

Conference

**Childhood Disability and Social Disadvantage:
Evidence and Implications for
Policy and Practice**

University of Warwick
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Keynote Address by
Lord Colin Low of Dalston

**DISABLED CHILDREN AND
SOCIAL DEPRIVATION:**

**A MAJOR CHALLENGE FOR
OUR TIME**

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Colin Low has been a lifelong campaigner for the rights of blind and disabled people, especially in the field of education. He taught Law and Criminology for 16 years from 1968-84 at Leeds University, before moving to London as Director of the GLC's Disability Resource Team, an organization providing advice and services on disability. He then became Senior Research Fellow at London's City University where he carried out research on theories of disability, retiring in 2000. Awarded a CBE for services to RNIB and disabled people's rights in 2000, he was appointed to the House of Lords in 2006.

DISABLED CHILDREN AND SOCIAL DEPRIVATION: A MAJOR CHALLENGE FOR OUR TIME

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I. The Relationship between Childhood Disability and Social Disadvantage

1. In the last session, we heard about the project team's recent research into the association between socio-economic disadvantage and childhood disability and limiting long-term illness. In earlier studies based on secondary analysis of the 2004-5 Family Resources Survey, they had established that children in the UK who would be defined as disabled under the Equality Act 2010 were more likely than their non-disabled peers to live with low income, deprivation, debt and poor housing. This was particularly the case for disabled children of black and minority ethnic and mixed parentage and lone parent households. The proportion of disabled children living in lone parent households (34%) was significantly (26%) greater than that for non-disabled children, for whom the figure was 26%. Almost half of disabled compared with about a fifth of non-disabled children lived with a parent with a DDA-defined disability - over three times more after allowance is made for confounding variables.
2. Debt was more common in families with disabled children. The prevalence of DDA-defined disability appeared to increase across income quintiles, with the highest prevalence of childhood disability found among those in the poorest income quintile. As a group, disabled children lived in households with lower median incomes than non-disabled children. The households of disabled children from BME groups had particularly low median incomes. The odds of living in rented accommodation were 49% greater for disabled than for non-disabled children, and disabled children were more likely to live in homes with fewer rooms. Households with disabled children had a greater dependence on social security benefits and are faced with the additional financial costs associated with caring for a disabled child. Despite its being estimated that in the UK, families need incomes 10-18% higher than similar families with non-disabled children to have the same living standard, on almost every measure, families with disabled children were more likely than other families to report not being able to afford items and activities they wanted or needed.
3. In this latest research, a wide-ranging review of the literature confirms the strong association between living in socially disadvantaged circumstances and a higher risk of developing a disabling chronic condition. This kind of research is important because it gives us a picture of the circumstances of disabled children and their families at a given point in time and provides evidence of the conditions of material hardship in which many disabled children and their families find themselves. As such it has implications for policy and practice. But there are key questions about the link between socio-economic deprivation and childhood disability which it cannot answer, such as the causal connection between the two. For that we need to undertake

longitudinal studies, or at least to use longitudinal data sets such as those to be obtained from the Office of National Statistics (ONS) as the team have done, to track the order in which socio-economic deprivation and disability occur.

