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Disabled consumers in rural Scotland: Exploring experiences of accessing consumer goods and services

Final report

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Executive summary

Research background and methodology

While some of the challenges experienced by disabled consumers in accessing goods and services are well known and documented, less is known about the experiences of disabled consumers living in rural and island communities in Scotland. To begin to address this knowledge gap, Consumer Scotland commissioned a programme of qualitative research to understand how living in rural and island communities in Scotland can impact disabled consumers' experiences of accessing consumer goods and services.

To inform the research design, Thinks Insight & Strategy conducted an initial scoping phase, comprised of interviews with four disabled consumers and four stakeholders in rural Scotland, to understand which specific consumer goods and services would be most important to explore in this research. In light of findings from the scoping phase, the longlist of goods and services (included in the Appendix) was narrowed down to three key areas: transport, leisure activities, and health and social care.

As part of the second phase of the research, virtual interviews and in-person focus groups with 30 disabled consumers were conducted, to understand experiences of engaging with transport, leisure activities, and health and social care. This comprised participants living in two areas: Dumfries & Galloway and the Highlands, including the Isle of Skye. A sample overview is included in section 2.4, with a detailed sample breakdown in the Appendix.

Finally, participants were given an opportunity to sense check findings from the research to ensure the conclusions drawn broadly reflected their own experiences. Participants also suggested ideas for interventions to address these challenges, which is covered in section 7 of this report, for consideration by policymakers in Scotland.

Key insights

While challenges with accessing transport, health and social care and leisure activities are shared among many people living in rural Scotland, these challenges can have greater impact among disabled people in rural communities.

In principle, challenges with accessing high quality services are often considered as 'the price you pay' to live in a remote, scenic location.

Disabled participants often accept that traveling long distances and having few options is a trade-off you pay to live in a quiet, remote and scenic location. This mindset means that although participants want better access to higher quality services, they do not always expect it. Instead, disabled participants are more likely to modify their own behaviour to reflect significant constraints, in many cases opting out of accessing services entirely.

Access to reliable, cost-effective and accessible transport underpins nearly every challenge participants described to us in this research when considering access to other goods and services. Inaccessible and unreliable public transport means many are forced to rely on taxis, their own private vehicles or lifts from friends and family. Where private transport is not available, disabled participants face challenges in accessing other services including health and social care and leisure activities.

There are three key barriers for disabled rural participants to engage fully with transport, health and social care, and leisure: availability, inaccessibility, and cost.

Availability

- **Public transport** is felt to be infrequent and unreliable in rural locations and can become extremely busy or fully booked during summer months due to tourism. Private transport can pose similar challenges, with **taxis** difficult to secure at peak times or in tourist season. Participants often describe needing to plan in advance to be able to access transport, which can reduce spontaneity and increase mental burden. As a result, disabled consumers may be more likely to avoid using transport altogether – ultimately limiting their access to other goods and services.
- **Health and social care** availability depends on where you live. It is felt that there are fewer services than there used to be, and whether these are available to access or not is a 'postcode lottery'. In terms of carer support, participants notice a shortage of carers in rural parts of Scotland, and some carers are unwilling to travel long-distance to make home visits. A lack of local (NHS) dentist practices also stands out as a significant challenge. Whilst such challenges may be present for anyone living in rural Scotland, they can be especially acute for disabled people who are more likely to need to access health care more regularly or are more likely to require specialist services which may not be available in their area.
- There are a lack of **leisure activities** which are in accessible locations/buildings, free and/or low cost, and flexible (e.g. you don't have to go every week). Limited options for each type of activity within an acceptable distance (e.g. only one cinema within driving distance) can mean that if the set up does not suit a participant's needs, they cannot access the activity at all.

Inaccessibility

- **Public transport** is not always accessible, particularly for those using mobility aids such as wheelchairs. Even where **public transport** is accessible, rural areas present additional challenges in achieving an accessible end-to-end journey using public transport. The bus stop or train station is likely to be far away from the disabled participant's home or

destination meaning that without use of private transport options (e.g. to reach a bus/train station and to complete end-to-end journeys), many are unable to make use of public transport.

- **Health and social care services** can be difficult to reach at specific appointment times for those without access to a private vehicle. Lining up public transport timetables with appointment slots can be difficult. As a result, participants describe waiting for considerable periods and/or associated costs of paying to use warm spaces like coffee shops. As distances travelled to access specific health care services are often long, those who feel they have no choice but to take taxis often have to pay large fares. Finally, those relying on friends and family for transport can struggle to align appointment availability with their driver's schedule. As disabled people are often attending a greater number of appointments because of their condition, such challenges can be particularly impactful for this audience.
- **Leisure activities** in rural areas tend to be outdoors and nature-based, which in the absence of specialist equipment or accessible pathways, can make them inaccessible for people with mobility issues, breathing problems, and/or chronic pain. Infrequent or no public transportation in the evenings also means that those without access to a private vehicle cannot easily reach spaces like cinemas, pubs or restaurants.

Cost

- **Public and private transport**, including taxi journeys, fueling private vehicles, and booking train tickets on the day, is considered costly – inhibiting disabled participants' ability to leave the house and travel around (especially if they wish to do so spontaneously). For disabled consumers, who are more likely to be on a low-income as compared to their non-disabled peers, these expenses can result in limiting travel for non-essential reasons, leading to isolation.
- While NHS **healthcare** is free, problems with availability and access can mean some feel the need to seek private healthcare – which can incur significant costs. For those relying on social care support in rural areas, the long distances carers often need to travel can deplete individual social care packages, meaning fewer hours of support in practice.
- **Leisure activities** outside the home are often viewed as a 'nice to have', rather than a 'must have'. As such, they tend to be the first thing to be sacrificed when disabled participants are making cuts to their personal spending. Whilst some activities may be low cost or even free, financial constraints can limit choice available to disabled people, e.g. not being able to afford the cost of transport to access activities. Those living in tourist hotspots also speak of rising prices impacting their ability to afford meals out or trips to the pub.

While availability, inaccessibility and cost all impact each participant who took part in this research, the extent of the impact depends on the local area as well as participants' conditions. The diverse nature of the disabled community and the local contexts of different rural areas in Scotland mean that the challenges felt, as well as interventions to address challenges, are hyper-localised. Many of the issues raised are distinctively local, and what works for one person or place, may not necessarily work for the next. As such, it will be important for policymakers in Scotland, such as health boards and regional transport partnerships, to engage with people at the community level. Co-creating solutions with disabled people in the community will support the development of interventions which are tailored to local needs. We have included starting suggestions for interventions from research participants in section 7 of this report.

2. Background and methodology

2.1 Project background

Consumer Scotland's 2024 research in the energy sector indicated that the challenges for those who are disabled and live in rural communities are not well understood or documented, particularly in accessing consumer goods and services. To begin to fill this gap, Consumer Scotland commissioned a programme of qualitative research to **understand how living in rural and island communities in Scotland can impact disabled consumers' experiences of accessing consumer goods and services.**

2.2 Research objectives

The overall objectives of this research are to:

- **Identify the key problems** disabled consumers living in rural and island communities experience in relation to the supply of essential consumer goods and services
- **Understand the key priority issues** for disabled people living in rural and island communities in relation to essential consumer goods and services
- **Explore potential solutions and interventions** to address the key problems experienced by disabled consumers living in rural and island communities in relation to essential consumer goods and services, and provide opportunities for those with lived experience to work collaboratively on these solutions

2.3 Methodology

We used qualitative research to explore the experiences of disabled consumers living in rural Scotland in accessing priority goods and services. This comprised two phases: **identification** of key priority areas, followed by more detailed **exploration** of disabled consumers' experiences accessing those priority areas. Throughout research design, fieldwork and analysis and reporting we have used the Social Model of Disability to understand experiences. Use of this model means that we identify challenges in access as stemming from societal barriers, not from an individual's impairment or disability.

The research focused on council areas, with the aim to build a picture of an area which is likely to share consumer goods and services. Two areas were selected as case studies for the research to allow for comparison of experiences:

- **Dumfries & Galloway**

- **The Highlands** (including the mainland and the Isle of Skye – which allowed us to incorporate the experiences of those living in an island community)

Selecting two different council areas ensured we could explore a broad range of experiences and draw comparisons about how these might be similar or different to one another. These areas were carefully selected to represent distinct areas of Scotland (the Southwest and the North of Scotland), as well as an island community. Whilst many of the learnings of this research could be applied across rural communities in Scotland, it's important to note that individual communities are also likely to have distinct features which may impact the needs of people living there. For example, the bridge connecting Skye to the mainland provides a convenient transport link – which isn't always true for other island communities.

Additionally, both locations encompass a spread of areas that fall under the following criteria:

- **Accessible rural areas:** areas with a population of less than 3,000 which are within a 30-minute drive to a settlement of 10,000 or more people.
- **Remote rural areas:** areas with a population of less than 3,000 which are more than a 30-minute but less than or equal to a 60-minute drive time to a settlement of 10,000 or more people.
- **Very remote rural areas:** areas with a population of less than 3,000 which are more than a 60-minute drive to a settlement of 10,000 or more people¹.

