

Poverty and Disabled Children¹

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What is Poverty?

Poverty, like evolution, is both a scientific and a moral concept. Many of the problems of measuring poverty arise because the moral and scientific concepts are often confused. In scientific terms, a person or household in Britain is 'poor' when they have both a low standard of living and a low income. They are not poor if they have a low income and a reasonable standard of living or if they have a low standard of living but a high income. Both low income and low standard of living can only be accurately measured relative to the norms of the person's or household's society.

A low standard of living is often measured by using a deprivation index (high deprivation equals a low standard of living) or by consumption expenditure (low consumption expenditure equals a low standard of living). Of these two methods, deprivation indices are more accurate since consumption expenditure is often only measured over a brief period and is obviously not independent of available income.

This 'scientific' concept of poverty can be made universally applicable by using the broader concept of resources instead of just monetary income. It can then be applied in developing countries where barter and 'income in kind' can be as important as cash income. Poverty can then be defined as the point at which resources are so seriously below those commanded by the average individual or family that the poor are, in effect, excluded from ordinary living patterns, customs and activities. As resources for any individual or family are diminished, there is a point at which there occurs a sudden withdrawal from participation in the customs and activities sanctioned by the culture. The point at which withdrawal escalates disproportionately to falling resources can be defined as the poverty line or threshold.²

There is no official government definition of poverty in Britain, however, the British Government was a signatory to the following European Commission definition of poverty which was adopted on the 19 December 1984³:

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² Townsend, P. (1979) *Poverty in the United Kingdom*, Allen Lane and Penguin Books, Harmondsworth, Middlesex and University of California Press, Berkeley; Townsend, P. (1993) *The International Analysis of Poverty*, Harvester Wheatsheaf, Milton Keynes.

³ EEC (1985) *On Specific Community Action to Combat Poverty* (Council Decision of 19 December 1984), 85/8/EEC, Official Journal of the EEC, 2/24. and see also EEC (1991) *Final Report on the Second European Poverty Programme 1985-1989*, Office for the Official Publications of the European Communities, Luxembourg.

"the poor shall be taken to mean persons, families and groups of persons whose resources (material, cultural and social) are so limited as to exclude them from the minimum acceptable way of life in the Member State in which they live."

Poverty and Disability

There has never been a British study specifically designed to measure poverty amongst disabled people. Specific poverty studies have usually been carried out on relatively small representative samples of the British population. They only include a small number of disabled people and therefore cannot be used to produce reliable figures on the effects of disability on poverty. By contrast, studies of disabled people are generally not designed to measure poverty directly, therefore, only indirect evidence is available at present.

There is a widely held belief that disability in childhood is an 'act of God'; a 'misfortune' that is just as likely to befall the rich as the poor. Indeed, this view is often strengthened by the fact that many of the voluntary organisations that care for and campaign on behalf of disabled children are run by people from the middle classes or with reasonably wealthy backgrounds. The prevalence of childhood disability is not perceived to have a social class⁴ gradient in the same manner as diseases like childhood tuberculosis.

This perception is hard to understand given the crucial effects that maternal health and nutrition are known to have on the prevalence of congenital impairment. Numerous studies have shown that women of child-bearing age are much more likely to have poor health if they are in Social Classes IV or V than if they are in Social Classes I or II⁵. The same social class gradient in women's health is observed if they are classified by their partner's social class. Given this known social class gradient in women's health, it would be expected that childhood disability would have a similar gradient. There are, however, a number of factors that might mask this effect. In particular, the risk of congenital impairment in children is known to increase with maternal age. Since middle class couples tend to have children at an older age than working class couples, this 'lifestage' effect may mask any social class gradient.

Table 1 shows the percentage of disabled children in the 1985 OPCS Disability Survey⁶ analysed by the social class of the head of household⁷. This distribution can

⁴ Social Class is often used as a proxy (indirect) indicator of poverty since numerous studies have shown that Social Class IV and V households have a much greater probability of being poor than Social Class I and II households.

