



Poverty and Social Exclusion in the UK

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Disabled people and their relationship with poverty

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Poverty and Social Exclusion in the UK

Overview

The Poverty and Social Exclusion in the UK Project is funded by the Economic, Science and Research Council (ESRC). The Project is a collaboration between the University of Bristol, University of Glasgow, Heriot Watt University, Open University, Queen's University (Belfast), University of York, the National Centre for Social Research and the Northern Ireland Statistics and Research Agency. The project commenced in April 2010 and will run for three-and-a-half years.

The primary purpose is to advance the 'state of the art' of the theory and practice of poverty and social exclusion measurement. In order to improve current measurement methodologies, the research will develop and repeat the 1999 Poverty and Social Exclusion Survey. This research will produce information of immediate and direct interest to policy makers, academics and the general public. It will provide a rigorous and detailed independent assessment on progress towards the UK Government's target of eradicating child poverty.

Objectives

This research has three main objectives:

- To improve the measurement of poverty, deprivation, social exclusion and standard of living
- To assess changes in poverty and social exclusion in the UK
- To conduct policy-relevant analyses of poverty and social exclusion

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Introduction

This working paper explores the existing UK literature about disabled people's relationship with poverty. It is based on a scoping review of literature published in English since 2003 using the following databases: Embase, International Bibliography of the Social Sciences (IBSS), Medline on OvidSP, PsychINFO, Social Care Online and Social Sciences Citations on Web of Science, and an additional search of 'grey' literature.

This paper begins with an overview of methodological complexities in relation to measuring 'disability' and measuring poverty in relation to disabled people. It then reviews the literature about disabled people's relationship to, and experiences of poverty. The paper concludes with a review of recent initiatives to address the financial and other support needs of disabled people.

1. Measuring disability

What do we mean by 'disability'?

Unlike many other demographic characteristics, disability is much harder to define, and hence, measure. Most recently, the Equality Act (2010) set out the legal framework under which disabled people have rights and defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The phrase 'long-term' means that the effect of the impairment has lasted or is expected to last for 12 months or more.

Such a definition, which focuses on physical or mental conditions (such as arthritis) and the resulting impact that it has (such as difficulty in getting to the shops), is largely consistent with the social model of disability (Barnes 1991; Oliver 1996) in which 'impairment' refers to a physical or mental condition (for example, blindness), while 'disability' refers to the social disadvantages associated with being impaired (for example, being out of work), due to society's failure to facilitate the full participation of people with impairments. Whilst there are continuing discussions about the balance between the impact of one's physical or mental impairment and that of society in disabling a person, the Equality Act 2010 definition side-steps this by enabling a broad interpretation of the way in which a person's impairment might have an impact on their ability to carry out normal day-to-day activities.

Potential problems with measuring disability

There are 11.5 million people in the UK (19% of the population) who are covered by the disability provisions set out in the Equality Act (DWP 2013).

However, many people who have rights under the disability provisions of the Equality Act do not consider themselves to be disabled. The ONS Opinions Survey (2012) included a question asking those who came under the Equality Act definition if they thought of themselves as disabled, and only a quarter (25%) did so.

It appears, therefore, that theoretical, policy and lay perceptions of disability differ. Research into attitudes towards, and experiences of, disability has shown that disabled people vary in their response when asked to say whether or not they see themselves as 'disabled'. People who were more likely to think of themselves as disabled were: economically inactive; those with no qualifications; those with low income; those with vision or mobility impairments; those whose condition had existed at birth; and men. People who were least likely to think of themselves as disabled were those who were working; those who had higher levels of qualifications; those with medium to high income; those with dexterity impairment or with breathing, stamina or fatigue conditions; those who described the cause of their health condition as being natural ageing; and women (ONS Opinions Survey July, Aug, Sept 2012). Other specific issues that can complicate the measurement of disability include:

- The particular type of survey design – for example self-completion surveys can exclude people with visual impairment or people with intellectual disabilities
- Some impairments are episodic in nature and may vary in severity over time (e.g. those relating to mental health)
- There may be issues related to self-identity, and fears about stigmatisation or the social cost of being identified as disabled
- There may be social influences that affect how one reports disability status, (e.g. cultural understandings of disability)
- There may be economic incentives (or disincentives) to reporting disability status (e.g. the possibility of claiming disability benefits)
- Whether people identify themselves as disabled or not may depend on prevalent notions linked to the national welfare system
- Disability might not be a fixed entity; people both enter and leave periods of disability, although there may be social influences on this. Gannon and Nolan (2007) for example, found that women, those who were in work and those with two or more children were more likely to exit disability. Those with low education and those aged 35 or over were more likely than more educated and/or younger respondents to have experienced persistent disability.
- Few surveys collect evidence to inform action. There is insufficient evidence to identify if those that do attract more or fewer people to identify as disabled.

