described experiencing fuel poverty over the past two years. The price of gas and electric was described as having become “astronomical” and “completely unaffordable”. This meant that participants have had to significantly reduce their energy usage to keep bills down. Most of the participants were clear that they have drastically reduced the use of their heating systems, meaning that for prolonged periods they have endured cold, uncomfortable conditions within their homes.

“I have not had my heating on for almost two years, I cannot afford it, my bill had quadrupled for a month or two before I caught on, and it sent me into terrible debt – I’m actually still paying that off. It’s just not an option for me, I just need to accept being cold, I put on loads of layers in the winter and sit with a quilt over me. I still shiver in the height of winter, it’s awful. Just before Christmas I got an electric blanket which works out at 4p an hour, so if I’m freezing I will put that on at night until my carers get me into bed.”

Focus Group participant

Many of the participants also described having to use much less electricity to keep their bills down. This was particularly concerning when charging or using essential electric assistive equipment such as powered wheelchairs, electric hoists and electric chairs. Participants also describe using their TV or radio much less; these items were described as having additional importance to the lives of disabled people, many of whom experience social isolation and loneliness and are confined to their homes unless they have support to leave the house.

Disabled participants who can drive and have adapted cars also described using their vehicle significantly less as a result of the increased cost of petrol and diesel. Three participants reported not being able to attend hospital or physiotherapy appointments due to being unable to afford car fuel. One participant described how the inability to afford fuel severely impacted on their social connectedness.

“My car is my independence, it’s my lifeline to the outside world, without it I am housebound, basically. I’ve had a good few times recently where I cannot use the car, it’s had no petrol in it and I’ve been you know, like 10 days before I get my PIP [personal independence payment] – so it’s just sat there and I’ve been just sitting there as well, doing basically nothing, no social interaction, nothing.”

Focus Group participant

■ Mental health and wellbeing

The impacts of the current crisis on health and wellbeing were described as completely corrosive. The daily hardship and decisions concerning which essential items to sacrifice were described as extremely stressful and directly caused long-term anxiety symptoms. Participants demonstrated resilience and dignity as they described the mental health impacts of the crisis. They explained in their own words the ways in which they continuously contemplated their finances. Other stress and anxiety symptoms reported included upset stomach, chest-tightness, and panic attacks.

“The frequency of my panic attacks has really gone up the last year in particular and I can say for sure it is down to this crisis and the fact I am really struggling. I do have [mental health condition] so the panic attacks are not new to me, but they have increased and they are worse now. Every time I get a letter through the door, I panic, because I think it’s a bill that I know I cannot afford to pay and it will just send me over the edge and I will be homeless. Sometimes I just cannot look at the letter on my doormat, let alone open it. I just start to shut down and [gesture of wrapping up body and head in blankets] shut myself down, stay in bed, I cannot face it, the letter could sit there for days, a week, until I have strength [to open it].”

Focus Group participant

Closely related to the stress and anxiety reported were depressive symptoms and long periods of low mood. This was frequently reported alongside the lack of control participants felt they had over their lives in financial terms, or in general, and the ways in which their financial hardship had limited their daily activities.

“Some days, some weeks even, it’s too much, I just become so flat, so down, particularly if it’s cold I just stay in bed – what have I got to look forward to?”

Focus Group participant

“It’s depressing, no other word for it. Depressing, so then if I’m at the GPs, alongside my [health condition] I’m saying to him, I’m also depressed, and then it’s well you can’t get anti-depressants on all the medication you are on, here’s a leaflet.”

Focus Group participant



I feel that as a disabled person I have no choice over basic things, no sense of control. I was anxious before COVID but that has spiralled and some days I just can't function. I don't feel safe and feel in a heightened state of anxiety most of the time, now worrying about how I can make ends meet day to day."

Focus Group participant

Physical impacts and condition management

Participants clearly articulated a range of mechanisms through which the current crisis and the resultant financial hardship they face has impacted on their physical health and the management of their conditions. Unheated, cold properties were described as worsening existing conditions and pain management.



I have a chronic pain condition, I am constantly in pain, I can assure you being cold and shivery, waking up cold in the night, it makes the pain much worse, I have had to take [medication details] for 'flare ups' more or less all the time at the coldest points over the winter there, but there's a trade-off there, where I'm groggy and slow all day, not really able to do much."

Focus Group participant

Another participant reported not being able to collect their prescriptions from the pharmacy for several days because they did not have fuel in their car and had no money left to get a taxi to collect them. This meant that the management of their condition was compromised for a short period. Relatedly, some participants described how the surging costs of gas and electricity has been a clear consideration in the daily management of their conditions.



I've had an [condition] attack because my flat is colder because of the higher cost and have genuinely been thinking I hope to god I can get through this with my inhalers because I don't want to plug in my nebuliser when I've just seen my smart meter sitting on £6.50 because I've been charging my wheelchair and hoist all night."

Focus Group participant

Participants were also clear that not having enough money to eat regular, healthy, balanced and nutritious meals had compromised their health in general, their energy levels and the management of their conditions. Similarly, going hungry was described as causing a range of problems in terms of the management of conditions, pain management and taking medication.



I've to take my medication with a meal, three times a day. There has been days when I can only afford one half-decent meal. So when I'm taking my pills without a meal I feel pretty bad, my stomach isn't right and I'm worried about the long term impacts that's having on me."

Focus Group participant

Another theme which was consistently highlighted was how the stress and anxiety of the current cost-of-living crisis worsened the physical symptoms of their condition. One participant described how stress and being unable to relax *"really cranks up the physical pain"*, and that their doctor always advises them to avoid stress in all aspects of life, as far as is possible.

► Coping and support

Peer support

A compelling and recurring theme that emerged directly from participant discussions, and indirectly in terms of the observed interactions between participants, was the pivotal importance of peer support in coping with the current crisis and the day-to-day challenges of being disabled.



Without meeting all my pals and the other disabled folk I've met over the years through GDA, I don't think I'd be here today. I'm serious, I'm not sure I'd be here at all, that's how much it means to me, that's the impact it has had on me and still does have on me, the support of folk in the same boat as me, just even to chat, it's... it's magic."