⁵ Townsend, P. and Davidson, N. (1988) *Inequalities in Health: The Black Report*, 2nd edn., Penguin Books, London and Whitehead, M. (1988) *Inequalities in Health: The Health Divide*, 2nd edn., Penguin Books, London.

⁶ The OPCS Disability Surveys were the most comprehensive studies of both adults and children with disabilities ever undertaken in Britain. See Martin, J., Meltzer, H. and Elliot, D. *The prevalence of disability among adults*, Report 1, 1988, HMSO, London and Bone, M. and Meltzer, H. *The prevalence of disability among children*, Report 3, 1989, HMSO, London.

⁷ Head of household is defined as the man in a couple or the woman where the family type is lone parent.

be compared with that of all the children recorded in the 1991 Census, analysed by head of household. The 1985 OPCS Disability Survey recorded that 4.5% of all disabled children lived in households with a head in Social Class I, whereas the 1991 Census found that 7.3% of all children lived in Social Class I households. There are far fewer disabled children in Social Class I households than would be expected. By contrast, there are 1.7 times as many disabled children in Social Class V households than would be expected.

Table 1 Percentage of disabled children by social class of head of household from the 1985 OPCS Disability Survey compared with the percentage of children in the 1991 Census by social class of head of household

Social Class of Head of Household	Disabled Children (1985 OPCS Disability Survey) <i>n</i> =1,200	All Children in Households (1991 Census 10% Sample) <i>n</i> =856,520	Average Number of Children per Household (1991 Census 10% Sample)	Ratio of % of disabled children/ % of all children
	%	%	Number	Ratio %
I	4.5	7.3	0.71	0.6
II	18.4	31.3	0.66	0.6
III NM	12.3	11.5	0.55	1.1
III M	36.3	30.9	0.76	1.2
IV	20.1	14.2	0.68	1.4
V	8.2	4.7	0.65	1.7

This result must be interpreted with some caution since there was a six year gap between the OPCS Disability Survey and the 1991 Census. There are also slight differences in the definition of head of household between these two surveys.

Therefore, a second analysis was undertaken to compare the distribution of disabled children by socio-economic group (SEG) of head of household with the distribution of all children by SEG of head of household as recorded in the 1985 General Household Survey (GHS) (Table 2).

Table 2 Percentage of disabled children by SEG of head of household from the 1985 OPCS Disability Survey compared with the percentage of children in the 1985 GHS by SEG of head of household

Socio-Economic Group	Disabled Children (1985 OPCS Disability Survey) <i>n</i> =1,200	All Children in Households (1985 GHS) <i>n</i> =6,454	Average Number of Children per Household (1985 GHS) <i>n</i> =10,653	Ratio of % of disabled children/ % of all children
	%	%	Number	Ratio %
Professionals	4.5	7.2	0.82	0.63
Employers and Managers	15.5	20.1	0.68	0.77
Intermediate Non-Manual	7.6	8.9	0.52	0.85
Junior Non-Manual	7.9	8.2	0.45	0.96
Skilled Manual	37.6	35.9	0.72	1.04
Semi-skilled Manual	19.2	15.9	0.52	1.21
Unskilled Manual	7.7	3.8	0.40	2.03

There is a clear gradient in the prevalence of childhood disability by SEG of head of household. The children of unskilled manual workers are more than twice as likely to be disabled than would be expected. Expressed another way, in 1985, a child was more than three times as likely to be disabled if its father was an unskilled manual worker than if he was a professional; despite the fact that professional fathers have, on average, twice as many children as unskilled manual workers.