Potential ways of measuring disability

Mont (2007) summarises a number of different ways in which prevalence estimates of disability can be estimated:

- Self-identification as disabled. Here, the respondent is directly asked if they are disabled.
- This generates the lowest prevalence rates of disability for many of the reasons outlined above. People may interpret 'disability' as relating to a specific condition, or as relative to some unspoken cultural standard of what is considered normal functioning which may vary across different age groups, cultures and income groups.
- Diagnosable conditions. The respondent is read a list of medical conditions and is asked if they have any of them. This approach is problematic because knowledge about one's diagnosis is likely to be correlated with education, socio-economic status, and access to health services, thus introducing a potential bias in the collected data. In addition, the impact of a particular medical condition can vary widely. For example, the amputation of a leg may have limited impact on a person who receives good medical treatment, a suitable prosthetic and who is still able to access services and facilities in their community. On the other hand, poor treatment, living in an isolated rural area, and inaccessible social and community resources could make another person considerably disabled.
- Activities of Daily Living (ADL). The respondent is considered disabled if they have difficulty performing task-based activities of daily living such as dressing, bathing, or feeding oneself. In these questions it is the actual impact on a person's life that is of interest, not merely the diagnosis of a medical condition. ADL questions sometimes ask respondents to compare themselves to others of their own age, and this has been found to decrease reporting of disability (Thomas and Dobbs 1998), although the effect is less significant for people of working age (Burchardt 2003).
- Instrumental Activities of Daily Living (IADL). This approach is similar to the ADLs above, except that IADLs are higher order tasks such as whether a person can manage their money, or shop for groceries. These are more likely to be socially and culturally dependent activities and may not be internationally comparable.
- Participation. This method asks if the person has some condition which affects a particular social role, such as attending school or being employed. This is more likely to be able to pick up complex issues that individuals themselves identify as affecting their participation in particular social roles, but again, such questions are socially and culturally dependent and unlikely to be internationally comparable.

Variability in survey questions

There has been wide variability in survey questions about disability both nationally, and internationally. This has made comparison and interpretation of data across and between surveys challenging.

- The definition of disability
- Some surveys (for example General Lifestyle Survey, British Household Panel Survey) use a question about limiting long-standing

illness as a measure of disability. The Life Opportunities Survey (LOS) takes a social model approach by considering the barriers in society which can result in a person's impairment becoming disabling. The Family Resources Survey (FRS) and the Labour Force Survey (LFS) use the Equality Act (and previously Disability Discrimination Act) definition of disability. Administrative data sources use different approaches, for example Department of Work and Pensions' administrative data on benefits records the main disabling health condition. Data from the Department for Education (DfE) is based on assessment of Special Educational Needs in children rather than whether or not they are disabled. More recently, the Office for National Statistics (ONS) has published a set of harmonised questions on disability that are based on the Equality Act (2010) definition of disability (ONS 2011). These will gradually be introduced across a range of government surveys to ensure a more consistent approach.

- Whether capacity to undertake an activity is being measured, or whether it is the actual performance of an activity that is counted. Some surveys ask whether a person is able to walk without assistance (so assessing capacity to do so) whilst others ask about whether the person actually does so (thus assessing actual performance). In addition, some surveys ask people to discount the assistance of aids such as sticks or adaptations whilst others ask people to judge their capacity whilst using these forms of assistance
- The age range to which the survey questions apply. Some surveys include working age adults, others include the total population, or all adults only. Where children are included, many surveys use the inclusion criteria of 'dependent children' which may exclude disabled children aged 16- to 18 years old who are not living at home and not in full time non-advanced education. In addition, Read et al. (2009) suggest that despite widespread recognition that it is inadequate to understand a child's limitations without reference to the wider social environment, few surveys incorporate this, and few collect information from disabled children themselves.
- The reference period that is taken to constitute a long-standing illness or disability. Cognitive testing of European harmonised questions on chronic illness and disability found considerable inconsistency about the time period on which respondents based their answer, which ranged from at least 6 months to something they had had since childhood (ONS 2013). The question on long-standing illness and activity limitation asked in the General Household Survey (GHS) since 1972 and now asked in the Integrated Household Survey (IHS) does not define a precise timeframe but clarifies that the term 'long-standing' represents a 'period of time'. The LFS asks about limitations in activities for more than 12 months, while the FRS uses a timeframe of at least 12 months, as does the 2011 England and Wales Census.

Variability in survey design and process

- A range of survey designs and data sources exist: cross-sectional,

panel or cohort designs collecting primary data or used as a source for secondary data analysis, and data obtained from administrative or condition-specific databases. Cross-sectional measures both over- and underestimate disability as about one in ten of those limited in activities of daily living will have a one-off observation (within a seven-year window), whereas about 5 per cent of those not classified as disabled in the year in question have intermittent patterns of disability (Burchardt 2000). The majority of government-sponsored surveys have a repeated cross-sectional design, which allows for the calculation of up-to-date prevalence estimates prevalence trends over time. Panel and longitudinal studies also enable prevalence and trend estimates to be made, but are susceptible to attrition.