Focus Group participant

In particular, the peer support networks established through GDA were described as vitally important in combatting social isolation, loneliness, and to overcome digital exclusion. The GDA network and culture engenders strong emotional support among its disabled members. The discussion and interactions between the participants exemplify this point – participants were warm, respectful, kind, patient, encouraging and demonstrated clear emotional intelligence when discussing each other's challenges relating to the current crisis and beyond.



My girlfriend knows when I've been to a GDA event, she has actually told me that she can see a clear difference in me, after I have been to an event I am upbeat, animated, full of fun. I've been socialising with other disabled people that understand the difficulties I face everyday being [impairment details], they get it, no judgement, just support, banter, being listened to, something to eat, cup of tea. You know... it's not much, but it's massive to me, irreplaceable, to us I think [verbal agreement from the group]."

Focus Group participant

Another important aspect of peer support which was apparent in a range of discussions was the practical ways in which the participants supported each other. When reflecting on the cost-of-living crisis, participants shared helpful advice, resources and tips as to how and where money could be saved within household expenses, and any support that they might be able to access within their community or other specialist disability charities or support services.

Disabled people organisations

A point that was continuously made was how much the participants valued the unique support and contributions of specialist disabled people organisations, such as GDA. As described, GDA plays a crucial role of facilitating a range of peer support opportunities that the participants so clearly value in their lives, especially at this time. Participants also described the welfare rights and income maximisation aspects of GDA's services, where GDA members can make sure they are accessing all of their welfare entitlements. Similarly, the services and skills GDA have in advocating for and supporting members when dealing with other services and organisations such as Social Care were deemed to be vitally important and hugely valued.



GDA fill so many of the gaps in the system for me, I have been able to access the money and services that I have been entitled to, being [details of impairment] and that has been life changing, and I am so grateful for their support. Also to have the support in speaking to services and someone to speak up for me when I need it."

Focus Group participant



I can't afford to go for a coffee with friends, also going for a coffee is hard for me [due to impairment]. I can't afford to socialise, GDA is my social life. GDA gets me out my flat and mixing with my pals, sharing my worries, decompressing a bit, and while you're there they [GDA staff] will be like 'have you heard about this grant or that payment, we think you are eligible and we can help you apply' if you don't ask you don't get and if you're entitled then take it."

Focus Group participant



I think through the pandemic most folk got a glimpse of social isolation, that's me all the time, that's what my life can be like all the time, unless I really steel myself and say 'no, come on, you can do this' – but GDA is always there, there's always something in the diary and something to get along to."

Focus Group participant



The thing about it is that they [GDA] tell us about our rights. Things we'd never have known cause that's just how life is for disabled people. But they say 'haud on a minute. It doesn't have to be that way and disabled people have rights.' And then they help us fight to get the right – whether it's benefits, social care or services or better policies like accessible transport, accessible housing or whatever."

Focus Group participant



I think the thing for me is, yous [GDA] have done so much for us, what can we do for you?"

Focus Group participant

► Cost-of-living crisis mitigation responses

Another important theme emerging from the focus group discussions related to the policy responses that were likely to mitigate some of the adverse impacts of the current crisis on disabled people. This began with a clear articulation that the level of welfare support was falling so far behind inflation that the situation was simply unsustainable.



At a bare minimum we must ensure that disability welfare payments match the inflation rate. If payments remain the same, god forbid they are actually cut, but if they stay the same then you are losing money in real terms year on year, the situation just gets worse and worse, I'm dreading we've not seen the worst of this crisis yet."

Focus Group participant

Participants welcomed the UK government cost-of-living support package over 2022 and 2023, which included a range of one-off payments for eligible households. However, there was recognition that this was not enough to address the extreme underlying poverty and financial insecurity encountered by many disabled people. Importantly, participants described such one-off or “emergency” payments as unreliable. Instead, what was needed was a sustained and substantial increase to levels of disability welfare payments including Child, Adult and

Pension Age Disability Payments which would enable disabled people and disabled families to effectively plan their finances over the long-term, rather than the current situation which was described as “*living from hand to mouth*”.

One participant spoke about the wider impacts of the current crisis on health services and the knock-on economic impacts of raising welfare payments.

“*There are many costs to this [cost-of-living crisis] which I’ve not seen in the news or heard people speaking about. What price are the NHS paying for this? I have definitely seen my GP much more, because of stuff we’ve spoken about, being cold, being stressed mainly for me and how that impacts my [condition]. So, the crisis will be costing the NHS millions.*

If the disability payments are raised, we would also be spending more within the economy. It’s this [false] idea that if we get more money, we’d be squirreling it away – No! we’d be spending more on the basic things we actually need, food, clothes, energy and so on, assistive things. The money doesn’t go down a black hole, it goes back into the economy and everyone benefits.”

Focus Group participant

Three participants described the lack of policy profile or priority disabled people have had in recent years, particularly since the pandemic and the subsequent political instability within Westminster and recently in Scotland. There was a sense that consideration of disabled people within policy responses is at best an afterthought, if indeed it is considered at all.

“*It’s not that we have been deprioritised – we have never been a priority and policies prove that. We’re the only group not to receive an uplift during COVID and at the same time we suffered cuts to our social care and other vital services. Disabled people are being systematically dehumanised by a lack of action and a lack of prioritisation.”*

Focus Group participant

Participants describe how the policy responses for disabled people are considered with less detail and nuance compared with the policy for the non-disabled population. The focus on child poverty in Scotland was recognised as just and correct, but often this focus was felt to be to the detriment of policy considerations relating to disabled people. Indeed, participants recognised the intersectionality of characteristics, given that poverty rates are higher among children who have a disabled parent or guardian than those who do not.

“ I just feel at times we are invisible, an inconvenience to the powers that be, also it can be inconsistent – our engagement with politicians and any sort of say in policy development. Not like here [GDA] – they are always trying to give us a voice in these types of places [policy decision making spheres].”

Focus Group participant

“ I get the focus on child poverty, 100% – I support it, kids need the best chance in life, absolutely, but that’s too simple an approach, disability requires priority as well, poverty and disability are linked, and we know that, what have we been speaking about today?”

