



REPORT

COST OF LIVING

Disability and poverty in Northern Ireland

New analysis of financial hardship and extra costs facing disabled people in Northern Ireland shows that, without serious Government action, their living standards will continue to fall.

Published on: 29 May 2026

Written by: Sheena McMullen, Ursula O'Hare, Christine Ellison

Reading time: 55 minutes

Executive summary

Disabled people in Northern Ireland face significantly higher levels of poverty and material deprivation than non-disabled people. Although around 1 in 4 people live with a disability, they are almost twice as likely to be in poverty as non-disabled people.

This inequality is driven by 3 core factors: high and rising extra costs of disability, barriers to employment, and a social security system that does not adequately protect against hardship.

This report begins by setting out the latest available evidence on the prevalence of disability in Northern Ireland and the extent of poverty experienced by disabled people and their families. It then examines how disability shapes patterns of employment, including barriers to entering and sustaining work.

Building on this, the report calculates for the first time the 'disability price tag' for Northern Ireland, finding that the costs of living with a disability are both substantial and rising, while incomes have not kept pace (Scope, 2023). The analysis shows that the extra costs associated with disability increased from 52% of total household income before the pandemic to 56% afterwards, with average monthly costs rising from £608 to £808.

This means that the extra costs of disability jumped by a third in a relatively short time. Meanwhile, the gap between the Personal Independent Payment (PIP), intended to support the additional costs of disability, and real costs has widened by over three-fifths (62%) — pushing disabled people further behind.

These pressures have continued to increase and are projected to intensify. The shortfall between Personal Independence Payment income and the extra costs of disability in Northern Ireland is expected to reach around £820 per month in 2023–26, rising to £873 per month in 2026–29. This points to a persistent mismatch between disability-related costs and the social security payment that is designed for this purpose.

This financial strain is clearly reflected in living standards. Disabled households are almost 3 times more likely to experience low affordability, such as being unable to heat their home, pay bills or replace household goods, and only 26% report high affordability compared to 43% of non-disabled households. Recent and unexpected spikes in energy prices are likely to exacerbate these pressures further.

Younger disabled people (aged 16–34) face the most severe impacts, with post-pandemic extra disability-related costs exceeding £1,000 per month and income shortfalls of over £700, with significant evidence of higher rates of going without essentials compared to older age groups (55+).

This points to a deepening generational inequality, with long-term consequences for financial resilience and life chances.

For those receiving Universal Credit (UC) and equivalent legacy benefits, support is also inadequate. Of disabled UC recipients, 56% are in material deprivation, compared with 12% of non-disabled people. Recent reductions to the Limited Capability for Work-Related Activity (LCWRA) element — cut by around half for new claimants from April 2026 — will further weaken support available. Many new claimants will only be eligible for around £217.26/month. This is compared to the higher rate of £429.80/month for existing claimants and specific protected groups (UK Government, 2026a).

Employment can improve financial security for some people, but structural barriers, limited access to flexible employment and additional costs such as transport, childcare, and health-related needs often restrict opportunities and reduce financial gains.

Even for those who can work, employment cannot be relied upon to protect against hardship. Experience reported through focus groups highlights support systems that are complex and stressful and that, at times, increase feelings of insecurity. Some reported how reassessments within the social security system discouraged people from taking risks, including trying work, due to fear of losing income.

Current or draft policy frameworks in Northern Ireland do not yet give sufficient focus to tackling the extra costs of disability or addressing the structural barriers facing a significant percentage of the overall population with a disability. This leaves a significant gap between the ambition of a fully inclusive and prosperous society envisioned within the current NI Executive's Programme for Government and

disabled people's lived reality (NI Executive, 2025).

1. Introduction

Around 1 in 4 people (approximately 460,000) in Northern Ireland live with a limiting long-term health condition or disability. This is not a marginal issue; disability is part of everyday life, shaping the experiences of many families — whether directly or through a relative, friend or colleague.

High rates of disability in Northern Ireland have been explained not purely by underlying health need, but by structural, historical and socio-economic factors, including the enduring impact of conflict (Devlin et al., 2023). It has also been widely reported that there are significantly higher levels of need in the most disadvantaged communities (Devlin et al., 2023).

This is supported by other evidence, such as a UK-wide assessment of health deprivation, based on self-reported health, which found that around 28% of the areas in Northern Ireland fell within the most deprived 10% across the UK on this measure (Lloyd et al., 2025). This compares with 23% in Scotland, 16% in the Northeast of England, and much lower shares in regions such as London (1.5%) and the East of England (2.65%) (Lloyd et al., 2025).

Evidence further indicates that Northern Ireland has a relatively high prevalence of mental ill-health within the UK (MHF & MHC, 2023; MHC, 2026). Mental health conditions account for a substantial share of disability among both adults and young people, with early onset often leading to longer-term support needs across the life

course (NIAO, 2024). At the same time, health and social care services are under sustained pressure. Long waiting times in Northern Ireland remain a particular challenge for services, an indication that capacity is not keeping pace with levels of need (Department of Health, 2026).

Furthermore, key stakeholders have highlighted how gaps in equality legislation may place disabled people at a disadvantage compared with elsewhere in the UK. The Disability Discrimination Act 1995 (UK Government 1995) remains the primary legal framework, and the Equality Act 2010 (UK Government 2010) does not apply (NI Assembly, 2024). The Equality Commission for Northern Ireland has identified ‘clear and persistent weaknesses’ in the current framework, noting that protections lag behind those available in other jurisdictions and fall short of international standards (ECNI, 2024).

Additionally, they observed how Northern Ireland has had significant periods without a functioning Executive, which has ‘resulted in a significant lack of progress on issues affecting disabled people’ and concerns remained that the ‘required UN CRPD-related actions’ would not ‘be implemented expeditiously, if at all’ (NIHRC, 2024).

In this report, we find that disabled people face a significantly higher risk of poverty. This is driven by 3 interconnected factors: the additional costs associated with disability and ill health, structural barriers to employment, and a social security system that does not adequately protect against hardship.

For those unable to work, a reliable and adequate social security system is essential to ensure a dignified standard of living. However, UK-wide policy changes since 2010 have progressively reduced the adequacy of that system, with devastating impacts on disabled people (JRF, 2025a).

Employment can improve financial security, but only where the right support, flexibility, hours and workplace adjustments that are needed by disabled people who are able to work are genuinely available. Structural barriers, limited availability of flexible work and the interaction of earnings and benefit entitlements mean that work does not reliably provide a route out of poverty for a significant proportion of disabled people of working age.

This report examines whether those conditions are currently being met in Northern Ireland. It finds that, for many disabled people, they are not.

Transitions across the life course also emerge as a critical point of risk. In Northern Ireland, around 20,000 young people aged 16–24 are not in employment, education or training (NISRA, 2026a). Within this group, some will be managing health conditions or disability, and they may face additional structural barriers that limit their ability to access and sustain opportunities compared with their non-disabled peers.

We know that timely and appropriate support for young people is often key to improving longer-term outcomes and being out of work or education when young, especially with a work-limiting health condition, can lead to lasting harm to health,

employment prospects, and earnings, creating a cycle of disadvantage with wider social and economic costs (Jones, 2023; Health Foundation, 2026).

Purdy et al. (2026) have recently highlighted the urgent need for change within the current post-19 transition process for young people with special educational needs (SEN) in Northern Ireland as they transition from full-time school education into further education, training, employment or day-care provision. This report found that young people with SEN, their families and the professionals described a ‘transition system that is fragmented, inconsistent and frequently unable to meet even the most basic expectations of clarity, continuity and access to meaningful opportunities’ (Purdy et al., 2026).

There is also growing clarity that the design of the social security system can directly shape these transitions. A recent report from the Social Security Advisory Committee found that financial incentives within the benefits system can influence post-16 decisions about education, training and work (SSAC, 2026). This appears to be particularly significant for disabled young people and their families, where the potential loss of income from social security can outweigh the financial returns from options such as apprenticeships.

Within this context, a number of key strategies in Northern Ireland, including the draft Anti-Poverty Strategy, the draft Disability and Work Strategy, and the draft Disability Strategy, remain under development. These represent a genuine opportunity for the Executive to drive coordinated, adequately resourced action in support of disabled people.

At Westminster, the Timms Review of Personal Independence Payment (UK Government 2026b) is an important opportunity to assess how disability benefits can better support people across the UK, to achieve higher living standards and greater independence.

Previous analysis has documented the scale of disability poverty across the UK (Scope, 2023; JRF 2026a). Joseph Rowntree Foundation's (JRF) recent Poverty in Northern Ireland report (JRF, 2025b) highlighted that disabled people continue to face unacceptable levels of poverty and financial hardship. The current report sets out why this is.

Using a combination of quantitative and qualitative enquiry, this report examines:

- the scale and distribution of disability and poverty in Northern Ireland
- the financial pressures faced by disabled households, including rising extra costs
- the lived experience of disability, poverty, employment and the social security system in Northern Ireland.

These parameters allow us to understand the scale and nature of disability in Northern Ireland, and why disabled people and their families continue to experience significantly higher rates of poverty. The report identifies a mismatch between rising living costs and the ability of social security support to keep pace. It also highlights the barriers faced in employment that often mean it is not a reliable route out of hardship for disabled people and their families in Northern Ireland.

The report draws on the latest available evidence to explore these challenges, using data from the Family Resources Survey (FRS) up to 2023/24. This evidence will differ from headline rates published in March 2026, which use linked benefit data to improve data quality.

The sample size of disabled people in Northern Ireland is small, which means that values can be volatile if not averaged across multiple years. We have used different periods across the report, trying where possible to minimise the number of years across which we have averaged. However, sample sizes for some populations are so small that, even when averaging across multiple years, we have not always been able to conduct the analysis we would have liked. This makes incorporating lived experience through qualitative investigation essential, providing deeper insight into how poverty, disability, social support, and participation or exclusion are experienced in practice.

The findings are stark, and they carry a clear message for policy-makers: the gap between the ambition set out in draft strategic frameworks and the lived reality of disabled people in Northern Ireland is wide, and it is growing. Without serious and sustained commitments to act, living standards for disabled people in Northern Ireland will deteriorate rather than improve.

Overall prevalence of disability in NI

Overall, 1 in 4 of the population are disabled. This means it is likely that many families are connected to or affected in some way by disability. Disability can be a lifelong

condition or it can arise at any point in life because of an unexpected health shock, with differing impacts on individuals across the life-course. It is therefore crucial to build systems and structures that can respond to the varied presentations and causes of disability across different age groups.

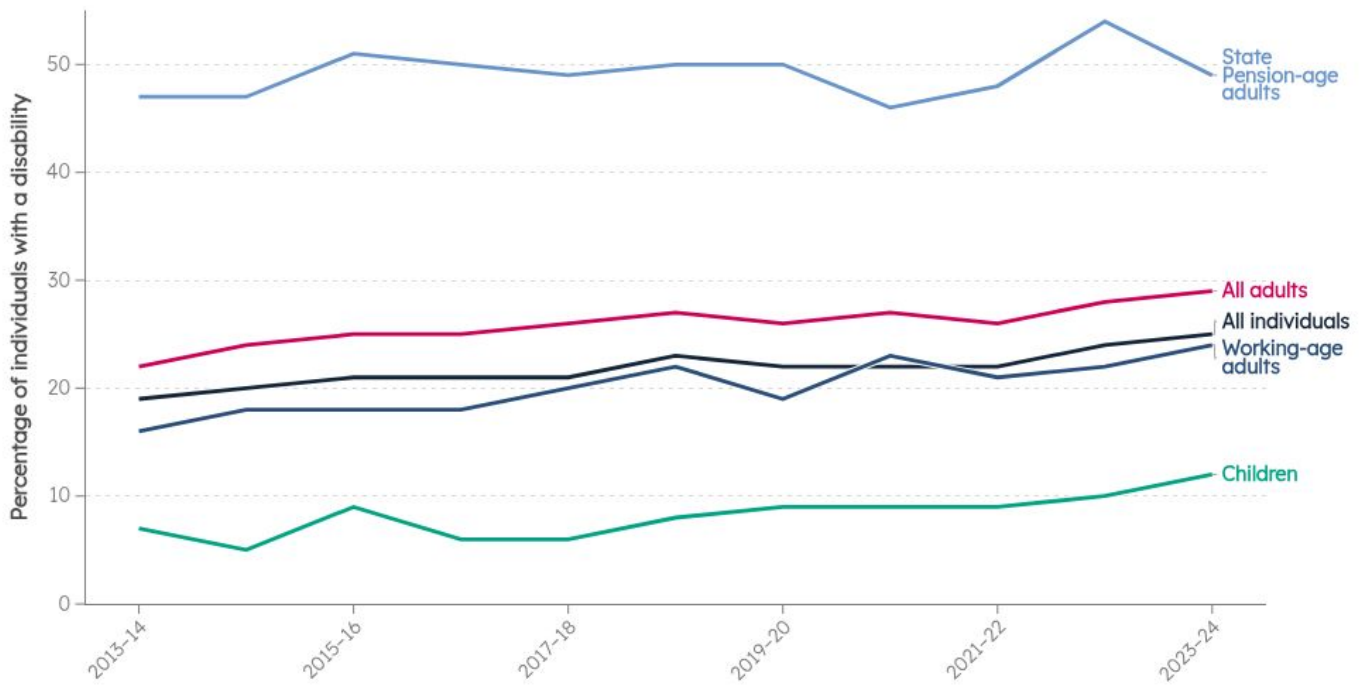
Currently, older age is associated with a greater prevalence of disability. This is in line with similar trends elsewhere. As a comparison, in 2023/24, 24% of working-age adults were disabled compared to 49% of adults over State Pension age. The higher prevalence in the older age group is most likely because the development of health conditions — including chronic illness, mobility limitations and sensory impairments — often increases with age. The cumulative effects of lifelong exposures, work and health inequalities can further contribute to the onset or worsening of disability over time.