- Approaches to the collection of survey data also differ. The majority of surveys collect data using a household-based face-to-face interview, although some use Computer Assisted Telephone Interviewing (CATI) and others use a postal questionnaire. The ONS (2013) review of disability estimates and definitions suggested that estimates of disability collected from surveys containing a list of impairments or capabilities could vary according to the mode of questioning and whether show-cards were used or not.
- Some surveys, even those that are repeated at regular intervals, use different methods of contacting participants (for example, by phone or in person) or only include particular population groups (such as those in private households).

Harmonising questions

The issues described above have led to a situation in which there has been no annual estimate of the number of disabled adults in the UK that is coherent and reliable, from which population subsets can be derived, and which meets the needs of disability organisations, policy makers, service providers and researchers (ONS 2013). The national Review of Equality Data in 2007 (ONS 2007) recommended 'urgent agreement on disability questioning' (p.7) and that the Office for Disability Issues and ONS should develop best practice methods for collecting information from hard-to-reach groups of disabled people such as those with learning disabilities or those requiring proxy interviews. It suggested the use of two harmonised question about disability as follows:

- Do you have any long-standing illness, disability or infirmity? By longstanding I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time? Yes/No
- Does this illness or disability (Do any of these illnesses or disabilities) limit your activities in any way? Yes/No

In response to the recommendations of the Review of Equality Data, the ONS, Office for Disability Issues, Government Equalities Office, devolved administrations and National Statistics Harmonisation Group initiated a project aiming to harmonise questions and data collection standards in the future capture of disability data in national household surveys and administrative

data sources. A number of recommendations were agreed as a result of this initial work:

- Two core questions for inclusion on all surveys measuring the number of currently disabled people with rights under the Disability Discrimination Act (DDA) (now the Equality Act 2010) with type of impairment or health condition captured
- Another optional question, which can be included on surveys if required, will monitor disability by looking at the barriers faced by people with impairments or health conditions
- A 12 month time period should be the standard for the question suite as it links to the 2011 Census and DDA
- The extent of limitation should be captured and linked to the response categories in either the Census or the Minimum European Health Module (MEHM) disability question used in the European Statistics on Income and Living Conditions (EU-SILC) data collection
- Impairment types should not be routed from the question eliciting adverse effects and limitations in activities to allow prevalence of impairments to be calculated
- The list of impairments should include a category capturing the conditions of HIV, multiple sclerosis and cancer, specifically identified in the DDA 2005
- Additional people with potential rights under the DDA, such as those with past DDA disabilities, will be collected in an alternative source or module
- A means to assess the mitigating effects of medication on the reporting of activity limitation should be explored in testing
- The reliability of proxy responses for children under 16 years and those with communication problems or learning disabilities should be tested.

An attempt was made to reach a consensus on precise question content, the agreed suite of questions being supplemented with two questions on the social barriers faced by people with loss of functions as a result of impairment or illness (see White 2009, p.47-48).

The proposed harmonised questions were then cognitively tested to explore how respondents would understand and interpret the draft questions, their ability and willingness to answer them, and the adequacy of the pre-defined categories to identify the spectrum of impairments, limitations and barriers. Cognitive testing was undertaken with 31 individuals purposively sampled to ensure representation of a wide range of physical and mental health conditions or impairments. The interviews were carried out in and around London in 2009. 'Disability' was regarded by some respondents as a technical term or label linked to benefits of various kinds, most typically Disability Living Allowance (now replaced by Personal Independence payment, disability pensions and "the blue badge". Respondents were often reluctant to apply the term to themselves because they felt it had negative connotations even though they might apply it in an objective way to others

(Sykes and Groom 2009).

A final set of standardised questions about long lasting health conditions and illnesses (including impairment and disability) was agreed for use in national surveys in 2011 by the Office for National Statistics. The statistical measure of disability was agreed to be the following:

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

Coded 1 ('Yes')

AND

Does your condition or illness\do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?

Coded 1 (Yes, A Lot') OR Coded 2 (Yes, A Little').

2. Measurements of poverty in relation to disabled people

Problems with direct income comparison

Disabled people generally encounter additional financial costs that are not experienced by non-disabled people. There have been many attempts to estimate these additional costs explicitly (see for example Tibble 2005) or implicitly by comparing the living standards of disabled and non-disabled people on similar incomes (e.g. Zaidi and Burchardt, 2005) but the estimations vary considerably — from as little as £7.24 to as much as £1,513 per week (Smith et al. 2004). Wood and Grant (2010) explain the size of this discrepancy as being due to the differences between studies in how to measure disability itself, and the subsequent differences in how costs are then attributed to this - ranging from individual reported spending, through to costs attributed to standards of living being set by groups of disabled people. Hancock (2010) additionally notes not only the conceptual problem of measuring costs, but also the sheer range of different disabilities and the varied level and nature of additional costs they incur. Thus, a comparison of the income between disabled and non-disabled people is potentially misleading if it does not take into account the heterogeneity of disabled people and their associated additional costs. There is no consensus of opinion in the research literature or by policy-makers about how best to measure these costs or their size. In the UK, the welfare benefit system delivers arbitrary fixed sums to disabled people within broad ranges of assessed care and mobility needs.