4. This latest research therefore breaks new ground in that it not only confirms the existence and extent of socio-economic disadvantage among disabled children, but it goes further in attempting to understand the *nature* of the association by carrying out the first longitudinal analysis of its kind, something which is essential for any understanding of cause and effect. The findings, based on analysis of a representative sample of children in England and Wales, indicate that children who lived in socially disadvantaged households when they were aged 0-10 and were reported as not having any disabling chronic condition at that time were at greater risk of developing disabling chronic conditions in later childhood, when they were between 10 and 20, than children who lived in more advantaged households in earlier childhood. This risk was finely graded in relation to the extent of disadvantage, with the odds of developing a disabling chronic condition increasing significantly as the level of household social disadvantage rose.
5. On the relationship between childhood disability and adult disability, the research, echoing the earlier cross-sectional studies, found that the proportion of children with a disabling chronic condition living with a parent with a disabling chronic condition was twice that for non-disabled children. Parents caring for a child with a disabling chronic condition were also more likely than other parents to develop a disabling chronic condition themselves during the next ten years. This relationship also appeared to work the other way round: children who did not have a disabling chronic condition were more likely to develop one in the next ten years if their parent had a disabling chronic condition. Social and demographic factors such as age, gender, ethnicity and socio-economic circumstances did not explain these associations between parent and child disability.
6. The epidemiology of childhood disability is clearly a complex matter. In part, of course, the difficulty of unravelling the association with social disadvantage is due to the lack of consistency in the definitions of both "disability" and "social disadvantage". "Disability and limiting long-term illness" is not easy to define. It takes many different forms, may fluctuate, may involve multiple impairments and may be under-reported or go undiagnosed or misdiagnosed. The inherent limitation of secondary studies is that their authors have no control over the questions asked or the criteria used, variations in which can significantly alter the outcome. The team identified the differing definitions of disability used in the Family Resources Survey as affecting prevalence estimates by almost 2 percentage points or 250,000 children.
7. The term "social disadvantage" is no less imprecise and contestable. In some definitions, indeed, "social disadvantage" already incorporates disability: "having at least one adult with a limiting long-term illness, disability or infirmity" was number 5 of the seven "vulnerabilities" in the Families and Children's Study used by the Government to identify "troubled families", and by the Cabinet Office to identify "families at risk". In common with other studies, the team identify higher prevalence rates of disabled children in lone parent families. Whilst "lone parentism" is often seen as part of the ecology of social deprivation, is it correct, in and of itself, to say that being a single parent is an indicator of "social disadvantage"? How comfortably does this sit with modern ideas of gender politics and life-style choice?

8. It is also difficult to be categorical about cause and effect unless we can follow children and families over a period of time by means of longitudinal studies which by their nature take time to carry out. Having said all that however, it would be wrong to be too nit-picking about the team's general conclusion that "young children living in adverse circumstances are at much greater risk of developing chronic disabling conditions later in their childhood", or about their statements in earlier publications that "disabled children experience higher levels of poverty and personal and social disadvantage than other children"; and "the burden of disability and chronic disease is unequally distributed, with children in poorer social groups carrying an excess burden". To some extent this is no more than commonsense, like the observation that life expectancy declines by a year for every station you travel east on the underground from Westminster. The association between disability and disadvantage is unmistakable: summarising, we can say that disabled children are more likely than non-disabled children to: live in households with lower than median incomes; live in families experiencing debt and with greater dependence on benefits; live with families that are less likely to be able to afford things they consider necessary; live in rented accommodation and in houses with fewer rooms; live with other disabled children; live with a disabled adult; live in lone parent families; and be born to single mothers. About all these things I think the evidence enables us to be quite categorical. The only one that needs more teasing out, it seems to me, is the association between childhood and adult disability, particularly in the way it seems to develop over time, but so far the limitations in the data available to the team have not permitted comment on the relative contributions of biological or social factors to these observed associations.
9. However at this point I think the team is in danger of losing its nerve. In an email to my assistant, Dr Blackburn wrote: "Our results suggest there *may be* a causal relationship between social disadvantage in early childhood and the development of these conditions in later childhood in that there was evidence that the association was strong, of temporal sequencing and a dose-response association between exposure and outcome. But we can't be definitive about this. While our findings add to the evidence base that exposure to social disadvantage in early childhood matters, further studies are needed to establish how long the exposure needs to last and to clarify the mechanisms and pathways by which social disadvantage is linked to childhood disabling chronic conditions." I can see this getting bogged down in the sort of minutiae which have bedevilled the debate about the impact of violence on television on behaviour, where it has become quite impossible to see the wood for the trees.
10. I am not obscurantist about this. I can see that there is more to tease out, and I understand the imperative for researchers to call for more research in order to get their next grant. But I would prefer to stick with the more bullish statement at the beginning of Dr Blackburn's email when she says "Our research makes an important contribution to knowledge about the aetiology of childhood disabling conditions by examining the temporal ordering and gradation of the relationship of its onset with social disadvantage."
11. Eric Emerson, Professor of Disability and Health Research at Lancaster University, has summed up some of the relationships at work, and some of the complexities surrounding the analysis, in the following way: "All societies are hierarchically structured, with key institutions helping to determine an individual's position within a social hierarchy. Their position in this hierarchy

shapes their (and their children's) access to and control over key resources - resources that play an important role in determining their life experiences. People occupying lower socio-economic positions may have difficulty accessing resources that are necessary to enable them to live lives that are considered appropriate or decent within their society. Generally, the higher one's position in the social hierarchy the less likely that person is to be or become disabled.

