

GLASGOW
CITY REGION

Intelligence Hub

Disability and Unpaid Care Policy Briefing

March 2026

Introduction

This briefing comes primarily from the recently published Resolution Foundation Report '[Don't Forget About Us](#)', which explores the economic impacts of disabilities* and caring responsibilities for low-to-middle income households in the UK.

Disability and health-related economic inactivity** have become a central focus of regional and national policy. However, there has been less focus on how disability and caring responsibilities — and sometimes both at once — affect these families' lives and living standards.

Purpose of this document:

This paper is intended as a discussion and evidence briefing to inform policy development and strategic thinking. **The aim is to support informed debate and decision-making on how best to address the challenges faced by households affected by disability and caring responsibilities.**

Who might find this useful?

The briefing is particularly **relevant for policy officers, analysts, and practitioners working in employability, skills, social inclusion, and economic development.** It may also be of **interest to those involved in health and social care policy, poverty reduction strategies, and equality initiatives**, as it provides insights into barriers to work and income security for affected groups.

This briefing explores:

- The latest data in relation to trends and drivers of disability and caring across the UK;
- The policy context within which these trends have emerged;
- Potential policy responses.

The report mainly focuses on the adult population, but it is important to note that there are also a significant number of children providing care across the UK.

*The 'Don't Forget About Us' paper defines disability broadly (in line with the Equality Act 2010) as seeing someone as disabled "if they have a long-term illness, disability or impairment that causes substantial difficulty with day-to-day activities"

**See the Glossary for detailed definitions and distinctions between the two terms.

1. Trends

1.1. Disability disproportionately affects the poorer half of the UK

UK

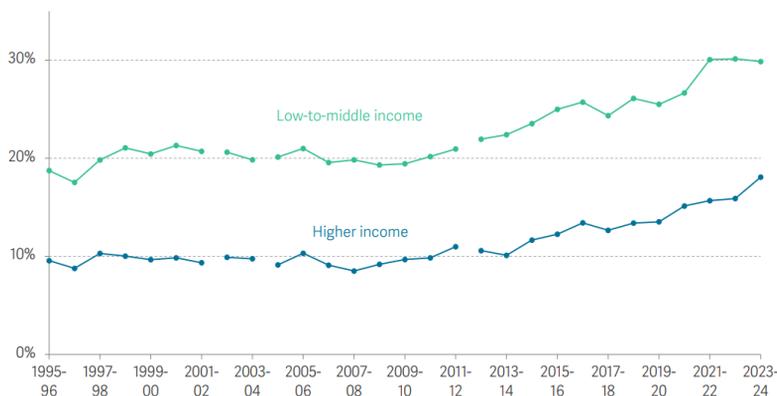
Working-age adults in low to-middle income families are twice as likely to report that they are disabled as those on higher incomes: 30% compared to 15% (graph 1).

Disability rates have risen by about a half in both groups over the past three decades, rising from 19% and 10% respectively three decades ago.

Although population ageing plays a part, **most of the rise (83%) is driven by rising disability rates across all ages, but especially among younger age groups:** the proportion of 16-24-year-olds in low-to-middle income families who are disabled has doubled over the past ten years, from 10% to 21%, with almost all of this increase (96%) driven by mental health conditions.

In line with this increase, between 2019-20 and 2024-25, total spending on disability and incapacity benefits increased by £19 billion in real terms, rising from 1.3% to 2.0% of GDP*. This increase, though, has not necessarily translated into better living standards for its recipients.

Graph 1: Proportion of working-age adults who are disabled, by household income: UK



Source: Resolution Foundation analysis of DWP, Family Resources Survey.

NOTES: The basis for identifying people with a disability has changed over time. Gaps in the series reflect changes to the survey question wording.

Source: [Resolution Foundation, March 2025](#)

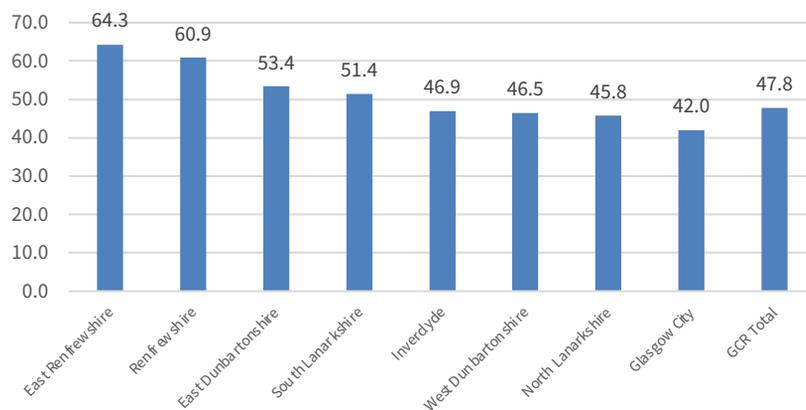
*Source: [Mental Health Equality Evidence Report 2023](#)

