Childhood disablement and family incomes

SALLY BALDWIN, CHRISTINE GODFREY, AND FRANCIS STADEN

From the Social Policy Research Unit, University of York, Heslington, York YO1 5DD, UK

SUMMARY Data on the incomes of families with a severely disable child were obtained by replicating the Family Expenditure Survey. These data were compared with income data from a control group of families with children, drawn from the FES for the same period. The participation rates, hours, and earnings of the women with a disabled child were all found to be substantially lower than those of women in the control group, differences between the samples increasing with the age of the youngest child. The earnings of men with a disabled child were also lower than those of men in the control group, though differences were more pronounced among non-manual workers. Loss of parental earnings was not made good by social security benefits paid on account of disablement. In general the incomes of the families with a disabled child were lower than those of the control families, the magnitude of the differences increasing with family income and the age of the youngest child. Nevertheless, one group of families with a disabled child—manual workers whose youngest child was under 5—had slightly higher incomes than similar families in the control group.

It is intuitively plausible that illness or disablement in a child may affect the family’s economic functioning, both by altering the employment patterns and earnings of parents and by creating special demands on the family’s income. Children with disabilities are more likely to need the continual presence of a parent—for care and supervision and for contact with hospitals, schools, and other health and welfare agencies. Moreover transport, housing, clothing, and diet may be more expensive for children with disabilities.

Families with a disabled child themselves claim, almost invariably, that such financial consequences follow from the condition. Some uncertainty has remained, however, as to whether these intuitively plausible financial effects do generally occur and as to their magnitude. Most previous studies have found both women’s and men’s employment patterns to be adversely affected by disablement in a child, but a recent analysis of data from the 1974 General Household Survey (GHS) by Piachaud et al cast considerable doubt on the hypothesis that disablement in a child is typically associated with loss of parental earnings. That analysis did not find “a clear-cut dramatic effect on parents’ paid work and incomes.” Indeed, in larger families, moderate or severe disablement was associated with higher participation rates and hours of work among women.

This continuing uncertainty, and the weight that attaches to the findings of Piachaud et al, despite their study’s small sample of children with disabilities, stems from methodological weaknesses in previous studies. Measuring accurately the financial effect of disablement poses considerable methodological problems. It may be done subjectively, by asking the families concerned to estimate any losses of income or extra costs; or objectively, by comparing income and expenditure data from similar families without a disabled child. Neither method is perfect. Subjective data are unreliable. Comparative data are more reliable but often difficult to interpret. Most studies of this topic have relied on subjective data. With the exception of the analysis of Piachaud et al no detailed comparative data on men’s or women’s hours of work or earnings or on family incomes have been produced. The present paper reports the findings of a study designed to overcome the methodological weakness of previous studies.

Methods, design of study, and sample

ORIGIN

The present study was commissioned by the Department of Health and Social Security as part of a programme of research on disabled children stemming from a commitment in the 1974 White Paper on social security provision for people with chronic disabilities. Its brief was to establish whether, and how generally, severe disablement in a child affected families’ finances, to quantify any such effects, and to provide information relevant to the formulation of criteria for new or increased cash...
How representative is the sample of severely disabled children chosen for the thalidomide trial of the general population of severely disabled children? The Family Fund register was used to identify severely disabled children for use in the trial of the thalidomide treatment. The sample was drawn from the register of applicants for the Family Fund and was designed to be representative of severely disabled children in Britain. The sample was compared with a control group of families with children who had been randomly selected from the Family Expenditure Survey (FES) sample.

**Design**

It was decided that both comparative and subjective data should be collected. The study contained three discrete elements:

1. A comparison of incomes and expenditure patterns for families with and without a disabled child.
2. A supplementary survey of the families with a disabled child.
3. A case study.

**Sampling frames**

The FES is a continuous government survey providing annual information on the incomes and expenditure patterns of a representative sample of private households in Britain. FES, which is described in detail in the survey handbook by its originator W F F Kemlesley, has an effective sample in the region of 7000 households. It has two elements: an interview in which details of income and certain regular expenditures are collected and, secondly, a diary record of all household expenditure in the 14 days after the interview.

The Family Fund was set up in 1973 in the wake of the thalidomide crisis to help families with a severely disabled child. Its revenue comes from central government but is administered by the Joseph Rowntree Memorial Trust at York. In the absence of representative information on the general population of severely disabled children it is not possible to know how representative Family Fund applicants are of the population. The Family Fund register was, however, the largest available sampling frame for severely disabled children at the time of the study (containing information on over 40 000 children). All the children in the present study satisfied the Family Fund criteria of severe disablement. In the course of the study additional detailed information on each child’s condition, including disease or disorder, disabilities, and handicaps, was collected from parents.