The prevalence of disability among children in Northern Ireland has also increased steadily over time. This trend is likely to have implications for both demand on public services and broader patterns of inequality, particularly where households are already experiencing financial pressure.

Families with disabled children are more likely to incur additional costs associated with care, health needs and support services. These can compound existing risks of poverty. At the same time, the rising prevalence of disability places additional pressures on the education, health and social care systems, which are also managing constrained resources.

The extent of the overall need for support has increased over time. Over the past 10 years, the proportion of all individuals who had a disability in Northern Ireland has increased by 6%, from 19% in 2013/14 to 25% in 2023/24.

Figure 1: Disability prevalence by age group in Northern Ireland



Source: NISRA analysis of Family Resources Survey 2013/14–2023/24

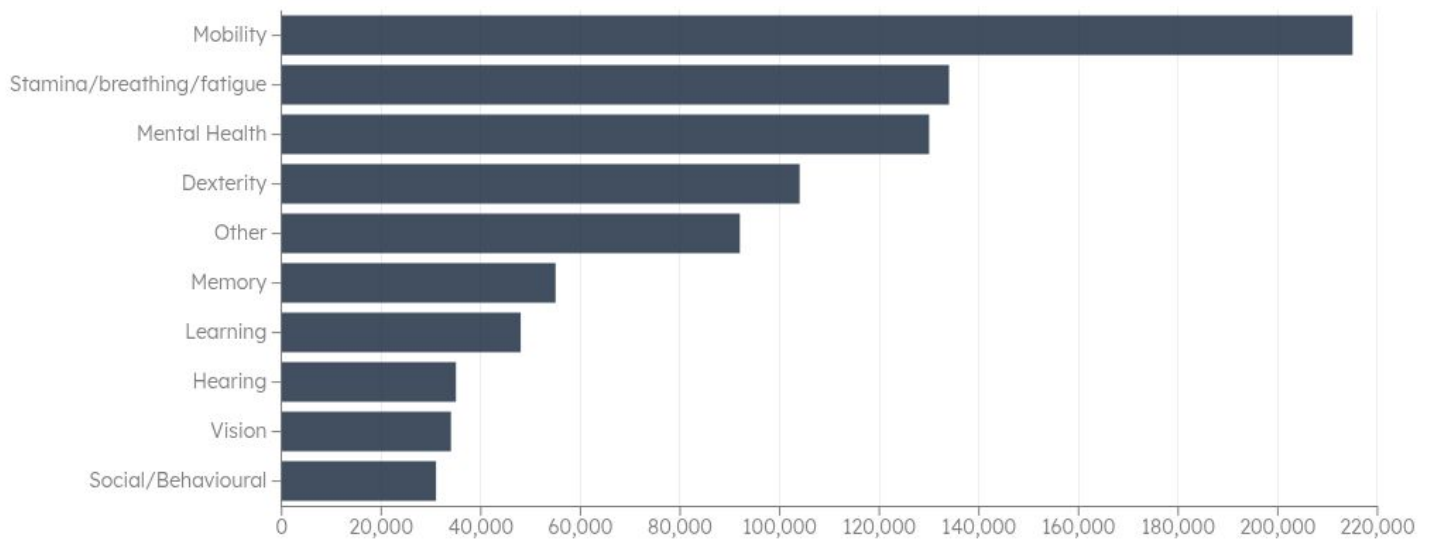
Disability prevalence and impairment type in NI

In terms of the type of disability cited, almost half (46%) reported a mobility impairment. This is a substantial amount and merits specific local consideration of how to create inclusive built environments in response.

Of those people with a disability, 29% cited an impairment related to their stamina, breathing or fatigue.

Additionally, 28% of disability prevalence in Northern Ireland is directly reported as mental health. It is important here to consider census evidence that indicates that people with physical disabilities are also more likely to experience poor mental health. This highlights a significant and often overlapping intersection between mental and physical disability and that many people may have multiple health conditions at one time which is not always obvious through disaggregated data. (NISRA, 2022; MHF & MHC 2023).

Figure 2: Prevalence of disability by impairment type in Northern Ireland



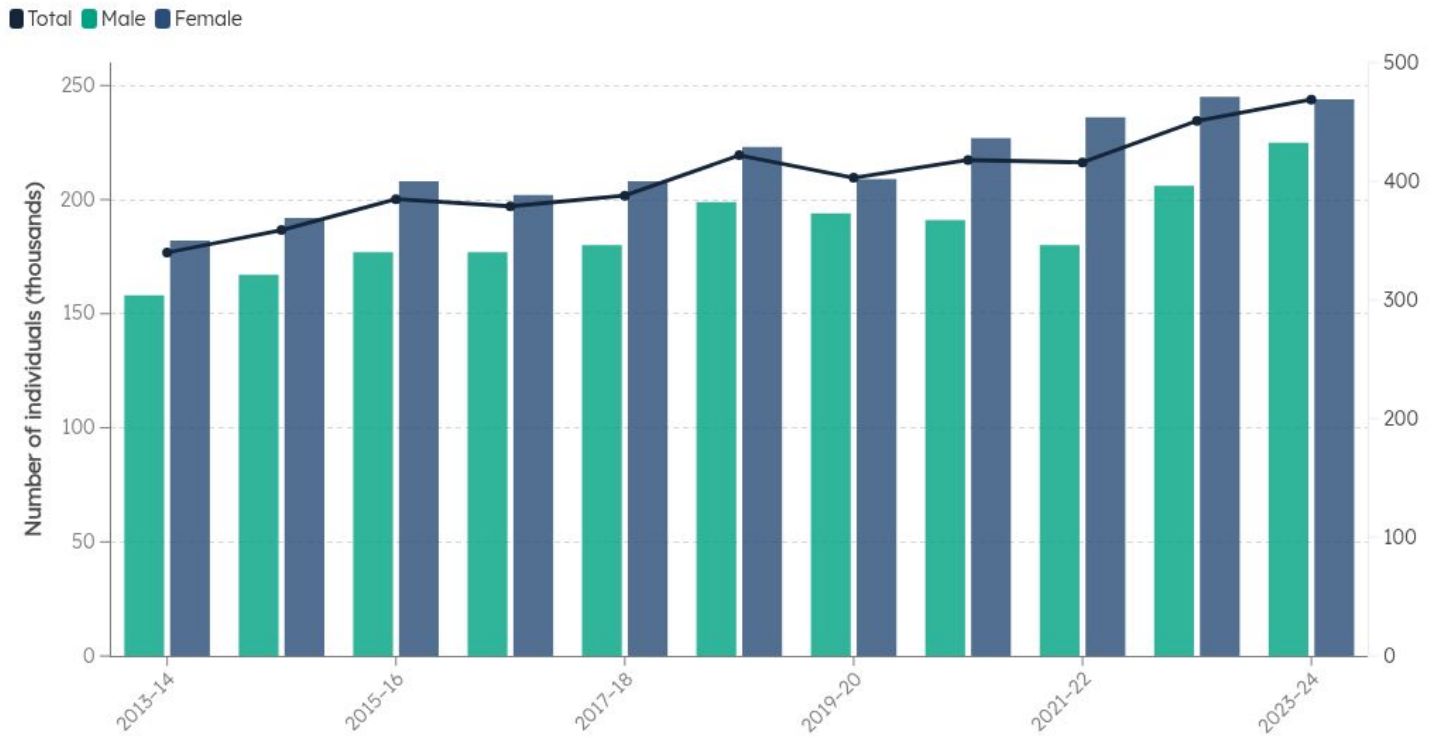
Source: NISRA analysis of Family Resources Survey, 2023/24

Disability prevalence and gender

Over the last 10 years, the number of people with a disability has grown for both males and females, but with an overall higher female representation each year.

The chart below shows that in 2023/24, approximately 244,000 females and 225,000 males in Northern Ireland reported having a disability. Overall, the number of males and females with a disability has risen over the last 10 years from 158,000 and 182,000, respectively, in 2013/14.

Figure 3: Number of disabled people by gender in Northern Ireland

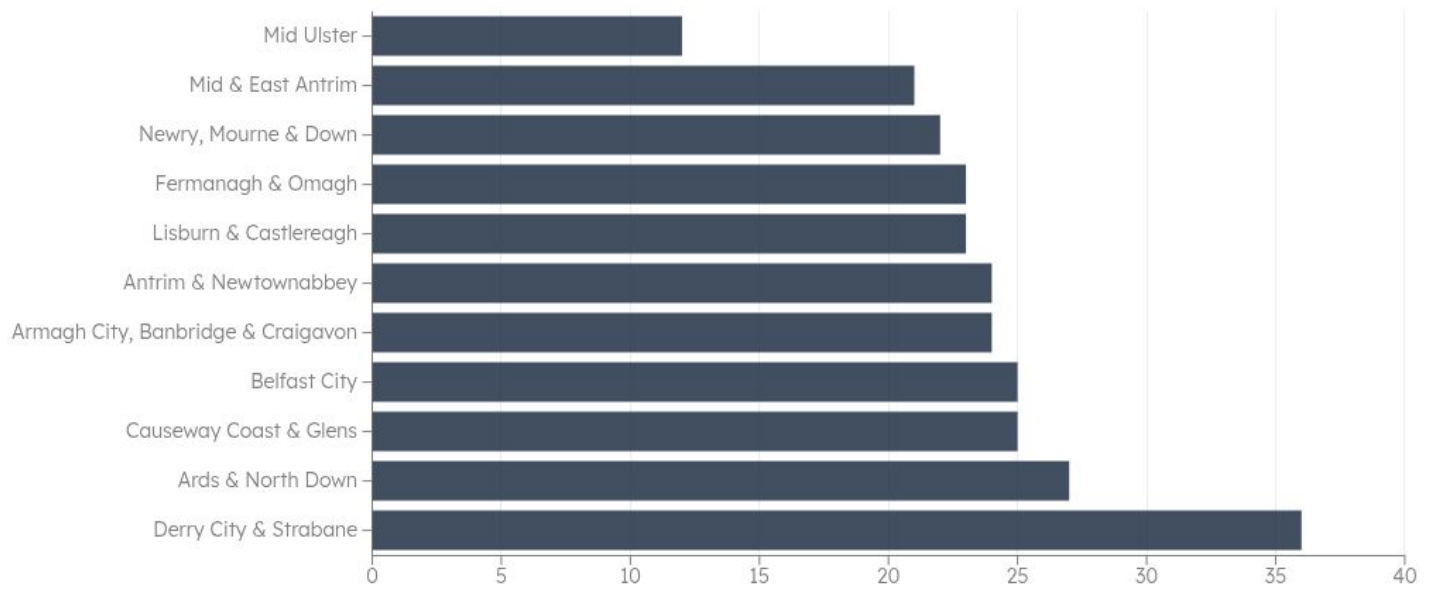


Source: NISRA analysis of Family Resources Survey, 2023/24

Disability prevalence by local area councils

The prevalence of disability varies across the local area councils within NI. In 2021-24, the area with the highest rate (Derry City & Strabane, 36%) recorded 3 times that of the area with the lowest rate (12% in Mid Ulster). Ards and North Down also has a higher-than-average rate (27%), while Belfast City and Causeway Coast and Glens (both 25%) reflect the overall population prevalence of disability of 1 in 4.