Scotland

People with disabilities are particularly affected in relation to employment. Graph 2 shows that **GCR's employment rate is 47.8% for the EA core** (individuals who meet the Equality Act 2010 definition of disability), **or work-limiting disabled individuals — i.e. less than half are employed across the Region.**

East Renfrewshire and Glasgow City present the highest (64.3%) and lowest rates (42%), respectively. Moreso, evidence collected in the Glasgow Indicators Project, based on data from the Annual Population Survey, indicates that **24% of Glasgow City's working-age population are disabled people**, of whom fewer than half are in work*.

Graph 2: Employment rate aged 16-64 for EA core or work-limiting disabled: Jan24-Dec24



Source: NOMIS, Annual Population Survey

1.2. Unpaid care is a full-time job for carers in low-to-middle income families

Scotland

To fully understand the impact of these rises in disability, we need to consider not only those directly affected, but also the friends and family members who may care for them.

Approximately 800,000 people in Scotland — around 13.5% of the population — provide unpaid care. Among adults aged 16+, **17% of women and 12% of men are carers***. Data from the Scottish Health Survey (2019-2023) shows that **around two-thirds (65%) of unpaid carers provide up to 19 hours of care per week on average.**

Source: [Resolution Foundation, March 2025](#)

*Source: [Mental Health Equality Evidence Report 2023](#)

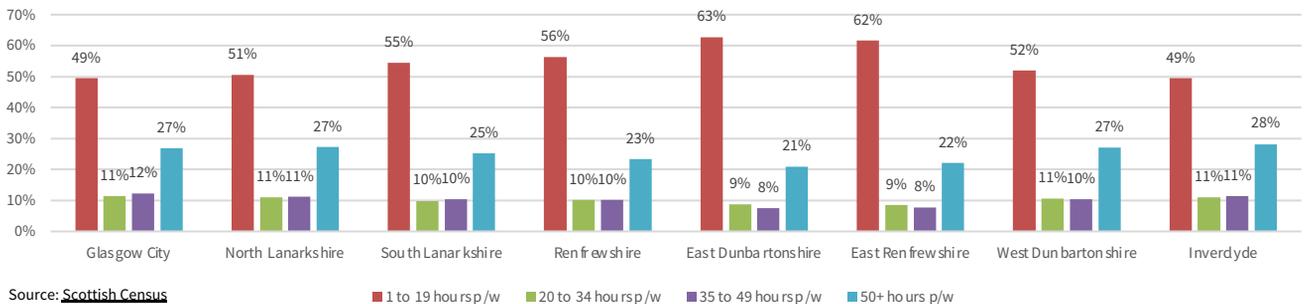
Over the past decade, there has been a 15% increase in the number of carers providing 50 or more hours of care each week**.

Within the Region, Glasgow City has the highest number of unpaid carers in GCR, but the lowest proportion relative to its population (11%). In contrast, North Lanarkshire and Inverclyde have the highest percentages, each at 14%.

Furthermore, graph 3 shows that GCC and Inverclyde have the highest share of unpaid carers providing 35+ hours of care weekly (39%). In contrast, East Dunbartonshire and East Renfrewshire have the largest proportion caring under 19 hours, potentially enabling part-time employment.

In Glasgow City, **12.9% of adults aged 16+ are unpaid carers, yet only 2.6% receive Carers Allowance**. Among children, 1.7% of those aged 3-15 in Glasgow are unpaid carers, compared to 1.8% across Scotland, according to the 2022 Census. Notably, **a quarter (25%) of Glasgow pupils in P7-S6 report providing unpaid care** for someone with a disability, illness, drug or alcohol problem, mental health issue, or age-related condition***.