2.3.1 Phase 1: Identification

We began with an identification phase to explore and select the priority consumer goods and services to explore in this research. The objective of this phase was to understand which consumer goods and services have the greatest impact for disabled people in Scotland, to ensure the research explored priority issues in depth (as opposed to pursuing a shallow understanding of impact across *all* consumer goods and services).

In October and November 2024, we conducted eight 30-minute virtual interviews with:

- 4 x stakeholders
- 4 x disabled participants living in rural areas

¹ Scottish Government, Urban Rural Classification, 2020.
<https://www.gov.scot/publications/scottish-government-urban-rural-classification-2020/pages/2/>

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All stakeholders work with disabled communities in the two case study areas (Dumfries and Galloway, Skye and the Highlands). We chose to consult stakeholders alongside disabled consumers at this stage to explore multiple perspectives on priority issues, as well as to build connections with stakeholders to support recruitment of disabled participants in phase two of the research.

In the phase one interviews, we explored both stakeholders and disabled consumers' spontaneous priorities among consumer services and goods that are important to them. We then presented participants with the following longlist of goods and services to consider:

- Digital services
- Education
- Energy provision
- Financial services
- Food and other groceries
- Health and social care
- Housing
- Leisure activities
- Transport

Through the interviews, three areas were identified which participants felt were most important to focus on in the research. This is either because participants felt these areas have the greatest impact in disabled people's lives in Scotland or are under-researched:

- Health and social care
- Leisure activities
- Transport

These three areas then formed the basis of the discussions with the remaining participants in Phase two, and the focus of this research.

2.3.2 Phase 2: Exploration

The second phase of the research involved hearing from participants about their experiences engaging with each of the three key priority areas. This phase was conducted between November 2024 and January 2025.

We conducted an iterative research process, with three touchpoints with each participant:

1-week diary exercise, detailing interactions with priority areas.

- The diary exercise was an opportunity for disabled participants to reflect on their experiences with each of the three key areas ahead of their interview or focus group, with an aim to have these experiences front of mind prior to the discussions.

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- In the week preceding their interview or focus group, disabled participants completed three diary entries, one corresponding to each of the three key areas, detailing their experience with this service and any challenges they had faced.
- The diary entries informed the discussion in the interview or focus group.

One-to-one virtual interviews or in-person focus groups to explore those experiences and attitudes.

- Two 90-minute, in-person focus groups were conducted, with:
 - 2 x disabled participants in Dumfries and Galloway
 - 5 x disabled participants in Skye
- 23 virtual interviews were conducted with disabled participants from across the three chosen geographic areas.
- Interviews and focus groups covered the following topics with disabled participants:
 - Current experiences accessing the three key areas.
 - Any challenges or barriers to accessing these services.
 - What workarounds disabled participants utilise to overcome these challenges/barriers.
 - Improvements to each of the three key areas, and priorities for the future of these services.

A check in with participants after analysis, to ensure the intervention & recommendations chime with their experiences, and that the research process was truly co-creative in nature (e.g. participants helped to inform the priority areas chosen for focus, took part, and informed our report).

- All participants were sent our emerging key findings and invited to give feedback, with the vast majority choosing to do so.
- Feedback was very positive in that most participants felt the emerging key findings captured their feelings and experiences well. There were a few exceptions in cases where participants didn't feel the key findings were relevant to them personally (e.g. those focused on accessibility may not have felt relevant to those without mobility issues).
- Ultimately, feedback from participants helped to shape our final report.

A key part of our research design was ensuring that everyone could take part in a way that suited them best. We made the following considerations to support this:

- To ensure the research is inclusive of those who are digitally excluded or live in areas with poor internet coverage, we offered a choice of online or

telephone interview for the virtual interviews. For those living in Dumfries & Galloway and Skye, we also offered the opportunity to take part in the in-person focus group.

- Participants were also given the option to complete their 1-week diary exercise either online, through a paper version sent to their address or through sending a voice note via WhatsApp, according to their needs or preferences.
- An Easy Read version of the diary task and 'check in' task was created for participants with learning disabilities.

2.4 Sample

Overall, 34 disabled participants were interviewed as part of this research, as well as four stakeholders. Participants were recruited to ensure representation of consumers living with a variety of disabilities and their specific experiences, including participants with long-term health conditions, sensory impairments, learning disabilities, mobility issues and mental health conditions. While some participants received support from carers (at home and in the community), this was a minority of the sample.

Sample overview		
Location	Dumfries & Galloway	13
	Highlands	11
	Skye	10
Rurality	Accessible rural area	7
	Remote rural area	7
	Very remote rural area	20
Disability	Mobility impairment	10
	Sensory impairment	7
	Mental health condition	19
	Learning disability	6
	Long term health condition	21

Please note, the majority of participants shared they have multiple conditions, hence the total sample number in 'Disability' in the above table is over 34. For a more detailed breakdown of the sample, please see the Appendix.

The sample was intended to represent the diversity of experience of disabled consumers living in rural Scotland. We therefore also sought to achieve a spread of gender, age and type of disability in our sample. Due to the focus on disabled people – who are often on lower incomes – whilst there was a relatively good spread of socioeconomic grade within the sample, we did not recruit any AB

participants. Alongside our recruitment partners, we reached out to stakeholders and organisations representing disabled people to support recruitment.

As this research is qualitative, the sample is intended to represent a range of experiences, rather than being designed to achieve statistical representation.

2.5 Note on analysis

Researchers took notes during interviews and workshops, summarising key themes and noting down verbatim quotes. For completeness, the majority of interviews and workshops were also audio recorded. Following fieldwork taking place, data was inputted into a thematic 'grid' to allow for robust analysis of key themes, including similarities and differences between audiences. This analysis grid was revisited regularly throughout the research and subsequent reporting phase to ensure findings were reflective of participant views and experiences.

This manual analysis process was complemented by use of CoLoop, a specialist AI tool designed to support with analysis of qualitative research. All participants provided the appropriate consent for transferring a recording of their interview to CoLoop. For this research, CoLoop was used for the following purposes:

- Delivering automatic transcriptions of recorded interviews and workshops. These transcriptions were quality checked by a member of the Thinks research team.
- Support with the organisation of raw data into a qualitative analysis framework, e.g. providing an initial summary of key themes, linked back to source data to allow for quality assurance. This was used as a complementary tool to sense check key findings and themes, and was not used as a replacement for manual, researcher-led analysis.

Throughout this report, we have included verbatim quotes to bring the research findings to life. We have also included case studies (see 'Spotlight' pages at the end of sub-sections), which reflect real participant experiences with some minor details changed to protect anonymity.

3. The context

Disabled consumers who took part in this study see many benefits in living rurally. They appreciate being able to live in a quiet, scenic location, enjoying the peace and natural beauty of their local area. Some have moved to rural locations to escape the 'hustle and bustle' and busyness of city life and feel living rurally is important for their mental wellbeing. Some also feel living in rural Scotland helps to alleviate some of the impacts of their disability and/or health condition, with access to fresh air, peace and quiet and the Scottish climate providing respite.

"Day to day when there's a dry cold I don't need to take my painkillers - dry cold is great for the joints."

- Participant in Dumfries & Galloway

However, rural life brings with it significant challenges, which although present for everyone living in these areas, are more pronounced for these disabled rural participants. The most frequently discussed spontaneous challenges include:

- The cost of living
- Access to transport
- Limited choice of consumer goods and services
- Impacts of increases in tourism

While the **cost of living** has had significant impacts across Scotland, those in the intersection of disability and rurality feel it more keenly than most. Disabled people in Scotland are disproportionately likely to be on a lower income than non-disabled people, with employment rates among disabled people ages 16-64 at 51% compared to non-disabled people at 83%². Additionally, an updated report produced for the Scottish Government in 2025 estimates that the cost of living in remote rural Scotland is 14% to 30% higher than living in urban areas of the UK³. The additional costs of living in a rural area, the statistically lower income of disabled people and the additional costs of being disabled (the high costs that often come with adapted products, increased energy costs used to charge mobility aids, greater travel to health appoints, etc.) converge to create a situation where many disabled people in rural Scotland are keenly aware of the

² Scottish Government, Labour Market Statistics for Scotland by Disability: January to December 2022. <https://www.gov.scot/publications/labour-market-statistics-for-scotland-by-disability-january-to-december-2022/pages/key-points/>

³ Scottish Government / Centre for Research in Social Policy University of Loughborough, Reflecting higher living costs in remote rural Scotland when measuring fuel poverty 2023 update. 2025 <https://www.gov.scot/publications/cost-remoteness-reflecting-higher-living-costs-remote-rural-scotland-measuring-fuel-poverty-2023-update/documents/>

cost-of-living crisis. Our sample described careful budgeting exercises and giving up non-essentials in order to stay afloat. We will explore the impacts of this in how disabled consumers in rural Scotland interact with consumer goods and services in the remainder of this report.