Figure 4: Disability prevalence by local council area in Northern Ireland



Source: NISRA analysis of Family Resources Survey, 2021-24

2. Disability and poverty in NI

Disabled people face a consistently higher risk of poverty. This is driven by the additional costs associated with disability and ill health, by the barriers to work that disabled people face and by limitations within the social security system (JRF, 2026a).

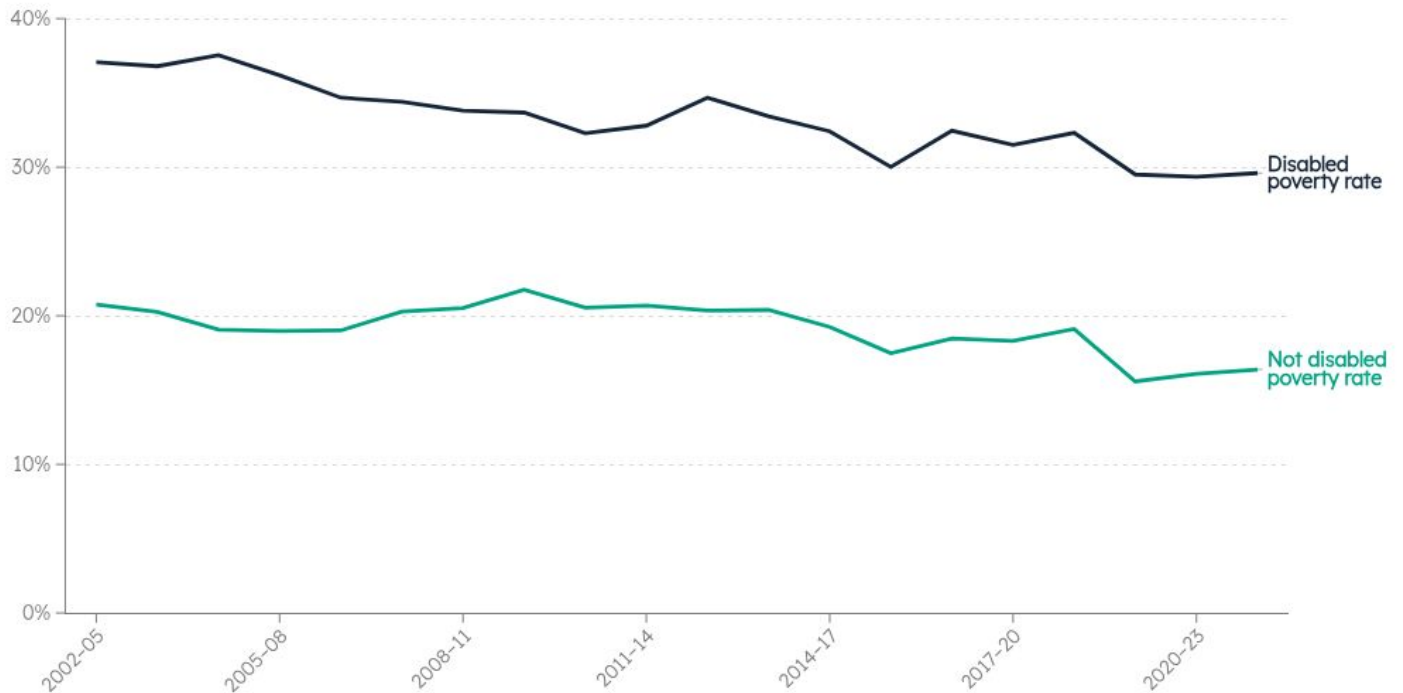
Poverty rates among disabled people remain significantly higher than for non-disabled people, with the gap proving difficult to reduce.

The poverty measure used in this report measures income after housing costs, excluding disability benefits from household income. This is because disability benefits are designed to cover the costs associated with being disabled. Therefore, including these alongside other forms of income can give a misleadingly low assessment of the poverty risk for disabled people. However, in practice, disability benefits may also compensate for reduced income elsewhere in the household budget, and the extent to which they cover disability-related costs varies considerably depending on individual circumstances and the nature of the disability.

Disability and poverty (whole of population)

Overall, in 2021–24, the poverty rate among disabled people was 30%, compared to 16% among non-disabled people. That is, the rate for disabled people was almost twice that of non-disabled people.

Figure 5: Poverty rates of disabled and non-disabled people in Northern Ireland



Source: Family Resources Survey, 2023/24

Poverty rates among households with disabled members

Families that include disabled adults or children face much higher poverty rates. A key driver is lower employment among disabled people and within households where someone is disabled.

Barriers to work, access to health services, and the availability of affordable childcare, including specialist provision for children with disabilities, are likely to be

important contributory factors (King’s Fund, 2024; EECC, 2026; JRF, 2026a). The current draft Executive Early Learning and Childcare Strategy (2025) acknowledges the need for targeted support for ‘those facing disadvantage and those with additional needs’ but does not explicitly point to how a lack of specialised childcare, including childcare that meets the complex care needs of children with disability, is a binding constraint on employment for parents of disabled children (NI Assembly, 2025).

These challenges are often further compounded by limitations in regional transport infrastructure and the presence of ‘cliff-edge’ effects in the support available to households with young adult dependants with a disability who are transitioning to adult services (Jones, 2023).

Poverty rates vary by who is disabled within the family. We can see that poverty is most acute in families where there are both disabled adults and disabled children; it is 32% for families with disabled adults and children and 30% where there are disabled adults but no children.

Table 1: Poverty rates are much higher for families containing disabled adults and children

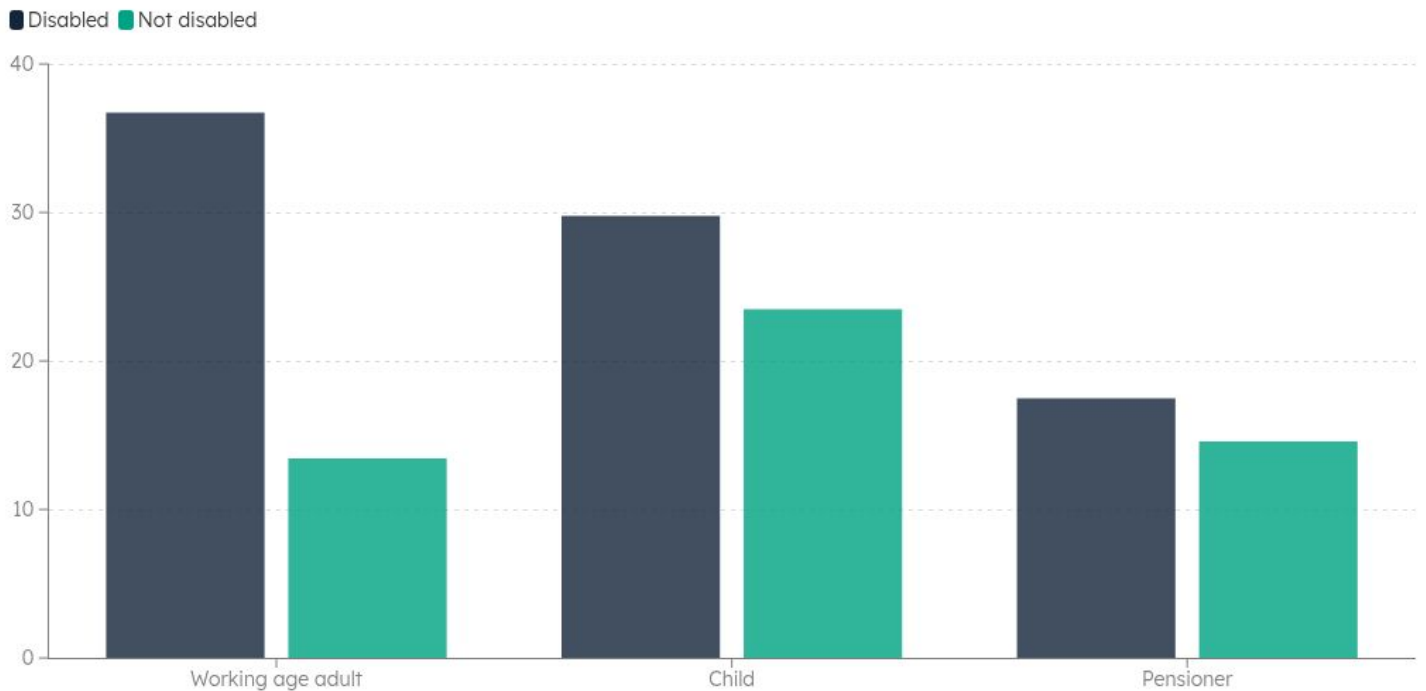
Disability mix within family	Poverty rate (%)
Disabled adults and children	32
Disabled adults only	30

Disability mix within family	Poverty rate (%)
Disabled children only	24
No one disabled	14

Poverty rates by age group for disabled and non-disabled people in NI

Figure 6 compares poverty rates across different groups in Northern Ireland, for both disabled and non-disabled people.

Figure 6: Poverty rates across different groups in Northern Ireland, for both disabled and non-disabled people



Source: Family Resources Survey, 2021-24

We can see that the gap is particularly pronounced among working-age adults, where 37% of disabled people are in poverty, compared to 13% of non-disabled working-age adults. This means that disabled working-age adults are almost 3 times as likely to be living in poverty as their non-disabled peers.

There is also a significant gap among children, where 30% of disabled children are in poverty compared to 23% of non-disabled children. This must be considered alongside evidence that highlights the complex relationship between SEND and

socio-economic disadvantage and the need to counter a ‘double disadvantage’ in relation to longer-term outcomes in health, education, employment and wider inclusion in society (O’Regan et al., 2025).

Significantly, this analysis also shows that pensioners (65+), despite having the highest prevalence of disability in Northern Ireland, have the lowest poverty rate by age group. This is likely because they benefit from relatively stable income sources such as the State Pension and other means-tested pension-related benefits (Cribb et al, 2024). These provide more consistent and annually uprated levels of financial support in line with the ‘triple lock policy’ than the income currently available to working-age groups, including parents of children with a disability (Cribb et al., 2024; IFS, 2025).

Poverty rates by main disabling condition

The poverty rate for disabled adults with a limiting mental health condition is 39%, compared with 28% for people with a physical disability and another disability.

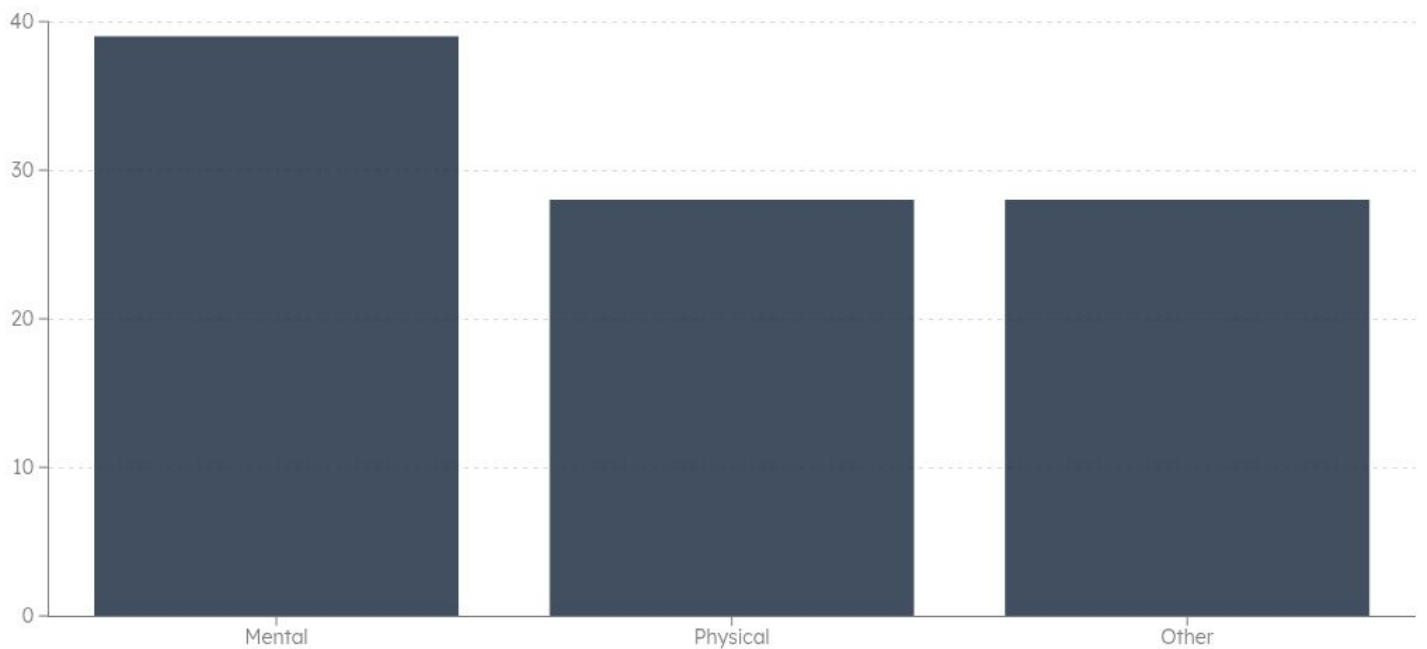
This correlates with evidence from elsewhere in the UK that shows that people with a mental health condition have had consistently higher rates of poverty than people with other disabilities (JRF, 2026a).