Graph 3: Distribution (%) of Weekly Caring Hours Among Unpaid Carers by Local Authority, 2022



*Source: [Scotland's carers: update release, Scottish Government, March 2025](#)

** Source: Scotland's Census 2022 – Health, disability and unpaid care, National Records of Scotland (2024)

***Source: [Glasgow City HSCP Demographics and Needs Profile, September 2023](#)

1.3. Cross-over between disability and caring duties disproportionately affects women

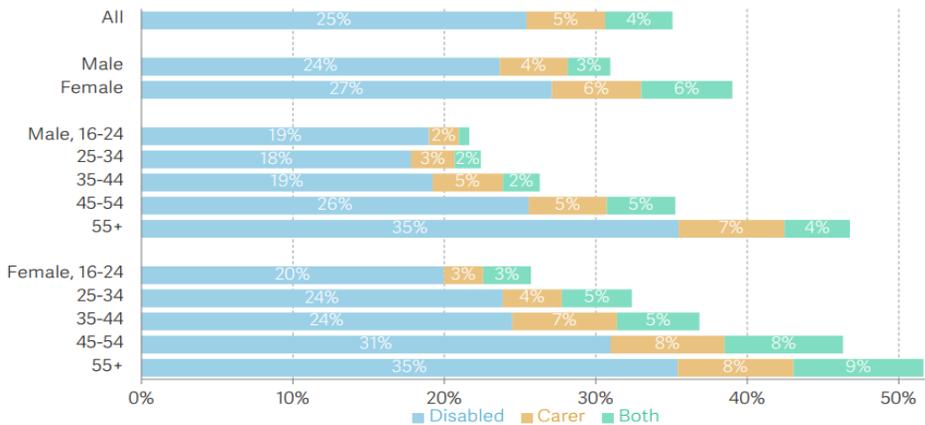
UK

In 2023-24, **around a third (35%) of working-age adults in low-to-middle income families** — a total of 6.3 million people — **were disabled or had caring responsibilities**, compared to just over 22% of those on higher incomes.

This includes 4% of those on low-to-middle incomes, who are both a carer and are disabled themselves. Almost 9%, or 1.1 million families in UK include both a carer and a disabled person.

Moreover, the impacts are not felt equally within these families. As is well known, **caring duties fall disproportionately on women, and both disability and caring are felt most acutely among older working-age adults**. Women in the UK are twice as likely as men to be both disabled and a carer: 6% versus 3%.

Graph 4: Proportion of working-age adults in low-to-middle income families who are disabled or are caring for someone who is ill, disabled or elderly for at least five hours a week, by sex and age: UK, 2023-24



Source: RF analysis of DWP, Family Resources Survey.

Scotland

In Scotland, **20% of carers also have a disability**. Research shows that the poverty rate for people who live in families where someone is disabled is 28%: 9 percentage points higher than those who live in families where no one is disabled.*

Source: [Resolution Foundation, March 2025](#)

*Source: [Carers Scotland, October 2023](#)

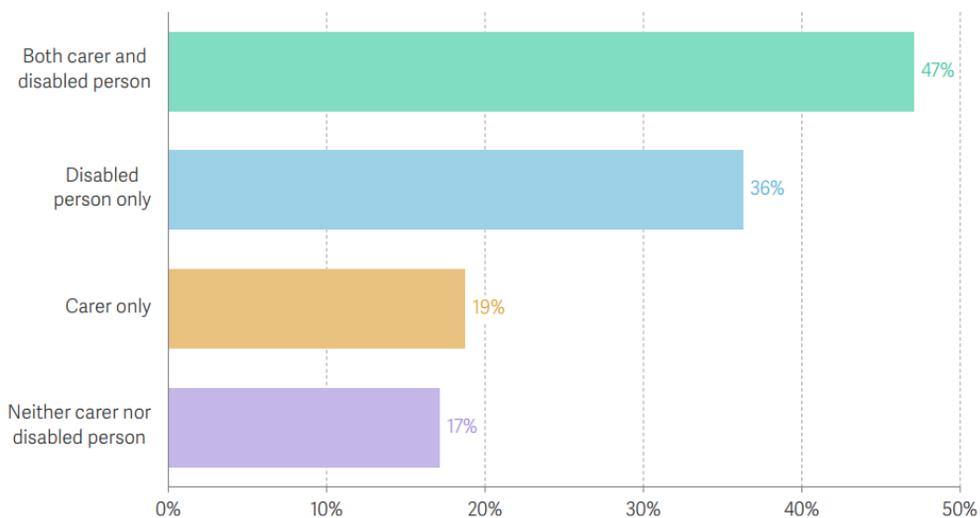
1.4. Living standards, material poverty and mental health has worsened for carers and disabled people

UK

This over-representation of carers and disabled people among low-to-middle income reflects that people with a disability or who are caring have, on average, considerably lower incomes and living standards than others. For example, **36% of families with a disabled member and 47% of those with both a disabled person and a carer experience material deprivation**, compared to 17% in families with neither. These gaps cannot be explained by other characteristics that we can adjust for.

Relative to comparable families without a disabled member or a carer, those with a disabled person in the family are more than 10% worse off (£3,300 for those who also have a carer in the family, and £4,000 a year for those who do not, although the difference between these two figures is not statistically significant). When we exclude disability benefits that are designed to cover additional costs from household incomes, these gaps widen further, to £5,600 and £7,600 respectively.