Access to reliable, cost-effective and accessible transport underpins nearly every challenge participants described to us in this research. Services, including essential services such as healthcare, are located far from participants' homes requiring significant advance planning to make a journey. While this is a challenge that many rural residents face, it is exacerbated for disabled residents for whom long wait times for public transport can exacerbate conditions (i.e. flare ups of chronic pain when stood for a long time or increased exhaustion). While many rural residents, including disabled people, turn to private vehicles for travel the cost implications of purchasing a vehicle, maintaining it and purchasing fuel are a significant financial burden for disabled consumers on a lower income. As a result, participants described to us limiting their journeys and only making essential trips. The impacts of this on disabled people's well-being are explored later in this report.

"I have avoided going on longer trips [due to the cost of fuel]. I'd quite like to go to Glasgow, Edinburgh, but it's a long distance."

- Participant in Dumfries & Galloway

Living rurally also significantly **impacts choice of consumer goods and services**. Again, while this is a sacrifice many rural residents acknowledge making, this can have significant impacts for disabled residents. Participants described to us being unable to access specific foods, such as gluten free options, at their nearest shop and having to travel to the next nearest town to purchase their food essentials. This also extends to leisure activities and health services. The **limited options of leisure activities** in their area leaves disabled residents with the options of travelling further afield to find activities that meet their interests or picking up hobbies that can be done solo, while at home. **Access to health services**, from dentists to more specialist services, are also impacted by lack of choice. While many disabled participants describe travelling great distances to access the care they need, others describe neglecting to get care until absolutely necessary due to the increased cost and effort of travelling to health services. While acknowledging the adverse effects this has on their health conditions, participants also described the toll these journeys can take on their health and their budgets.

"I just feel like the doctors and the services up here are very limited and things that can help me... It also kind of makes me feel

like I'm at the last doctor's place that I'm going to be able to trust locally. There aren't options."

- Participant in the Highlands

In recent years, these challenges have been further **exacerbated by tourism**. Participants understand the draw of rural Scotland for tourists and their area and many also recognise the economic benefits that tourism has brought to their community, helping to employ local people. However, increasing numbers of visitors has led to the replacement of local budget-friendly eateries and shops with higher-cost options. For disabled people who are carefully monitoring their income, this has made their worlds a little smaller and further **decreased options for leisure and socialising in their local areas**. The increase in tourism has also **created challenges in access to transport** with crowding on public transport making it increasingly difficult to find an appropriate seat or space and a lack of available blue badge parking spots.

"There's only a population of about 12,000 all year round. That rises to double that in the summer ... We're blessed on Skye with all sorts of scenery and landscape and weather and everything else, but we are also cursed with London prices. So, you know, the work that we can do here is not hugely well paid. But we are having to buy food at sort of London prices, rates and other essential things."

- Participant in Skye

Many participants acknowledge these challenges as part of rural life and have sought to adapt their own behaviour, rather than expect change. These behavioural adaptations include extensive forward planning to map out complex end-to-end journeys, giving up leisure opportunities and social activities to save money and conserve energy, and opting to put off all but non-essential health appointments.

"There's one garage so getting the car booked in, you might have to wait a couple of weeks before you can actually get it fixed ... I think you just expect it. It's just something you've got to live with and organise and do the best you can. And if you can't hack it, then a lot of people move away."

- Participant in Dumfries & Galloway

All of these challenges have significant impacts on disabled people's access to transport, leisure and health and social care services. This report investigates how these challenges manifest across the intersection of disability and rurality, and explores the acute impacts for this population as well as the opportunities for change in these areas.

4. Experiences of transport

Access to reliable and accessible transport underpins nearly all of the challenges that disabled people face in rural Scotland. While many turn to private transport options as the only reliable door-to-door option for travel, the high cost of obtaining, maintaining and fueling a vehicle make this out-of-reach for some and significantly impacts household budgets for others.

A lack of door-to-door reliable public transport prevents many disabled people from attempting this form of travel in rural areas. In turn, this limits their opportunities to make spontaneous journeys, attend leisure activities and reliably reach health appointments. The knock-on effects of an inaccessible public transport system were reflected by every participant in this research programme.

4.1 Engagement with transport

Disabled consumers who took part in this research emphasised that they need access to reliable and accessible transport options – it is more than just a ‘nice to have’. In a rural area access to transport is essential in completing day-to-day tasks such as:

- Travelling to work
- Shopping for food, toiletries and clothes where these cannot be easily ordered online (or where participants live outside of delivery zones)
- Attending health and social care appointments
- Socialising and accessing leisure activities

The main forms of transport used by participants are:

- Private vehicles (e.g. driving, or relying on lifts from family and friends)
- Taxis
- Public transport

Most journeys are completed using private vehicles, with participants driving themselves, or relying on lifts from friends, family or other community members. The long travel distances often needed to access goods and services and the absence of viable alternatives, means travel by private vehicle is often perceived as the most straightforward and convenient way of travelling.

"Life would be impossible without [private] transport – my husband and I both drive. It's a necessity for me, but it's difficult and I can't drive like I used to."

- Participant in the Highlands

"My car is most convenient [...] I try to do one trip to do a number of different activities. So when I go to the pharmacy, I'll also take my recycling to the tip and visit a friend."

- Participant in Dumfries & Galloway

"Buses may not arrive, leaving me stranded, and I often have to rely on friends or taxis to get home, which can be costly and inconvenient."

- Participant in the Highlands

Participants use taxis less frequently, and normally in exceptional circumstances. This is because they are considered expensive and have limited availability in rural areas. Taxis tend to be used by those who don't drive and need to reach a certain place by a certain time (e.g. to attend an appointment).

"There isn't a taxi service in our village so a taxi would have to come from 15 miles away and it will be very expensive."

- Participant in Skye

"It might be that you have to try and get a taxi from the hospital [if you don't drive]. Dumfries [hospital] has a taxi stand, but that will cost you, 40, 50 quid or more."

- Participant in Dumfries & Galloway

Participants also report limited use of public transport, largely due to lack of availability and reliability. Again, this is primarily used by those who don't drive themselves and need to access essential goods and services, from going food shopping to attending appointments. However, most participants don't view public transport as a viable option for getting to the places they need easily, reliably and comfortably.

"We live at least a mile away on a rough lane from the nearest bus stop. The buses are fairly infrequent, they're just not practical to use."

- Participant in Dumfries & Galloway

"We do have a bus service that works and takes you to the hospital, but you still need a car if you need to be there at a specific time."

- Participant in the Highlands

Due to long distances and, for some, accessibility challenges (e.g. lack of clear, even pavements) – active travel is not considered as a viable transport option for disabled consumers who took part in the research.

4.2 Challenges experienced in relation to transport

Transport is an overarching challenge for participants, spanning their interactions with other goods and services. Poor public transport and a reliance on private vehicles hinders access to health and social care, leisure activities and other goods and services.

There are three key themes that arise when participants consider challenges related to accessing goods and services, that manifest strongly in access to transport: lack of availability, inaccessibility, and cost.

Availability

Public transport is infrequent in rural areas, making it impractical and inconvenient for disabled participants.

The majority of participants describe public transport as very infrequent in their local area - for example, only having a bus service that runs to the nearest major town one day a week, or rail services to larger towns and cities being infrequent (and at times, unreliable). This can be problematic when transport is needed to access goods and services at a specific date and time, particularly for healthcare appointments which many disabled people are attending regularly. As a result, public transport doesn't feel like a practical or reliable option for many participants.

For participants that do need to use public transport, infrequent provision creates significant challenges. Trips require extensive planning to line up schedules, making spontaneous journeys difficult. Irregular timetables can also prevent these participants from being able to access services at all, particularly those which aren't considered essential, as public transport timetables don't line up with event or appointment timings.

"If you have a doctors' appointment or whatever – you need to be there at a specific time. In the country you need wheels, it's not a luxury."

- Participant in Dumfries & Galloway

Participants say that where community transport options exist, they are infrequent, meaning many avoid them.

Some report that community buses make only one trip each day (for example, to and from the supermarket in a larger town) with long wait times in-between the outward and return journeys. This creates challenges with having to wait around – which is especially problematic for participants who are older,

immunocompromised or live with pain. For these participants, having to wait for long periods can lead to fatigue and onset of physical symptoms related to their disability. Participants without access to a private vehicle will persevere but acknowledge that the day after using a transport system like this can be difficult. They often need to rest for an extended period of time due to the increased feelings of fatigue and flare up of conditions that long waits, and uncomfortable journeys can cause. Those that have access to a private vehicle will avoid this type of transport entirely.

"There's a little bus that comes on a Wednesday. It goes once a day at 9am and comes back at 3pm [...] It doesn't work for people like me."

- Participant in Dumfries & Galloway

Participants also report that public transport can be unreliable in rural areas, which can make their journeys difficult or dangerous.

Changes to scheduled routes, delays and early termination of public transport routes have significant impacts on disabled people. As described above, long waiting times for transport are likely to exacerbate conditions with some participants describing the onset of fatigue as derailing their next 24 to 48 hours as they recover from the exertion of the journey. When participants are stranded with no way of getting home, they have to act quickly to secure safe alternative transport usually via an expensive private taxi.

The psychological impact of this unreliability is particularly pronounced for disabled participants. Many spoke about the anxiety of being left in a place that was unsafe for them or without a place to sit. They also worried about how they would be able to adapt their journey if something went wrong, particularly when for many, active travel to reach a safe interim destination was difficult or impossible, due to the nature of their condition and/or inaccessible and unsafe pavements.