**Sample cover and size**

To reduce variation due to factors other than disablement the sample of families with a disabled child was matched to the FES sample at the design stage on regional distribution and the timing of fieldwork. Further matching was carried out in the analysis. The cover of both samples was limited to single tax unit families containing two parents and a maximum of three dependent children. The final sample of families with a disabled child was 480, response to our replication of FES being in the region of 78%. The FES control group numbered 697. For both samples, however, information on income from self employment was discovered to be unreliable. Families where the head of household’s main source of income was from self employment were therefore excluded from the analysis. This left an effective sample of 438 families with a disabled child and 640 FES control families.

**Results**

The most important components of income—earnings and social security payments—are examined separately. Differences in participation rates, hours of work, and earnings are examined in relation to women and subsequently to men. Consideration is then given to the part played by disability benefits in making good any loss of earnings. Finally, to assess the final impact of the child’s disablement, families’ total incomes are compared.

**Women’s paid work and earnings**

The participation in the labour force of women with children has increased dramatically in recent years and a substantial body of evidence now points to the importance of their earnings for families’ economic welfare. Women, however, remain the principal source of care for ill or dependent family members. It might be hypothesised, therefore, that severe disablement would impose...
disability in children would be associated with reduced participation in the labour force by their mothers.

Table 1 shows, in contrast to the findings of Piachaud et al,¹ that the employment patterns of this sample of women with a disabled child were strikingly different from those of the women in the FES control. Of the women with a disabled child, 33.3%, as opposed to 58.8% of the control group, were in paid work at the time of the survey. When women with a disabled child did go out to work they worked on average 3.3 hours a week less and earned an average of £7.20 a week less than employed women in the control group.

As well as directly affecting earnings, the shorter hours worked by women with a disabled child can indirectly affect their employment conditions and earnings potential. Restriction to part-time working is likely to lead to lower hourly rates of pay, worse career prospects, and less job security.¹² This study found that when the youngest child in the family was 11 years or over, 14.7% of the women with a disabled child who were in paid employment worked full time, as against 42.7% of the women in the control.

Women's participation in the labour force is known to be strongly influenced by the age of their youngest child; those with preschool children are much less likely to be in paid employment, and participation rates accelerate as children grow older.¹³ Table 1 shows that, whatever the age of their youngest child, more women in the control group were in paid employment. These women were working more hours and earning more than employed women with a disabled child. Differences in employment patterns between the two groups increased considerably, however, with the age of their youngest child. Differences between them were most pronounced when the youngest child in the family was 11 years or over, when 86.4% of the women in the FES control group, as against 44.0% of the women with a disabled child, were in paid employment. At this stage the women in the control group worked on average eight hours a week more than the women with a disabled child. Their average weekly earnings were £16.30 higher.

Piachaud et al in their analysis found some evidence that for families with a disabled child, women's labour force participation increased with family size, there being no evidence of such a relationship for other General Household Survey families.³ The present study provided only limited support for this finding, though since it was restricted to families with three or fewer children the figures are not directly comparable. Slightly more of those families with a disabled child and two other children had women in paid employment than families with fewer children. The difference, however, was small.

Table 1 is not directly comparable with the results of Piachaud et al as families with children under 6 years are included. To allow a more accurate comparison, families with children under 5 years were excluded and participation rates recalculated. On this basis there was no evidence of labour force participation increasing with family size among the women with a disabled child.

Clearly, the labour force participation of this sample of women with disabled children was very different from that of women in the FES control.

**MEN'S PAID WORK AND EARNINGS**

It is intrinsically more difficult to predict the effect of disablement in a child on men's employment. It could be hypothesised that men with a disabled child would seek to increase their earnings to compensate for the loss or reduction of women's earnings and possibly also to meet any extra expenses arising from
A alternative hypothesis is also possible. Several aspects of disablement in a child may restrict men's earning capacity. Some children may be too dependent or difficult for one person to cope with unaided. Some men may choose to sacrifice career prospects to become more involved in the child's upbringing; others may find promotion delayed because they are unwilling to move away from special medical or educational facilities or from supportive family or neighbourhood networks.