Graph 5: Proportion of working-age families in material deprivation, by whether the family includes a disabled person or a carer: UK, 2023-24



Source: RF analysis of DWP, Family Resources Survey.

Source: [Resolution Foundation, March 2025](#)

*Source: [Carers Scotland, October 2023](#)

Scotland

The **poverty rate for informal carers (29%) remains higher than for those without a caring role (20%). The rate for unpaid carers increased from 24% in 2021, while it remained the same for non carers.** 28% are struggling to make ends meet, 21% struggle to afford the cost of food and 16% are struggling to afford to heat their homes. Furthermore, research suggests that the cost-of-living crisis has a disproportionate impact on some groups of carers in Scotland with 41% of carers in receipt of Carer's Allowance saying they are struggling to make ends meet*. A study by the Glasgow Disability Alliance** for Glasgow City revealed that 57% of disabled people were worried about money and hardship and 47% were worried about access to food due to poverty, food shortages and lack of support to get food.

Mental health also disproportionately affects carers and disabled people. In 2024, **44% of those in receipt of the main carer benefit, Carer's Allowance/Carer Support Payment reported bad or very bad mental health**, an increase from 37% from State of Caring 2023***.

2. Drivers

2.1. In-work poverty: Paid work is sought after but remains a limited option

UK

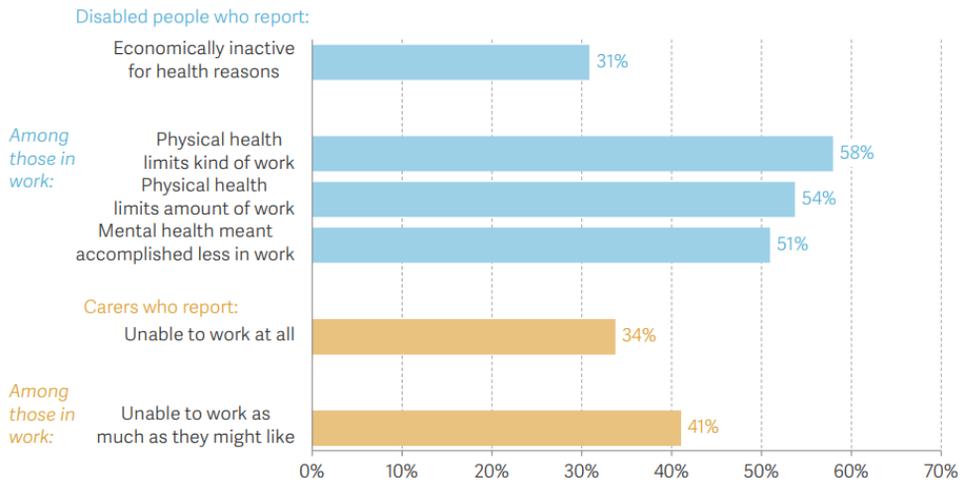
One reason for lower incomes is that **disabilities and caring responsibilities can constrain people's ability to do paid work.** Recent policy debates have largely focused on people with disabilities or caring responsibilities who are not working at all — particularly those affected by long-term sickness or disability, who represent around a third (31%) of this population. However, these discussions often overlook the experiences of low-to-middle income adults who *do* work while managing a disability and/or caring responsibilities.

Among those in work, more than half say that **their health limits the amount or type of work they can do** (for example, 58% say their physical health limits the kind of work they can do). Similarly, 34% of low-to-middle income adults providing care for someone they live with report being unable to work due to their caring responsibilities, and 41% of carers who are in paid work have needed to reduce their hours to meet their caring responsibilities.

**Source: [Glasgow Disability Alliance, October 2022](#)

***Source: [Carers Scotland, March 2025](#)

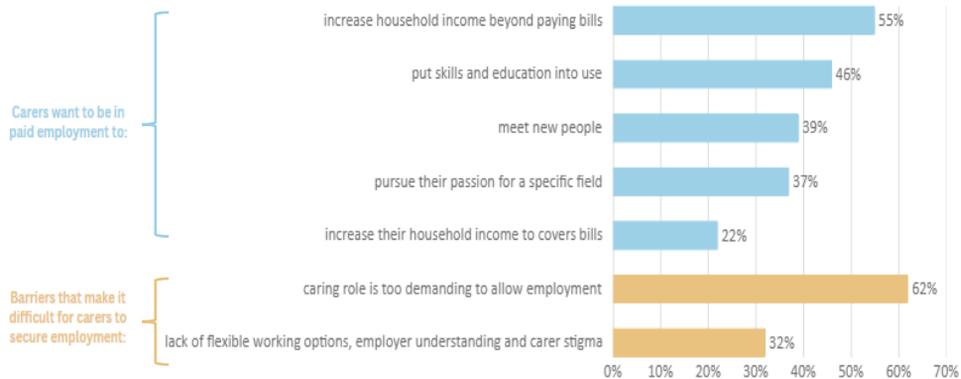
Graph 6: Proportion of working-age disabled people and people caring for someone in their household in low-to-middle income families who report selected limitations to the paid work they can do: UK, 2022-2023