Focus Group participant

3.2 Evidence scoping review findings

Our scoping review considered the content of 18 publications in detail. The greatest insights and inclusion of the direct experience of disabled people were to be found in grey literature publications including reports, briefings, and blogs; primarily, those of disability charities among others. A range of surveys and qualitative studies were undertaken by the charities involved and these were insightful regarding the impacts of the emergent crisis. We note however, a lack of methodological transparency across some of these publications, particularly in relation to the recruitment of disabled participants, data recording, analysis methods and the connection of key emergent themes to subsequent discussion points and recommendations. However, it must be kept in mind that these are organisations mainly seeking to provide support and service delivery and are not research institutions.

There are several recent high-profile grey literature publications relating to the cost-of-living crisis, poverty and public health which mention the vulnerability of disabled people within the crisis but do not explicate this to any degree, nor are the direct views of disabled people incorporated^{118, 119}. Thus, they have not been considered in this evidence scoping review. Disappointingly, we note that there is no mention of disabled people within *The Cost-of-Living Crisis is a Health Crisis: A Call to Action from the Faculty of Public Health in Scotland (2022)*¹²⁰.

We have found there to be a lack of peer-reviewed, primary research publications which specifically engage disabled people in the examination of the impacts of the current cost-of-living crisis on their lives, health, and wellbeing. Given that the current crisis is a relatively new phenomenon, it may be that at the time of writing it is too soon to assess the evidence base. There were however several relevant publications within appropriate peer-reviewed health, public health, sociology and related journals. In this report we summarise ten of these. These publications did not directly capture the lived experience of disabled people, however they are worthy of mention as they contain reasonable insights from a range of perspectives and across different disciplines.

Of note was that there were no studies relating to the current cost-of-living crisis within the disability journals listed within the methodology section. We believe this is because our study topic was too broad in nature to be covered within these journals. Specifically, the terms “disabled people” or “disability” could be described as homogenous umbrella terms, whereas the disability journals tended to cover clinical studies relating to treatments, interventions and therapies for specific defined conditions and impairments.

Grey literature publications

We begin by summarising the content of eight grey literature publications which directly researched the views of disabled people as to the impacts of the current crisis on their lives, health, and wellbeing.

[Glasgow Disability Alliance](#) has published a range of outputs over the years, most recently they published an event report relating to the current crisis¹²¹. Whilst these outputs were not research, they do highlight the realities of poverty and insecurity experienced by many disabled people. In October 2022, a GDA organised event with over 50 disabled people discussed the impacts of the current cost-of-living crisis and what support would mitigate the impacts in the short and long term¹²².

Overarching themes were fuel and food poverty – participants reported simply not having enough money to eat a healthy diet and to maintain warm, comfortable homes. A lack of policy priority afforded to disabled people was also described – the current benefits system provides inadequate resource to meet basic needs, especially given the extra costs of disability and surging inflation rates. These collective factors and simply not having any kind of financial safety net were considered hugely corrosive to mental health and the management of conditions and impairments.

[Health and Social Care Alliance Scotland](#) published a report in October 2022 entitled: *Disabled People, Unpaid Carers and the Cost of Living Crisis: Impacts, Responses and Long Term Solutions*¹²³. This details discussions which took place at a related event where disabled people had the opportunity to share their experience of the crisis with the support of [Disability Equality Scotland](#). Several disabled participants were clear that they could not afford to heat their property, meaning that their home was too cold – which adversely affected their conditions, due to, for example, having difficulty regulating their body temperature, or by worsening chronic pain. The inability to afford a healthy diet was also a clear theme, participants described cutting down on food as a common experience.

Participants also spoke about the parallel impact the cost of living was having on the delivery of care. For example, staff retention challenges, caused by care staff moving on to better paid and less precarious jobs due to financial pressure from the crisis, resulting in long gaps and uncertainty between carers. Instances where disabled people were “put to bed at 4pm” or left sitting in a chair all day were due to carer shortages. Some suggestions for additional forms of emergency support were highlighted through the discussion. The possibility of directly supplying people with blankets and gloves to keep them warm, and LED lights to save on energy bills, was raised by one participant. It was also highlighted that allowing ‘warm banks’ to become the norm in the same way foodbanks have, represents a failure of governments to ensure the availability and affordability of basic necessities for all citizens.

[Disability Horizons](#) (DH) magazine is an online disability publication that aims to give disabled people a voice. In September 2022, DH published its latest piece on the current cost-of-living crisis, which interviewed eight disabled people concerning the impacts on their lives¹²⁴. Again, fuel and food poverty alongside the devastating mental health impacts of the current crisis were key themes discussed. Another clear theme was how the crisis has compromised participants' chronic health conditions through a variety of mechanisms. Again, cold properties and eating filling but less nutritious food were cited as very challenging for a range of health conditions.

Some participants reported missing hospital appointments as they simply could not afford taxis or fuel for their car, which was their only means of attending the appointments. The crisis has also led to significantly reduced social interactions and increased loneliness, as some participants could not afford the travel costs or any low-cost activities. The crisis has brought the extra costs disabled people face into sharp focus. Participants described the exorbitant rise in running or charging essential electric support devices such as hoists, beds, breathing equipment, powered wheelchairs and monitors as completely unmanageable after the recent rise in electricity prices. This has meant that the participants used this vital equipment much less, which in some cases directly compromised quality of life and chronic condition management.

[Diversity and Ability](#) (D&A) is a social enterprise organisation which campaigns for and supports disabled people. In January 2023, D&A, in consultation with disabled people, published a booklet entitled *How is the cost of living impacting disabled people and what can we do about it?*¹²⁵. The booklet included the perspectives of disabled people and outlined the adverse impacts of food poverty and fuel poverty within the current crisis. Practical advice around how to mitigate fuel and food poverty were offered alongside a range of related useful resources. However, D&A also highlighted that within their networks, the potential for disabled people to be vulnerable to cost-of-living related crimes of fraud or 'scams' had been reported. Fraudsters had appeared to have targeted disabled people and used tactics of offering false discounts on prepayment electricity meters and fabricated offers of energy bill refunds. Indeed it has been reported for some time that disabled people may be more susceptible to fraudulent crime¹²⁶.