The Sample of Anonymised Records⁸ (SARs) from the 1991 Census can be used as a further check on the association between parental social class and the likelihood of childhood disability. The 1991 Census was the first to ask a question about limiting long term illness (LLTI). Question 12 asked if any household member had "any long-term illness, health problem or handicap" which limited work or daily activities. Although limiting long term illness and disability are very different concepts, there is a considerable degree of overlap between these two groups, particularly in younger adults and children⁹. The Individual Sample of Anonymised Records is a 2% sample (just over 1.1 million individuals) from the 1991 Census which allows tables to be produced that were not originally published from the Census. Table 3 below shows the prevalence rates of limiting long term illness in children, analysed by social class of family head and compared with the distribution of children in households that do not have a limiting long term illness, analysed by

⁸ Dale, A. and Marsh, C. (eds) (1993) *The 1991 Census User's Guide*, HMSO, London.

⁹ Forrest, R. and Gordon, D. (1993) *People and Places: A 1991 Census Atlas*. School for Advanced Urban Studies and Bristol Statistical Monitoring Unit, Bristol.

social class of family head. Once again there is a clear gradient of increasing prevalence of childhood limiting long term illness with decreasing social class of family head. There are 1.44 times as many children with a limiting long term illness in families with a head in Social Class V than would be expected. This is an almost identical figure to that shown in Table 1 despite the many differences in definitions between these two tables.

The datasets used to analyse the prevalence of childhood disability by social class and social economic group are large, comprehensive and reliable and there is little doubt that 'working class' children have a higher risk of experiencing disability than children from the 'middle and upper' classes. This factor is rarely taken into account in the allocation of resources for the provision of services for disabled children and this must compound the disadvantage of 'working' class disabled children.

Table 3 Percentage of children with a LLTI by social class of family head compared with the percentage of children without a LLTI by social class of family head from the 2% Sample of Anonymised Records of the 1991 Census

Social Class of Family Head	Children with a LLTI <i>n</i> =3,867	Children without a LLTI <i>n</i> =190,269	Ratio of % of children with a LLTI/ % of children without a LLTI
	%	%	% Ratio
I	4.2	6.7	0.63
II	22.9	29.0	0.79
III NM	12.6	12.8	0.98
III M	29.4	29.0	1.01
IV	21.3	15.3	1.39
V	7.2	5.0	1.44
Armed Forces	1.1	1.3	0.85
Inadequately Described	0.4	0.5	0.80
Not Stated	0.9	0.6	1.50

Deprivation and Disabled Children

The OPCS Disability Surveys did not set out to try to measure poverty in families with disabled children. Their main focus was on the additional costs of disability and, to a lesser extent, family income. They did, however, ask a limited sub-set of questions which had been used by Mack and Lansley¹⁰ in the *Poor Britain* survey, in 1983. This study pioneered what has been termed the 'consensual' or 'perceived deprivation' approach to measuring poverty. The methodology has since been widely adopted by other studies both in Britain and abroad.

It is possible to compare the results from the 1983 *Poor Britain* survey and the subsequent *Breadline Britain in the 1990's* survey with those from the OPCS Disability surveys. The items shown in Table 4 are those common to both sets of surveys. Table 4 shows clearly that both families with disabled children and families with children and disabled adults are all much more likely than disabled adult households to lack the necessities of life because they cannot afford them. In turn, households with disabled adults lack more necessities due to financial constraints than the average British household. The much higher levels of deprivation suffered by families with children, where either the adults or children are disabled, is very marked. For example, 35% of households with disabled children and 32% of households with children and disabled adults could not afford two pairs of all weather shoes in 1985; compared with only 9% of British households in 1983 and 4% of British households in 1990 that suffered from similar impoverishment.

It is possible to map the results from the limited sub-set of deprivation questions, asked in the OPCS Disability surveys, onto the results from the 1983 *Poor Britain* survey to yield an estimate of the percentage of households with disabled children that are 'poor', using the same threshold levels as were used in the 1983 *Poor Britain* survey. This shows that 55% of households with disabled children were likely to have been living in poverty or on the margins of poverty in 1985, using a definition that would be commonly accepted by a large majority of people.