These findings are underscored by large inequality gaps that continue to exist for mental health indicators in Northern Ireland. For example, prescription rates for

mood and anxiety disorders increased across all areas between 2019 and 2023, with rates in the most deprived areas around two-thirds higher than those in the least deprived areas (Department of Health, 2025).

However, the analysis below also highlights that disability data collection in Northern Ireland must be improved, as a large ‘other’ category obscures the specific disabling conditions that people experience, making meaningful disaggregation difficult.

Figure 7: Poverty rates by main disabling condition in Northern Ireland



Source: Family Resources Survey, 2021-24

Poverty rates among working-age disabled and non-disabled people, by gender

The poverty rate among working-age disabled men is 38%, around 3 times the rate for men who are not disabled (12%). For working-age disabled women, the poverty rate is lower at 36%, around 2 and a half times the rate for women who are not disabled (14%).

The small difference between the sexes is driven in part by work, as a slightly higher proportion of disabled working-age men are in workless households than disabled women (38% versus 36%); the remaining difference is explained by a higher poverty rate for workless disabled men than disabled women (72% versus 68%).

Among working-age adults, 49% of disabled men are single without children, 18 percentage points higher than for disabled women (31%). In contrast, disabled women are more likely to be single with children (16%), compared to just 1% of men who are in that family type.

These figures highlight how policies and interventions need to ensure they recognise potential multiple, overlapping risk factors. A single, disabled woman with children in her household will likely have additional support needs — for example, access to affordable childcare — than a disabled man who is single without children.

Disability and deep poverty

Disabled people are also more likely to move into very deep poverty than non-disabled households. The risks are greater for working-age families (Taylor & Schmuecker, 2023).

We found that 6% of families in which no one is disabled in NI are in very deep poverty. This is compared to 11% of families in which someone is disabled. This means that having a member of a household with a disability almost doubles the risk of experiencing deep poverty.

Disability and food insecurity

In 2023/24, 4% of households with no disabled adults were food insecure, compared to 15% of households with a disabled adult.

The risk was again higher for those under pension age (16–64) and disabled, with 21% of households in this category lacking food security.

Disability and material deprivation

Previous analysis by JRF (2026a) shows a strong link between disability and higher levels of material deprivation. Disabled people face elevated risks of poverty and financial hardship, driven by a combination of lower incomes and the additional costs associated with disability (JRF 2026a). This section builds on that evidence by

focusing specifically on the Northern Ireland context.

As the material deprivation measure was updated in 2024, this analysis uses the previous measure and draws on a 5-year average to address small sample sizes. Across 2018–23, working-age disabled adults experienced substantially higher levels of material deprivation than their non-disabled counterparts. The gap is even more pronounced among those who are both disabled and in receipt of UC or equivalent legacy benefits.

Using the composite measure, 36% of disabled adults were in material deprivation, compared with just 12% of non-disabled adults. This increased sharply to 56% among disabled adults receiving UC, indicating a compounding effect of disability and reliance on income support.

Looking across specific deprivation items, a consistent pattern emerges where disabled people are around 2 to 3 times more likely than non-disabled people to lack key goods or the means to build up financial resilience, and those on UC or its equivalents tend to fare worst of all.

For example:

- 21% of disabled adults could not afford to replace broken electrical goods, compared with 6% of non-disabled adults and 34% of disabled UC recipients
- 25% of disabled people could not replace worn-out furniture (versus 8% of non-disabled). This rises to 40% among those also receiving UC

- financial flexibility is also more limited, with 25% of disabled adults lacking money to spend on themselves (compared with 9% of non-disabled), and 37% among disabled UC recipients
- basic living conditions show similar disparities. Keeping the home adequately warm is a challenge for 13% of disabled adults and 21% of those on UC, compared with just 3% of non-disabled adults.

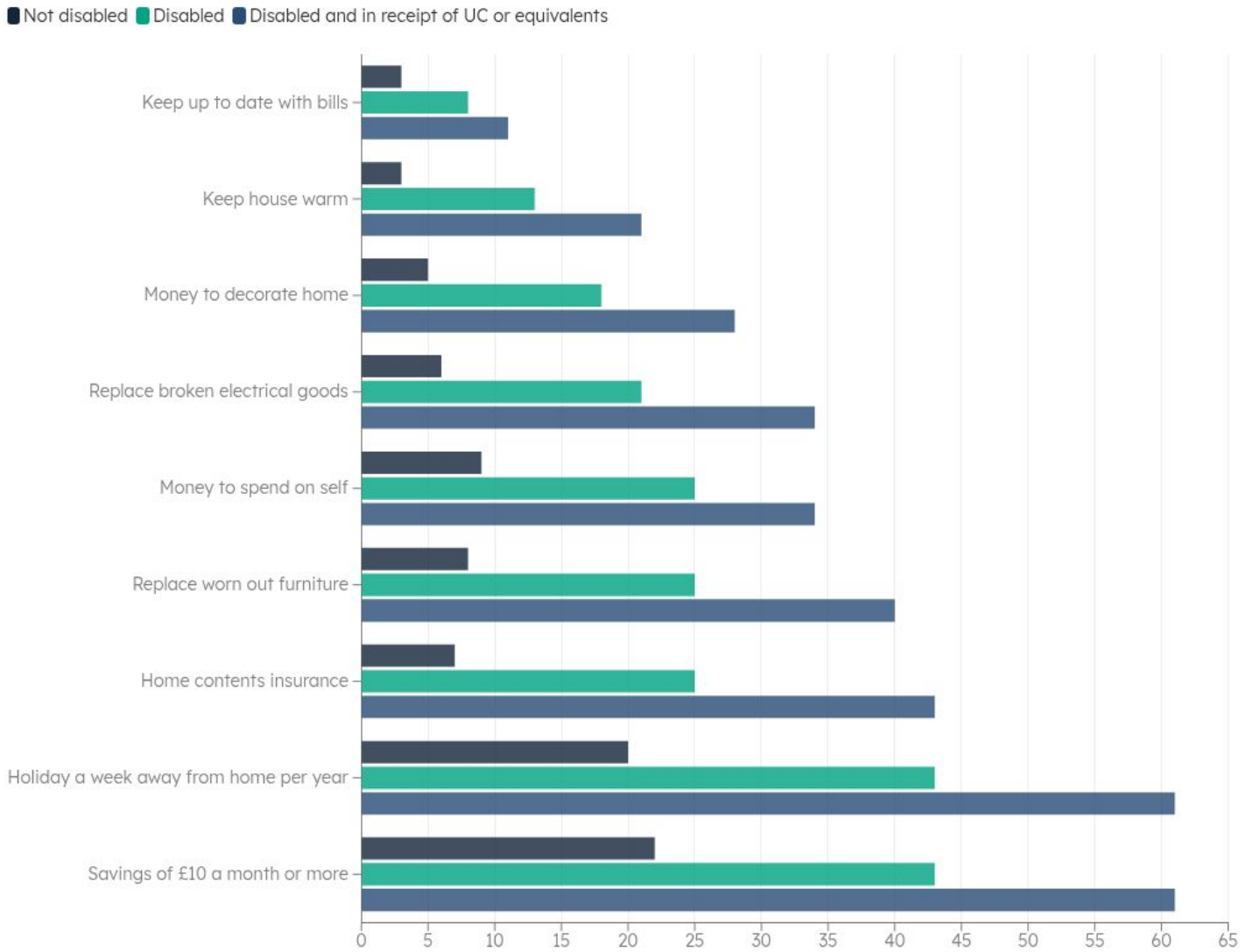
While smaller trends are observed in absolute terms, even staying up to date with bills shows the additional challenges facing disabled people, particularly those receiving UC (8% for disabled vs 3% for non-disabled, and 11% for disabled UC recipients).

These figures suggest that disabled people, particularly those on UC, are more exposed to everyday financial strain and energy insecurity than non-disabled people and have less opportunity to save and build up financial resilience to protect themselves from any unexpected financial shocks. The largest gaps appear in measures linked to financial security and quality of life.

A striking 43% of disabled adults cannot afford a week's holiday away from home each year, compared to 20% of non-disabled adults. This number rises to 61% among disabled recipients of UC or equivalent.

Of disabled recipients of UC or equivalent, 61% are unable to save £10 per month, compared to 43% of disabled adults overall and 22% of non-disabled adults. Access to home contents insurance also shows a wide disparity (25% of disabled versus 7% of non-disabled, and 43% among disabled UC recipients or equivalent lacking it).

Figure 8: Material deprivation by disability status and Universal Credit receipt in Northern Ireland



Source: Family Resources Survey, 2018-23

All of this indicates that disabled people in Northern Ireland are consistently navigating financial and material precarity at levels significantly higher than those

who are not disabled. Those who significantly rely on UC or equivalent for their income are facing even higher levels of hardship.

3. Disability and employment in NI

There is a clear and enduring relationship between disability and economic inactivity, where poorer health is both a cause and may also be consequence of sustained labour market exclusion. Economic inactivity in Northern Ireland is widely acknowledged as high, with around a quarter (26.4%) of the working-age population outside the labour market. This is well above the UK average (20.7%) (ONS, 2026a; 2026b).

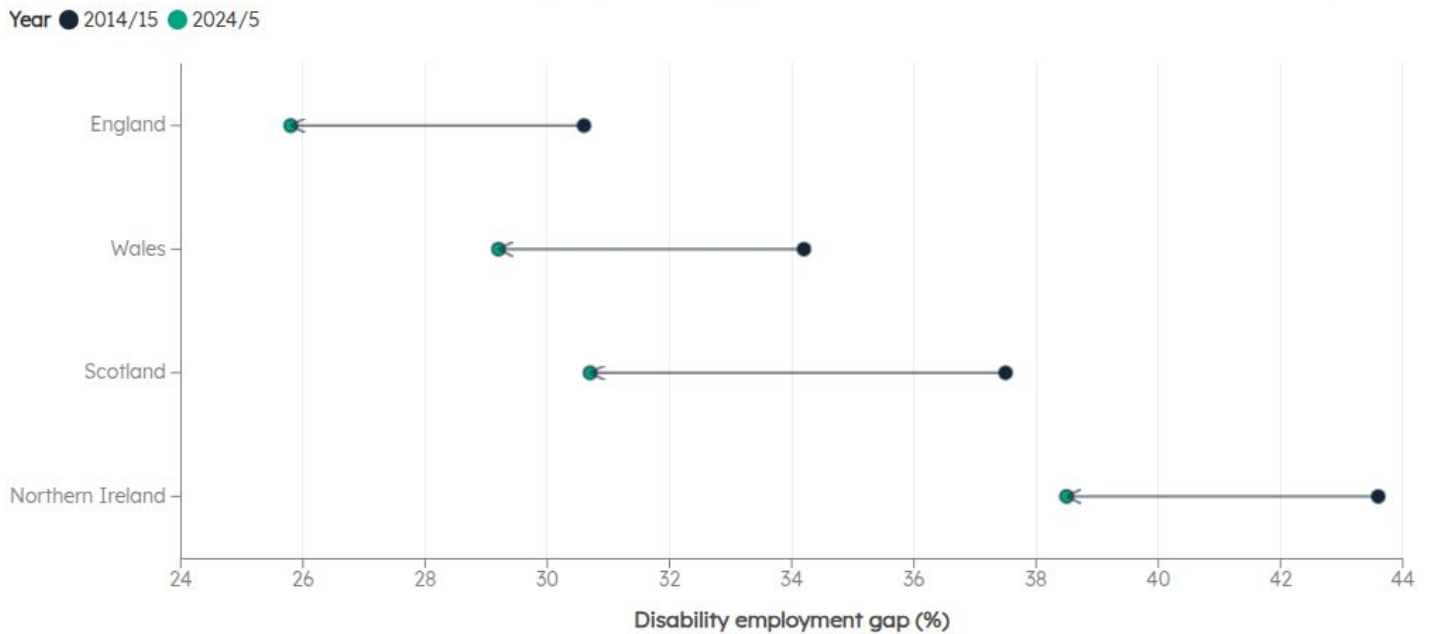
Over the past decade, the data indicates that all jurisdictions of the United Kingdom have made progress in reducing the disability employment gap. An analysis shows that Scotland has achieved the largest reduction, decreasing the gap by 7%, while Northern Ireland, Wales and England have each reduced their gaps by around 5%, but with NI starting at a higher level than other jurisdictions (DWP, 2026).