One potential approach to this issue could be to use equivalence scales, similar to those that take account of households of different size and structure to compare income consistently across households. Evans and Williams

(2008) argue that without such equivalisation for disability, the ranking of household income takes no account of the additional costs and different needs of disabled people, and ranks a disabled and non-disabled person equally if they have equal income. They suggest that the use of equivalisation for disability tends to raise the incidence of poverty because it lowers the incomes of households with a disabled person. They suggest that once the extra costs of disability are used to equivalised income, the additional risk of poverty in a family with disabled children compared to a family without disabled children is 12 percentage points higher for a lone-parent family and over four percentage points higher for a two parent family. Using UK data from the British Household Panel Survey, Kuklys (2005) estimated that a disabled adult should be weighted by 1.56 in comparison with a non-disabled person with a weight of 1.

Single point measures of income are relatively crude indicators of poverty because the effects of low income are likely to be moderated by the length of time over which the family experiences low income and the extent to which it can be buffered through expending savings, accruing debt and through support from friends and relatives (Emerson and Hatton 2007a). Quintana and Malo (2012), using European data, suggest that adjusting equivalence scales for disability is much more important for an accurate understanding of the long-term impact of disability on poverty, otherwise the long-term effect would be under-estimated. They reported that households have a certain capacity to respond in the short term to avoid falling into poverty when a member becomes disabled, but these responses are not effective in the long run when the risk of falling into poverty becomes greater.

Alternative proposed poverty indicators for disabled people

Parckar (2008) proposed that disability poverty ought to be recognised as a unique form of poverty because it is about more than just low income. He proposed a set of indicators that incorporate a range of measures of poverty, including those of opportunity, expectation and aspiration that can stem from public attitudes towards disabled people.

The suggested poverty indicators are:

- Percentage of disabled people living in a low income household (below 60% of median household income)
- Percentage of disabled people living in low income households, adjusted to incorporate estimates of disabled people's additional costs of living.
- Percentage of disabled people who:
 - Could not afford to pay a utility bill on time
 - Regularly went without meals
 - Sought financial help from friends or family
- Percentage of disabled people with savings
- Percentage of disabled people with no bank accounts
- Average amount held in savings by disabled people
- Employment rate among disabled people, broken down by impairment

- group;
- Percentages of working age disabled people -
 - In work
 - Not in work, but looking for work
 - Not in work, and not looking for work
 - Percentage of disabled people in part-time work
 - Average gross hourly pay from work for disabled people
 - Estimates of take-up for disability related benefits
 - Disabled people's experiences of the benefits system, including overall satisfaction, decision making, benefit levels compared to outgoings, effectiveness of return to work support (where appropriate)
 - Percentage of disabled people who own their own home
 - Percentage of disabled people living in social housing
 - Percentage of disabled people living in housing that falls below the set standard of decency
 - Number of disabled people who require adapted homes currently living in inappropriate housing
 - Percentage of homes built to Lifetime Home Standards each year
 - Level of educational attainment among disabled people
 - Percentage of disabled people with no qualifications
 - Percentage of appointed public offices held by disabled people
 - Disabled people's experience of crime and fear of crime, including the numbers of disabled people who have experienced crime motivated by an impairment
 - Society's responses to disability – monitoring social attitudes and prejudice year on year, including disabled and non-disabled people's perceptions of disability discrimination and prejudice
 - Percentage of disabled people who experience difficulties in accessing goods and services
 - Percentage of:
 - trains fully compliant with Rail Vehicle Access Regulations (RVAR)
 - buses fully compliant with Public Service Vehicle Access Regulations (PSVAR)
 - train stations that are 'step-free'
 - Disabled people's ownership of consumer durables, including access to internet.

3. The relationship between disability and poverty

3.1 The extent of poverty in disabled people

The DWP (2013) report 'Fulfilling Potential: Building a deeper understanding of disability in the UK today' sets out some of the issues facing disabled people how they might be addressed. It also provides up-to-date evidence about the proportion of disabled people in poverty. The report is clear that disabled people are more likely than non-disabled people to experience poverty and material deprivation.

Income poverty

Using the relative income poverty measure of 60% of contemporary median income before housing costs, DWP (2013) summarises the relationship between having a disabled family member and being in income poverty as below:

Children living in households with a disabled family member

- 22% of children living in families with a disabled member live in income poverty compared with 16% of children in families with no disabled member. Excluding Disability Living Allowance (now Personal Independence Payment) and Attendance Allowance from income has the effect of increasing the percentage of children in families with a disabled member who live in income poverty from 22% to 23%.
- There has been a fall in the proportion of children living in families with a disabled family member who live in income poverty since 2004/05, from 29% to 22%.