A 2023 blog entitled *For disabled people, the cost of living crisis is nothing new* authored by the charity [Greenpeace](#) interviewed disabled representatives from [Disabled People Against Cuts](#) (DPAC), a disabled people's movement against austerity policies¹²⁷. The blog highlights the realities of food and fuel poverty experienced by disabled people and the adverse impacts to mental and physical health. In addition, the blog makes the point that disabled people are not represented within the current UK government, nor within political debate in Westminster. Considering the size of the disabled population in the UK, DPAC consider this to be an alarming democratic deficit faced by disabled people. To this end, the blog alludes to institutional discrimination against disabled people within government and its central institutions.

The disability charity [Scope](#) published a report entitled *Cost of living: the impact for disabled people* in late 2022¹²⁸. The report is methodologically clear and brings together a range of reliable evidence sources and existing Scope publications and data to formulate a range of recommendations designed to mitigate the impacts of the current crisis.

The report also outlines survey results regarding the physical and mental health impacts of the current crisis. Some selected statistics include: 71% of disabled people who need to use more heating because of their long-term condition or impairment were concerned that they will not be able to heat their home this winter; 40% said that going without heating would cause them to be uncomfortable or in pain; 31% said it would severely affect their health. In terms of mental health and wellbeing, 52% said that increasing costs were negatively affecting their mental health; 46% said it was also negatively affecting their family's mental health; 26% said increasing costs were causing arguments in the home. The mental health impacts of the crisis were reported as worse for parents and carers, with 88% saying the cost of living was affecting their family's emotional wellbeing.

In late 2022, the disability charity [Sense](#) surveyed over a thousand families that care for disabled people regarding the impacts of the current crisis on their lives¹²⁹. Over half (51%) of participants stated that they were in debt, and more than a third (35%) reported skipping meals to save money. Three-in-five (61%) of families said they were unable to afford to keep their home adequately warm. Furthermore, two-thirds (68%) of families admitted to being unsure how they would cope over the winter – it will be little surprise that many were not looking forward to Christmas. Over a third (38%) said they would not buy Christmas presents, and a fifth (22%) said they would cancel celebrations all together.

[The Resolution Foundation](#) published a briefing in January 2023 entitled *Costly differences: Living standards for working-age people with disabilities*¹³⁰. The briefing covers results from a survey of just under 8,000 working-age adults, over 2,000 of whom reported a long-term illness or disability, to offer insight into their experience of the current crisis. The briefing highlights the food and fuel poverty driven by the crisis. It also highlights that an important driver of lower incomes among the disabled working-age population is the relatively low employment rate: 54% of disabled adults work, compared to 82% of non-disabled adults. The raw income gap between the disabled and non-disabled working-age populations (£8,447) is more than twice the gaps observed comparing disabled and non-disabled populations who are in work (where the gap is £2,920) or out-of-work (the gap is £3,550, excluding disability benefits).

The eight publications described here have provided timely, important and accessible insights. We have categorised them as grey literature as they were never intended for peer-review and thus lack methodological clarity and transparency. Importantly, however, the publications have incorporated the direct views and reflections of disabled people as to how the crisis is impacting on their lives. These insights are vital, given the frequent exclusion of disabled people from a range of research methods and approaches¹³¹, and the well-evidenced lack of understanding (often termed 'the disability perception gap') non-disabled people, including policymakers, have in relation to the challenges of being disabled¹³².



Peer-reviewed publications

Despite the lack of research specific to the topic of disability and the cost-of-living crisis, there were ten relevant publications within peer-reviewed journals, primarily relating to health, public health, and sociology. These publications did not directly capture the lived experience of disabled people, but are worthy of mention. These studies could generally be characterised as broad cost-of-living papers, editorial or opinion pieces or letters, which at the least make mention of how disabled people (among other population sub-groups or protected characteristic groups) are particularly vulnerable to this crisis as a result of pre-existing social, health, and economic factors¹³³⁻¹³⁶.

Broadbent et al 2023 published an influential paper which was the first to articulate key mechanisms (including impacts to health behaviours, material, psychosocial, and public policy responses) through which the current cost-of-living crisis is likely to impact on population health³. This was also the first study to use statistical modelling to quantify the scale of the impacts. The modelling illustrates how policy approaches can substantially protect health and wellbeing and avoid exacerbating health inequalities. The paper concludes that targeting specific support at vulnerable households is likely to protect health most effectively. The paper mentions just one aspect of the impacts to disabled people in relation to the adverse impacts of fuel poverty upon physical health and condition management. Similarly, Neal and Webster's 2022 editorial piece recognises the "*vicious cycles of poverty, hunger and health inequalities*" created by the crisis, meaning that no one dimension of the crisis can be fixed in isolation. Again, the paper makes passing comment on the vulnerability of disabled people within the crisis⁶².

Some of the more nuanced and relevant themes emerging from these sources are summarised here. An alarming point emerging in England from a survey of patients with lung conditions, including many classified as disabled, was that some patients with disabilities were cutting down on medications to save prescription fees and using essential medical devices less to save on electricity bills¹³⁷. Whilst not directly relevant to Scotland, where prescribed medication is free, this finding was also found in other European countries and with different conditions and disabilities¹³⁸. Relatedly, the recovery of cancer patients, many of whom are receiving treatment and are regarded as disabled, has also been hampered by the crisis, in terms of compromising nutrition, warmth, and hygiene in order that patients can save money¹³⁹. The mental health impacts of the crisis were highlighted by one paper, which also makes the point that these impacts are especially concerning for disabled people and amid austerity¹⁴⁰.

In general, these peer-reviewed publications attempted to describe and quantify the nature and scale of the current crisis and to relate likely adverse impacts to existing vulnerabilities of disabled people. None of the publications reviewed included primary research, though often they included recommendations for further research which directly involve disabled people in providing lived experience insights.

Important themes and statistics relating to disability which pre-date the current cost-of-living crisis were used as a means of contextualising the vulnerability of disabled people amid the current crisis.