To test these hypotheses we would ideally wish to compare the earnings of men with a disabled child with those we would expect of a man of the same age and qualifications without a disabled child. Ideally, too, the earnings data would allow both regular and intermittent earnings loss to be identified. Unfortunately, the present study did not collect information on the educational attainment of the men with a disabled child, which is of critical importance in predicting earnings.14 It was not possible, therefore, to estimate the longer term effect of the child's disablement on these men's earnings, careers, or occupational choices. The occupational structures of the two samples differed, the families with a disabled child having a higher proportion of manual workers. In the absence, however, of reliable information on the general population of children with disabilities we cannot know whether these differences in occupational structure reflect class differences in the incidence of disablement, effects of disablement on men's careers, or bias in the sampling frame. Consequently the comparisons that follow relate only to the participation rates of the men in the two samples and to their normal hours and earnings in their current employment. To control for the samples' different occupational structures, data are presented separately for non-manual and manual workers and for individual occupation groups (table 2).

There was little difference in participation rates. The largest difference occurred among unskilled manual workers, the participation rates of the men with a disabled child and the men in the control being 76.2% and 90.0% respectively. The numbers of men involved were, however, small.

Data on hours worked including regular overtime are more meaningful for manual than non-manual work, where the hours formally required by the job need not be a reliable indication of hours actually worked. Only among unskilled manual workers was it true that the men with a disabled child worked fewer hours than their FES counterparts. The hours worked by skilled manual men with a disabled child were virtually the same as those of similar men in the control. Semiskilled manual workers with a disabled child worked on average 1.9 hours a week more. This difference not in itself large, is interestingly linked with a lower average earnings figure for this group relative to FES men in similar occupations.

In general the earnings of manual workers with a disabled child were similar to those of manual workers in the control group; non-manual workers with a disabled child earned on average £18.00 a week less than their FES counterparts. This general pattern was not consistent when the earnings of men in individual occupation groups were considered. Among the non-manual workers the earnings of the men with disabled children were lower than those of men in the control group in all but one occupation group. The largest difference observed was between administrative and managerial workers, where the average earnings of the men with a disabled child

### Table 2 Characteristics of men's paid employment

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Employed (%)</th>
<th>Mean weekly hours</th>
<th>Mean weekly earnings (£)</th>
<th>No of employed men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Families with a disabled child</td>
<td>FES control group</td>
<td>Families with a disabled child</td>
<td>FES control group</td>
</tr>
<tr>
<td>All</td>
<td>92.0</td>
<td>94.5</td>
<td>44.4</td>
<td>43.8</td>
</tr>
<tr>
<td>Non-manual work</td>
<td>98.0</td>
<td>98.7</td>
<td>40.4</td>
<td>41.9</td>
</tr>
<tr>
<td>Manual work</td>
<td>92.7</td>
<td>93.8</td>
<td>45.7</td>
<td>45.0</td>
</tr>
<tr>
<td>Occupation group:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional/technical workers</td>
<td>100.0</td>
<td>98.9</td>
<td>38.0</td>
<td>42.1</td>
</tr>
<tr>
<td>Administrative/managerial workers</td>
<td>100.0</td>
<td>98.9</td>
<td>44.1</td>
<td>43.2</td>
</tr>
<tr>
<td>Teachers</td>
<td>100.0</td>
<td>100.0</td>
<td>39.3</td>
<td>37.9</td>
</tr>
<tr>
<td>Clerical workers</td>
<td>94.1</td>
<td>96.8</td>
<td>38.9</td>
<td>41.5</td>
</tr>
<tr>
<td>Shop workers</td>
<td>100.0</td>
<td>100.0</td>
<td>41.3</td>
<td>38.8</td>
</tr>
<tr>
<td>Skilled manual workers</td>
<td>94.5</td>
<td>96.3</td>
<td>45.4</td>
<td>45.0</td>
</tr>
<tr>
<td>Semiskilled manual workers</td>
<td>92.6</td>
<td>89.7</td>
<td>46.4</td>
<td>44.5</td>
</tr>
<tr>
<td>Unskilled manual workers</td>
<td>76.2</td>
<td>90.0</td>
<td>43.7</td>
<td>47.6</td>
</tr>
</tbody>
</table>

Base: All non-self employed men.

*Participating men are defined as those who were employed in the survey period.