Children or adults living in households with a disabled family member

- 20% of individuals (adults and children) living in families with a disabled member live in income poverty compared with 15% of people living in families with no disabled member. Excluding Disability Living Allowance (now Personal Independence Payment) and Attendance Allowance from income has the effect of increasing the percentage of individuals living in families with a disabled member who live in income poverty from 20% to 23%.
- There has been a fall in the proportion of individuals living in families with a disabled member who live in income poverty since 2004/05 from 23% to 20%.
- Households with a disabled person who do not receive a disability-related benefit (29%) are twice as likely to be in poverty as households with a disabled person who does receive disability-related benefits

- (14%) (Aldridge et al. 2012).
- Where family members are disabled (either adults or children) average (median) incomes are reduced and in particular the chances of having a high income are much reduced.
- Among couples, the effect of being a carer appears to lower incomes more than disability (McKay and Atkinson 2007).

Disabled children

- The DWP (2013) report suggests that the presence of a disabled child in a family does not increase the risk of poverty. In terms of the percentage of children living in households with relative low income, the report suggests that there is no difference between families with a disabled child and no disabled adults, and families where no-one is disabled (16%). However, families supporting a disabled child are significantly more disadvantaged across a wide range of indicators of socio-economic position.
- In contrast to this, Blackburn et al. (2010) using data generated from secondary analysis of the Family Resources Survey (2004/5) suggested that the household incomes of disabled children and their families were, on average, lower than those of nondisabled children, and that families with a disabled child experienced higher levels of debt and social deprivation.
- Bradshaw (2008) estimated that in the UK, families with disabled children need incomes that are 10% - 18% higher than similar families with nondisabled children to have the same living standard.
- Parents of disabled children face particular difficulties in finding suitable childcare places for their children. Where childcare for disabled children is available, it is more expensive - in some cases up to five times as much as for non-disabled children (House of Commons Work and Pensions Committee 2008).

Disabled adults

- The DWP (2013) report suggested that the presence of a disabled adult in a family increases the risk of poverty. The percentage of families without a disabled person living in a household with a relative low income (16%) is less than the percentage of families where there are one or more disabled adults (26%). Magadi (2010) suggests that the fact that it is the presence of disabled adults, rather than disabled children, that is strongly associated with the experience of severe child poverty is not surprising, since it is adult family members who usually engage in economic activities and hence their disability is likely to impact more negatively on the families' financial resources.
- Parckar (2008) suggests that because of the extra costs of disability, the proportion of disabled adults living in poverty is much higher and that over half of disabled people would be living on less than 60% of median national income.
- Twice the proportion (12%) of disabled adults live in persistent poverty

compared to non-disabled adults (6%). Persistent poverty is defined as spending three or more years, out of any four-year period, in a household with an income below 60% of median income (DWP 2013).

- The Labour Force Survey 2004/5 suggests that for both full-time and part-time work, the proportion of employees with a work-limiting disability who are low paid is around 10% higher than that for employees without a work-limiting disability (Palmer et al. 2005).
- The risk of poverty of disabled people is higher than for non-disabled people throughout the Member States of the EU examined by Eichhorst et al. (2010). They reported that the European Union average at-risk-of-poverty rate of non-disabled people is 13.4% and for disabled people it rises to 20.6%, i.e. the risk of poverty of disabled people is, on average, 54% greater relative to the non-disabled European population.

Material deprivation

The DWP (2013) report states that disabled people are more than twice as likely as non-disabled people to experience material deprivation, as measured by indicating which goods they cannot afford on a deprivation scale.

Families with a disabled child

- Families supporting a disabled child are more than twice as likely as other families to be tenants of local authorities or housing associations, not to be home owners, to live in a house that could not be kept warm enough in winter, to be unable to keep a child's bedroom warm enough in winter and to be unable to keep the house warm enough in winter due to the cost of heating (Emerson and Hatton 2007a).

Households including a disabled person

- Families including a disabled person find it harder to manage their finances (DWP 2013)
- 20% of households including a disabled person live in fuel poverty, compared to 15% of households with no disabled person (DWP 2013). However, Greenhalgh and Gore (2009), based on questionnaire responses from 1,253 disabled people drawn from across the UK reported that 63% of the respondents were living in fuel poverty, and that 31% reported being unable to heat their home at times over the past 12 months.

Disabled adults

- About half (50%) of disabled people who are not in work could not afford to save for a 'rainy day', compared to about 35% of non-disabled people who are not working (McKay and Atkinson 2007).
- Data from a survey of 5,611 adults' experiences of civil justice problems in England and Wales found that being in receipt of benefits and long-term illness or disability were the strongest predictors of debt, with long-term ill or disabled respondents also being more susceptible to

- long-term debt (Balmer et al. 2006).
- Although disabled people who are working are better off than those who are not working, they are in a similar position to non-disabled people who are not working when it comes to being able to afford or access particular items (DWP 2013).
 - A quarter of those disabled people who require adapted housing in England live in accommodation that is unsuitable for their needs (Parckar 2008).
 - The majority (89%) of disabled people in Leonard Cheshire Disability's 'Disability Review 2007' felt that there was discrimination and prejudice towards disabled people in the UK. This is a key factor in the poverty of expectation, and poverty of opportunity that disabled people can experience, which directly impacts upon their life chances, social inclusion and material circumstances (Parckar 2008).