This is an extraordinarily high level of poverty in comparison with the average British household. It seems that families with disabled children were four times more likely to be living in poverty than the average British household. This is a higher rate of poverty than any other social group. Families with disabled children are more likely to be 'poor' than lone parent households, unemployed households, households with heads in Social Class V, ethnic minority households, households with large families, etc. Families with disabled children are, arguably, 'the poorest of the poor'¹¹.

¹⁰ Mack, J. and Lansley, S. (1985) *Poor Britain*, Allen and Unwin, London.

¹¹ See Gordon, D., Parker, R. and Loughran, F. (1996) *Children with Disabilities in Private Households: A Re-Analysis of the OPCS' Investigation*, Report to the Department of Health, School for Policy Studies, University of Bristol.

Table 4 Households unable to afford a selection of consumer durables and certain items considered to be necessities by the majority of the British public in the 1983 Breadline Britain Survey by Household Type

Survey	Breadline Britain Survey 1983	OPCS Disability Survey 1985	OPCS Disability Survey 1985	OPCS Disability Survey 1985	Breadline Britain Survey 1990
Target Group	All British H'holds n=1,174	All Disabled Adults n=8,945	Disabled Adults with Children n=954	Adults with Disabled Children n=1,200	All British H'holds n=1,831
Percentage of households lacking item because they can't afford it					
	%	%	%	%	%
Warm winter coat	7	8	21	19	4
Two pairs of all weather shoes	9	15	32	35	4
Presents for friends and family once a year	5	13	15	14	5
Celebrations on special occasions eg. Christmas	4	13	13	9	4
New not second hand clothes	6	17	30	33	4
Meat or fish every other day	8	7	13	10	3
Roast joint once a week	7	12	15	14	1
Cooked meal every day	3	3	5	4	1
Toys for children	2	-	12	8	1
Money for school trips	9	-	17	10	4
Telephone*	11	14	13	23	7
Washing machine	6	9	9	6	4
Fridge	2	2	2	2	2
Video**	-	21	37	33	11

Note to the Table:

* the telephone was not considered to be a necessity by the majority of people in 1983 but it was by a small majority in 1990.

** a video was only thought to be a necessity by 13% of respondents in 1990.

Supporting evidence for the extraordinarily high levels of poverty experienced by disabled people is provided by the work of Berthoud, Lakey and McKay¹² who, using a completely different methodology, estimated that 45% of all disabled adults were living in poverty. However, it must be noted that some of the respondents (that this analysis would define as objectively living in poverty) expressed themselves 'fairly satisfied' with their standard of living. Table 5 shows that 61% of respondents in households with disabled children were either 'very' or 'fairly satisfied' with their standard of living. This compares with 75% of all British households who were satisfied with their way of life in 1983.

Table 5 Satisfaction with standard of living by Household Type

Satisfaction	All Disabled Adults 1985	Disabled Adults with Children 1985	Adults with Disabled Children 1985	All Adults Breadline Britain Survey 1983
	%	%	%	%
Very Satisfied	21	11	12	17
Fairly Satisfied	50	42	49	58
Neither	14	17	14	8
Fairly Dissatisfied	9	17	12	10
Very Dissatisfied	6	13	13	7

Income and Disability

The presence of a disabled child in the family may affect the household financially in two ways: by limiting the earning power of the parent(s) and by altering the pattern of expenditure¹³. In order to assess the effect of the extra expenses which the presence of the disabled child incurs, the amount of money coming into the house needs to be known. You can't spend what you haven't got. Just as all forms of consumption are subject to budgeting constraints, so too is the demand for disability-related items and actual expenditure on the extra costs incurred by a family with a disabled adult or child will rise as income rises.

There is a history of research which indicates that families with a disabled child have lower incomes than equivalent families¹⁴. With the exception of the work of

¹² Berthoud, R., Lakey, J. and McKay, S. *The Economic Problems of Disabled People*, (1993), Policy Studies Institute, Exeter.