The themes described were touched upon in the introduction section of this report and are well established across wider UK disability literature, they included:

- pre-existing high levels of poverty and hardship
- the additional costs of being disabled and difficulty in estimating them (including relating to challenges inherent in poverty estimates among disabled people)
- at the time of writing: disability social security payments not keeping pace with inflation
- the higher prevalence of existing mental health disorders among disabled people (including aspects of social isolation and loneliness)
- reduced access to health and other services and difficulties accessing and navigating the welfare system (including relating to digital exclusion)
- the exclusion of disabled people from economic participation, especially employment
- the exclusion of disabled people from participation – generally

Previous GCPH publications have urged public health to keep pace with contemporary socioeconomic circumstances, particularly relating to vulnerable groups^{141, 142}. The lack of peer-reviewed publications which specifically examine the impacts of the current crisis on disabled people, and which gather and systemise the views of disabled people, needs to be addressed. Nonetheless, the key messages from these relevant peer-reviewed publications were that the current crisis will worsen existing hardship and poverty endured by disabled people and thus will be damaging to both mental and physical health. Particular attention was paid to the likely impacts of food and fuel poverty on disability conditions and impairments and patient management thereof.

4. Discussion

The UK has been experiencing a series of interwoven crises in recent years. Public service provision has been eroded by over a decade of austerity policies, with cuts to social security benefits, and social and healthcare service delivery¹⁴³. Life expectancy improvement has stalled across the UK and for some groups has reversed⁸¹. Death rates attributable to COVID-19 were higher in the UK compared to many similar countries¹⁴⁴. The pandemic has also weakened the economy, and the aftermath of COVID-19 has been a contributory factor in driving up inflation¹⁴⁵. At present, the UK is in the grips of a cost-of-living crisis, driven largely by a dependence on Russian gas supply which has surged in price since the Ukrainian conflict escalated in early 2022¹⁴⁶. The economic impacts of the conflict were further compounded by the adverse impact of Brexit, and the September 2022 'mini budget' and the associated fall in the value of the pound¹⁴⁷. This vulnerability within the UK is based on economic policy which remains dependent on fossil fuels¹⁴⁸, under-investment in sustainable energy sources¹⁴⁹, and fails to sufficiently regulate the energy market overall³. Coupled with supply chain disruption, particularly for food, it feels like the 'perfect storm', for the UK⁸.

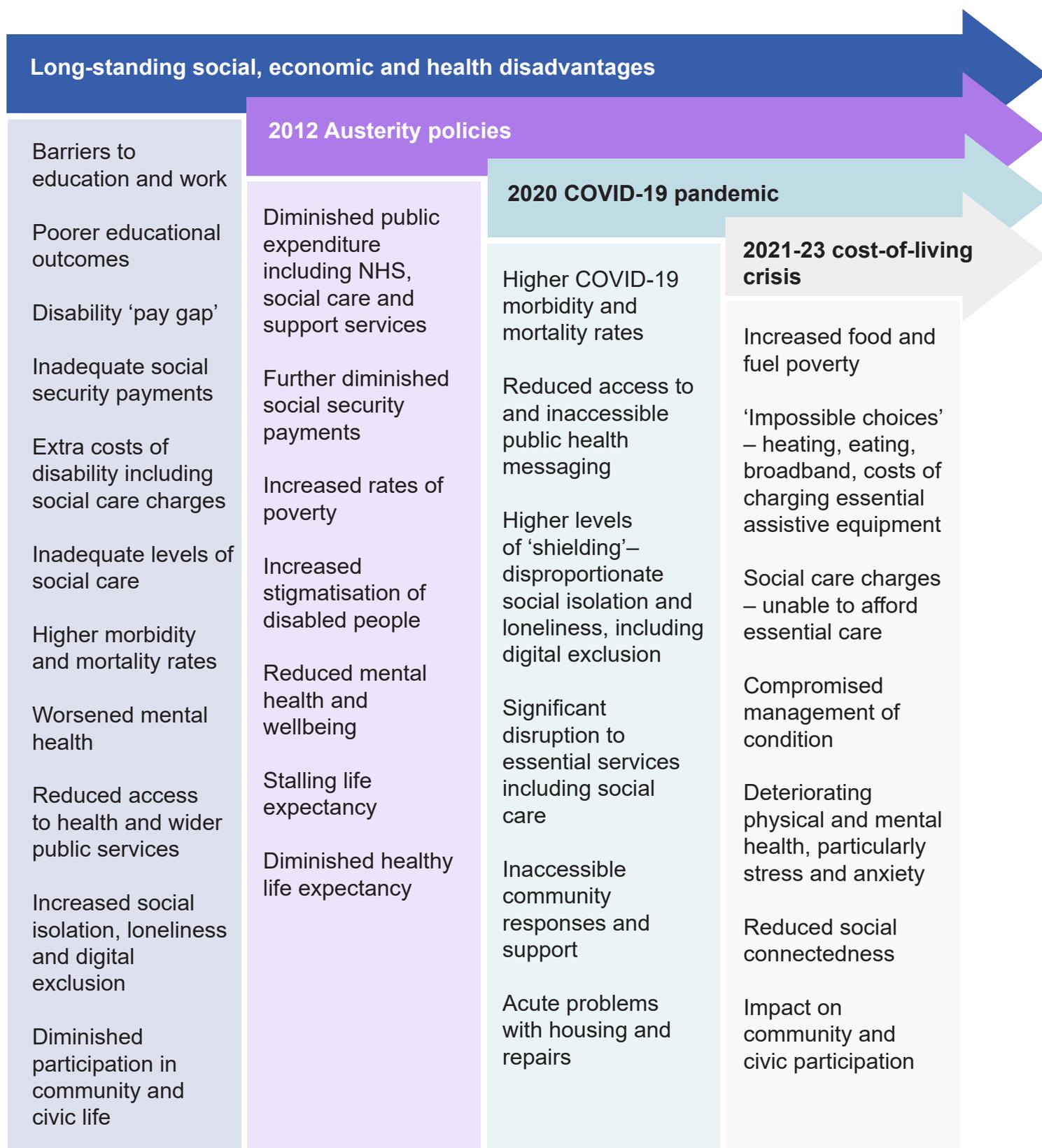
Within any crisis, it is important to recognise that it affects some groups more than others. It is also essential to focus on the risks ahead and to move beyond consideration of the economic impacts towards assessing risks to population health. The public health community and its researchers and leaders have a role in gathering evidence, influencing governments, and prompting policymakers to plan and implement appropriate policies to protect communities and their health from the cost-of-living crisis and a further widening of inequalities.