3.2 Understanding poverty in relation to disabled people

Available evidence suggests that the association between poverty and disability reflects the operation of bi-directional processes. First, growing up in poverty is associated with an increased risk of impairment. Second, supporting a disabled person in the household may entail significant costs for families (Emerson and Hatton 2007a).

Living in poverty increasing the likelihood of having a disability

It is well-documented that those who are already disadvantaged are at a greater risk of becoming disabled (DWP 2012).

Childhood disadvantage

Experience of socio-economic disadvantage in early childhood can increase the likelihood of developing a disabling health condition in later childhood. Blackburn et al (2012) reported that for children in the most socio-economically disadvantaged households in 1991, the likelihood of developing disabling chronic health conditions by 2001 was more than twice that of children in the least disadvantaged households.

Some of the mechanisms for this are explored by Emerson and Hatton (2007b). They undertook secondary analysis of cross-sectional data extracted from Wave 4 (2002) of the Families & Children Study, and reported that exposure to poverty and disadvantage appeared to significantly increase the risk of acquiring intellectual disabilities. They suggested that lower socio-economic position in Britain is associated with increased risk for markers for developmental delay at birth (pre-term delivery and low birth weight) and increased risk of marked relative developmental delay in infancy. This is then compounded by the impact of caring for a disabled child delaying or preventing maternal entry into the workforce and/or incurring additional costs associated with care. Such factors, suggest Emerson and Hatton are likely to

influence poverty dynamics by increasing the risk of families entering poverty and decreasing the chances of them exiting poverty. A later analysis by Emerson (2009) of the Millennium Survey confirmed that the majority of children at risk of developmental delay were spending their early years in very disadvantaged circumstances: two in three (63%) were living in income poverty at age 3 and half were living in income poverty at age 9 months *and* at age 3. Such findings are consistent with the view that poverty has a direct causal effect on child development or that families who, for whatever reason, are likely to be poor are also likely to have a child with delayed development.

Disadvantage in adulthood

Burchardt (2003) reported that people in the poorest fifth of the income distribution are two-and-a-half times more likely to become disabled during a year than those in the top fifth, and that there is a steep gradient in risk of onset according to a range of indicators of disadvantage. She concluded that the risk of becoming disabled is higher for individuals who:

- are not in employment
- are in a low-status occupational group
- or who live on a low household income.

In addition, she reported that a quarter (25%) of individuals in affected households are already in poverty before the onset of disability, compared with one in six individuals (17%) in unaffected households.

Gannon and Nolan (2007) tested this assumption using data from the Living in Ireland Survey 1995-2001. They analysed the characteristics of participants who reported the onset of disability lasting at least two years and found that older people were more likely to become ill or disabled, but that having been in a low-income household in the previous year was also associated with an increased probability of disability onset. Similar findings were reported by Adamson et al. (2006) who analysed data from the West of Scotland longitudinal cohort study. Their data supported the 'material' explanation for observed inequalities in reported disability among older people; after adjusting for sex, morbidity, standard occupational class and lifestyle factors, they found strong evidence for material conditions in earlier years of life being a predictor of disability. More recently, a systematic review by Cooper and Stewart (2013) indicates that poorer children have worse cognitive, social-behavioural and health outcomes in part because they are poorer, and not just because poverty is correlated with other household and parental characteristics. The evidence relating to cognitive development and school achievement is the clearest, with less strong evidence about the impact of income on children's physical health.

A disabled person in the household leading to poverty

The second of the bi-directional processes in the association between poverty and disability is that supporting a disabled person in the household may entail significant costs for families. These additional costs are likely to have an impact on both the incidence and duration of episodes of poverty.

It has long been recognised that supporting a disabled person in the household may entail significant costs for families Bradshaw 1975; Baldwin 1977, 1985; Dobson et al. 2001; Council for Disabled Children 2007). Additional costs include additional costs of transport, specialist equipment, additional wear and tear on clothing and furnishings, increased utility bills, professional care, or specialist dietary food and Greenhalgh (2009) in a survey of disabled people, reported that 42% of all respondents incurred extra costs as a direct result of their impairment. Parckar (2008) calculated that disabled people face such extra costs that amount, on average, to approximately an extra quarter above normal expenditure compared to nondisabled people. Wood and Grant (2010) calculated when the additional costs of disability are taken into account, the proportion of families with a disabled member below the poverty line rises from 23% to 47%.

4. The impact of disability-related welfare benefits

The two main types of measures that exist to try and reinforce the social inclusion of disabled people and to address their financial and other support needs are: passive measures such as cash benefits, and active measures such as labour market policies that increase disabled people's participation in paid work.

