

HEALTH AND SOCIAL WELLBEING: HOUSEHOLDS WITH ONE OR MORE DISABLED MEMBERS

Issue/Problem	Level of income of households containing one or more disabled people
Evidence Base (Equality & Inequalities Report)	<p>Households with one or more disabled members are more likely to be living in poverty. Over half (56%) of households that contained one or more disabled people live in poverty compared to 29% of households living in poverty who have no one with a disability.</p> <p><i>Ref: Hillyard et al (2003) cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:125).</i></p>
Evidence Base (Literature Review)	<p>Disability can be both a cause and a consequence of poverty. Disabled people experience additional costs in most areas of everyday life, from major expenditure on equipment essential for independence, to ongoing higher expenses for food, clothing, transport, fuel and power, personal care and recreation¹. This can be profoundly more expensive for households with more than one person with a disability, and more difficult still for households with people in households where more than one person has multiple or severe disabilities.</p> <p>Smith et al (2004) suggest that the lack of information about disabled people's living costs mean that levels of nationally provided financial benefits and local services are determined using limited evidence. They further suggest that certain state benefits are meant to offset, at least partially, the additional costs associated with disability, but the extent to which these benefits meet additional needs and costs is unknown².</p> <p>Many disabled people are unable to break the cycle of poverty as they are unable to enter employment because of the nature of their impairment or fear of losing out on benefits. Those disabled people who do find employment are more likely to be in low-income jobs. Given the strong association between education and employment opportunity, disabled people are less likely than non-disabled people to have education qualifications³. This is especially true of disabled women who are less likely to participate in higher education than disabled men and are less likely to be in paid employment in</p>

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comparison to disabled men and non-disabled women⁴.

A study commissioned by the Joseph Rowntree Foundation exploring the costs of bringing up a disabled child with severe disability suggested that parents of disabled children can spend up to twice as much on items as parents of non-disabled children⁵. Research into families with more than one severely disabled child suggest that these families are: more than likely headed by a single parent; parents are less likely to be in employment; parents are more likely to be in semi-or unskilled manual jobs; parents are more likely to have a disability themselves; and, are less likely to have support networks such as family and friends⁶. Research evidence further suggests that accessing support and services is particularly complex for families with two or more children with disabilities⁷.

Research identifies a variety of barriers to the take-up of financial benefits. These include ignorance of the benefits system, the complexity of the benefits system and the claiming process, the stigma attached to benefit receipt, the difficulty with self-identification of eligibility to benefits, and the absence of networks to inform potential customers on benefit entitlements⁸. A simplification of, and an increased knowledge in regards to the benefits system may be particularly beneficial for households with one or more people with a disability.

Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

The “[towards an anti poverty strategy](#)” consultation document acknowledges that poverty continues to be concentrated among certain groups, such as families which contain one or more people with a disability. The consultation document sets out a number of targets to reduce the proportion of people with a disability living in poverty.

[A Healthier Future](#) (the new 20 year regional strategy for health and social services) sets out plans for the establishment of a [DHSSPS Disability Task Force](#) to develop recommendations for people with physical and sensory disabilities. Issues to be considered by the task force include housing and accommodation options, aids and adaptations, encouraging the uptake of direct payments and interagency co-operation. It is possible that the task force may consider the complex needs of households with more than one member with a disability.

Community Health and Social Services Trusts provide a [range of services and support](#) for people with disabilities and their carers including meals on wheels, home help, domiciliary support, short term care, day centres, rehabilitation services, respite care. Care recipients needs are assessed through [community care assessments](#) and carers needs through [carer's assessments](#).

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The [Social Security Agency](#) provides a range of benefits for disabled people and their carers, e.g. income support, attendance allowance, disability living allowance, carers allowance, grants for aids and adaptations, Direct Payments Scheme, Working Tax Credit and help with health costs such as prescriptions. The Agency has a Disability and Carers Service (D&CS) which provides financial support, advice and guidance to both carers and people with disabilities. As part of the Service Delivery Plan the Agency is working towards providing a network of Local Benefit Advisers. Steps have already been taken to improve benefits access for people affected by cancer in Northern Ireland⁹. The Agency’s [Benefit Take-Up Strategy 2004-2005](#) aims to ensure that people with disabilities and carers receive the appropriate financial assistance that they are entitled to. A series of information leaflets and guides targeted at carers and people with disabilities have also been produced.