It is important to note, however, that some of the increases in disabled employment across the UK is understood as largely due to adults already in work moving into disability, rather than disabled adults moving into work (Catalano and McFadyen, 2024). In Scotland, for example, Catalano and McFadyen showed that the employment rate has largely increased due to an increase in disability prevalence (70% of the total change), meaning that this change is primarily due to working people becoming disabled, and only a small portion of the change (10%) was due to a change in working patterns among disabled people (2024).

With limited insight currently available on how prevalence interacts with the employment rate, we do know that Northern Ireland continues to have the widest disparity in employment outcomes in the UK. The disability employment gap in Northern Ireland is currently 38.5% (DWP, 2026).

This means that while 83.3% of people without a disability are in employment, only 44.9% of people with a disability are employed, highlighting the significant difference in employment opportunities between disabled and non-disabled people.

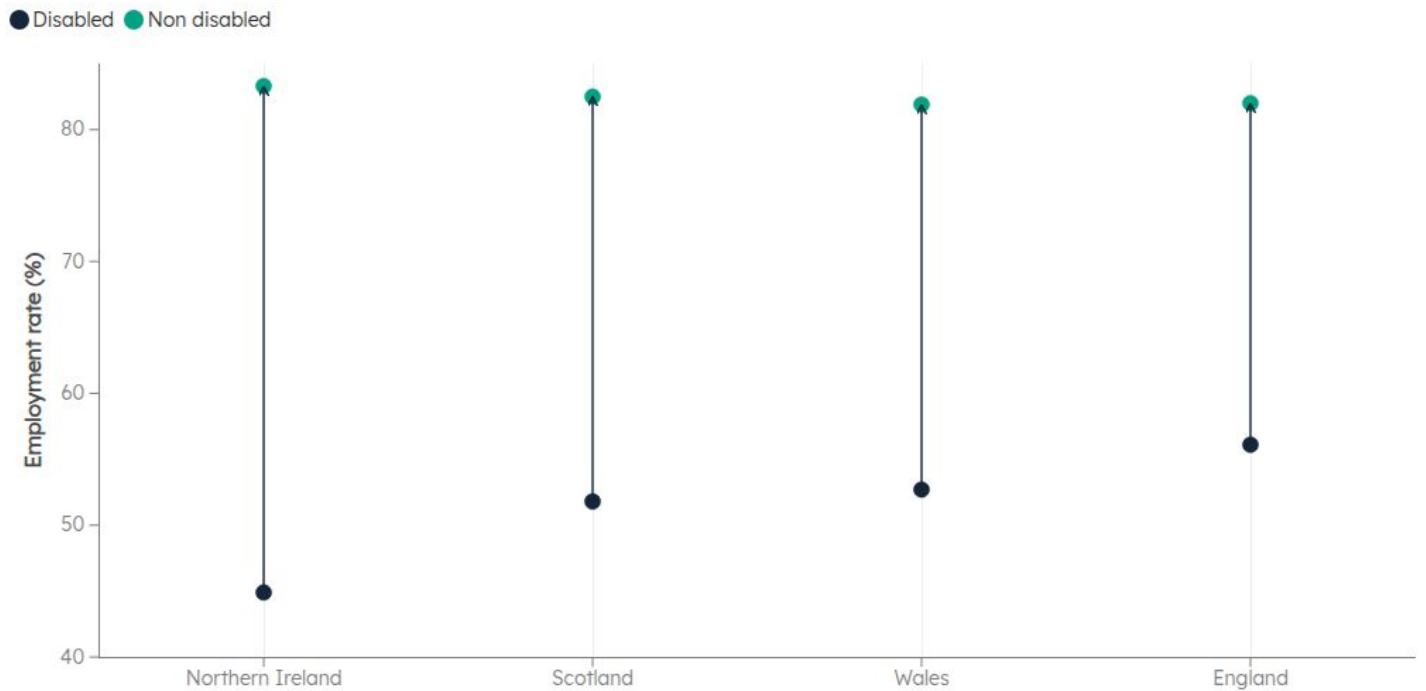
Figure 9: Change in disability employment gap in Northern Ireland 2014/15–2024/25



Source: Department for Work and Pensions, [The employment of disabled people 2025](#)

Across the other jurisdictions, the gap is notably smaller – 25.8 percentage points in England, 29.2 in Wales and 30.7 in Scotland. As shown in Figure 10, employment rates for non-disabled people are relatively consistent across the UK. However, employment among disabled working-age adults remains substantially lower in Northern Ireland, accounting for the observed variation in the gap.

Figure 10: Employment rates for disabled and non-disabled people in Northern Ireland



Source: [Department for Work and Pensions, The employment of disabled people 2025](#)

The draft Disability and Work Strategy offers the opportunity for the Northern Ireland Executive to address the challenges around the implementation of employment support measures, including against a backdrop of a labour market with a high proportion of small-medium enterprises. Key to this is tackling the insecure and unsustainable funding streams for training and employability programmes (NIAC, 2026).

A recent report by the Northern Ireland Affairs Committee (2026) that was focused on economic growth in NI highlighted how EU structural funds and its successor, the UK Shared Prosperity Fund (UKSPF) offered significant investment into training and employability programmes, many of which targeted supporting disabled people or those with mental health conditions seeking work.

The 64% reduction in revenue funding for 2026/2027 available under the Local Growth Fund raises the prospect that “many vulnerable people will lose their employment support, community and voluntary programmes will cease, and Northern Ireland’s skills base will be further undermined” (NIAC, 2026). This potentially undermines some of the economic, social inclusion and prosperity missions set out in the most recent Programme for Government (NI Executive, 2025).

Employment and barriers to work among working-age disabled adults

We found that in 2021–24, 61% of disabled working-age adults were out of work, compared to 16% of non-disabled adults.

This is a substantial disparity in labour market participation between disabled and non-disabled working-age adults, and it suggests that disabled people of working-age face significant barriers to employment. These barriers may include workplace accessibility issues, discrimination, limited availability of suitable roles, or challenges related to health and support needs.

Among those who are able to work, we found that disabled workers are also more likely to work part-time (32%) than their non-disabled counterparts (20%). This may reflect both constrained opportunities — such as a lack of flexible full-time roles — and personal or health-related needs that make part-time work more feasible. However, it could also indicate underemployment, where disabled individuals are unable to access the hours, roles or opportunities they might prefer.

Overall, the findings point to persistent inequalities not only in access to employment but also in the quality and stability of work available to disabled people in Northern Ireland.

Furthermore, for those unable to work due to their disability or health condition, it is essential that the appropriate financial and health supports are available to ensure their quality of life and full participation in society are protected.

Employment rates by disability type in NI

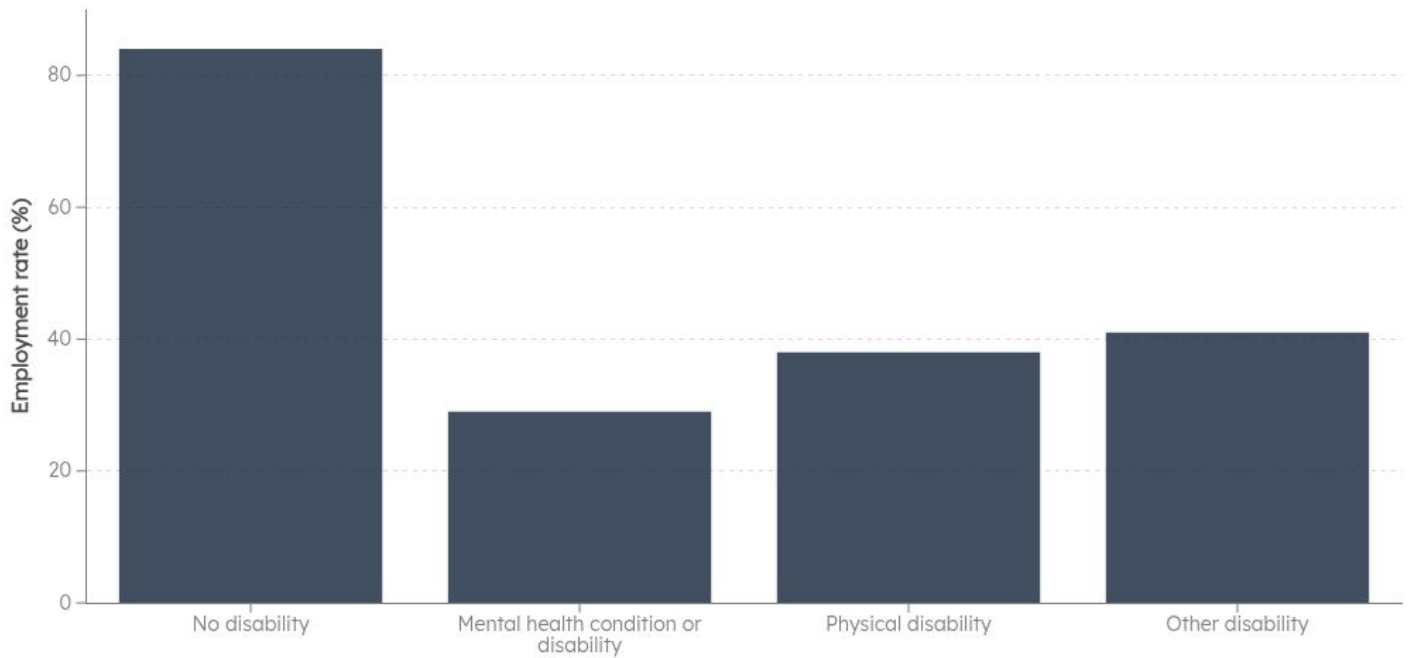
As elsewhere in the UK, we observe that a lower employment rate explains why people with a long-term, limiting mental health condition often experience higher

levels of poverty.

Evidence from across the UK shows that people with a mental health condition or with 5 or more conditions have the lowest employment rates across the different groups, which may further exacerbate exposure to financial insecurity (DWP, 2024). Within this group, only 29% of working-age adults in Northern Ireland were employed, compared with 38% of those with a physical disability and 41% of those with another type of disability. This suggests a need for specialised tailored support alongside ensuring social security adequacy to enable labour market participation.

Recent UK Government and Social Security Advisory Committee evidence acknowledges that fear of reassessment, loss of entitlement, or difficulty re-entering the social security system if work fails remains a significant barrier preventing many disabled people and people with chronic health conditions from attempting employment, particularly where capacity for work fluctuates or is intermittent (UK Government, 2026d).

Figure 11: Employment rates by disability type in Northern Ireland



Source: Family Resources Survey, 2021-24

Disability and the labour market

There is a wide range of evidence that increasing access to employment for those with disabilities and health challenges where they are able to work is an important objective for meeting the Executive’s ambitions to improve Northern Ireland’s overall productivity and labour market outcomes (Donaldson et al., 2025). At least part of the issue is likely to be that local labour markets are not meeting the needs of disabled workers.