Cash benefits

Approximately 6 million people in the UK are in receipt of disability or health-related state benefits, although this is only around half of those covered by the disability provision in the Equality Act (DWP 2013). Those in receipt of disability-related benefits are more likely to be those with severe impairments with moderate or severe difficulties, and benefit receipt increases with age. Evans and Williams (2008) reviewed the risk of poverty for households before and after housing costs and concluded that the receipt of disability-related benefits lowers poverty risk both in disabled children and in households of one or more disabled adults. In households where one or more adults report disability, the overall risk of poverty is 41% after housing costs, but if no disability benefits were received, it rose to 44%. In households where both children and one or more adults report disability, the overall risk is of being in poverty was 36% after housing costs, but rose to 48% if no disability benefits were received.

Although the receipt of disability-related benefits lowers poverty risk, there are a number of additional issues that deserve consideration. First, although disability benefits are well-targeted on people with significant disability, many

disabled people do not receive them and, for those who do, they generally fall short of meeting the whole costs of disability. Morciano et al (2012) used UK survey data covering over 8,000 people of state pension age and concluded that the average amount of benefit received was less than a fifth of their average costs. As a consequence, people coped with disability costs by accepting a substantially reduced standard of living and spending money only on the 'necessities of life' (Wood and Grant 2010). Secondly, household finances for disabled people on benefits can be especially precarious. Participants in Morris's (2013) qualitative research about disabled people in receipt of disability benefits reported that any gap in benefits payments could have a huge impact, and could cause continuing debt problems, and severe impacts on mental and physical health and well-being. In a qualitative study by Preston (2006), families who had a disabled child or children reported that when disability-related benefits are down-rated or withdrawn it generates considerable fluctuations in income and high levels of stress and ill health.

Disabled people are currently affected by the wide-ranging reforms to disability-related benefits introduced by the Welfare Reform Act 2012 and taking effect from April 2013. A summary of the changes are detailed by Unison (2013). The measures necessary to deliver on the government's commitment to reduce expenditure on benefits by a total of £18bn by 2014–15, as well as anticipated cuts in social care budgets as a result of large reductions in local authority funding, are likely to disproportionately affect disabled people (Gentleman 2011). Modelling carried out by Demos in 2012 (Wood 2012) estimated disabled benefit claimants would lose £9 billion in support over the course of the current parliament, with half the total cuts being taken from the welfare budget. Taken together, the welfare reforms risk intensifying disability poverty (Kaye et al. 2012). The Institute for Fiscal Studies

has shown that the largest average losses as a fraction of net income from the modelled tax and benefit reforms introduced in 2012–13 (such as the twelve-month time limit to contributory ESA) are among those in the bottom half of the income distribution (Joyce 2012) and the reduction in disabled people's cash benefits is likely to lead to an increase in deprivation (Berthoud and Hancock 2009).

Labour market policies that increase disabled people's participation in paid work

The current Coalition government is committed to assisting benefit claimants to make the transition from economic inactivity to paid work – from 'welfare to work'. Disabled people have been identified as a target group in this regard with an ambitious reform agenda which encompasses benefit migration and reassessment, new employment programmes and measures to expand the reach of welfare conditionality (Patrick 2012). Critics suggest that such measures may residualise social welfare provided to those disabled people who are not able to participate in paid employment by creating simplistic and

unsustainable dichotomies between ‘welfare dependency’ and paid work, and irresponsibility and responsibility (Patrick 2012).

For those who are able and who want to work, however, changes to the work environment are essential. Burchardt (2000) over a decade ago emphasised the necessity of recognising that some, but not all, disabled people will be disabled over the longer term. Employers (and the welfare benefits system) need to accommodate the non-continuous nature and fluctuating conditions of some disabled people, by smoothing the transitions between employment and benefit receipt in both directions, and retaining links with the person during the times that they are unable to work. Eichhorst et al. (2010) argue that across Europe, many welfare systems have yet to offer satisfactory flexibility which allows benefit receipt and employment to be combined in an appropriate way and that many cash benefits contain perverse incentives which render taking up work unattractive – even for people with only partial incapacity. In many cases, they argue, disability benefit systems support people being *out of* work, not *in* work and beneficiaries are regarded as inactive and incapacitated, even though they may still possess a partial degree of work incapacity. In addition, the position of family carers requires consideration. Preston’s qualitative study (2006) of families with a disabled child found that they reported employment to be a difficult and unreliable route out of poverty. The main barriers to employment reported by families were inflexible employers, expensive childcare, worries about losing benefit, and the fact that parents were often advised to give up their jobs by professionals who represent their children’s needs.

To some extent, there have been past initiatives to attempt to overcome such structural employment issues. A review of the ‘Pathways to Work’ programme for those claiming some disability-related benefits concluded that the programme increased the number of recipients in paid work after making an enquiry about claiming incapacity benefits (Bewley et al. 2009). Grants towards the costs of workplace adaptations and special aids and equipment that are available through ‘Access to Work’ have been found to be helpful to support job retention, although this disproportionately helped people in professional jobs and people with sensory impairments (Thornton 2003). Thornton also reported that employers can value interventions by employment advisers that help them when employing a disabled person. However job placement schemes where individuals are placed in jobs matching their abilities were found to be unsuccessful in offering transition from sheltered jobs into regular employment, and job quota schemes (in some European countries but not the UK) were reportedly largely ineffective because they target those disabled people who are closest to the labour market or result in employers recruiting individuals into low-skilled or even token jobs (Greve 2009).