†Calculations are based on only those employees for whom information on both hours and earnings was recorded in the survey period.
Disability scores were £41.10 a week less than those of men in that occupation group in the FES control. The exception to this general pattern occurred among men in clerical occupations. Here men with a disabled child earned on average £7.00 a week more than FES clerical workers. It seems likely that some of these higher earning clerical workers may have missed promotion to administrative and managerial positions because of the child’s disablement, remaining at the top of their own salary grades. This surmise was supported by the subjective reports of the men with disabled children: 22% of men in non-manual occupations said that their careers and promotion prospects had been adversely affected. The earnings of skilled and semiskilled manual workers in the two samples were almost identical—despite the slightly longer hours worked by the semiskilled men with a disabled child. Unskilled manual workers, in contrast, earned on average £9.00 a week less than similar men in the FES control.

These findings suggest that severe disablement in a child is likely to have a much greater effect on the regular earnings of men in non-manual than in manual occupations. Sporadic earnings loss was not measured. No account has been taken, therefore, of earnings lost by manual workers whose work is intermittently disrupted. Nor, as we have seen, could longer term effects on men’s earnings or occupational choice be assessed. The findings yielded by the present study cannot, therefore, be regarded as furnishing conclusive evidence of the effects of disablement in a child on men’s earnings. Clearly, however, these findings give little support to the hypothesis that men with a disabled child increase their earnings to compensate for lower earnings by women.

**Disability Benefits**

The social security benefits provided on account of disablement may be an important additional source of income for families with a disabled child. A maximum amount of £21 a week in disability benefits was available at the time of this study: £14 for the higher rate of attendance allowance and £7 for mobility allowance.

Not all the families with a disabled child received this theoretical maximum. Table 3 shows that only about a quarter of families received the full £21.00. About a third received only the lower rate of attendance allowance, then worth £9.30 a week, while 4.3% received nothing at all in disability benefits.

Where any disability benefit was received there appeared to be no clear relationship between the amount received and the severity of disablement.* As table 3 shows, children who received no disability benefits were considerably less disabled than the rest of the sample taken together. There was not, however, a pronounced difference in the severity of disablement of children receiving no disability benefits and those receiving lower rate attendance and mobility allowances. Mobility allowance appeared to be a source of inequity among the most severely disabled children. Children severely disabled enough to qualify for the higher rate of attendance allowance received £7 a week less than those who, though no more severely disabled, were eligible for mobility allowance in addition to their attendance allowances.

It should be emphasised that the purpose of these benefits is not to compensate for loss of parental earnings but to help with the special expenses arising from disablement. Mobility allowance was designed to help with the higher transport costs of people unable to walk. The purpose of attendance allowance is less clear but it is probably meant to compensate generally for the costs of disablement. In the analysis of family incomes presented below, both benefits

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*Information was collected on the presence and severity of disability in relation to 11 key functions: mobility, use of hands, sight, hearing, speech, continence, mental ability, fits, (hyper)activity, susceptibility to trauma, and the presence of severe pain. On each of these, children were assessed as unaffected, moderately or severely disabled, and scores of 0, 1, and 2 were assigned as appropriate. Each child’s overall disability “score” was the sum of the individual disability ratings.

**Table 3 Severity of child’s disablement by disability benefits received**

<table>
<thead>
<tr>
<th>Disability benefits</th>
<th>Value per week (£)</th>
<th>Families in receipt (%)</th>
<th>Mean severity of disability score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher rate attendance and mobility allowances</td>
<td>21-00</td>
<td>24-9</td>
<td>9-0</td>
</tr>
<tr>
<td>Lower rate attendance and mobility allowances</td>
<td>16-30</td>
<td>10-7</td>
<td>6-4</td>
</tr>
<tr>
<td>Higher rate attendance allowance only</td>
<td>14-00</td>
<td>27-2</td>
<td>9-2</td>
</tr>
<tr>
<td>Lower rate attendance allowance only</td>
<td>9-30</td>
<td>32-6</td>
<td>7-1</td>
</tr>
<tr>
<td>Mobility allowance only</td>
<td>7-00</td>
<td>0-2</td>
<td>10-0</td>
</tr>
<tr>
<td>No disability benefits</td>
<td></td>
<td>4-3</td>
<td>5-2</td>
</tr>
<tr>
<td>Base = No of families</td>
<td></td>
<td>All</td>
<td>8-0</td>
</tr>
</tbody>
</table>

Base: All families of non-self employed men.

Disability scores are calculated only for children of 4 years and over as disabilities are recorded only for children over the age by which children would normally be independent in a given function—for example, walking or toileting.
have been included in income. They might justifiably have been excluded as not available for general family spending. They were included because there is evidence that these benefits are not invariably and exclusively allocated to the child’s special needs. It remains true, however, that they were designed, and partly function, as expenses benefits.