12. "Among working age adults there is strong evidence that the overall prevalence of disability is associated with lifetime socio-economic circumstances, and that these also predict the *onset* of functional impairments in adulthood. Among older people, there are strong associations between wealth, the onset of physical impairments and the rate of decline in physical ability over time. In later childhood, these social gradients may also reflect the impact of the child's disability on family socio-economic position as a result of the direct and indirect costs associated with care.
13. "There is considerable evidence to suggest that disabled people are disadvantaged with regard to key factors that promote upward social mobility (and defend against downward social mobility). Early childhood experiences are important determinants of later life chances. Poverty is central to understanding the life experiences of many disabled people. There is extensive evidence that people with disabilities experience significantly poorer health outcomes than their non-disabled peers, including in aspects of health that are unrelated to their specific health conditions or impairments. Disabled children and adults are at increased risk of exposure to low socio-economic position and poverty, social conditions that, in general, are associated with reduced social mobility, increased social exclusion and poorer health. As such, they make up a disproportionate proportion of populations who may be generally considered to be "at risk" or who have been made vulnerable to a range of adverse outcomes.
14. "This simple observation raises the rather obvious point that some of the adverse life experiences faced by disabled people may simply reflect their status as poor people (rather than being the result of disability *per se*). Poorer socio-economic circumstances appear to both increase the risk of impairments and exacerbate their impact. Social advantage also acts as a buffer to reduce both prevalence and impact of disability." This has led the research team to posit a sort of "reverse causation" to explain the results from a cross-sectional study that found lower prevalence rates of disabled children in families where the head is in the top two occupational socio-economic classifications.
15. In earlier papers the team referred to studies which highlighted the poverty and poor living standards of disabled children in Britain in the 1980s and argued that their own analyses suggested that little has changed. "Disabled children in the UK today", they said "continue to experience income inequality and material and social disadvantage". And again: "The findings confirm that the social patterning of childhood disability in surveys covering Britain in the 1980s still holds for the UK twenty years later, and the indications that social patterning remains in a span of twenty years indicates this is an issue which is not going to get better all by itself."

II. The Challenge

16. So this is the major challenge for our time: what is to be done about this state of affairs? What *are* we doing about it? Basically there are only two ways to go: if you want to do something about the association between disability and disadvantage, you can either work on the disability or the disadvantage, while recognising the interaction there may be between the two. The team say: "While many disabled adults and children lead fulfilling lives and go on to make important social and economic contributions to society, many would accept that reducing the incidence of preventable disabling chronic conditions is desirable". The cautious mode of expression employed in that sentence represents a piece of pre-emptive back-covering designed to ward off the attacks of disability rights activists who remain suspicious of the prevention agenda, seeing it as devaluing of disability and hence of disabled people. But I would certainly see reducing the incidence of preventable disabling chronic conditions as desirable. One can condemn the condition without condemning those who possess it, and there is room for both perspectives, the medical and the social. It's a matter of horses for courses. As I once put it: "If your boss refused to let you bring your guide dog to work, I imagine you would send for a disability rights commissioner in preference to a doctor. But if you suffered a massive heart attack, I doubt if the first thing you would want to do would be to send for an expert on the social model of disability". But I do not propose to pursue the medical route any further today for three reasons: (1) because whatever one does about disability, there will always remain an irreducible minimum of disability one cannot do anything about; (2) because I take it that doctors are by and large doing all they reasonably can about the rest; and (3) because as we have seen, a proportion of what is left is related to disadvantage, so one can work on that while working on the disadvantage.
17. So let us turn to disadvantage. The important contributions earlier from parents of disabled children remind us that this is not a purely theoretical exercise and that it is an issue that involves individuals and families with aspirations and expectations, needs and rights.