This unpredictability and fear of potential consequences often dissuade participants from using public transport at all.

"To get to Perth you have to use two buses and that often means a long wait in the cold of around 40 minutes... No one tells you if the bus is coming, you just have to trust the timetable. It would be nice to know if the bus was coming in real time, that would take away a lot of anxiety."

- Participant in Dumfries & Galloway

Taxis can be difficult to get at peak times in rural communities, particularly during the school run.

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In especially remote rural areas, where taxis are in short supply and are used for school transport, they tend to be unavailable first thing in the morning and in the late afternoon. As such, participants who rely on taxis to travel must plan ahead in order to avoid these peak times. This limits where they can go and when and means trips are only possible outside the school run.

"There aren't many taxis in the area, and they mostly do the school runs."

- Participant in Dumfries & Galloway

Tourism in the summer months can exacerbate issues related to the availability of public transport and taxis.

The impact of tourism on transport is felt by participants living in both Dumfries & Galloway and the Highlands. Tourism reduces the availability of transport in peak seasons, with buses and taxis getting filled up quickly, making it harder for participants to find a seat or get where they need to go. Busier public transport can be distressing for those who like routine and may struggle with crowded spaces – for example, those with learning difficulties who might not always be able to sit with their companion.

"When [the bus] is really busy I can't sit with my carer."

- Participant in Skye

Inaccessibility

Journeys via public transport and taxis are not always 'door-to-door', contributing to a reliance on private car travel.

Even when public transport itself is accessible, living in a rural area can make it challenging for disabled participants to reach the bus stop or train station without getting a lift or a taxi there. Those who use mobility aids, have breathing difficulty (such as COPD) and/or who experience chronic pain describe being unable to make it to their nearest bus stop on foot and increased challenges where there is not a place to sit at the stop. Active travel routes to stops present their own challenges, with pavements often non-existent or where they exist, they are uneven and lack dropped kerbs. This exacerbates challenges for both those with mobility and visual impairments. The lack of available options for door-to-door journeys when using public transport pushes disabled people towards a reliance on private transport.

However, private transport is not the answer for some, with some participants reporting that even taxis won't always take them 'door-to-door' if they live in a particularly rural location – for example, at the end of a long road, dirt track, or

driveway. This can be especially problematic for those with mobility issues who can struggle to get to their door.

"Even if I did get a taxi, they would refuse to go up our track. [In the past] I've had to wait for my dad to drive down a rough track for a taxi to then pick us up, it's just not a reasonable option. It's really frustrating."

- Disabled consumer in Dumfries & Galloway

Ensuring accessible bathroom facilities en route requires careful planning and can cause anxiety.

When travelling long distances by car, those requiring accessible bathrooms must ensure that these are available along the way. This requires significant prior planning of the route ahead of time and can lead to discomfort if there are delays or unforeseen closures of accessible facilities.

Participants also speak about avoiding public transport for longer journeys for this reason. Concerns about there being no stops or no stops with accessible toilets en route make this transport option unviable. Additionally, even where a public transport route has accessible bathrooms en route, it can be difficult for participants with mobility issues and/or chronic pain to get on and off the bus quickly enough at a stop.

"I generally need to be driven to appointments. The bus ride's only an hour, so it's quite possible that I would cope with that, but having access to toilet facilities is kind of tricky."

- Disabled consumer in the Highlands

Wheelchair users experience distinct challenges with private and public transport.

For those who use private vehicles, challenges with blue badge parking can significantly impact their ability to get where they want to when they want to. These participants report non-badge holder drivers using these spaces when they shouldn't, or there not being enough spaces in key spots such as town centres. This can mean not being able to find a space close to their destination or not finding a space at all. Participants with adapted vehicles also report other drivers parking too close to blue badge parking spots meaning cars with ramps and lifts do not have the space to deploy these.

Participants who use wheelchairs report using public transport infrequently, with some saying they actively avoid using it due to there not being enough wheelchair spaces available and/or ramps to board and disembark. For some,

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this is based on personal experience, whilst others have heard about this from peers and have been dissuaded from even attempting to use public transport.

"[I've] given up using public transport. Very few are wheelchair accessible, and even then, they are very infrequent."

- Disabled consumer in Dumfries & Galloway

"They [buses] will just drive by because they know that there's no way you could get on them."

- Disabled consumer in Dumfries & Galloway

Cost

Taxis are considered to be very expensive, which is challenging for disabled people who have limited funds.

The limited availability of taxis can drive costs up, making them extremely expensive to use, even for short journeys. For many participants, this effectively prices them out of being able to use taxis or means that they can only be used very sparingly. Participants that are reliant on taxis as their primary form of transport generally prioritise only the most important outings because of this cost.

"Going up to Lockerbie you have to get cabs, country roads aren't easy. You don't realise how remote we are. Taxis are really expensive – £25-30 a trip!"

- Disabled consumer in Dumfries & Galloway

Public transport can also be expensive, particularly when booked at the last minute.

Participants point to train tickets as a particular example, especially when booked on the same day. The cost of last-minute travel on public transport further limits participants ability to take spontaneous trips via this method. While this is felt by all rural residents, disabled residents also face the additional challenge of planning an accessible end-to-end journey, which often involves having to get a taxi to get to/from the train station due to a lack of conveniently timed and accessible public transport options to and from the train station.

"Another rural issue – the prices [of trains] are ridiculous if you don't do it ahead of time. There are times where there are only two carriages, and they try and stuff everyone in, so booking a seat is a must."

- Participant in the Highlands

While transport via private vehicles is the preferred option for many, participants acknowledge the considerable upfront cost as well as the continuous costs of insurance and fuel.

The upfront cost of purchasing a car is a barrier to accessing this form of transport for many, particularly considering the average lower income of disabled people as compared to their non-disabled peers. Once purchased, the costs of maintaining the car, insurance and fuel are considerable for many. The price of fuel means that some are cutting back on non-essential trips to save fuel. Participants also describe saving several tasks to do in a single trip to avoid wasting fuel, which can require prior planning and mean there is a delay accessing the goods and services they need. Whilst this may reduce costs, spending a long day completing multiple errands and/or attending appointments can exacerbate conditions, lead to flare-ups for those living with chronic pain and result in extreme fatigue for the following 24-48 hours.

"If we have to go somewhere, we'll think about other things we can do at the same time [...] We always do a few jobs [in one journey] rather than just one."

- Participant in Dumfries & Galloway

4.3 Adapting behaviours in response to challenges related to transport

In the face of challenges associated with transport, participants report having to adapt their behaviours significantly. For example:

- **Relying on friends, family and neighbours for lifts:** For those who don't have access to a private vehicle, this is one of the main ways that they continue to be able to access other goods and services. For many, being helped in this way is an example of one of the best features of rural life: being surrounded by a community who are willing to support people in need. But practically, reliance on lifts can be difficult. It means having to schedule outings to align with others' schedules which isn't always possible. Some participants also report emotional impacts of relying on others for lifts – for example, feeling guilty as if they are 'burdening' the driver, or feeling frustrated that they can't drive themselves. This can mean participants decide to not go out as much as they might like to in an ideal world.

"If [my mum] wasn't around [to give me a lift] I'd have to get a taxi. In the Highlands taxis are really expensive – they charge a high rate, £8 for a six-minute journey, so I try not to use them!"

- Disabled consumer in the Highlands

- **Planning journeys ahead of time:** Participants plan door-to-door journeys carefully to help overcome issues with availability and costs, by booking taxis or public transport in advance, securing lifts from someone else, as well as planning to do multiple activities during the same trip. This is a considerable mental burden as it is often accompanied by the anxiety that if one part of the carefully planned journey does not go to plan (such as a lift to a platform being out of service), then the entire journey cannot be completed.
- **Using adapted vehicles:** Some participants mention having an adapted Motability car, which can have both a right and left-hand drive they can alternate depending on which side of their body is in pain. One participant also has a van with an accessible toilet built in – to mitigate the risk that there won't be accessible bathroom facilities en route. However, not all participants qualify for this option or can afford the deduction from their benefits to fund it.
- **Limiting travel.** Overall, participants report that issues related to transport can lead them to cut down the number of journeys they take – especially those deemed 'non-essential' like leisure activities. As a result, participants can sometimes report feeling 'stuck' in their home and isolated from friends and family.

"Because my partner does so much for me, it often feels like I can't ask him to take me to do something fun, like to go and see a friend or to do something frivolous. I used to do things like just go for a drive and pop in to see someone. I don't have the ability to spontaneously do anything when I'm having a good day."

- Participant in the Highlands

Spotlight: Engaging with transport in Skye

"I can get a bus into Portree and then a bus from there to Inverness or Glasgow but it means I have to get in at 9 for appointments I have at 11. I don't have the money to spend time at a café to kill time until my appointment."