Source: RF analysis of DWP, Family Resources Survey.

NOTES: The questions on how caring impacts paid work are only asked of respondents who are caring for someone in their own household.

Graph 7: Motivations and limitations for carers to paid work: Scotland, 2024



Source: [Carers Scotland, June 2024](#)

For those in work, not being able to work full-time or needing additional flexibility can also push **people with disabilities or who are caring into non-standard forms of work**, such as zero-hours contracts or self-employment. 33% of disabled working adults in low-to-middle income families are in these forms of work, and 37% of those disabled people who also care, compared to 26% without either constraint.

In some cases, the flexible nature of this work might be what allows disabled people or carers to undertake paid work, but it also means that they might be doing work that is insecure and lacks guaranteed levels of earnings or important protections such as Statutory Sick Pay.

2.2. Cuts to disability benefits will worsen health and the economy

UK

Since 2010, the UK's welfare policy landscape has been marked by increased conditionality and a stronger push to move people into work.

Government spending plans aim to cut several billion pounds from the welfare budget, targeting £5 billion in savings by 2029-30. Measures include:

- Stricter eligibility criteria for Personal Independence Payments (PIP),
- Halving incapacity benefit payments under Universal Credit for new claimants,
- Restricting incapacity benefit top-ups to individuals aged 23 and over.

Policies created during austerity — such as real-terms reductions in benefit value, tighter eligibility rules, and harsher sanctions — have had significant negative impacts. A study published in the *Journal of Social Policy* (Edmiston, 2021)* shows that these measures have worsened public health and driven millions, especially children, deeper into poverty. With the cost of living rising sharply in recent years, many more people now face destitution, including those in full-time employment*.

A key proposal in the government's [green paper](#) had been to **tighten access to PIP by raising the eligibility threshold**. The Fraser of Allander Institute estimated that saving £1 billion annually could result in 250,000 fewer people receiving PIP. However, following significant public and stakeholder opposition — including from disability advocacy organisations — and a parliamentary vote on the Universal Credit and Personal Independence Payment Bill on 1 July 2025, the UK Government announced it would not proceed with these specific changes to PIP eligibility at this time. The clauses in the Bill that would have introduced stricter rules were removed. Any future changes will now be considered only after a broader review of the benefit, expected to report by autumn 2026, led by Work and Pensions Ministry and co-produced with disabled people and their representative organisations.

Source: [Resolution Foundation, March 2025](#)

*Source: [ResearchGate, April 2022](#)

3. Public Policy

3.1. Policy Responses Context

UK

Policy Context of Austerity

Population health in the UK began stagnating before COVID-19. After a century of improvement, life expectancy gains stalled around 2012, and death rates rose in the most deprived 20% of areas between 2012-19*. Estimates suggest 335,000 excess deaths during this period. In Scotland, healthy life expectancy fell by two years (2011-19), with sharper declines in deprived communities**. Evidence — including systematic reviews*** — points to UK Government austerity as a key driver****, marked by deep cuts to local government, public services, and social security (including disability benefits), disproportionately affecting disadvantaged and disabled people*****.

Fundamental Causes of Health Inequalities

Poor health and disability are concentrated among economically disadvantaged groups, reflecting the fundamental role of socioeconomic factors — power, wealth, and income. While disability can worsen economic status, the primary relationship runs from socioeconomic position to health. Disabled people who are poor face double disadvantage. Policy must address these root causes and disrupt pathways from disability to economic hardship.

Policy Levers Across Government Levels

Reducing health inequalities requires action at multiple levels: UK Government (tax-benefits, employment law, industrial strategy), Scottish Government (healthcare, skills, parts of industrial strategy), and local/regional authorities. Local governments can resist negative influences by improving living conditions and mitigating harm through accessible, high-quality public services. Strong collaboration across local authorities, health boards, and service providers is essential.

*Source: Walsh, D.; Dundas, R.; McCartney, G.; Gibson, M. & Seaman, R. (2022). Bearing the burden of austerity: how do changing mortality rates in the UK compare between men and women? *Journal of Epidemiology & Community Health*, 0: 1-7.