III. The Scale of Disadvantage as Evidenced by Child Poverty

18. One could use many proxies or indicators, but just looking at child poverty, the number of children living below the poverty line in the UK has fallen slightly, but the figure remains obstinately above two million. 18% of children are living in households with incomes of less than 60% of the median average in 2010-11, equating to 2.3 million children. When housing costs are taken into account, this proportion rises to 27%, or 3.6 million children, rather more than one in four. However in areas of particular deprivation, the percentage of children in poverty can get up into the 70s. 1.6 million of the children identified as living in poverty live in severe poverty. As Justin Forsyth, Save the Children's Chief Executive, has said: "Growing up in poverty in the UK means children being cold and going without a winter coat, going to bed hungry and not being able to join in activities with friends".
19. Figures released by the Department for Communities and Local Government show a sharp rise in homeless households. Local council data show 50,290 households accepted as homeless and in priority need, a 14% increase on 2010-11 and a 26% rise since 2009-10. Almost two-thirds of these households have dependent children, the highest proportion since the statistics began in 1998. The figures also show the most vulnerable being hit hardest, with the number of homeless

lone parents up from 21,870 in 2011 to 25,620 this year.

20. The figures show that 300,000 fewer children are living in poverty than a year ago, or 200,000 after housing costs are taken into account. Both measures are 2% below the figures for 2009-10. Compared with 1998-99, the number of children living in poverty is 1.1 million lower before housing costs are taken into account—900,000 afterwards.
21. Across the whole population, 9.8 million people, or 16%, were living in households with incomes below the poverty line in 2010-11, rising to 21%, or 13 million, after housing costs are taken into account. Almost two-thirds (62%) of children growing up in poverty live in a household where at least one member works.
22. Child poverty reduced dramatically between 1998/9 and 2010/12 when 1.1 million children were lifted out of poverty. Under current government policies however, child poverty is projected to rise from 2012/13 with an expected 300,000 more children living in poverty by 2015/16. This upward trend is expected to continue, with 4.2 million children projected to be living in poverty by 2020.
23. Poverty has an impact on children's health and education and the day-to-day lives of families: Three-year-olds in households with incomes below £10,000 are 2.5 times more likely to suffer chronic illness than children in households with incomes above £50,000, and infant mortality is 10% higher for infants in the lower social group than the average.
24. Only half as many poor children who are eligible for free school meals achieved 5 or more A-C grades at GCSE or equivalent compared with pupils not eligible. Only 73% of 5-6-year-olds from the most deprived areas achieved the expected level in writing, compared with 90% of those in the least deprived.
25. 24% of children in the poorest fifth of households are in families who can't afford to keep their house warm, compared to just 1% in the richest fifth. Nearly half of all children in the poorest fifth of households are in families who can't afford to replace broken electrical goods, compared with just 3% of children in the richest households. 62% of children in the poorest fifth of households have parents who would like to, but can't afford to take their children for a holiday away from home for one week a year. This only applies to 6% of children in the richest fifth.

IV. What the Government Is Doing

26. So that's the situation. As for what's being done about it, it is clear that dealing with disadvantage is not on this Government's agenda. Policy is driven by economic rather than social considerations and welfare is a prime target of public expenditure cuts. This is a conscious choice. Announcing a further £7 billion of cuts in welfare spending in his comprehensive spending review statement of October 2010, on top of the £11 billion already announced in the June budget, making a total of £18 billion in all, the Chancellor said: "As I said in June, the more we could save on welfare costs—the more we can continue other, more productive areas of Government spending." This has been described as "the most determined attack on disabled people through continuing welfare reform in modern memory".