¹³ Piachaud, D., Bradshaw, J. and Weale, J. (1981) The Income Effect of a Disabled Child, *Journal of Epidemiology and Community Health* 35: 123-127.

¹⁴ Baldwin, S. (1977) *Disabled Children - Counting the Costs*. The Disability Alliance, London; Piachaud, D. et al (1981) *ibid*; Baldwin, S. (1985) *The Costs of Caring: Families with Disabled Children*. Routledge & Kegan Paul, London; Smyth, M. and Robus, N. (1989) *The Financial Circumstances of Families with Disabled Children Living in Private Households*. HMSO, London; Beresford, B. (1995) *Expert Opinions*. The Policy Press, Bristol.

Piachaud *et al.*¹⁵, each of these studies has been based on selected samples of families with disabled children. The work of Piachaud *et al* was seminal in that it presented evidence from an analysis of nationally representative data from the General Household Survey (GHS) in the 1970's. More recent data are now available from the GHS which provides new evidence on the income and expenditure effects of children and adults with a limiting long-term illness in the household. Although the concepts of limiting long-term illness and disability differ, there is a considerable overlap between the two groups, particularly in children and young adults.

Table 6 details the mean gross weekly income of households with children in 1993. Three groups are shown:

- Households with no limiting long-term illness
- Households where there are one or more children (aged sixteen or less) with a limiting long-term illness (LLTI)
- Households where there are one or more adults (aged over sixteen) with a limiting long-term illness (LLTI).

In all types of two adults households with children, those which include a child with a LLTI have a lower income than those where there is no LLTI. The difference is greatest in household types consisting of two adults and four or more children. Here, households which include a child with a LLTI receive £164 a week less gross income than those not containing a child or adult with a LLTI - a difference of £8,528 each year, before the extra costs of the child's disability are taken into account. Such differences in income are largely accounted for by the difference in earnings between families with a disabled child and those without. This may be due to a number of factors. Baldwin¹⁶ found that mothers with a disabled child were less likely to be in employment than mothers in a control group and that, when they were, they worked fewer hours and earned less. Fathers' earnings were also affected, not only through lower labour force participation, but also through having their employment and promotion opportunities restricted.

¹⁵ Piachaud, D. *et al* (1981) *ibid*.

¹⁶ Baldwin, S. (1985) *ibid*.

Table 6 Mean weekly gross household income of households with children, by Household Type and the presence or not of a child or adult with a LLTI (1993)

Household Type	No Child or Adult with LLTI	Child with LLTI	Adult with LLTI	Difference in income between no Child or Adult with LLTI and Child with LLTI
<i>n=2315</i>	£	£	£	£
2 Adults & 1 Child	423	350	390	-73
2 Adults & 2 Children	437	401	388	-36
2 Adults & 3 Children	470	344	359	-126
2 Adults & 4 or more Children	417	253	345	-164
1 Adult & 1 Child	120	151	122	+31
1 Adult & 2 or more Children	134	124	124	-10

Note: Generally, the same pattern of distribution is found if the median or 5% trim figures are used instead of the mean.

Lone parent households differ from those with two parents in terms of weekly gross household income. The difference in income between those which contain a child with a LLTI and those not containing a child or adult with a LLTI is comparatively small. Lone parent households with one child with a LLTI receive a higher mean income than lone parent households with one child without a LLTI. This effect is largely explained by the high proportion of lone parents who are dependent on income received from social security benefits and who are entitled to Disability Living Allowance if they are the parents of disabled children.

The potential to spend money is partly constrained by the income available. Table 7 details findings from the 1993 GHS which reveal the proportion of all households with children who are without a variety of consumer durables, compared with the proportion of comparative households which contain a child or adult with a LLTI.