** Source: Walsh, D.; Wyper, G.M.A & McCartney, G. (2020). Trends in healthy life expectancy in the age of austerity. *Epidemiology & Community Health*, 76:743-745.

*** Source: Broadbent, P.; Walsh, D.; Katikireddi, S.V.; Gallagher, C.; Dundas, R. & McCartney, G. (2024). Is Austerity Responsible for the Stalled Mortality Trends Across Many High-Income Countries? A Systematic Review. *International Journal of the Social Determinants of Health & Health Services*, 54(4): 362-379.

**** Source: Alexiou, A.; Fahy, K.; Mason, K. et al. (2021). Local government funding and life expectancy in England: a longitudinal ecological study. *Lancet Public Health*, 6: e641-7.

***** Source: MacDonald, K. & Morgan, H.M. (2021). The impact of austerity on disabled, elderly and immigrants in the United Kingdom: a literature review. *Disability and Society*, 36(7): 1125-47.

3.2. Universal Credit and Carer's Allowance are increasingly subject to conditionality

UK

Social security benefits, such as the health and carer elements of Universal Credit (UC) and Carer's Allowance offer some support. However, they often fail to adequately protect family incomes.

For example, **Carer's Allowance claimants lose their entitlement entirely once they earn more than £196 a week, creating a potential disincentive to work, particularly for those whose employment opportunities are restricted to low-income jobs.** Despite media and wider discourse portraying disability benefits as easy to obtain and a focus on 'fraudulent claimants', focus group participants spoke about how complex and difficult to navigate the benefits system can be. Additionally, people in receipt of benefits often experience societal stigma.

Scotland

People claiming benefits are often subject to *deductions and sanctions*.

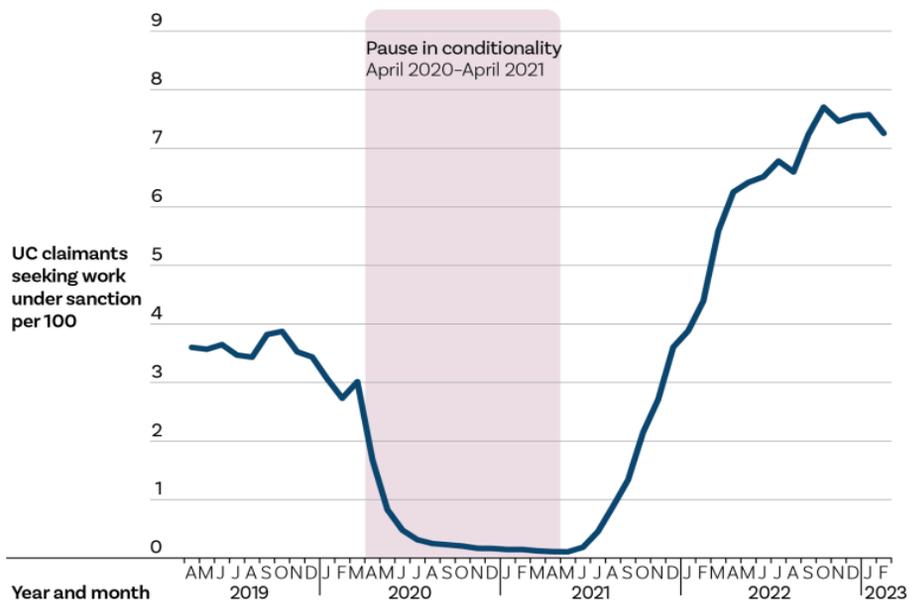
A *deduction* is money taken from their nominal benefit payments, to repay loans by the Department for Work and Pensions (DWP). Some examples include advance payments to bridge waiting times to benefits and Tax Credit overpayments. In May **2022, 50% of households claiming UC in Scotland (188,300) were subject to a deduction.** The average deduction amounted to £744 per annum per household.

Benefit *sanctions* are a cut to benefit payments applied when the DWP decides claimants have failed to meet the conditions outlined in their 'claimant commitment'. **From February 2022 to January 2023 there were over 101,000 Universal claimants under sanction per month (cumulative), with most sanctions applied to people seeking work. Research estimates that the average length of a UC sanction is 11 weeks, with a financial loss of £660.** Work-search requirements are being expanded for lead carers (i.e. those with primary responsibility for looking after children in their household) and those carers claiming Universal Credit will also be required to look for work or increase their hours.