Hannah* lives in a small village on Skye. She has multiple health conditions which greatly affect her mobility and energy levels. Hannah prefers driving her car over using public transport, but her car was recently involved in a crash and she can't afford to hire or buy a new one. She now must plan all her outings around the bus – which is extremely infrequent and unreliable. Without her car, Hannah is struggling to attend her appointments. She often has to wait in cafes to accommodate the bus schedule, which is becoming expensive. The last bus to her village is at six o'clock in the evening, meaning she can't take part in evening social and leisure activities.

Beryl* lives in a quiet little village with her partner. She can't drive, as she has a rare skin condition which results in painful flare ups, significantly impacting her mobility. Beryl struggles to walk the short distance from her house to the bus stop. Luckily, she is friendly with the bus driver, who kindly drops her off closer to her house. Beryl is very grateful for this support, and feels you don't get this in larger towns and cities. When the bus timetable changes last minute, Beryl can be left waiting around in the cold, which causes her skin condition to flare up. There isn't a taxi service in her village, so if she's stranded, she has to wait for a taxi to come from over 15 miles away.

"I get very fatigued, and the cold can flare up my conditions. If I go in [to town] and miss the bus, then it's an hour before the next bus comes."

Ian* has learning difficulties and lives in a particularly remote part of Skye with his father. His favourite thing to do is to be outside in the fresh air, watching the world go by. Ian is unable to travel independently, so his father drives him to a local support organisation three times a week to access the educational and social opportunities on offer there. However, this is a two-hour round trip, and Ian's father is getting on in age – so he's not sure how much longer he'll be able to give him lifts. With buses being so infrequent on Skye, and taxis so expensive, Ian isn't sure what he's going to do when his father isn't able to drive him around anymore.

*Note names have been changed to protect participant anonymity.

5. Experiences of leisure activities

Leisure activities play a significant role in enriching all of our lives. While participants describe leisure activities as plentiful in their local areas, in reality, these often are not accessible to participants.

Challenges accessing outdoor spaces with uneven pathways and a lack of places to sit and rest mean the activities on their doorstep are not always accessible, while scheduled activities and classes can be expensive to attend and to travel to. This leads many to rely on leisure activities within the home, a decision participants say is driven by circumstance not choice.

5.1 Engagement with leisure activities

While many participants consider leisure activities a 'nice to have', engagement in leisure services has the capacity to enrich people's lives and can have positive impacts on mental health.

One of the advantages participants describe of living in rural Scotland, is the availability of leisure activities outside. Participants describe most often taking in the beauty of their local area through walks. For those for whom this is not accessible, even sitting outside to take in the fresh air is an enjoyable activity.

"It doesn't sound like much, but I went on a short walk through the back paths [recently] and it was just nice to be out in nature for an hour."

- Participant in Dumfries & Galloway

Others share activities they enjoy in their community, such as local interest groups like choirs, clubs at the local library such as book clubs, and exercise facilities with fitness centres and swimming pools. In addition to this, participants enjoy visiting local pubs, restaurants and the cinema with friends and family.

"There's a Scrabble club and a book reading club, there used to be a club where you could go and play chess and stuff [...] There's quite a lot going on. There's the fitness centre next door and the swimming pool."

- Participant in Skye

Some participants describe a lack of available activities in their community (or a lack of reliable transport options to reach these activities) and instead, turn to activities they can do from the comfort of their own home. This includes watching films/TV, doing arts and crafts and reading. While participants enjoy these activities, some acknowledge that these are their primary leisure activities as a result of a lack of access to activities outside the home.

"I'm an artist, I'm a photographer, I online game, I write [...] I've got all these things that I can do, but what I can't do is anything outside of the home at the moment."

- Participant in Dumfries & Galloway

5.2 Challenges experienced in relation to leisure activities

While participants are unlikely to describe challenges accessing leisure activities as the primary challenge they face in their areas, the impacts of the lack of access to these should not be overlooked. Everyone deserves to engage with activities that bring them joy and fulfilment in their lives, regardless of location or ability.

Availability

There is a dissonance between activities available in the local area and those participants feel they can access.

There are often only a small number of options for activities in rural areas. For example, one specific interest club or one cinema within a reasonable distance. While this would be the same for all rural residents, disabled people face additional challenges in accessing the leisure opportunities that are available. For example, a participant with a chronic health condition described dropping out of his local choir as he could not commit to regular practice sessions as he often did not know how he would feel on the day. Another participant with a mobility impairment and a passion for film described forgoing trips to the cinema as the last bus home from the cinema was at 6PM and she did not have any other transport options available to her.

Inaccessibility

With such few options for leisure activities, accessibility often isn't a top of mind consideration for organisers.

Although access to outdoor activities is viewed as a benefit of living in rural Scotland, these activities aren't always accessible to disabled people. Those with mobility issues, breathing problems (i.e. COPD) and chronic pain in particular report that they often aren't able to take part in outdoor activities. Uneven terrain, a lack of paved pathways and a lack of places to sit and rest along a path make it challenging for participants with these conditions to engage in active travel and explore the outdoors in their area. Not being able to engage with activities that are felt to be such an important feature of life in rural Scotland can lead to feelings of frustration.

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Accessibility can also pose an issue for indoor leisure activities. For example, a participant with a hearing impairment described dropping out of a local club due to meetings being held in a noisy café. Another participant with a mobility impairment and who uses mobility aids described her disappointment at being unable to attend activities in her local community hall as the building was inaccessible to her.

"It's difficult when you can't physically do it, you're so restricted. It's great for younger family members but I can't do it – it gets you down. You have to learn to live your life totally different to how you previously did."

- Participant in Dumfries & Galloway

Transport in rural areas – or lack thereof – can lead to challenges in accessing leisure activities.

A minority of participants are almost totally reliant on public transport to travel places, which can limit their engagement with leisure activities outside of their home. This is especially the case for those who work during the day and want to access leisure activities in the evenings or at weekends, when public transport is perceived as being less available or reliable. For instance, multiple participants report being unable to go to the cinema or the pub as the last bus home is early in the evening.

Participants report that not being able to engage with leisure activities in the way they want to can have an emotional impact. For instance, for many – particularly those who spend a lot of time at home – being able to socialise through leisure activities enriches their lives, and when they can't do this, it can lead to feelings of isolation.

"A lot of things that happen don't happen in our village – it's a small village [...] Lots of events and things, the cinema, are in Portree, but the last bus is at 6 at night. So for evening things, we would need taxis which are expensive, or to go with someone who's driving."

- Participant in Skye

Cost

The financial cost of getting to, and engaging with, leisure activities often means they are deemed a 'non-essential' to disabled people on a lower income.

As noted in chapter three of this report, disabled people are likely to be on a lower income, and life in rural communities is likely to be more expensive than in urban communities. As a result, disabled participants describe carefully considering the essential and non-essential costs in their lives. Leisure activities

are almost always the first things to go, with participants prioritising free or very inexpensive activities they can do at home, such as puzzling and watching films.

Some participants report that there are leisure activities that they would like to engage with, but a lack of flexibility in the booking and payment terms may prevent them from doing so. For instance, needing to sign up for a block of classes and having to pay up-front may not be appropriate for those with fluctuating conditions, as they may not always be able to attend.

"It's the cost of it – you commit to a 6-week class and you only manage to turn up for three [...] So the cost of attending things when everything is far more difficult financially [is a challenge]."

- Participant in the Highlands

In some rural areas, participants feel that increased tourism has impacted the cost of accessing leisure activities, making them too expensive for local people. Specific examples of this include going out for food in local restaurants, or going to pubs, where prices may have been raised to capitalise on increased numbers of visitors.

5.3 Adapting behaviours in response to challenges related to leisure activities

Challenges in accessing leisure activities outside the home can lead participants to:

- **Avoid activities that are too difficult to access:** Where activities are held in spaces that are difficult to access, whether due to the space itself or the process of getting there, participants report forgoing it entirely. This can lead to feelings of frustration and disappointment.
- **Avoid activities that are too expensive to access:** Where activities cost money to take part in, particularly where it involves a regular activity or class for which you have to pay upfront, participants will often opt not to take part. This also happens when it will be costly for the disabled consumer to travel to and from the activity.
- **Engage with leisure activities at home instead:** For some participants the physical inaccessibility of many activities, particularly outdoor activities, means the focus of their leisure time is in the home. Others report that problems with accessing public transport, especially in the evening, means they have to find hobbies in the home. Leisure activities done at home range from reading and watching films, to crafting and accessing online classes or courses. While participants enjoy these activities, there is a recognition that often this decision has been driven by circumstance rather than choice. Many say they feel limited in the leisure activities they can feasibly access outside the home and wish there were more options available to them.

"I'm stuck in the house, and it drives me crazy [...] I do Lego, I've got a colouring in book. It's good to have something to take your mind off things."

- Participant in Dumfries & Galloway

Spotlight: Engaging with leisure activities in Dumfries & Galloway

*"There's not a lot in this village, and what I've found is there's a lot more for women than there is for men [...]
The fact you're not connecting with people, I think it can affect anxiety and low mood."*

Last year, Martin* moved to a small town in Dumfries & Galloway. He has multiple health conditions, including mental health issues. Martin lives alone, which makes socialising with others outside of his home especially important. Whilst he has been involved in sports activities in the past, he has found the options where he lives limited, with lots of these being catered to women specifically. He is concerned that if this continues, not being able to regularly get out of the house and socialise could exacerbate his mental health issues.