Disabled people of working age are now at the heart of welfare restructuring in the UK and further social policy analysis is required to assess the impact of this. Measures to promote labour force participation among disabled people

whilst discouraging dependence on welfare benefits are justified in terms of reducing poverty, but their underlying imperatives are now viewed as being as inegalitarian as they were over a decade ago (Kaye et al. 2012; Hyde 2000).

5. Final considerations

This scoping review has explored the existing UK literature about disabled people's relationship with poverty. It has presented an overview of methodological complexities in relation to measuring 'disability' and measuring poverty in relation to disabled people. It has then reviewed the literature about disabled people's relationship to, and experiences of poverty, and provided a brief overview of initiatives to address the financial and other support needs of disabled people.

This is a brief summary of some of the relevant literature as it pertains to the UK. Although there is a vast literature available, there are also some notable gaps. First, disability is largely regarded as a static concept in much of the (particularly survey) literature. Buchardt (2000) argued that quantitative research on disability was largely preoccupied with differences in the circumstances of disabled people and non-disabled people, conceived as two entirely distinct and fixed populations, and this review of the literature suggests that, with some exceptions, there has been little more sophisticated analysis since then. Yet being able to distinguish between people who are temporarily impaired, those who have been disabled since childhood, and people who have more recently developed a condition which is likely to be long term is important to understand what might be very different experiences of disability and for the design and evaluation of effective policies in response to that (Burchardt 2000). Future research would do well therefore, to explore more fully the current pathways in and out of disability and the influential factors associated with this.

Secondly, as Groce et al. 2011 suggest, we need more nuanced analysis that reflects the complexities of poverty among disabled people. Compounding variables such as age, gender, rural or urban residence and being a member of a specific ethnic or minority community must be taken into consideration in order for us to understand what poverty means at the individual and household levels. In addition, we need more sophisticated analyses of the bidirectional processes in the association between poverty and disability that reflects the experiences of people who are temporarily impaired, those who have been disabled since childhood, and people who have more recently developed a long-term condition or impairment.

Third, once we have a better understanding of the heterogeneity of the disabled population and the additional costs that disabled people differentially

incur, we need to develop equivalence scales that reflect those additional costs when estimating population income patterns.

Finally, although this review has focused on poverty and disabled people in the UK, we must not forget the concerns of disabled people in the global south, whose experiences may be similar in some respects, but also very different in others. International comparisons are beyond the scope of this review, but given that the majority of disabled people live in the global south, their concerns and experiences must also be addressed.

Appendix 1: Harmonised questions for use in surveys about long-lasting health conditions, impairment and disability

The standardised questions about long lasting health conditions and illnesses (including impairment and disability) agreed for use in national surveys in 2011 by the Office for National Statistics.

1. Long-lasting illness

This question asks you about any health conditions, illnesses or impairments you may have.

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

1. Yes;
2. No.

2. Impairments

The purpose of this question is to establish the type of impairment(s) you experience currently as a result of your health condition or illness. In answering this question, you should consider whether you are affected in any of these areas whilst receiving any treatment or medication or using devices to help you such as a hearing aid for example.

Do any of these conditions or illnesses affect you in any of the following areas?

Show card and code all that apply asking the respondent to read out which apply to him/her:

1. Vision (for example blindness or partial sight)
2. Hearing (for example deafness or partial hearing)
3. Mobility (for example walking short distances or climbing stairs)
4. Dexterity (for example lifting and carrying objects, using a keyboard)
5. Learning or understanding or concentrating
6. Memory
7. Mental health
8. Stamina or breathing or fatigue
9. Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)
10. Other (please specify)

3. Activity restriction

This question asks about whether your health condition or illness currently

affects your ability to carry-out normal day-to-day activities, either a lot or a little or not at all. In answering this question, you should consider whether you are affected whilst receiving any treatment or medication for your condition or illness and/or using any devices such as a hearing aid, for example.

Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?

Running prompt:

1. Yes, a lot
2. Yes, a little
3. Not at all

Guidance can be provided about what is meant by normal day to day activities. These are washing and dressing, household cleaning, cooking, shopping for essentials, using public or private transport, walking a defined distance, climbing stairs, remembering to pay bills, and lifting objects from the ground or a work surface in the kitchen, moderate manual tasks such as gardening, gripping objects such as cutlery and hearing and speaking in a noisy room.

Guidance on interpreting extent categories are in the context of how much assistance a person needs to carry-out daily activities and whether they are house bound; Yes, a lot, for example, would be appropriate for someone usually needing some level of support of family members, friends or personal social services for most normal daily activities.

The respondents should answer on the basis of their current extent of activity restriction, taking account of any treatment, medication or other devices such as a hearing aid they may receive or use.

Statistical measure of disability

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

Coded 1 ('Yes')

AND

Does your condition or illness\do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?

Coded 1 (Yes, A Lot')

OR

Coded 2 (Yes, A Little')

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