Graph 8 shows that after Covid, sanctions for people seeking work and claiming UC increased dramatically, almost doubling the rate of sanctions pre-Covid (and before the ‘pause in conditionality’ period). This suggests that sanctions are not necessarily driven by claimant behaviour, but rather by the rules and enforcement mechanisms set by government policy.

This has implications for debates around the effectiveness and fairness of conditionality in welfare systems — especially considering evidence that sanctions can harm health and reduce financial stability without improving employment outcomes.

Graph 8 : : People seeking work claiming Universal Credit under sanction per 100 Universal Credit claimants in the seeking work category: Scotland, 2019-2023



Source: DWP

3.3. Local government support plays a critical role in the improvement of social care

UK

Although the analysis has focused on the living standards of those with disabilities or caring responsibilities, there is no doubt that public services play a crucial role in supporting people's health and providing formal social care.

In the case of social care, provision falls well short of need: according to NHS data, **only 41% of people who apply for publicly-funded social care end up receiving it, falling to less than 29% of working-age applicants.** Recent Resolution Foundation polling has shown that low-to-middle income families would prioritise spending on social care above all other public services except the NHS and police.

But a well-functioning health and social care system will not be a panacea. Recent rises in NHS waiting lists are one of the most obvious signs that the health system is struggling, but disability rates also rose when NHS waiting lists were shorter. And although formal social care can ease pressures on unpaid carers, many carers find their caring role deeply meaningful, and many care recipients prefer to be looked after by someone they know.

The Government is aware of the need to reform the social care system (although the Casey review will not report until 2028), but they should also consider restoring wider support for unpaid carers, such as respite care.

Scotland

In 2025/26, **£88.4 million in Carers Act funding will be distributed to local authorities, with 33.27% (£29.4 million) allocated to local authorities in Glasgow City Region.**

While this investment is welcome and supports unpaid carers through local services, analysis by the Coalition of Carers in Scotland (via Freedom of Information requests) highlights concerns around allocation efficiency and transparency in 2022/23.

Only £74.9 million was passed on to Health and Social Care Partnerships (HSCPs), with some areas allocating less than 70% of their award. Of the funds allocated, 92% supported carers directly or indirectly, but up to £19 million may not have been used for Carers Act implementation**.

Data inconsistencies and the absence of ring-fencing limit the ability to track and evaluate impact, underscoring the need for improved financial reporting and clearer accountability.

Figure 1: Scotland Carers Act funding awarded to local authorities since 2018

Carers Act funding awarded to local authorities since 2018				
2018/19	2019/20	2020/21	2021/22	2022/23
£19.4m	£27.9m	£39.5m	£68m	£88.4m*

NOTE: £88.4m is now the baseline level of funding which is awarded annually.

3.4. Policy Response at Government Level

The Joseph Rowntree Foundation (JRF) highlight two primary policy routes to addressing the hardship of those receiving work-related disability benefits; increasing the adequacy of these benefits and supporting disabled people who can work into the labour market. On the other hand, NESTA developed a Health and Social Care policy idea package to serve as ‘food for thought’ for policymakers looking to innovate in these areas.

The following (non-exhaustive) list of recommendations are mostly drawn from JRF, Resolution Foundation, Mental Welfare Commission for Scotland and NESTA reports, highlighting actions at different levels of government.

UK Government

- Target the root causes of people being on work-related disability benefits and take a health-first approach*.
- Avoid restricting entitlement to and take-up of work-related disability benefits, which would increase hardship and be ineffective.
- Explore benefit system reform, including co-produced replacements for Work Capability Assessments and the current sanctions approach.
- Introduce paid carer’s leave to support workers with fluctuating conditions or needs.

*Source: Coalition of Carers in Scotland, March 2024

**Source: Coalition of Carers in Scotland, March 2025

Scottish Government

- Improving access to healthcare services is vital, but also policies to improve population health**.
- Measure economic and social progress through health and wellbeing measures, instead of Gross Domestic Product.
- Provide proactive engagement with employment support but ensure that engagement is undertaken on voluntary basis.
- Improve application processes and data integration within the Department for Work and Pensions regarding caring status.
- Ensure that the Care Reform (Scotland) Act 2025 makes explicit reference to carers being recognised as equal partners in care. This would result in the recognition of carers as genuine partners in care with rights to give and receive information, to be included at every stage of care planning, discharge planning and transition points across mental health and learning disability services. And for services to undertake audits to evidence this implementation in practice.