27. At the heart of the Government's reforms is the principle of making work pay: as Osborne said "It will always pay to work". This is the Government's flagship policy for addressing poverty. On the face of it, by incentivising work and reforming a welfare system which has kept people in a state of dependency and out of work for too long, this would seem to be both radical and entirely laudable. But the logic of incentivising work means penalising the condition of not working, and making it, in the language of the poor law, "less eligible". As Osborne said again: "Those who get work will be better off than those who don't"—even if this is through no fault of their own or they just can't. Believing they are on a righteous crusade to lift people out of dependency, and mesmerised by their own rhetoric, ministers proceed with all the messianic zeal of poor law commissioners careless of who gets rolled over by the juggernaut of reform. Indeed the casualties are a necessary part of reform. Additional scepticism about this approach is also prompted by the fact, mentioned earlier, that almost two-thirds of children growing up in poverty live in a household where at least one member is working.
28. And casualties there certainly are, many of them disabled and already disadvantaged. In a recent interview on the Today Programme, John Humphrys appeared to have difficulty understanding that it is the poorest in society who are hardest hit by benefit cuts, but of course it goes without saying that the poorest are disproportionately affected by benefit cuts because, by and large, it is the poorest that benefits go to. Tony Blair is reputed to have asked what you had to do to save a billion pounds on welfare and been told that a million people have to lose a thousand pounds. As we've seen, the Government's welfare reforms are aimed at saving £18 billion, and a further £10 billion are even mooted. That makes an awful lot of people who are going to have to lose a thousand pounds.
29. The central plank of the Government's reforms is the so-called Universal Credit, which combines a number of key means tested benefits (including Income Support (IS), income based Jobseekers Allowance (JSA), Employment and Support Allowance (ESA), Housing Benefit (HB) and Tax Credits) into a single entitlement. The Government estimates that about 2.8 million households will gain from this, but about two million will lose out. However it is necessary to treat these estimates with some caution, as the impact of the cuts may not be fully understood by viewing specific changes in isolation without considering how they interact with the broader changes (indeed they make certain assumptions about the numbers of disabled people moving into work which may not be realised). That is why my colleague, Baroness Tanni Grey-Thompson, is working with Citizens Advice, the Children's Society and Disability Rights UK to review the overall impact of Universal Credit on support for disabled people.
30. What is clear however is that no group will be more affected than disabled people. This is because not only will key benefits for disabled people (including income-based ESA, disability elements of Child and Working Tax Credit, and other crucial Disability Additions) all be incorporated into the support provided through the new benefit, but in addition, changes will affect the rates at which some key benefits are paid, and others will not be mirrored in the new system at all. Under the new system, financial support for some groups of disabled people will be much lower than current support available for people in the same circumstances. So whilst some disabled people will gain, many will get very significantly less help because some of the additional support in the current system will not be provided to the same degree in Universal

Credit. Cuts such as those to support for most disabled children and disabled adults living alone are going to make the future considerably bleaker for many of the most vulnerable households in Britain.

31. At present, families with a disabled child may be entitled to receive support through the Disability Element of Child Tax Credit, currently worth £57 a week. Under Universal Credit, this support is to be provided through "Disability Additions" within household benefit entitlements, but the proposal is to cut the help in half to just £28 a week. This change will affect all families with a disabled child unless the child is receiving the higher rate of the Care Component of Disability Living Allowance (DLA) or is registered blind. This is equivalent to a loss of around £1,500 a year for most families with a disabled child, which could push families below the poverty line. The change will cost families with a child born with a disability up to £24,000 by the time the child reaches 16. The rate is paid per child, so a family with two disabled children could lose double these amounts. The Government estimates that this change will affect around 100,000 disabled children.
32. Severe Disability Premium (SDP) currently gives additional support to disabled adults who receive the Middle or Higher Rate of the Care Component of DLA and live on their own (or just with children) and no-one is paid Carer's Allowance for assisting them. This additional support helps to cover the additional costs of both living alone with a disability and having no carer. For disabled parents, receiving the Premium can help reduce the pressure on their children, often of school age, to care for them. The Government is abolishing the SDP with the introduction of Universal Credit. This will cost disabled adults with no-one to care for them, or with only a young carer, about £58 a week (over £3000 a year). Around 230,000 people on Income Support or JSA receive the Severe Disability Premium. The DWP reckon that 25,000 lone parents are currently in receipt of SDP.
33. The Government has said that any savings from the reductions in the Disability Addition for children and the SDP will be used to increase the means tested addition for those receiving ESA with the highest support needs and no work obligations from the current £49 up to an eventual £80 a week. Couples with someone in this "Support Group" will gain from this change, but those who live on their own and don't have a carer will still be worse off.
34. Disabled people are currently able to claim a Disability Element of Working Tax Credit (WTC) worth £54 a week in recognition of the fact that many disabled people are unable to work full-time as a result of their health condition or impairment and thus have a reduced earning capacity. This will not be available within Universal Credit, and the only way it will be possible to access anything comparable will be if you qualify as not fit for work under ESA. 116,000 families had the Disability Element of WTC included in their tax credit award in April 2012, but they will not receive it in future.
35. There are a number of measures to restrict the amount of Housing Benefit paid. These include: caps on the maximum amount of benefit which can be paid; a cap on household benefit entitlements for out-of-work families; the maximum entitlement will be based on the lowest 30% of rents in the area instead of the lowest 50%; the extension of the Shared Room Rate to those between 25 and 35; and the under-occupancy rule for those in social housing—the so-called