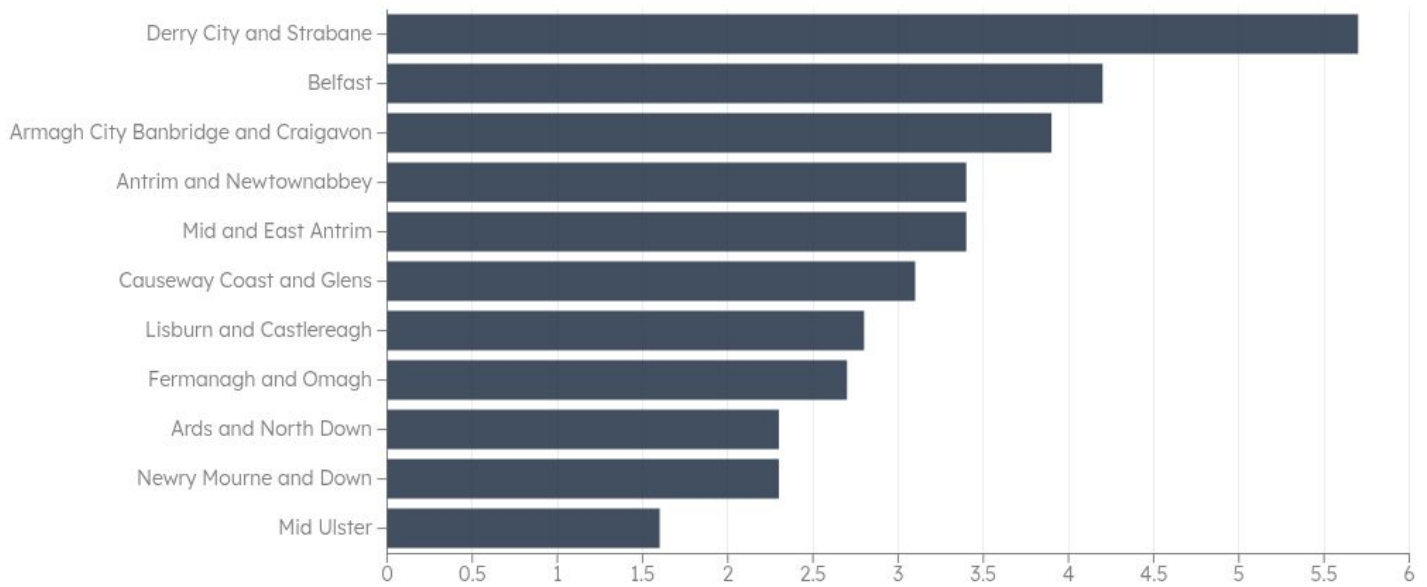
Noting its limitations (Hoque and Bacon, 2023), the Disability Confident Scheme gives some insight into employers' responsiveness to the needs of disabled workers. Figure 12 shows that those jobs advertised as disability confident in 2024/25 were not evenly distributed across NI.

Urban centres had the highest levels — 6% of jobs advertised in Derry City & Strabane and 4% in Belfast were advertised as 'disability confident'. This is compared to just 2% in Mid Ulster, Ards and North Down, and Newry, Mourne and Down.

It is clear that there remains a key need in Northern Ireland to build employers' receptiveness to creating the kind of inclusive work environments that make a difference for disabled people and those with long-term health conditions. With some projections suggesting that almost 30,000 extra people in Northern Ireland could be active in the labour market if inactivity due to long-term sickness were improved to the UK average, this would also deliver a significant boost to local labour markets and economies (Donaldson et al., 2025).

The recent Mayfield Review (2026) emphasises preventing people moving permanently out of work and argues that current systems across the UK are largely too reactive, whereby support often arrives only after someone has already fallen out of employment. It recommends earlier conversations, workplace adjustments, phased returns, and occupational health support as key areas of focus for change (UK Government, 2026e).

Figure 12: Proportion of jobs advertised as disability confident in Northern Ireland



Source: JRF analysis using data from Work Foundation and Adzuna Intelligence, 2024/25

Taken together, we can see that the evidence of persistent disadvantage is stark, painting a deeply worrying picture for people with disabilities, as well as their families and carers. To help us understand more of why this has happened, the extra costs of disability in Northern Ireland need to be better understood.

4. The extra cost of disability in NI

The cost of disability varies from person to person, but it often arises because disabled people need additional support, services or equipment to manage everyday life. It is also driven by societal barriers — such as inaccessible transport, buildings or public spaces that create regular extra costs that non-disabled people can more easily avoid.

Specifically, these additional costs can include, but are not limited to, higher spending on household essentials (like heating and lighting), communication, mobility and transport, dietary and nutritional adjustments, healthcare and support services, specialist equipment and aids, and medication (Wright et al., 2024).

In recognition of this, JRF commissioned Scope to apply its additional costs of disability modelling to Northern Ireland using its Standard of Living model (Scope, 2023). This model has previously been applied to England, Scotland and Wales, but this is the first time it has been applied in Northern Ireland. Their work elsewhere shows that disabled households need significant amounts of additional income to have the same standard of living as non-disabled households and that the current social security payments that are designed for this purpose are falling short (Scope, 2025).

Assessing the ‘Disability Price Tag’ in Northern Ireland allows us to understand whether households with disabled members receive sufficient social protection by

comparing the estimated monetary value of disability-related extra costs with the average monthly Personal Independence Payment (PIP) received. This social security support, is by design, meant to respond to the extra costs of disability and a careful assessment of whether it is achieving that aim is necessary within this context. More information on these calculations can be found in the methodology.

The model focuses on 2 periods: a pre-pandemic baseline (2016–19) and a post-pandemic period (2019–2023), allowing for a comparison of financial conditions before and after COVID-19.

Additionally, using the available data from 2019–22, we estimated more recent extra costs (2023–25) and projected extra costs for 2026–29. Both the projected costs and PIP payments are adjusted using inflation forecasts from the Office for Budget Responsibility (OBR) (Spring 2026). This enables an assessment of whether financial support is likely to keep pace with the real cost of living over time. However, it is important to note that these projections were calculated before the recent energy spikes caused by conflict in the Middle East, which are likely to cause further cost pressures.

Table 2 shows that prior to the pandemic, the estimated extra cost of a disability as a percentage of total household income was 52%. In the aftermath of the pandemic, this price tag increased by 4% to 56% of household income.

Table 2: The extra cost of disability as a percentage of income

Year	2016–19	2019–23
Extra cost of disability % of income	52%	56%

Building on this finding, to determine whether households with disabled members received adequate support via social security, we compared their extra costs of disability in monetary value with the average monthly PIP payments they received.

Key findings

- For the period before the pandemic (2016–19), the average additional amount disabled households needed was **£608 a month**, and the estimated average shortfall in PIP payment was £167/month.
- For the period 2019–23 (post-pandemic), disabled households needed, on average, an additional **£808 a month** to have the same standard of living as non-disabled households. The estimated average shortfall in PIP income during this time frame was £271/month.
- This means the extra costs of disability jumped by a third in a relatively short time frame. Meanwhile, the gap between PIP payments and real disability-related costs widened by over 60% — pushing disabled people further behind in the immediate aftermath of COVID-19.

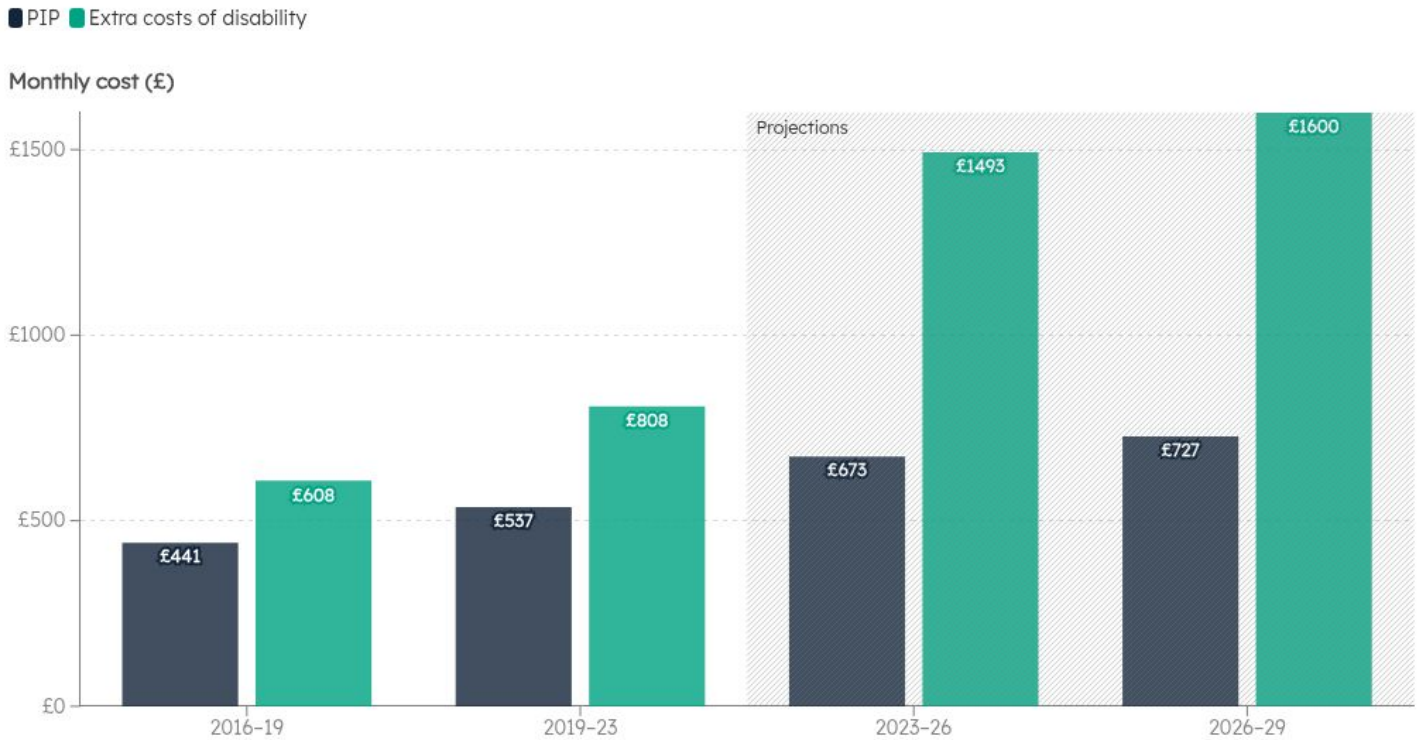
Using the data from 2019–22, forecasts indicated that from 2023 onwards, there would be an ongoing upward trend in disability-related extra costs, meaning increasing shortfalls in PIP payments.

This kind of analysis allows some insight into the extent of pressures facing disabled people in the last 3 years (2023–2026) and to also look ahead and anticipate the financial picture for disabled households at the end of the current Executive mandate and beginning of the next one, with elections in 2027 (2026–29).

Key findings

- The projected shortfall for PIP payments for the period 2023–26 was an average of £820/month.
- The projections of the shortfall for PIP payments in 2026–29 is an average of £873/month. (Note that these projections will not have factored in increases in fuel costs due to recent geopolitical factors and their potential impact.)

Figure 13: Average monthly extra costs of disability and PIP benefit income in Northern Ireland



Source: Scope modelling of Family Resources Survey (FRS) microdata using three-year averages. Projections use Office of Budget Responsibility's Spring 2026 statement. Further details on method can be found in the Appendix.

Applying the standard of living indicator to NI

Using the Disability Price Tag model offers a direct assessment of the additional financial requirements for households with disabled members to maintain a comparable standard of living to households without disabled members.