To facilitate the planning of services, Trusts are required under the Children Order to establish and maintain a register of children with a disability within their area. A steering group with multi-disciplinary representation from each of the four Boards was set up to manage the Children with a [Disability Register Project](#). In recognition of the difficulties faced by many children with a disability in accessing the range of services they need, Executive Programme funding of £1.5m was made available in 2001 for a period of 3 years to pilot the [Wraparound](#) project for disabled children in the Southern Board. The pilot scheme offers a ‘one stop’ multi-disciplinary service including medical and social care, respite and early years support for disabled children and their families¹⁰.

The development of a [Strategy for Children in Need](#) is currently underway. Its purpose is to provide a coherent approach to the provision of services for children in need and will complement the broader OFMDFM-led [Strategy for Children and Young People](#). The outcome of the DHSSPS Strategy for Children in Need may provide service enhancements for families containing one or more disabled children.

Is the problem amenable to further intervention by the DHSSPS or other?

Households with two or more people with disabilities may take different forms. Such families could, for example, consist of two or more children with disabilities; two or more adults with disabilities; an adult and a child with a disability; a young person and an older person with a disability etc. The level of need in the households may be determined by the type of disability (e.g. physical, sensory, learning disability and/or mental illness) and level of severity. Therefore, interventions may need to be tailored to each household’s particular needs.

A partnership approach is essential for meeting the complex needs

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of households with more than one member with a disability. Any intervention will clearly require an interdepartmental, multi-disciplinary and multi-agency approach.

Outlined below are a number of interventions relating to households with more than one disabled child. Similar interventions for other types of households with one or more disabled people (e.g. a household with two disabled older people) will need to be explored.

Interventions - households with more than one disabled child

Research indicates that families with two or more disabled children require¹¹:

- A whole family approach to assessing and reviewing support needs.
- A key professional who negotiates on a family's behalf.
- Co-ordinated care packages.
- Co-ordinated appointments and visits.
- Flexible and reliable support.
- Support at the busiest times of the family day (e.g. before and after school).
- Support that fits around family routines.
- Contingency plans to provide support in emergencies.
- More options to access leisure and short breaks.

The Council for Disabled Children make the following recommendations for tackling the problem of poverty in families with disabled children¹²:

- Availability and costs of appropriate childcare is a major barrier to paid employment for parents of disabled children. Consideration should be given towards developing a national childcare strategy for disabled children which will build upon existing initiatives such as Sure Start.
- Improve awareness and the take-up of existing benefits such as Child Tax Credits (CTC) and Working Tax Credits (WTC). Monitor the take-up of such benefits to ensure that parents of disabled children are applying successfully.
- Monitor the levels of CTC, WTC and Disability Living Allowance to ensure that they are sufficient to take account of the current cost of disability.
- Consider the feasibility of extending existing premiums to families with disabled children (e.g. winter fuel payments).

The [Strategy Development Paper](#) for the [DHSSPS Strategy for Children in Need](#) also reinforces the need for a multi-disciplinary approach to the needs of disabled children. The paper states that:

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- In some Boards and Trusts the provision of services to disabled children is dispersed across several programmes of care, including the adult programmes. Needs assessment and strategic planning can therefore be particularly complex. Furthermore, for children with more complex needs, the interface between social care, health and allied health professional services must be considered in addressing the needs of the individual child as well within strategic planning initiatives.

¹ Smith, N., Middleton, S., Ashton-Brooks, K., Cox, L. & Dobson, L. (2004) *Disabled People's Costs of Living: "More than you would think"*. York: Joseph Rowntree Foundation.

² Ibid

³ Ibid

⁴ Equality Commission for Northern Ireland (2003) *Disabled Women in Northern Ireland: Situation, Experiences and Identity*. Belfast: Equality Commission for Northern Ireland.

⁵ Dobson, B., Middleton, S. & Beardsworth, A. (2001) *The impact of childhood disability on family life*. York: Joseph Rowntree Foundation.

⁶ Lawton, D. (1998) *Complex numbers: Families with more than one disabled child*. York: Joseph Rowntree Foundation.

⁷ Ibid.

⁸ Social Security Agency (2004) *Benefit Take-Up Strategy 2004-2005*.

<http://www.ssani.gov.uk/publications/Benefit%20Take-up%20%2004%2005.pdf>

⁹ Ibid.

¹⁰ DHSSPS (2003) *DHSSPS Strategy for Children in Need: Developing the Strategy*. Belfast: DHSSPS.

¹¹ Tozer, R. (1999) *Supporting families with two or more severely disabled children*. York: Joseph Rowntree Foundation.

¹² Council for Disabled Children. *Disabled Children, Their Families and Child Poverty*. Briefing Paper.

[http://www.ecpc.org.uk/downloads/Child%20Poverty%20and%20Disability\(A4\).pdf](http://www.ecpc.org.uk/downloads/Child%20Poverty%20and%20Disability(A4).pdf)