"bedroom tax" which would see those with a "spare" bedroom incurring a 14% reduction in their benefit (25% for two or more spare rooms). Lord Freud, Minister for Welfare Reform, said in one of the many debates on this issue: "Of the 3.3 million tenants living in the social rented sector and receiving Housing Benefit, only about 1 in 5 is expected to be affected". But this amounts to some 660,000 people. After a report by the National Housing Federation suggested that 108,000 disabled people could be forced to move from adapted homes on account of this, the Government announced a £30 million top-up to their discretionary Housing Payment Fund administered by local authorities to ensure it reaches £90 million by 2013/14. This increase is welcome, but it cannot compensate for large-scale Housing Benefit cuts—and payments are often only made on a temporary basis anyway. Whilst there is some sensitivity to disability—such as exemption if the "spare room" is occupied by a paid carer, this does not take account of the day-to-day informal arrangements many families make in order to cope. Lord Best, who led the opposition to this change in the Lords, pointed out that "that spare room is often for the daughter who comes on a temporary basis when her mother comes out of hospital or to look after another member of the family." The Government's idea that people could move to smaller accommodation is completely divorced from reality. Not only might significant funds have been spent in adapting the original home to cater for a disability, but moving away from their present home could leave the many families reliant on established networks of family and community support isolated and even more disadvantaged.

36. Other changes likely to affect disabled people include the following: contribution based ESA for those in the Work Related Activity Group (WRAG) will be time limited and only payable for one year. Pensioners with a working age partner could lose nearly £100 a week as they will not be eligible for Pension Credit. If they need extra support from means tested benefits, they will have to claim Universal Credit where no extra allowance will be payable for anyone over pension age. The pensioner would get more money when living alone than the total income when living with their partner. This will lead to particularly difficult cases where the person under pension age is seriously ill and unable to work and the person over pension age is the carer. The current system pays 95% of childcare costs to those on a low income who live in rented accommodation. Universal Credit will only pay 70%. This is likely to have a particular impact on parents of disabled children, who frequently need childcare until they are much older, are more likely to need formal childcare and the childcare is likely to be more expensive.
37. Existing claimants will receive "transitional protection" to ensure that they do not suffer reductions in their benefit at the point of transfer to Universal Credit, as long as their circumstances remain the same. However the protection will not be up-rated with inflation; claimants will lose protection as a result of a significant change in household circumstances (currently undefined); and of course transitional protection will not apply to new claimants, who will receive no protection if they are worse off under Universal Credit than they would have been under the current system. Thus disabled people will progressively see the level of support they receive under the current system decline to the reduced level envisaged under Universal Credit.
38. DLA, the benefit which makes a contribution towards the extra costs of disability, is to be replaced by Personal Independence Payment or PIP. There will be a 20% reduction in projected expenditure, and it is estimated that on account of the revised criteria, half a million disabled people will lose eligibility though their needs will not be any different from what they were

before. Disability Rights UK estimate that 154,000 disabled children could be affected by this cut. As Labour MP, Karen Buck, said in a debate earlier this year: "The economic crisis that engulfed the developed world in 2008 was not ... caused by the number of people on Disability Living Allowance".