**Family Incomes**

A family’s total income is the product of a complex set of decisions about the allocation of time, influenced among other things by the earnings potential of adults, the domestic work required to keep the family functioning, and the availability of income from other sources such as social security transfers and savings. Clearly, severe disablement in a child, with the heavier caring task involved and the availability of disability benefits, may alter both parental work strategies and the family’s total income.

Table 4 shows, for both samples, gross family income (income from all sources before the deduction of tax and national insurance) and its sources. Large differences existed between these two samples in the proportions of income derived from earnings and social security transfers. For both non-manual and manual families with a disabled child, earnings formed a much smaller, and social security transfers a much larger, proportion of income than for the equivalent FES groups.

Table 4 also shows that the effect of the child’s disablement on family incomes differed for non-manual and manual families. The average gross income of the non-manual families with a disabled child was £15.50 a week less than that of FES non-manual families; that of manual families £4.30 a week more. When the distributions of gross family incomes were compared the incomes of the manual families were found to be similar in range. The income distribution of the non-manual families with a disabled child was very different from that of the FES non-manual families, being more compressed and having a much smaller proportion of families in the highest income ranges. Overall, then, these average family income figures suggested that when disability benefits were included in income the poorer, manual, families with a disabled child had slightly higher incomes than similar control families. The more prosperous, non-manual, families with a disabled child were substantially worse off than their FES peers and much less likely to achieve the highest incomes found among this group.

In view of the pronounced differences found in relation to women’s employment patterns at different stages of the family life cycle, families’ gross incomes were examined to see whether the differences in average incomes shown in table 4 concealed similar life cycle differences in family incomes.

The figure, which shows gross family income by the age of the youngest child, confirms the existence of life cycle differences in the incomes of the families with and without a disabled child and further highlights differences between the families with disabled children and the FES control. For both non-manual and manual control families the lower quartile, median, and upper quartile of gross incomes rise with the age of the youngest child. This pattern is not exhibited by the families with a disabled child. Among non-manual families with a disabled child

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**Table 4 Gross family income and its components**

<table>
<thead>
<tr>
<th>Family type and gross family income components</th>
<th>Families with a disabled child</th>
<th>FES control group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean weekly income (£)</td>
<td>% of gross income over all families</td>
</tr>
<tr>
<td><strong>Non-manual families:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross family income composed of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earned contribution</td>
<td>126.2</td>
<td>100</td>
</tr>
<tr>
<td>Social security transfers</td>
<td>98.7</td>
<td>78.3</td>
</tr>
<tr>
<td>Disability benefits</td>
<td>18.3</td>
<td>14.5</td>
</tr>
<tr>
<td>Other benefits</td>
<td>13.6</td>
<td>10.7</td>
</tr>
<tr>
<td>Imputed income</td>
<td>4.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Other income</td>
<td>7.9</td>
<td>6.2</td>
</tr>
<tr>
<td></td>
<td>1.2</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Manual families:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross family income composed of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earned contribution</td>
<td>106.9</td>
<td>100</td>
</tr>
<tr>
<td>Social security transfers</td>
<td>81.9</td>
<td>76.7</td>
</tr>
<tr>
<td>Disability benefits</td>
<td>20.9</td>
<td>19.5</td>
</tr>
<tr>
<td>Other benefits</td>
<td>13.8</td>
<td>12.9</td>
</tr>
<tr>
<td>Imputed income</td>
<td>7.1</td>
<td>6.6</td>
</tr>
<tr>
<td>Other income</td>
<td>3.7</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td>0.4</td>
<td>0.4</td>
</tr>
</tbody>
</table>
there is virtually no progression in family incomes as children grow up. Indeed, the median income of the families whose children are all 11 or over is lower than that of families whose youngest child is under 5. Differences between these families' incomes and those of non-manual families in the control are large and increase dramatically as children grow up—from a difference of £11·00 a week in average family income when the youngest child in the family is under 5 years to a difference of £46·40 a week when the youngest child is 11 or over.

Among manual families differences in family incomes are smaller and the life cycle effect less obvious. It emerges clearly from the figure, however, that the financial "advantage" of manual families with a disabled child is confined to families whose youngest child is under 5. As is well known from research on poverty, the absence of women's earnings when children are very young means that such families have a high probability of being very poor. The relatively higher incomes of the manual families with disabled children at this stage are due, presumably, to the payment of attendance allowances from the age of 2.