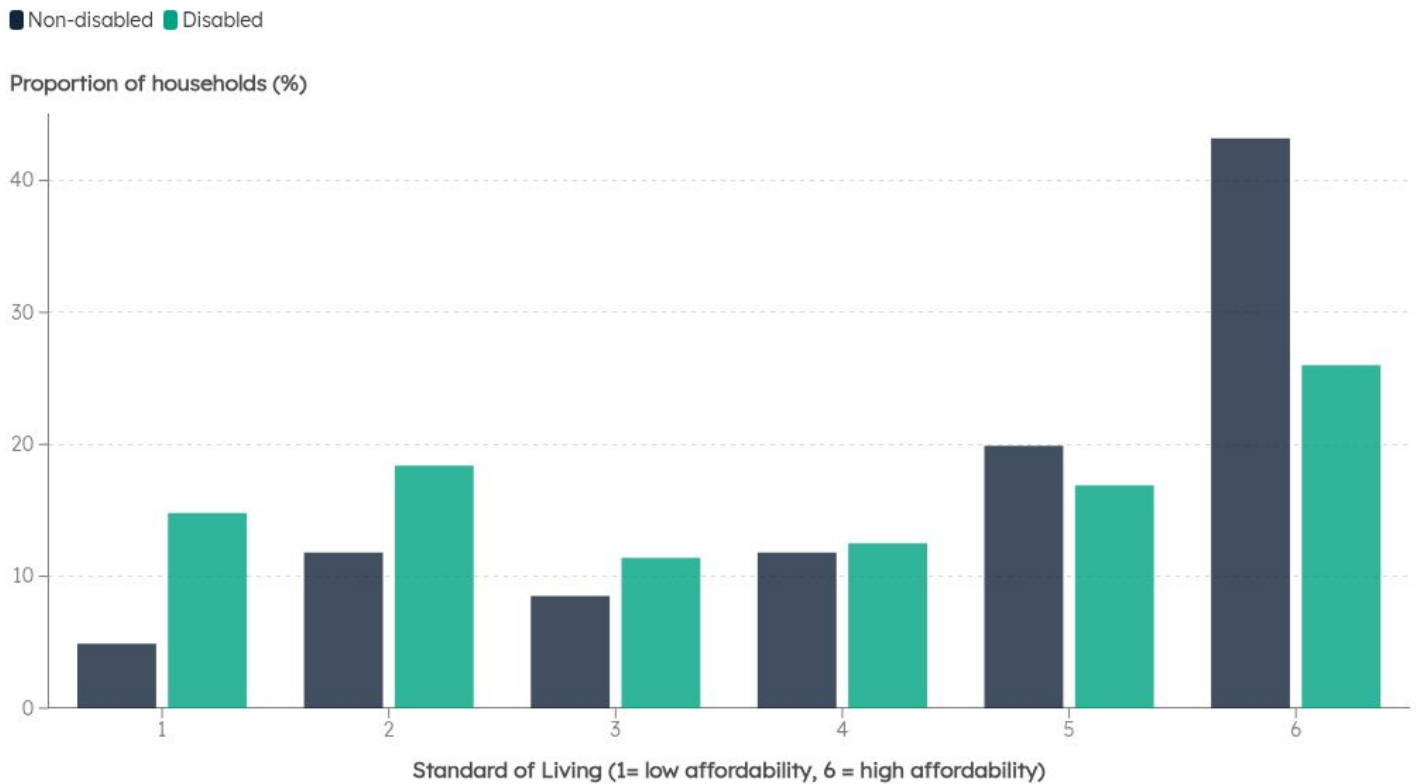
By using the 7 material deprivation questions within the FRS, for the financial years 2016/17 and then 2019/20, it examined the relationship between standard of living and overall household income. The household income is inclusive of incapacity and disability benefits.

This established model allows us to estimate levels of affordability for households, accounting for different socio-economic and demographic characteristics including disability status. In summary, it looks at whether people can afford the essentials, like heating their home, paying their bills or replacing vital appliances when they break.

It found that:

- households with disabled members were almost **3 times more likely to have low levels of affordability** compared to those without
- **only 26% of disabled households have high affordability** compared to 43% of non-disabled households.

Figure 14: Standard of living (SoL) indicator of households by disability status in Northern Ireland



Source: Scope calculation based on Family Resources Survey, 2016-20

Age-related differences associated with extra costs of disability

As noted in the previous section, despite disability prevalence increasing with age, poverty rates were higher amongst the younger age groups. When looking at why age-related differences might affect poverty rates, recent work quality data indicates that a significantly higher proportion of employees aged 40 and over reported that

they earned at least the Real Living Wage (RLW) (89% compared with 76% of those aged 18 to 39), and that they also had more positive outcomes than employees aged 18 to 39 for 6 of the 17 indicators assessing work quality (NISRA, 2026b).

The data also showed that employees aged 40 and over, employees in high-skilled jobs or in the least deprived areas were most likely to earn at least the RLW (NISRA, 2026b).

It would be reasonable to assume that these wider dynamics observed within the labour market around work quality also potentially affect the younger cohort of disabled members of society who are in work.

Scope indicates that preliminary analysis shows young people tend to have lower income and also PIP income compared to other age groups. Further investigation is needed, but for disabled people both in and out of work, wider generational pressures may also be contributing to the age-related trends observed in the data.

These pressures may include rising housing costs and an increasing reliance on the private rented sector among younger people. In Northern Ireland, Local Housing Allowance rates remain frozen at 2024 levels, creating substantial gaps between housing support and actual market rents. This can leave low-income households having to cover shortfalls themselves, increasing financial pressure and the risk of homelessness (NIHE, 2026). These issues are likely to have a disproportionate impact on younger people entering the housing system.

Other age-related factors may include barriers to accessing employment support and further education, alongside difficulties achieving an adequate income through the social security system. This is particularly relevant for under-25s, who receive a lower Standard Allowance under Universal Credit.

Analysis of average monthly extra costs and disability benefits by age group

To increase our understanding of how much age-related differences affect levels of financial resilience for disabled people in Northern Ireland, this report set out to research more specifically the potential impact of age on the extra costs of disability. This was possible by applying the same model for the previous analysis to measure household income (including incapacity and disability benefits) against the Standard of Living indicator by age group.

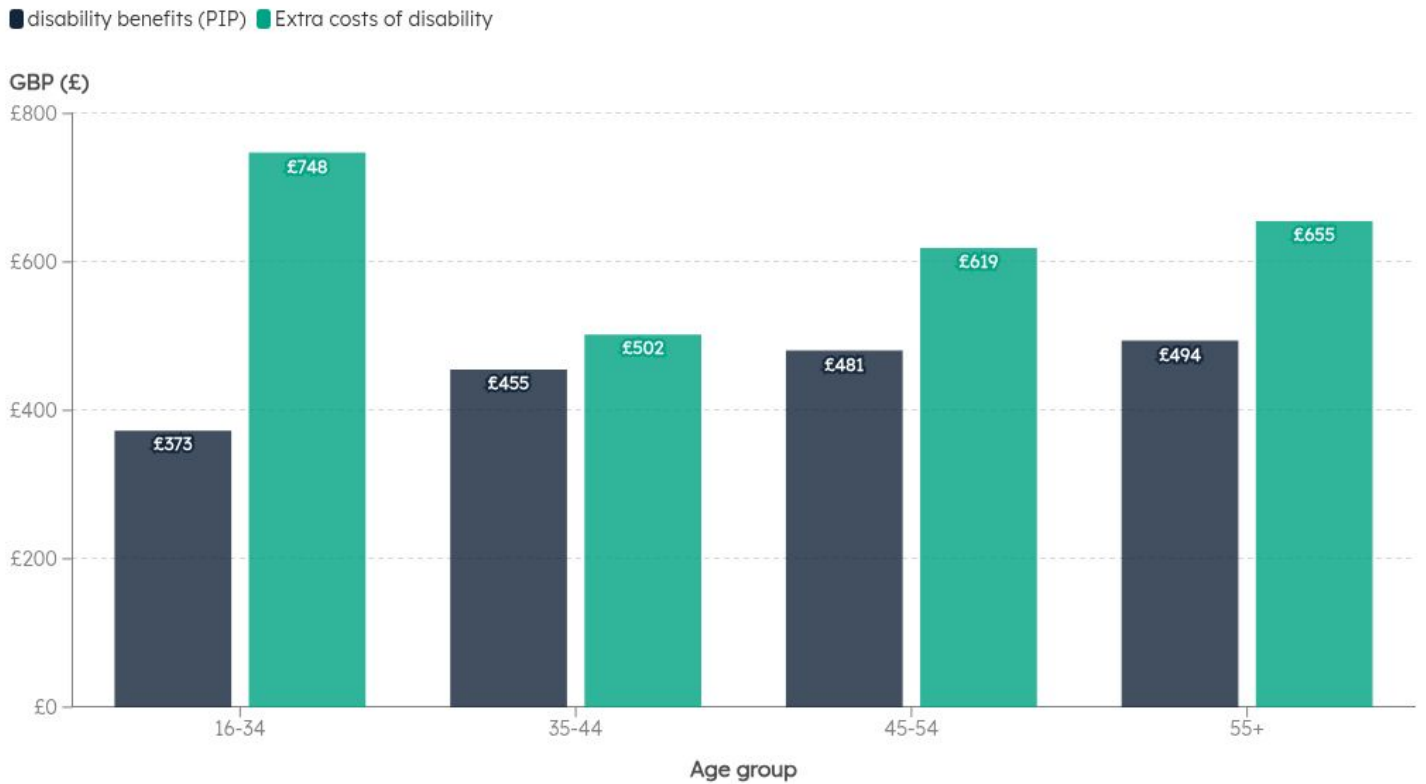
Again, 2 different time frames were analysed to allow for some comparison over time. However, to produce robust estimates across 4 different age categories in Northern Ireland, it was necessary to pool together 4 financial years for both periods (pre-pandemic and post-pandemic) due to sample sizes.

For the pre-pandemic averages, the data was pooled across financial years 2016/17 to 2019/20. For the post-pandemic averages shown, the timescales were financial years 2018/19 to 2022/23.

Taken together, it shows a picture of the average monthly extra costs and median PIP benefits income by age group for both before and after the pandemic in

Northern Ireland.

Figure 15: Pre-pandemic average monthly extra costs and disability benefits by age group in Northern Ireland



Source: Scope modelling of Family Resources Survey, 2016–20

Key findings for the pre-pandemic period (2016–20)

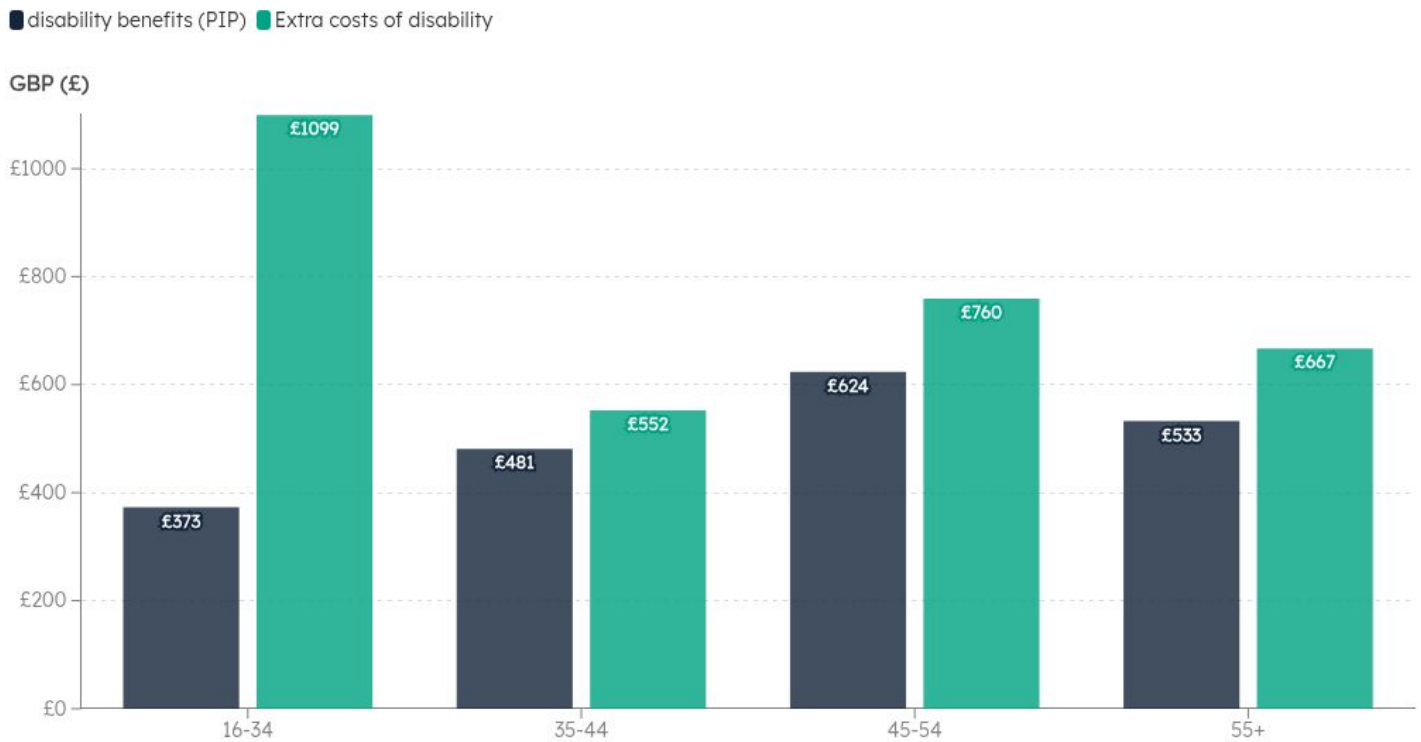
The Key findings for the pre-pandemic period (2016–20) were that:

- disabled people of all ages faced worrying levels of extra costs in the years leading up to the pandemic but with variations evident in the level of extra costs across different age groups
- concerningly, the **youngest age group faced the highest extra costs** and the greatest shortfall between their PIP income and monthly outgoings
- their average monthly income through PIP, was £373, but their extra costs of disability was estimated to be on average £748. This meant an average monthly shortfall in their PIP payment of £375
- this is compared to a shortfall of an average £162/month amongst the 55+ age group.