39. As if this wasn't enough, with only minor concessions relating to points of law and the Upper Tier Tribunal and higher courts, the Legal Aid, Sentencing and Punishment of Offenders Act has withdrawn legal aid for welfare benefit cases. This will disproportionately hit disabled people due to their over-representation amongst those requiring this kind of support. Disabled people are twice as likely as non-disabled people to live in poverty. 81% of all cases heard in the First Tier Tribunal relating to benefits deal with benefits relating to disability, and it is estimated that 80,000 disabled people will lose access to legal aid. These changes would have a major impact on disabled people at any time, but coming just as the Government is implementing the most radical changes to benefits since the inception of the welfare state they will have a particularly drastic effect. Welfare law is incredibly complex. Few of us can credibly claim to understand it. There's no hope of people on benefit who would count as socially excluded by many measures being able to cope with such cases without assistance. Without legal aid many will have to represent themselves, probably less adequately, with cases taking much longer as a result and leading to further backlogs in an already clogged tribunal system. So with much less benefit support and now no legal aid to challenge the mistakes which are bound to be made in such a colossal re-engineering of the benefits system—little wonder that it is described as a double whammy for disabled people.
40. Cuts to services further affect families vulnerable to social disadvantage and disability of child or parent, heightening the risk of getting stuck in the social disadvantage/disability cycle.
41. What can we say about the likely impact of these changes? Howard Reed, in a study entitled "In the Eye of the Storm", commissioned by the Children's Society, Action for Children and the NSPCC, has tried to estimate the number of vulnerable children and families in Britain and the impact of the current economic context on them. Using data from the Families and Children's Study which ran from 2003-2008, he forecast the impact of the changes introduced in the 2010-15 parliament. His study is of particular relevance because his particular focus was those with, or at risk of, social deprivation, meaning families with one or more of the seven vulnerabilities identified by the Families and Children's Study using the same criteria as those used by the Government to identify "troubled" families. The seven vulnerabilities are: worklessness; poor quality or over-crowded housing; lack of qualifications amongst parents; a mother with mental health problems; at least one parent with a limiting long-term illness or disability; family with an income below 60% of the median; and material deprivation. The government settled on the possession of five or more as the threshold for classifying a family as "troubled", but Reed keeps his focus on the wider spectrum. His conclusion is that "It is clear that by 2015 there will be significantly more vulnerable families than there were in 2010. They will be significantly worse off in terms of disposable income than they were in 2010 and the public spending cuts will have hit them particularly hard compared with the population at large. Furthermore, the number of children living in families with five or more vulnerabilities is predicted to increase by around 17% and the number of extremely vulnerable children (in families with six or seven vulnerabilities) will almost double." Noting the impact on each type of vulnerability, he highlights changes in

housing and disability benefits as being mainly responsible—those with a limiting long-term illness or disability or on housing benefits losing the most. Universal Credit does result in a slight increase for the poorest three deciles, and indeed across all seven vulnerabilities, but this is outweighed by the other benefit changes. Cuts in spending on public services—which vulnerable families are already disproportionately likely to access—will affect them to the tune of between £1,000 and £2,400, and the fiscal package of spending cuts and tax and benefit changes reduces the living standards of families with 5+ vulnerabilities by 7% by 2015.

42. Because the Families and Children's Study contains a substantial panel component which can be used to analyse changes in vulnerabilities over time, Reed was able to forecast the likelihood of falling into (and out of) the various vulnerabilities. He concluded that of all the vulnerabilities, the probability of developing a limiting long-term illness or disability was the highest, while there was only a comparatively middling probability of escaping from it. Taking into account tax and benefit changes, spending cuts, macro-economic trends and long-term trends, Reed suggests that the number of families with 5+ vulnerabilities will increase by 14.5% to 150,000 by 2015, with the number of children in this family situation increasing by 17%.

V. Conclusion

43. The tragedy is that the outlook doesn't have to be as bleak as this. If nothing was done we would still have a big problem, despite the inroads which have been made on child poverty during the last decade or so. As we have seen, the prevalence and social patterning of limiting long-term illness and disability displays remarkable consistency and intractability over time. But the Government's measures are set to make things a good deal worse. It would be one thing if the economic situation made this unavoidable, but the weight of expert opinion is that austerity is actually counter-productive and making things worse. There clearly needs to be a medium-term plan to reduce the deficit, but if this is done too quickly it can abort the recovery, as has indeed happened. At a time when the private sector has been cutting spending, we need to keep public spending up to stabilise the situation.
44. So what can be done? I was recently asked to chair a commission to look at the cuts to legal aid and what can be done to mitigate their impact, and the secretary asked me if I had any ideas. I suppose I must have looked a bit blank because he said "yes I know - reverse the cuts", but in all honesty it's difficult to be much more constructive. Of one thing I am clear, and that is the need for monitoring of the impact of the cuts by independent and authoritative bodies such as the Joseph Rowntree Foundation as a measure of the damage being done and a stimulus for a different approach. I realise this is a bit of a cop-out, but I've exhausted my time and my brief was to talk about the challenge. So for the solution it's over to you ...