Quality research takes times, however the lack of peer-reviewed public health publications examining the impacts of the current crisis on vulnerable groups including disabled people is concerning. It raises questions as to the effectiveness of public health in keeping pace with contemporary socioeconomic circumstances and the realities of modern life for many in the UK. Relatedly the omission of any consideration of disabled people within *The Cost-of-Living Crisis is a Health Crisis: A Call to Action from the Faculty of Public Health in Scotland* is of note and speaks to the cycle of exclusion disabled people face within policy development and research prioritisation¹²⁰. By contrast, credit is due to the charities who have authored important grey literature publications, which we have described in our scoping review (Section 3.2). These publications and their associated press releases, campaigns and lobbying have been timely and impactful – the 2023-24 uprating of a range of welfare support in line with inflation is testament to what can be achieved through a rapid mobilisation around an emerging crisis.

The adverse impacts of the cost-of-living crisis on disabled people are hugely concerning, demanding immediate and disability-prioritised policy and practice responses. However, as Figure 5 depicts, a focus on mitigating the impacts of the crisis must also consider the wider historical context of vulnerability experienced by disabled people, specifically the disproportionate impacts of austerity¹⁵⁰ and the COVID-19 pandemic¹⁵¹⁻¹⁵². As Figure 5 shows, the current crisis is the latest in an extremely turbulent period affecting population health

overall, with specific impacts and considerable burden on disabled people, which can be considered as a repetition of historic vulnerability of disabled people during times of crisis¹⁵³.

Figure 5: Disabled people in UK - historical disadvantage and vulnerability, amid current 2021-23 cost-of-living crisis



<p>Inaccessible and inadequate housing and transport</p> <p>Daily stigma and discrimination</p>		<p>Diminished access to testing and treatments</p> <p>Increase in stigma and discrimination</p> <p>Increased physical and environmental barriers</p> <p>Worsened physical and mental health</p> <p>Increased levels of poverty</p> <p>Extra costs of disability – heating and electricity during lockdowns</p>	<p>De-prioritisation of disabled people</p>
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In human terms, the 2021-23 cost-of-living crisis represents an unprecedented financial shock to many households who were already struggling to get by¹⁵⁴. Many disabled people were already living in poverty and excluded from society before the current crisis¹⁵⁵, which has only made their circumstances worse and in many cases, as our focus group evidence attests, their quality of life intolerable, undignified, and unacceptable.

Arguably, the current crisis has gained such profile and recognition because it is far-reaching; many non-disabled people and households are now being dragged into poverty¹¹⁹.

As inflation rates are projected to decrease throughout the remainder of 2023ⁱ, it may be that the heightened narrative surrounding the cost-of-living crisis recedes from mainstream media¹⁵⁶. However, the daily struggle endured by many disabled people will continue, unless urgent and sustained action is taken.

The current crisis is the latest in an era of profound political, economic, climate, and public health uncertainty. The links between income and physical and mental health are long-established and understood, and act through several mechanisms^{3, 157}. Having enough money is essential to health, as it buys health-sustaining commodities, such as nutritional food, warm clothing, safe and heated housing. Money also buys health-sustaining opportunities, for example allowing people to maximise their participation in society through social, recreational, and educational activities¹⁵⁸.

ⁱ Lowering inflation rates do not reflect a reduction in the prices of essential commodities such as food, clothing and fuel; prices remain high, instead reducing inflation means that the rate at which prices are increasing has dropped. <https://www.ons.gov.uk/economy/inflationandpriceindices/articles/costofliving/latestinsights>

The participants in this study have articulated clearly that the current crisis has left many of them unable to afford basic essentials. This has resulted in corrosive impacts to mental health, wellbeing, social connectedness, and participation in society overall; in particular, the elevated levels of stress and anxiety reported by the participants is hugely concerning. Indeed, a longitudinal study published in December 2022 shows that the risk of severe mental distress doubles for those with no prior mental ill health, when living in an unheated home, and the risk triples for those previously on the borderline of severe mental distress¹⁵⁹. Money is not just a means to acquire material needs for a healthy life; it alleviates stress, especially among those who otherwise have precarious lives, particularly disabled people^{160, 161}.

The poor living conditions the current crisis creates impacted on participants' physical health – compromising the management of their conditions or impairments and worsening symptoms of their conditions, including pain. These findings are consistent with the limited evidence we describe. These adverse impacts described by the participants are almost certain to lead to increased cost, demand and pressure on already stretched NHS budgets and caseloads, particularly within primary care and at a time when NHS staff 'burnout' is at an all-time high^{135, 162, 163}.

Given the urgency of the current crisis, we have deliberately focussed on the short-term impacts on the lives, health, and wellbeing of disabled people. The impact of exposure to extreme stressors described by the focus group participants in this crisis may have far reaching consequences across the life course of this population³. Targeting support to households with disabled people will be an effective step in protecting health, among other approaches. So too would policy integration, or 'health in all policies' or 'super policies', which simultaneously pursue key priorities such as economic development and climate adaptation, alongside the reduction of inequalities and population improvements to health¹⁶⁴.

5. Recommendations

This report demonstrates the consequences of policies which do not protect the most vulnerable from the potential harms of the cost-of-living crisis – damage to the lives, health, and wellbeing of disabled people.

Our focus groups and evidence scoping review demonstrate that many disabled people simply cannot afford to live a healthy life, which adversely impacts mental and physical health and severely compromises condition management. To avoid this, we have the following recommendations.

5.1 Policy recommendations for UK Government

- ▶ Adequate social security provision is essential in supporting the health and wellbeing of disabled people; a further increase to the 2023 benefits uprating is vital to achieve this. Such support must be cognisant of individual circumstances and of the hidden costs of disability.
- ▶ The purpose of disability benefits in the UK needs to be redefined with core objectives of reducing poverty and supporting independent living.
- ▶ A recognition that health for everyone, including disabled people, is a basic human right in the UK, therefore Government must thoroughly consider the population health impacts of all policy developments, and prioritise cross-sector action on the wider determinants of health (Health in All Policies approach¹⁶⁵).
- ▶ A Social Energy Tariff – the government must work with energy providers to legislate for a discounted gas and electricity tariff for disabled customers, in particular those that need to use more energy due to their condition or impairment, or use of electric assistive equipment.