Nora* lives in a small village with her husband. Her ongoing health difficulties have led to mobility issues, chronic pain and fatigue, which means she sometimes spends long periods of time at home. One of the things Nora loves most about where she lives is the beautiful scenery and being able to get out in nature, especially walking her dog. However, her declining health has made this more challenging in recent years, as she now uses mobility aids, and the uneven ground in her local area can make it difficult to move around freely. This is incredibly frustrating for Nora as spending time outdoors used to be one of her favourite things to do.

"It's difficult for me to do a lot of these things now and they're all on my doorstep. It's frustrating – it is a beautiful area."

"We used to have really good country pubs here but that's all changed. It's posh food places all the time – but that's not what you want."

Peter* has lived in a small village in Dumfries & Galloway since he was a child. Due to a work accident, he lives with chronic pain which can make it more difficult for him to complete everyday tasks. He still tries to make the most of life and enjoys engaging with leisure activities when he can, including going to local pubs and restaurants with his family. Due to an increase in tourism in recent years, prices of eating and drinking out of the house have gone up massively – which Peter feels prices people like him out, as he can't work due to his disability. Whilst Peter appreciates the positive impacts tourism can have, he is frustrated that this has led him to reduce how much he socialises with others.

*Note names have been changed to protect participant anonymity.

6. Experiences of health and social care

Access to health and social care is an essential service for disabled consumers in rural Scotland. The availability of these services, as well as time and cost-efficient methods of travel to them pose key challenges in accessing suitable care. Specialist care often requires long journeys that need to be carefully planned at great expense, while local routine care can be difficult to access due to long waiting lists for services like the dentist.

As a result, disabled consumers report compromising on the level of care they need, with some engaging with health and social care services only when necessary. For others, this isn't an option, and they are likely to closely monitor their conditions and travel long distances to ensure they have access to the care they need.

6.1 Engagement with health and social care

Much like transport, health and social care is viewed as an essential service rather than a 'nice to have'. This means that participants typically prioritise accessing care even if this process can be complicated and expensive.

A wide range of services are accessed, largely dependent on individual conditions. However, all participants report accessing GP appointments – whether in person or virtually. Participants normally access appointments for routine healthcare (e.g. regular check-ups, being prescribed medication) or for minor ailments. The majority also access dentistry services and other healthcare appointments (e.g. podiatry, physiotherapy, counselling). Some participants have had very positive experiences with routine care in their local areas, which they feel has really had a positive impact on their quality of life.

"I've got a GP surgery which is brilliant because it's part of the main surgery, which is seven miles away. So, they come here most mornings. And the good thing about it is they also get the medication at the doctor surgery for you to pick up."

- Participant in Dumfries & Galloway

"I see a physio once every two or three weeks depending on schedules and that's been a fairly recent but really helpful thing."

- Participant in the Highlands

Outside of routine care some participants need to attend specialist appointments relating to their condition (e.g. appointments for specific conditions such as Lyme disease or HIV, as well as appointments in departments such as gastroenterology, neurology and cardiology). The challenges accessing specialist

care are felt to be more pronounced among disabled consumers, as they often need to travel long distances to see the specialist they need, requiring significant time, effort and planning – in addition to incurring transport and/or overnight accommodation costs. These visits are likely to be much more frequent for disabled people, meaning what is a rare inconvenience for a non-disabled person can be a regular occurrence for a disabled person.

"The nurse was great, she did everything she needed to do. But I think if it came to sort of specialist health care, she wouldn't be able to do it."

- Participant in Dumfries & Galloway

"For specialist care I think you'd have to go to Edinburgh or Glasgow. I've got referred to neurology, the time scale is 22 weeks. So that's quite a long time."

- Participant in Dumfries & Galloway

Some participants also mention experiences of accessing social care, whether this is in their own home or based in the community. Those who are older, have a learning disability, or who may not be able to leave their house due to their disability are particularly likely to access this. With respect to social care, a lack of carers is felt to be the most prevalent issue among participants.

6.2 Challenges experienced in relation to health and social care

Challenges accessing health and social care are often driven by participant needs and the type of services accessed. However, availability, inaccessibility and cost remain overarching themes through which to understand these challenges.

It is also worth noting that many challenges in accessing health and social care services will be felt by all rural residents. However, in reading the remainder of this chapter it will be important to keep in mind the following:

- The increased frequency with which disabled consumers engage with health and social care services as compared to non-disabled consumers
- The challenges outlined in chapter 4 on transport, meaning that end-to-end journey planning to reach appointments and to travel long distances to see specialists are exacerbated for disabled consumers
- The cost of reaching these appointments are also exacerbated for disabled consumers, who are likely to be on a lower income.

Availability

Those requiring specialist care often struggle to access the care they need without long-distance travel.

Those with more specialised health needs, for example Lyme disease or HIV, report needing to travel long distances to access the care they need, usually to a large city. Many participants report experiences where they have spent an entire day travelling to and from appointments, with some even requiring overnight stays. This can be particularly difficult for those with long-term health conditions and in some cases, these participants need a few days after these trips to recover from the exertion.

"I don't want to be sitting in a car for six, seven hours a day going backwards and forwards to see my rheumatologist."

- Participant in Skye

"I needed surgery three years ago and I had to go to Aberdeen for that. So, it's a whole day to get there, a whole day travelling back. And you need accommodation – and yes, you can claim your accommodation, but you need that outlay initially."

- Participant in Skye

Island communities are felt to be a particular 'cold spot' for the availability of health services, with participants reporting needing to travel to the mainland to access the healthcare they need.

Participants living in Skye assume they will need to travel to the mainland for specialised care and surgical procedures, including routine surgeries like knee or hip replacements. However, in some cases these participants also report travelling to the mainland for more standard care, such as dentistry. Closures of GP practices and the transition of many dental practices from NHS to private practices has meant more disabled consumers are relying on fewer services on the island.

"When we first moved here, the only dentist we could register with was in Kyle, which again is on the mainland... That's now closed, and I'm on a waiting list for the local dentist [so I'm unable to receive routine dental care at the moment]."

- Participant in Skye

Dental care appears to be a particularly difficult service to access for rural participants – with many reporting poor experiences.

Many report being unable to register with an NHS dentist, and those who have been successful often need to travel long distances to attend appointments. There are also a cohort of participants who have had access to a local NHS dentist in the past but don't any longer, mostly due to the closure of practices or their transfer from an NHS to private practice.

Where dental care is particularly difficult to access, participants put off seeking care, which often leads to worsening dental issues and can contribute to chronic pain conditions.

"I haven't actually been able to go [to the dentist] for a year and a half now because patient transport won't take me and trying to get there is real hassle. My dentist is in Lockerbie, the only NHS dentist that will take me on... Now I've had dental pain since about 2016. I think they think that it's not that bad because I'm not making the effort to get there. But the effort to get there is actually more than the dental pain."

- Participant in Dumfries & Galloway

"There's no NHS dentist, there's very few private dentists ... You might have to travel, you know, 80 plus miles for a dentist."

- Participant in Dumfries & Galloway

Limited availability of care means participants can feel 'stuck' when they are unhappy with the care they are receiving.

Limited availability in rural locations means participants who have a negative experience find it difficult to find an alternative service. This can leave participants feeling 'stuck', forced to accept poor levels of service or live with uncomfortable or painful symptoms.

In addition to the physical symptoms associated with this, participants also describe the negative impacts on their mental health of being unable to access good quality care. Some report that being unable to move to a care provider better suited to their needs can make them feel completely responsible for their own care, leading to self-diagnosing symptoms, trying alternative homeopathic remedies and feeling they need to forcefully advocate for their wellbeing in appointments.

"I have a degree of mistrust with healthcare providers due to past experiences, including missing health records and misdiagnoses... This makes it hard for me to accept care, and I feel like I have to self-direct my care when I'm not well, which is quite scary ... It makes me feel like I've got to do everything myself and figure everything out on my own."

- Participant in the Highlands

For participants who rely on in-home care, the limited number of carers operating in rural areas make accessing this type of care challenging.

A lack of available carers (or carers who are willing and able to travel to remote locations) can make arranging in-home care difficult. Participants share stories of peers unable to return home from hospital due to a lack of available carers, as

well as partners who have had to leave their jobs to provide full-time care in the absence of an available carer.

"I have a friend who lives about four doors down from me who hasn't been able to come home from hospital because there are no care workers who do home visits. He's been stranded in Portree Hospital for months now because there are not enough carers in the community."

- Participant in Skye

Even for those who are able to arrange care, being based in a remote location can create issues, such as poor weather conditions preventing carers from travelling to them. Additionally, some participants receiving care packages (e.g. from their local council) report that the time it takes for their carer to travel to and from their home can eat into the time carers have to deliver care due to budgetary restrictions.

Inaccessibility

Poor public transport provision makes getting to a health appointment difficult.