Table 7 Percentage of all households with children in the GHS who are without selected consumer durables compared with the percentage of comparative households with a child or adult with a LLTI (1993)

Consumer Durables	All Households with Children in GHS n=2,451	Households with Children with LLTI n=284	Households with Adults with LLTI n=581
	%	%	%
Colour Television	2	3	3
Washing Machine	2	2	2
Deep Freeze/Fridge Freezer	5	7	8
Video	8	11	9
Telephone	13	15	14
Car	23	35	27
Microwave	25	28	27
Tumble Drier	34	31	34
Compact Disc Player	51	59	53
Home Computer	59	55	58
Dishwasher	78	84	81

In the case of almost every consumer durable considered, households containing a child or adult with a LLTI are more likely to lack an item. The difference is greatest when households with a child with a LLTI are compared with all households with children. Table 7 shows that, in 1993, 23% of all households with children were without a car. However, this figure rises to 27% of households containing an adult with a LLTI and 35% of households containing a child with a LLTI. Although a car was not judged to be an essential item by the majority of the British public in the Breadline Britain Survey, for families with a disabled child, a car is often a necessity rather than a luxury. Glendinning¹⁷, for example, quotes one mother who stressed that if it was not for her disabled daughter they would not have a car but that, so essential did she consider it, she would "give everything else up" before she gave up the car (p.67). Further, the OPCS Survey of Disability reported how the use of public transport decreased as the severity of the child's disability increased and that families with a severely disabled child were dependent on transport in a private car or taxi or that provided by voluntary organisations, education or health authorities or Social Services¹⁸. Similarly, a washing machine or

tumble drier are often regarded by parents of disabled children to be indispensable necessities rather than extravagant luxuries¹⁹ and some of the most frequent applications to the Family Fund are for washing machines, spin driers and tumble driers. Table 7 shows that the percentage of households without a washing machine is the same - 2% - irrespective of whether the household contains a child or adult with a LLTI but that the percentage of households who do not own a tumble drier is less where the household contains a child with a LLTI than in all other households with children. The only other consumer durable which households with an adult or child with a LLTI more frequently report owning is that of a home computer. Although this may seem surprising, the relatively high computer ownership may be due to the number of disabled children and adults who rely on computers as items of essential equipment, to aid their communication or enhance their development.

The GHS does not provide details of the extra financial costs which disabled people incur because of their disability, such as the cost of special equipment, extra heating or clothing, individual transport, or for cleaning, cooking or personal care services. Attempts to gauge these extra costs are methodologically fraught with difficulty. In Britain, direct questions about extra costs in the OPCS Survey of Disability estimated an average of £6.10 per week for disabled adults²⁰ and £7.65 per week for families with a disabled child (1985 prices) but two smaller scale studies by the Disablement Income Group found the extra costs of disablement to be up to seven times this amount²¹. Reanalyses of the OPCS data by Berthoud *et al*, taking into account the severity of the disability, income and standard of living, concluded the extra costs of disability for adults amounted to over three times the OPCS figures, at an average of £19.70 per week, at 1985 prices²². The authors did not analyse the OPCS data on families with a disabled child similarly.

Conclusions

None of the specifically designed poverty surveys in Britain have had a sufficiently large sample size to provide direct evidence on the levels of poverty experienced by households with disabled children. However, all the indirect evidence available indicates that as a group these households are amongst the 'poorest of the poor'.

¹⁹ Glendinning, C. (1983) *ibid*.

²⁰ Martin, J. and White, A. (1988) *The Financial Circumstances of Disabled Adults Living in Private Households*. HMSO, London.

²¹ Disability Income Group (1988) *Not the OPCS Survey: being disabled costs more than they said*. DIG, London; Disability Income Group (1990) *Short-changed by Disability* DIG, London.

²² Berthoud, R., Lakey, J. and McKay, S. (1993) *ibid*.

¹⁷ Glendinning, C. (1983) *Unshared Care: Parents and their Disabled Children* Routledge & Kegan Paul, London.

¹⁸ Meltzer, H., Smyth, M. and Robus, N. (1989) *Disabled Children: Services, Transport and Education* HMSO, London.