5.2 Policy recommendations for Scottish Government

- ▶ Increase disability equality competence and capacity across Scottish Government i.e., knowledge, understanding and confidence around disabled people's inequalities and the sources of the problem, so that the correct analysis leads to more effective policies and actions.
- ▶ Ensure that Government is equipped as a learning organisation with the means and data necessary to assess whether policies, actions and investment are improving the lives of disabled people, and to make appropriate corrections.
- ▶ Existing social security provision must be maximised – a concerted national campaign is required to support an increase in the uptake of financial support through accessible disability welfare rights programmes.
- ▶ Abolish social care charges which contribute to the 'extra costs' of disability and the high levels of poverty among disabled people; this is a Scottish Government manifesto commitment, which is yet to be actioned.
- ▶ The reduction of poverty among disabled people must become a devolved and local government priority; create a Poverty Reduction Plan for Disabled People in Scotland and Glasgow, co-designed with disabled people and disabled people organisations.
- ▶ Maximize Scotland and Glasgow's contribution to reducing the disability employment and pay gaps; promoting accessible, flexible, meaningful, and equally paid employment for disabled people who are able to work.
- ▶ A national review of barriers to participation in higher and further education faced by disabled people would provide recommendations which may address educational inequalities evidenced among disabled groups. Connecting this review and related actions with entry level/ lifelong learning would open opportunities for disabled people and create pathways to fulfilling potential.
- ▶ Tackle the non-financial barriers causing poverty, such as access to food, digital exclusion, and social isolation – ensure services are disability accessible and holistic in meeting individual needs.
- ▶ A renewed focus and immediate commitment to longer-term action on home insulation and energy efficiency within households where a disabled person lives; this can mitigate impacts of the current cost-of-living crisis whilst reducing carbon emissions.

5.3 Practice recommendations for citywide services within Glasgow

- Develop a citywide strategy to support capacity building and improve disability competence within crisis mitigation services such as foodbanks and debt advice: this will enable increased access for disabled people.
- Strengthen mechanisms to embed lived experience of disabled people across Community Planning Area Partnerships and city wide: work alongside and invest in GDA and other disabled people organisations' networks and community empowerment approaches.

5.4 Recommendations for further research

- Research to further illuminate the hidden costs of disability are needed at a Scottish and Glasgow City level. This would involve extensive collaboration between researchers, disabled people organisations and disabled people.
- Specific impact modelling of the health impacts of the current crisis on disabled people should be developed utilising existing methods and datasets such as the Family Resources Survey. This would support the understanding of current and future predicted population health impacts of the current crisis.

6. Conclusion

An often-used quote attributed to Mahatma Ghandhi is *“the true measure of any society can be found in how it treats its most vulnerable members”*. As a result of the current cost-of-living crisis we are witnessing a social and human catastrophe, the dire impacts of which may be felt for decades to come. The disabled people who contributed to this rapid study spoke with dignity and demonstrated resilience within living circumstances which are completely unacceptable.

For disabled people living in Glasgow to have unheated homes, to go hungry, and to have severely restricted opportunities to socialise and participate in their community paints a bleak picture of our society in 2023. Moreso, living like this is a direct violation of the human rights of disabled people. These conditions are a direct result of policy choices, primarily a decade of austerity policy, the impacts of which have been worsened by the pandemic and the current cost-of-living crisis. In terms of local and national government, disabled people must be considered a policy priority. As this report makes painfully clear, urgent action is essential.

7. What this study adds

This study adds clarity, insight and the voice of disabled people on an emergent and urgent public health issue. This publication is timely and important, given the current lack of independent research examining this matter.

There are no other publications available which offer an overview of current evidence concerning the impacts of the current cost-of-living crisis on disabled people, supplemented with qualitative insights from disabled people. Indeed, we cannot find another scoping review on the topic, and so the scoping review findings presented offer a unique overview (albeit emphasising the paucity of peer-reviewed publications) of a developing and valuable evidence base.

This study also offers the methodological transparency which has been lacking in grey literature publications on this topic. The recommendations we present are based on the evidence presented from the evidence review and the lived experience of disabled people, alongside insights from a well-established and expert disabled people organisation (GDA). Relatedly, the study narrative overall benefits from bringing together the skills of public health researchers with disability professionals; for example, in contextualising the impacts of austerity policy on health outcomes and specifically disabled people.



8. Limitations of this study

This report details a serious and urgent public health issue. To ensure the report is timely and useful, the study was time constrained and thus the participation of disabled people was limited to two focus groups comprised of 17 disabled people. This cannot be considered as representative of all disabled people. Had more time and resource been available, a larger sample would have been possible, alongside a more active and sustained contribution of disabled participants to the overall research design and implementation process. This may have yielded greater insight and would certainly have supported increased reciprocal skills development between the public health researcher and the participants involved.

Deriving key focus group themes directly from participant responses without a prior conceptual framework enables an authentic representation of the discussion to the reader. However, it does mean that some important issues may not have been covered. For example, the discussion did not touch upon impacts due to unhealthy coping mechanisms such as alcohol consumption, smoking habits, gambling or drug misuse¹⁶⁶. The intersectionality of disability with other factors such as lone parenthood, ethnicity, or sexual or gender minority status did not emerge in the discussion either and is thus not discussed within this paper.

The scoping review was also limited by time, meaning that it is possible that some relevant studies have been overlooked. Initially the search terms used were limiting and somewhat homogenous, meaning that the impacts of the cost-of-living crisis were not considered on specific disabilities or impairments. However, while searching individual disabilities journals, and developing an understanding of the types of studies in which specific clinical terms are used in, it became clear that they were unlikely to be subject to the examination of the cost of living. Thus, on balance, it is felt that the search strategy adopted was reasonable within the constraints described. As has been described, almost all the grey literature reviewed lacked methodological transparency, meaning that the quality of the study designs could not be properly assessed. The 'relevant' peer-reviewed publications we discuss deployed no primary methods in their limited consideration of the impacts to disabled populations.