As highlighted in section 4, accessing appointments by public transport is often very challenging. Often buses don't go directly to the GP practice or hospital, meaning participants need to take convoluted routes to travel to appointments. This is time-consuming and can be uncomfortable and stressful for participants with chronic pain and who frequently need an accessible toilet. Issues around infrequent and unreliable buses mean participants can find themselves stranded for hours following short appointments, often feeling obliged to spend money in a coffee shop to avoid sitting outside in the cold.

"There is public transport from my doorstep... but what it can't do is get me into town for a morning appointment and then back again in the afternoon. It would be a whole day activity to go to a one-hour appointment."

- Participant in the Highlands

"[The service] is 40 odd miles away and given the nature of the buses ... that four-hour window is how long I'm stuck [there] regardless of when the appointment is. So, if I have to go for a 10, 15-minute appointment, it's four hours out of the house... What do I do with myself for the other three and a half hours?"

- Participant in Skye

Poor public transport options lead participants to rely on private transport to access health and social care services. For many, this means relying on friends and family to be available to drive them to and from appointments. As a result,

there is an additional logistical challenge of appointments needing to be booked around the driver's availability. Some participants also feel frustration or guilt around this reliance on their friend or family member.

Cost

Travel, and in some cases accommodation, costs are another burden participants face in order to access more specialised care far from home.

The cost of fuel, taxis, public transport and in some cases, accommodation are often expensive due to the significant distances involved. For those already on tight budgets, the cost of travel to an essential specialist appointment can require cutting back on other important expenses. Although some participants report being able to claim back the cost of their travel to these appointments, this is only after the event, meaning initial outgoings can still have an impact on household budgeting. Additionally, those who need to travel with a companion report the additional cost of having to cover another person's travel and accommodation (which often is not included in NHS bursaries for rural residents on low incomes).

"It's very stressful because you're having to budget, you know, you might have to do without something so you can pay the 16 pound to go to the hospital and then have to wait to claim it back."

- Participant in the Highlands

Fewer NHS services in rural areas mean that some eventually opt to access private services.

Participants may be on long waiting lists to access treatment, or may be unable to register with their local GP or dentist's surgery. This can leave them feeling 'stuck' when it comes to their healthcare, especially when they have a problem that feels urgent or serious.

As a result, some participants report accessing private healthcare services to ensure they get the care they need. This might include paying for a private carer where participants don't have a care package, or accessing private dental care where participants are unable to become a patient under the NHS.

However, for many participants, private healthcare is simply not a viable option due to already being on a low income. Therefore, whilst there are high levels of awareness of private services, the majority cannot use them – leading to a two-tier system where experiences of healthcare differ depending on financial status.

"I've had to look into private care, but it's just prohibitively expensive and involves travel that I couldn't cope with."

- Participant in the Highlands

6.3 Adapting behaviours in response to challenges related to health and social care

Participants regularly change and adapt their behaviour in response to these challenges accessing health and social care.

- **For some, scheduling virtual appointments helps improve access to care – but engaging with services online is not accessible for everyone.**

If an appointment does not require physical tests, many participants prefer to conduct their appointment online. This saves them from travelling long distances, potentially aggravating their condition and costing time and money.

"I tend to try and do telephone [appointments] because it's just so much easier and I get less post-exertional malaise if I do a telephone appointment."

- Participant in Dumfries & Galloway

This is only possible for certain appointments however, and isn't a workaround for many of the more specialised conditions participants have. It should also be noted that virtual appointments are not accessible or a comfortable experience for all. Some are more comfortable discussing their health face-to-face, others struggle to use the technology required to attend a virtual appointment due to their condition and others do not have the digital literacy, device or connectivity needed.

- **Participants often look to arrange multiple appointments and tests at once so only one trip is required.**

Bunching appointments together like this can make the long travel time and cost feel more worth it. However, this can increase fatigue for those dealing with chronic pain.

"For my appointments with my consultant who is a rheumatologist, they are all over in Inverness or Dingwall. The NHS Highlands ensures that appointments are scheduled to allow for necessary tests and treatments on the same day."

- Participant in Skye

- **Due to limited services in rural locations, some disabled consumers are compromising on quality of care.**

Many participants describe choosing the closest service available to them. While they may be able to find care better suited to their needs further afield, for these participants, the time and cost taken to travel further is not always considered to be worth the trade-off. As a result, these participants accept care that is not always suited to their specific needs.

" The local specialist is a four-hour drive for me. It takes longer for me because of having to frequently stop and drive slowly [...] So that leaves me in the care of my [local] doctor [most of the time... who doesn't have specialist knowledge] and managing my [own]... symptoms."

- Participant in the Highlands

- **Furthermore, some are going without the care that they need.**

Services not readily available through the NHS, such as social care and dental care, can be prohibitively expensive to access privately for some participants. As a result, many are forced to go without the care they need, which can result in ongoing pain or worsening of existing issues. For those who rely on carers to leave the house or complete tasks at home, limiting or deciding not to access private social care can have a significant negative impact on quality of life.

"I can't do anything outside the home independently at all ... [the hours I have a carer visit] varies and it also depends on how much I can afford because I don't get any of it paid for. I have to pay for it all myself."

- Participant in Dumfries and Galloway

Spotlight: Engaging with health and social care in the Highlands

"I had to travel really far to another surgery to get an appointment later that day. It was really hard as I have to drive myself as I have no one to drive me."

Laura* is from Orkney but moved to the Highlands around six months ago. She is living with mobility issues, and she has more bad days than good days. Recently, Laura hurt her ankle, and it swelled up significantly. She called up her local GP to get it checked out – but they said they didn't have any appointments available. Having no one else to drive her, Laura had to drive a considerable distance to find another doctor who could take a look at her ankle. This was extremely painful; however, she couldn't afford a taxi to take her such a long way. Laura wishes there were more casual services like walk-in centres, where you can 'drop in'.

Mary* has a chronic illness which causes severe fatigue and makes it difficult to perform everyday physical and mental tasks. Thankfully, she lives close to her local GP and dentist surgery – and she feels able to drive herself most days. The dentist is NHS, not private, which reduces financial barriers, and she has a good rapport with the dentist. They understand that having dental work done makes Mary feel anxious, and accommodate her needs by giving her extra time to calm herself. Mary really appreciates the personal relationship she has with the dentist, and considers herself very lucky to have such great quality of care on her doorstep – which she feels is quite unusual in rural Scotland.

"The dentist being local, and being NHS, enables me to use it. I appreciate those things."

"[I would like to see] more specialist support. Mental health hubs would be good – they have those in Inverness."

Ellie* lives in the Highlands just outside of Inverness. It's a rural area, which isn't near many public services, but she loves the country life. Ellie has been living with chronic depression for nine years, but she has found antidepressants extremely helpful. A few years ago, Ellie experienced a mental health crisis, and tried to access support at her local hospital. However, in order to do this, she would have had to agree to being sectioned – so she ended up going private. Ellie would like to see more early intervention support, and informal community activities, such as a dance class – which could help her manage her mental health independently.

*Note names have been changed to protect participant anonymity.

7. Opportunities for change

Across transport, leisure activities and health and social care, disabled people living in rural Scotland experience significant challenges in accessing and engaging with these services. Whilst some are accepting of such challenges – viewing these as the ‘trade-off’ made to be able to live in a quiet and scenic location – for many, these challenges can have significant practical, physical, emotional and financial impacts on their lives. Most report having a limited amount of choice available in terms of the types of services they engage with, meaning they often need to adapt their behaviour – whether this is doing things in a different way, or avoiding doing them at all.

Challenges largely fall into three key categories: availability, accessibility and cost. As a result, the opportunities to alleviate these challenges and improve disabled rural residents’ experiences should focus on addressing these areas. Below, we summarise these challenges, considerations for interventions, and examples of best practice offered by participants.

Availability

Availability of services is a significant issue for disabled people living in rural Scotland, whether this is the existence of the services themselves, or the availability of services that are accessible.

To help address this challenge, **participants call for an increase in accessible and reliable public or community transport**. Participants feel community transport in particular could fill a gap in door-to-door transport provision that is affordable and reliable. Participants envision a service that is tailored to the needs of the community and service users.

"[I want to see] a better bus service, more frequent and more reliable. Or even a community bus, like a dial-a-ride. That would be brilliant. We would use it if it were more reliable."

- Participant in Dumfries & Galloway

Availability of health and social care services was another key challenge raised by participants. Lack of availability of these services close to where participants live mean that they either have to spend a long time travelling to bigger towns and cities to access this, or in some cases, may forgo care altogether.

Participants hope to see more choice in the scheduling and type of appointment in the future. Where they are able to schedule multiple appointments in the same day, this can help reduce travel time and costs. Participants also look to see virtual appointments increase as an option where appropriate (with an emphasis on patient choice, as participants recognise this will not be accessible or preferable to all).

When it comes to leisure activities, even when participants generally feel their local area and its surroundings has a good range of activities on offer, these aren't always things they can necessarily take part in themselves. Participants wonder whether more **joined up planning with neighbouring villages** could optimise opportunities available for disabled people; better attendance at local events and an increased demand for community transport to and from these opportunities could make it more feasible to run these kinds of services.

"I think more joined up planning [would be good]. Our village hall works with other village halls, so we coordinate events and encourage the villages to go to each other's events."