Regional Government

- GCR can support engagement work with employers to engage them in providing support for those with disabilities, chronic health conditions and carers that desire to enter the workforce. These can include job adaptability, flexible working, and shifts in employer attitudes towards disability and carers.
- Recognise the intricate relation between disability and caring responsibilities when designing policy and initiatives.
- Improve data collection, accuracy and sharing by creating targets and incentives for healthcare providers and local authorities, to proactively identify carers and ensure that their caring status is recorded in their health records.
- Move beyond one-off projects and invest in long-term partnerships that actively include unpaid carers in decision-making as the care system evolves.

*Source: [BMJ 2025;388:r76](#), January 2025

** Source: Hult M, Lappalainen K, Saaranen TK, Räsänen K, Vanroelen C, Burdorf A. Health-improving interventions for obtaining employment in unemployed job seekers. Cochrane Database of Systematic Reviews 2020, Issue 1. Art. No.: CD013152. DOI: [10.1002/14651858.CD013152.pub2](#). Accessed 12 November 2025.

Case Study

In July, the Future Hospital initiative — led by Strathclyde University in collaboration with Glasgow City Health & Social Care Partnership and the charity Lanarkshire Carers — launched a nationwide survey inviting unpaid carers across Scotland to share their needs, insights, and experiences. The goal is to shape innovative, long-term solutions that support both carers and those they care for. Key themes include improving quality of life, providing skills training, and strengthening financial support. Feedback from carers will directly inform a series of workshops, focus groups, and pilot projects scheduled for later this year.

Local Government

- Ensure a move beyond work-first approaches to employability, towards health-first approach.
 - Examples:
 - Involve disabled people and carers in designing local employability and health programs, ensuring services reflect real-life challenges and aspirations. This leads to more relevant, compassionate, and effective support systems.
 - Co-locate employability services with community health hubs or GP practices, offering holistic support (e.g. mental health, physiotherapy, occupational therapy). This treats employment as part of a broader wellbeing journey, not an isolated goal.
 - Use public spend to advance progressive employment practices, including good/fair work, and to create healthier working environments.
 - When commissioning services, prioritise bids that deliver social value for disabled people and carers.
 - Safeguard efficient and transparent support for carers, both to alleviate pressures and recognise the vital role they play.

Case Study

Since 2022, North Lanarkshire Carers Together (NLCT) have implemented the “Tackling the Cost-Of-Living Emergency for Unpaid Carers in North Lanarkshire **“WE ASKED, YOU SAID, WE DID”** campaign to track and support unpaid carers who are experiencing increasing levels of financial hardship. As a result of the campaign’s findings and recommendations, the following measures have been successfully implemented:

- The implementation of £1000 hospital discharge payments, offered to carers upon hospital discharge of the person they care for, is enabling people to leave hospital and fund carers for up to a six-week period to provide essential care.
- An effort to increase the number of unpaid carers who access their own Self-Directed Support (SDS) budgets to support them in their caring roles.
- An immediate implementation of the latest Scottish Government guidance around increased flexibility around what current SDS payments can be used for.
- A new approach from North Lanarkshire Council’s Tackling Poverty team that prioritises identifying unpaid carers during support calls and signposts them to specific services and supports to alleviate specific caring role-related financial stressors.

Conclusion

Key Takeaways

- **Living standards and mental health for people with disabilities and unpaid carers have declined** over the past five years, especially among the poorest households in the UK.
- Contributing factors include **inability to work, cuts to disability benefits, and stricter conditions** on Universal Credit and Carer's Allowance.
- While many carers and disabled individuals want to work, there are **few flexible employment options** that accommodate their needs.
- Despite numerous recommendations and some progress, **meaningful improvements in carers' experiences remain limited**.
- Policy must adopt a **holistic, health-first approach** — prioritising better health outcomes while enabling economic participation for those who wish to work.
- Solutions should combine **top-down strategies through devolved governance** with **bottom-up input from people with disabilities and unpaid carers**, ensuring policies reflect real needs and challenges.
- A coordinated approach and better **alignment of services** are more likely to deliver sustainable, positive outcomes for both health and employability.
- **Successful local authority initiatives** offer valuable models that should be scaled and replicated across the Region.

Glossary

Comparing *disability* and *health related economic inactivity*:

- The categories of **long-term ill health and disability are not homogenous** – particularly when they overlap. Within this broader classification, there are distinct groups with specific needs, requiring tailored policy responses.
- Individuals who report that their day-to-day activities are limited due to long-term physical or mental health conditions or illnesses are classified as disabled. This definition aligns with the harmonised standard for measuring disability and is consistent with the Equality Act (2010).
- By contrast, ill health is a broader term that encompasses a wider range of conditions, such as cardiovascular issues including heart disease and high blood pressure.
- Despite these conceptual differences, disability and ill health are often grouped together in measurement and analysis, which can obscure important distinctions between the two.