Technical annex A: Focus groups methodology

Focus groups are an established method for accessing personal experiences and for facilitating more in-depth understandings of participants' views¹⁶⁷. In particular, it has been suggested that focus groups are effective in encouraging participation from disempowered, excluded patient populations¹⁶⁸. Although they may take many forms, the method essentially entails engaging a small group of participants in a group discussion, focussed around a particular set of issues¹⁶⁹.

Two focus group discussions (n = 9, n = 8) were conducted, in order to explore the views of disabled people as to how the current cost-of-living crisis had impacted on their lives, health, and wellbeing. Participants were of a wide age range and were male, female, and transgender; those with chronic conditions, sensory-impaired, intellectually impaired and wheelchair users with mobility issues were all represented. With small numbers of participants and in the interests of confidentiality, we refrain from providing more detail as to the profile of participants. Transportation costs, snacks, lunch, teas and coffees were provided to support participants in attending the focus groups. The focus groups took approximately two hours each, this was adequate time in enabling detailed consideration of the topics involved.

The focus group schedule was developed initially by the GCPH and then refined by GDA in order to support ease of comprehension and discussion among participants. The following questions were used as discussion prompts during the focus groups, with support from GDA support staff:

- What are your biggest worries about the cost-of-living crisis right now?
- How does the cost-of-living crisis impact on your daily life?
- Do you think things have gotten worse since the pandemic? (give examples)
- Has the cost-of-living crisis impacted on your mental health and wellbeing?
- Has the cost-of-living crisis impacted on your physical health?
- What has helped you cope?
- Have you been able to access any cost-of-living supports from the UK or Scottish Governments?
- Do you think your care has been affected by the cost-of-living crisis?
- What needs to be done to support you better in your daily life?

Focus group discussions were carried out in a private room within GDA offices. This space was familiar to the participants, all of whom were GDA members. The purpose of the focus groups and how the discussion data would be used was outlined. Anonymity and confidentiality were assured at the outset and participants were encouraged to be frank and honest with their contributions. All participants verbally agreed to take part in the study. Extensive notes were taken, including participant quotes during the meetings, and a fuller account was written immediately after each focus group was concluded. Particular attention was paid to ensuring verbatim notetaking of participant quotes which drew widespread agreement within the group discussions or appeared to summarise discussions well. On occasion, this meant asking participants to slow down or repeat particular parts of what they had said, but in general the hand-written note taking did not slow down the natural flow of the discussions.

Hand-written notes were preferred in this instance to digital recording of the focus groups in order to support honest discussions and reduce any anxieties amongst the participants around sharing and exchanging views, which at times included personal reflections on sensitive matters relating to their lives and impairments. Although difficult topics were covered during the focus groups, discussions were positive and light, frequently peppered with humour as well as supportive and reassuring exchanges between the participants and with GDA support staff. All participants present contributed to discussions and there was consensus that participants valued the opportunity of being heard and in discussing and reflecting on these important issues.

Focus group data, namely the in-depth notes and quotes which were written up, were then analysed using thematic analysis¹⁷⁰. Thematic analysis involves coding respondents' talk into categories that summarise and systemise the content of the data¹⁷¹. In this instance, categories were derived entirely from the participants' feedback rather than any prior theoretical framework. The advantage of this approach in this context is that the analysis provides an authentic summary of participants' views and experiences, and an overview of the range and diversity of the ideas presented¹⁷². Participant quotes are presented anonymously under the relevant theme and serve to illustrate and illuminate the points being made¹⁷³. Some details within the quotes have been omitted in the interests of participant confidentiality and the sensitive handling of personal reflections¹⁷³. The quality of the analysis was supported through the close collaboration of the authors throughout the process.

Technical annex B: Scoping review methodology

Scoping reviews are used to determine the scope or coverage of a body of literature on a given topic, and provide a clear indication of the volume of literature and studies available as well as an overview (broad or detailed) of its focus and key finding themes¹⁷⁴. Scoping reviews are particularly appropriate for examining emerging evidence whilst it remains unclear what further specific questions can be addressed by a more precise and in-depth systematic review¹⁷⁵. Scoping reviews can be concise, yet flexible; often including forms of evidence such as expert opinions and grey literature¹⁷⁶. In particular, scoping reviews enable a useful overview of the types of evidence that can inform practice and policy in the field and the way the research has been conducted^{177, 178}. Importantly, scoping reviews do not attempt the rich synthesis, nor the critical appraisal of evidence that a systematic review would¹¹⁶.

Arskey and O'Malley are considered as the seminal authors in developing a framework or process for conducting evidence scoping reviews¹⁷⁹. Thereafter, Levac, Colquhoun and O'Brien further clarified and extended this original framework to incorporate the following five key characteristics^{180, 181}:

1. to identify the types of available evidence in a given field
2. to clarify key concepts/definitions in the literature
3. to examine how research is conducted on a certain topic or field
4. to identify key characteristics or factors related to key concepts
5. to identify and analyse knowledge gaps

We have thus adopted the above framework as central aims underpinning our scoping review. The review is limited to UK studies and perspectives published since the crisis began in 2021. Key search terms included combinations of “(current, 2021-23) cost of living crisis”, “price rises”, “price increases”, “inflation”, “disability”, “disabled people”, “impacts to”, “poverty”, “poverty levels”, “destitution”, “quality of life”, “health”, “wellbeing”, “mental health”, “health inequalities”. Both Google and Google Scholar searches were conducted in the first instance to form a preliminary understanding of this emergent evidence base, and to identify and refine initial search term combinations. Thereafter the following peer-reviewed journals were individually searched; *Disability & Society*, *Disability Studies Quarterly*, *Disability and Rehabilitation*, *Journal of Disability Policy Studies*, *Journal of Intellectual & Developmental Disability*, *Journal of Learning Disabilities*, *Journal of Literary and Cultural Disability Studies*, *Learning Disability Practice*, *Learning Disability Quarterly*, *Review of Disability Studies*. This helped to further identify appropriate evidence sources and to refine our search strategy.

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