- Participant in Skye

Example of best practice:

Frank* lives in the Highlands and is in his seventies. He has multiple health conditions, which have a significant impact on his ability to carry out day-to-day tasks. Due to his health conditions, Frank needs to access health care relatively frequently. His doctor's surgery is only a few miles away and he can normally get there easily by asking his daughter to drive him. However, his daughter is a carer, so there are times where this isn't possible. He praises the surgery for being flexible in cases like this and says there have been several occasions where a practitioner has come to visit him at home instead. The impact of this is that Frank can receive the care he requires, without worrying about his symptoms potentially getting worse.

*"The medical practice I'm registered to is very good [...]
Sometimes if I cannot get down, they'll come up [to visit me], which is most unusual in this day and age."*

*Note names have been changed to protect participant anonymity.

Accessibility

Another key theme raised throughout this study is accessibility – or lack thereof – of services in rural areas of Scotland. This is particularly relevant when it comes to transport. Participants are keen that **public transport options are optimised to ensure they are as accessible as possible**. Many participants with mobility issues or conditions that cause them fatigue or pain report issues related to accessibility of transport. This ranges from not having somewhere to

sit when waiting, to buses not having much space for wheelchairs and bus drivers often pulling away before people have sat down. **Updating facilities and supporting staff with training could help address some of these issues.**

"If they had a little indoor seated bus stop that's heated, like a train station waiting room, that would be great for the elderly population and me."

- Participant in the Highlands

Additionally, end-to-end journeys are not always possible for disabled people living in rural Scotland. **Participants feel more could be done to ensure they can reach public transport hubs such as bus stops and train stations in the first place.** Ensuring pavements that lead to public transport hubs exist, are even, free of debris and with dropped kerbs are necessary for disabled people, who are able to, to engage in active travel from their home to the first element of their public transport journey.

"I'd make it more accessible, with better pavements that make it easier to walk around, access walking paths and get out and about without using my car."

- Participant in Dumfries & Galloway

Participants who feel they will continue to rely on private transport indicate **more could be done to raise awareness of the options** here. Those who hold blue badges seek awareness raising among the public (and particularly tourists) to not park in these spaces and not to park too close to them (thus preventing wheelchair users from having sufficient space to access their vehicle). Some participants also indicate that their adapted Motability car has been a lifeline and wonder if their peers are aware this is an option.

Participants also call for greater accessibility of leisure activities in their communities. For many living in rural areas, being able to live in a scenic and quiet location is cited as one of their favourite things about where they live. However, for some disabled people, the outdoors isn't always accessible. Those who use mobility aids or who have conditions that cause fatigue or pain report that they often aren't able to make the most of the outdoors. As discussed in improving access to public transport hubs, **improvements such as even pavements, walking trails free of debris and places to sit and rest** alongside walking paths would support this. Participants also wonder if there are **mobility aids that are adapted for uneven terrains.**

"I'd love to be able to find some way to go through the forest with my dog. I wish there were more things I can access."

- Participant in Dumfries & Galloway

Participants also advocate for **community events and clubs to take place in accessible buildings**, citing level access and accessible toilets as key features in enabling them to take part in community leisure activities.

Example of best practice:

Maggie* lives in a small village in Dumfries & Galloway with her husband. She has respiratory failure, which means she suffers from a range of symptoms including extreme fatigue. Whenever she has particularly bad days, Maggie has to spend a lot of time at home - which makes the trips she does make even more important. As public transport is so limited in her local area, Maggie is almost entirely reliant on her own car to get around. A few years ago, Maggie got an adapted vehicle through the Motability scheme, which has made it much easier for her to get around and access the goods and services she needs.

"I don't think I've ever used public transport. Luckily I have a Motability car. I had surgery on my back and have had problems with my leg. To get that car was just lifesaving – without it, I'm stuck."

*Note names have been changed to protect participant anonymity.

Cost

Any interventions must take affordability into account. This is particularly relevant to transport and leisure activities.

Relevant to transport, **low cost community transport options** are appealing to disabled people who require end-to-end journey solutions but for whom the cost of taxis is out of reach.

Relevant to leisure activities, **more flexible payment options** for scheduled classes or activities would support those with fluctuating conditions to take part. For example, encouraging local services to consider programme credits or refunds for disabled consumers who are unable to commit to every scheduled activity. Additionally, where community activities can **make use of free community spaces** such as churches and libraries to keep costs down for attendees, this will support disabled consumers to take part.

"I would have something on every afternoon in a local hall, for all ages, which would be free."

- Participant in the Highlands

Example of best practice:

Suzanne* lives in a small village in Skye. She has multiple health conditions and is immunocompromised, which can make it difficult for her to leave her home at times. When she does feel well enough to go out, Suzanne enjoys getting involved with leisure activities in her local area and socialising with people in her local community. She frequently goes to her local library, which holds regular drop-in sessions. Suzanne runs a session where she teaches digital skills, but also attends other sessions when she is able to. She likes the fact the sessions are low-cost and are flexible to attend, meaning she can sometimes still attend online if she is too unwell to go in person.

"For me, the library is very easy – it's a place of work, but it's also a place where I know a lot of people [...] At the moment I'm teaching digital skills. It's online as well as via the library, we'll do some in person stuff."

*Note names have been changed to protect participant anonymity.

We know that the disabled community is extremely varied, as are the needs of different rural communities throughout Scotland. As such, the suggestions for interventions fed back by participants reflected the diverse needs of their disability and/or health condition and of their community. Therefore, interventions that are hyperlocalised and tailored to specific local needs, and co-created with 'experts-by-experience' within the community are most likely to be successful.

Appendix

Full sample breakdown

Category		Number of participants
Gender	Male	15
	Female	19
Age	18-35	7
	36-55	11
	56-65	10
	65+	6
Ethnic background	White	34
	Other ethnic background	0
SEG	AB	0
	C1C2	12
	DE	22
Location	Dumfries & Galloway	13
	Highlands	11
	Skye	10
Rurality	Accessible rural area	7
	Remote rural area	7
	Very remote rural area	20
Disability	Mobility impairment	10
	Sensory impairment	7
	Mental health condition	19
	Learning disability	6
	Long term health condition	21
Age condition acquired	Under 65	34
	Over 65	0

Rurality was defined as follows:

- **Accessible Rural Areas** – population less than 3,000 and within a 30-minute drive to a 'Settlement' of 10,000+
- **Remote Rural Areas** – population less than 3,000 and drive time to a 'Settlement' of 10,000+ is over 30-minutes but less than or equal to 60 minutes
- **Very Remote Rural Areas** – population of less than 3,000 and drive time to a 'Settlement' of 10,000+ is over 60-minutes

We are extremely grateful to have worked with several organisations to inform the research and aid recruitment, without whom this research would have not been possible. These included:

- Inclusion Scotland
- DG Voice
- Skye and Lochalsh Access Panel
- Kyleakin Connections

One limitation of this sample is that we were unable to recruit any participants from ethnic minority backgrounds despite our best efforts. Ethnic minorities are estimated to make up around 11% of Scotland's population. However, with the exception of the white Polish population, ethnic minorities make up a significantly higher proportion of the population in urban settings, as opposed to rural settings⁴.

We also did not recruit any participants from higher socioeconomic grades (AB). However, this is likely as a result of our sample in that disabled people are more likely to be on lower incomes and/or unemployed due to their condition.

Diary exercise shared with participants

On each of the occasions where participants filled in an entry, they were asked the following questions:

- Which of the following goods or services did you use or engage with in the past week? Please select one (if you have used more than one, please complete this form again for each good or service you have used this week). If there are any goods and services you have not used in the last week, please think back to the last time you used it.
[SINGLE CHOICE]
 - Health and care services
 - Transport

⁴ Scottish Government, Inclusive participation in rural Scotland: research report, 2021. <https://www.gov.scot/publications/inclusive-participation-rural-scotland-preliminary-exploration/pages/5/>

Disabled consumers in rural Scotland: Exploring experiences of accessing goods and services

- Leisure activities
- What role does this good/service play in your life? [OPEN TEXT] You can think about:
 - How regularly you use or engage with it
 - Why you use or engage with it
 - How important it is that you can use or engage with it
- How did you use or engage with this good or service? [SINGLE CHOICE]
 - In-person
 - Via the phone
 - Online
- How did you feel **ahead** of using or engaging with this good or service? How did you expect your experience to go?
 - [OPEN TEXT]
- How was your **actual experience** using or engaging with this good or service? [SINGLE CHOICE]
 - Very easy
 - Easy
 - Neither easy nor difficult
 - Difficult
 - Very difficult
 - [Other – Please explain your answer]
- What, if anything, was positive about your experience?
 - [OPEN TEXT]
- What, if anything, was challenging about your experience? What was the impact, if any, of these challenges?
 - [OPEN TEXT]
- Were there any 'workarounds' you used (things that made it less challenging to use or engage this good/service)? This could be things like asking for help from a friend, relative or someone else, or something else that you personally do to make things easier.
 - [OPEN TEXT]
- What, if anything, would have made this experience more positive for you? Why?
 - [OPEN TEXT]