INCOMES RELATIVE TO NEED
The standard of living afforded by a given level of income depends on the number and ages of the people it has to support. To control for differences in the number and ages of children in our two samples, each family's income was expressed as a proportion of the supplementary benefit entitlement of a family of that composition. (Income for this purpose is gross income minus tax and national insurance contributions and regular housing costs.)

Comparing income relative to need in this way, inclusive of disability benefits, confirmed the picture that had previously emerged from the comparison of unadjusted gross incomes. The average disposable incomes of non-manual families with a disabled child were invariably lower than those of FES non-manual families, the largest difference occurring when the youngest child was aged 11 to 16 years. Among families with a manual head the disposable incomes of the two groups were similar when the youngest child was under 5; however, the families with a disabled child increasingly fell behind as the age of the youngest child increased.

When disability benefits are excluded from income, as they would be for a supplementary benefit assessment, important changes in this general picture emerge (see table 5). Among non-manual families with a disabled child, disposable incomes are again invariably lower and the gap is widest when the youngest child is between 11 and 16. The differences between the samples, however, are much larger. The effect of excluding disability benefits is particularly pronounced when the youngest child is under 5 or between 11 and 16. For these families excluding disability benefits approximately doubles the difference between families with a disabled child and the control. Among manual families the exclusion of disability benefits creates a striking disparity between the disposable incomes of the families with a disabled child and the control. The apparent advantage of the families with a disabled child whose youngest child is under 5 completely disappears, though the pattern of differences increasing with the age of the youngest child remains.

Discussion
The results presented above indicate that severe disablement in a child had a strong adverse effect on the incomes of the families in this sample, the magnitude of the effect increasing with the family's income and the age of the youngest child.

Both parents' earnings were found to be affected. Women with a disabled child were less likely than women in the control group to be in paid employment; when they were, they worked fewer hours. These differences were not affected by the number of children in the family. Differences in the participation rates and earnings of the women in the two samples increased considerably with the age of the youngest child in the family.
Findings in relation to men's employment were less clear cut. The regular earnings of men in most non-manual occupations with a disabled child were affected and their loss of earnings was substantial. Among manual workers there was no evidence of a pronounced difference in the regular earnings of skilled and semi-skilled men with a disabled child, who made up the great majority of manual workers. It was not possible to ascertain whether intermittent loss of earnings occurred. There was some evidence that the child's condition might have affected men's choice of occupation and career prospects; however, the study data did not allow this possibility to be investigated in any rigorous way.

Disability benefits evened out earnings losses for only one group of families—manual workers with a child under 5. They had little impact on the earnings losses of non-manual workers with a disabled child and families with older children.

These findings differ substantially from the finding of Piachaud et al that disablement in a child had no clear cut effect on parents' paid work and earnings and that the income effect of any differences in participation rates was almost evened out by disability benefits. The present study's findings do, however, accord with the findings of most other studies of this topic, including Salkever's recent analysis of American census data.

Differences between this study's findings and those of Piachaud et al are likely to reflect differences in the composition of the samples studied. Their study included larger families, and their sample of disabled children spanned all degrees of disablement but included only 27 children whose disablement was severe. The children in the present study were all severely disabled. The magnitude and consistency of the results obtained suggest that the effect of severe disablement in a child on family income is likely to be considerable.

The findings presented above relate only to income. To convey the full financial impact of disablement in a child they have to be set in the context of any extra costs arising from the condition. As we saw above, existing disability benefits did not compensate for the earnings lost by most of the families with a disabled child in this study. Yet the analysis of expenditure patterns, which formed a second element in the study, indicated that in addition to loss of earnings, severe disablement in a child was often associated with increased expenditure—on everyday items such as food and clothing or on more expensive items such as adaptations to housing, cars, and other consumer durables. Meeting extra costs from reduced incomes often left families without financial reserves to meet unexpected expenses. Prolonged hospital stays, for example, could precipitate financial crisis.

Such financial stresses have clear implications for the wellbeing of parents already carrying physical and psychological burdens in caring for children with...
Childhood disablement and family incomes

severe disabilities. A strong case can be made for improving financial support to such families—possibly through the introduction of an allowance specifically to compensate for the earnings lost by parents. In the meantime it is clearly desirable that doctors and other professionals in regular contact with disabled children and their families are alert to the financial implications of the child's condition and ensure that families receive the maximum amount of financial help for which they are eligible.

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Requests for reprints to: Dr S Baldwin, Social Policy Research Unit, University of York, Heslington, York, YO1 5DD.

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