This shows that many households before the pandemic that included someone with a disability were often in situations where their costs were not being met by their average monthly income. However, the extent of this deficit was significantly more for those in the younger age bracket (16–34 years).

An analysis of the average monthly extra costs facing all age groups post-pandemic, found that these pressures were not just short-term in nature. There were no obvious improvements for disabled people's economic security within any of the age brackets, and again, younger people aged 16–34 were disproportionately bearing a higher burden of extra costs not matched by their PIP income.

Figure 16: Post-pandemic average monthly extra costs and disability benefits by age group



Source: Scope modelling of Family Resources Survey, 2018–23

Key findings for the post-pandemic period (2018–23)

- Across all of the age groups during and in the immediate aftermath of the pandemic, the extra costs of disability increased for all people living with a disability.
- However, young people again faced the highest estimation of extra costs, reaching more than £1,000 a month for those aged between 16 and 34. This

age group therefore faced an average shortfall in PIP payments each month exceeding £700, compared with other age brackets that faced smaller deficits of between £70–£136 a month.

This significant spike in disability-related costs affecting younger people in this time frame points to a serious cause for concern when considering their longer-term outcomes and life chances.

The potential impact on people facing a monthly deficit of this nature is hard to quantify across the range of outcomes that are necessary to ensure disabled people are fully included and enjoy a decent standard of living in Northern Ireland.

Managing this kind of financial stress over any time frame would likely have significant consequences to an individual's overall health, mental health and capacity to participate more fully in society, including working.

The additional costs associated with disability mean that financial pressures are often higher; this makes material deprivation an important lens for understanding the inequalities.

Across all material deprivation measures, a clear pattern emerges: households that include disabled people are consistently less able to afford each of the 7 items than households without disabled members. Of households with a disabled member, 55% could not afford to take a holiday once a year, compared to 30% of non-disabled households. Disabled households are also less likely to be able to afford to make

savings. Of disabled households, 44% were unable to save £10 a month or more, compared to 27% of non-disabled households.

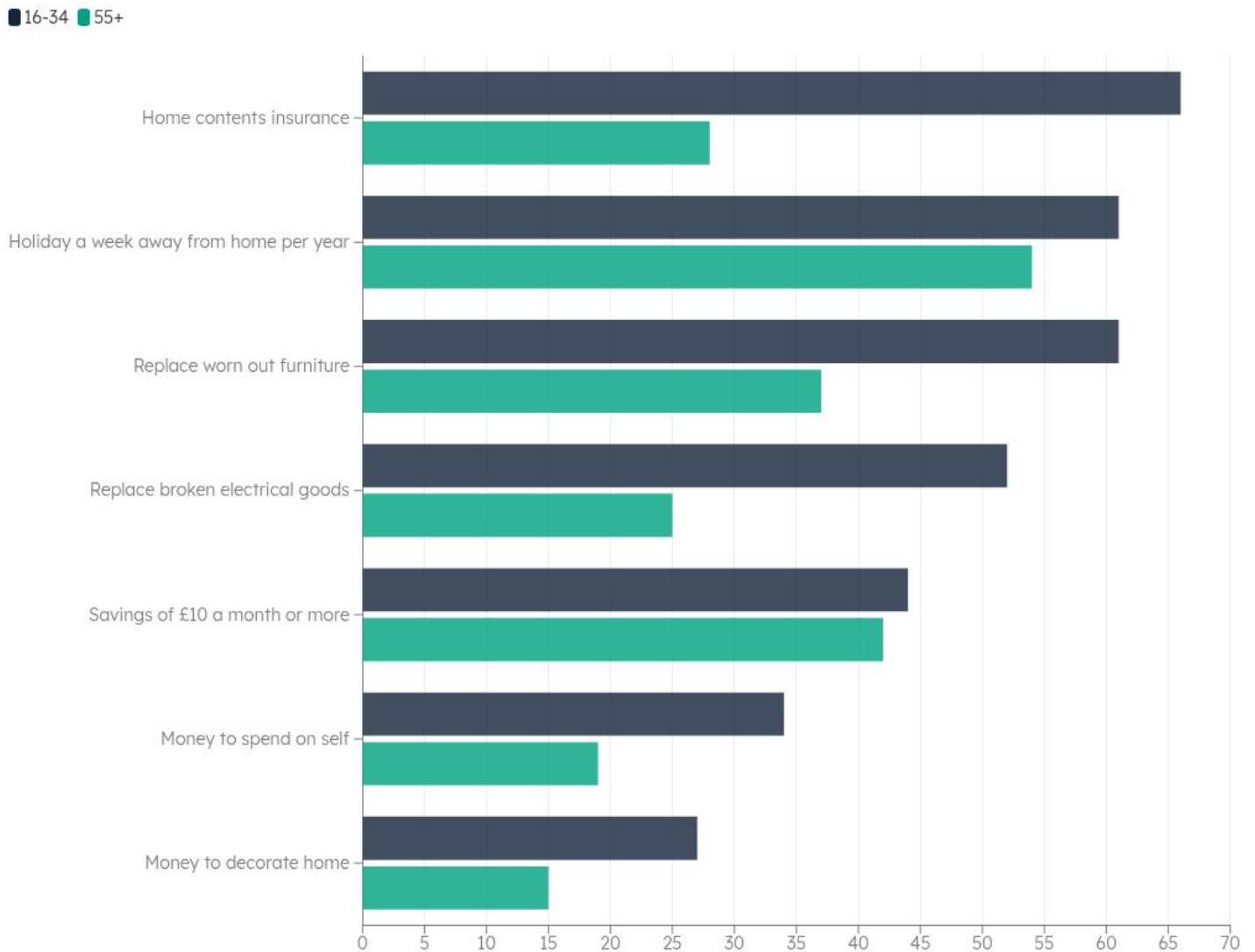
Looking more closely, we examine differences between households headed by younger and older adults. The findings further support the conclusion that there is a real need to consider a heightened risk for this younger cohort of disabled members of society in Northern Ireland.

The chart below compares which material deprivation items households with a disabled member cannot afford, distinguishing between those headed by someone aged 16–34 and those headed by someone aged 55 and over.

Specifically:

- 66% reported being unable to afford household contents insurance (compared to 28% of older-headed households)
- 61% said they couldn't afford to replace worn-out furniture (compared to 37%)
- 52% couldn't afford to repair or replace broken electrical goods (compared to 25%).

Figure 17: Material Deprivation of disabled people in Northern Ireland by age group



Source: Scope analysis of Family Resources Survey, 2018-23

This pattern was evident across all measures, including the ability to maintain a home in a reasonable state of décor, afford a one-week annual holiday away from home

(not staying with friends or relatives), have personal spending money each week, and save £10 or more per month. Again, the younger age group (16–34) consistently recorded lower scores across all indicators than those aged over 55.

Data indicates that these additional costs have been increasing significantly over time and are projected to continue rising, outpacing the Consumer Price Index (CPI)-based uprating of PIP. It also clearly shows a worrying trend: that younger people with disabilities are disproportionately bearing an increased burden of the extra costs associated with disability compared to their disabled people over the age of 55.

5. Lived experience of disability, poverty, employment and social security in NI

To consider the experiences of disabled people, we commissioned a number of focus groups led by an independent facilitator. Efforts were made to ensure diversity within the sample, including representation from both rural and urban contexts to capture potential disparities in access to employment opportunities. Additionally, the study sought to include both male and female participants in recognition of the influence that gendered social norms may exert on labour market participation. The organisation and delivery of these focus groups were supported by civil society organisations.

Overview of findings

This part of the research clearly highlights a fundamental mismatch between the design of social security, employment policy and the lived realities of disabled people in Northern Ireland.

While the policy context continues to emphasise employment as the primary route out of poverty, the experiences captured in the discussion groups showed that this assumption often does not hold for many people, including those with long-term, fluctuating or progressive conditions.

It raises important questions about how to realistically achieve financial security in the current economic conditions, particularly for those who cannot work or whose engagement with work is intermittent.

For some focus-group participants, work was not a realistic or sustainable option. Others described being able to work only under conditions of flexibility and support that are rarely available in practice. As one participant explained:

"No boss wants somebody that might be here tomorrow and then not here for two weeks."

Additionally, where social security provisions have been significantly reduced over time and are inadequate to meet the extra costs of disability outlined earlier in this report, this leaves disabled people more exposed to the risk of poverty compared to non-disabled people.

Understanding these dynamics more deeply is a crucial step in forming recommendations on actions to improve the standard of living available to 1 in 4 members of the population.

Evidence of a system that creates insecurity rather than support

Across all groups, participants described a social security system that often generates anxiety, rather than a sense of stability. Assessment processes for eligibility for support were widely experienced as stressful, repetitive, and, in many

cases, degrading.

Assessments were frequently described as adversarial and overly medicalised, failing to reflect the realities of living with fluctuating or invisible conditions:

“It’s like interrogation... trying to catch you out.”

Participants spoke of the emotional toll of repeatedly having to ‘re-prove’ their disability, often in ways that required them to focus on what they could not do. This was particularly difficult for those with progressive conditions, where improvement is unlikely, and for those with conditions that vary day to day.

The fear of reassessment was a consistent theme. Some participants described avoiding any change in their circumstances, including a reluctance to explore work opportunities, due to concerns that it could trigger a reassessment:

“You get to a point where you just don’t want to rock the boat.”

In particular, some of those with non-visible disabilities, including those with mental health or neurological conditions, felt that assessment processes were extremely challenging:

“Hidden disabilities you really have to prove. You feel like you have to prove... that you’ve got a disability... one size doesn’t fit all, of course... but the benefits people, they think it does.”

The additional costs of disability

Participants consistently highlighted the extra costs associated with living with a disability, including higher spending on heating, transport, and everyday support:

"If you have a disability, you've got lots of added extra costs... that impacts on the bottom line."

They reported that these costs are not fully reflected in current benefit levels. As a result, many participants signalled ongoing financial precarity, even when receiving social security support.

There was also recognition of how vital certain benefits were in disabled households facing additional costs:

"PIP was brought in to... enable you to afford to get the things done that you need to do... So yes, that really does help me. Without it, I'd be lost... I'd love to stop my disability and work again if I could, but I can't."

Concerns about rising energy costs were especially acute at the time this research was conducted, as discussion groups met during the initial stages of increased economic stresses caused by geopolitical changes affecting oil supplies from the Middle East.

Significant reliance on oil heating compounds financial pressures for many people in Northern Ireland, but can often disproportionately affect those with disability or long-term illness:

“You’ve got to keep warm... and as most of us are on oil, it’s going to be worse.”

Savings, security and unintended penalties

The design of the social security system was seen by some participants to penalise financial prudence. While many reported they were unable to save due to low incomes, those who had savings described being excluded from support or forced to deplete funds intended for future needs:

“I’m living off my savings... but it’s nowhere near enough to live off.”

Some of the things participants highlighted that disabled people often need to save for included:

- future care needs
- specialist equipment
- home adaptations.

However, the current rules were seen as undermining long-term financial security and overly prescriptive of how individuals might spend money they receive via the social security system:

"You know, so you can't apply to get a wet room, and you might have to put a wet room in yourself and all that... but I don't think it's fair that because you're not working, you're penalised for saving because what they're saying as the law says this is what you have to live on. You know, and that... isn't fair."

Participants also expressed frustration about the monitoring of bank accounts and savings, feeling excessive scrutiny around whether their spending was used for care needs or 'getting about' was unhelpful.

Many felt that it needed to be better understood that individuals spent the money how and when it was needed, and that often saving for future, larger costs was essential to meeting their needs.

Work does not guarantee financial security

The participants we spoke to directly challenged assumptions that employment provides a clear route out of poverty for disabled people. Instead, some participants described their experiences of a 'benefits trap', where increasing working hours resulted in little or no financial gain:

"You're working two days and getting punished for the other 5 days."

For those that we spoke to, this was driven by a combination of factors, including:

- the UC taper rate

- childcare costs
- the risk of losing entitlement following a change of circumstances.

For some, the financial and administrative burden associated with working outweighed the potential benefits. This was particularly true for those with caring responsibilities or unpredictable health conditions:

"I have two children, one who is severely disabled, so doesn't sleep much. That is probably the biggest reason I couldn't go back to work... but money is a big reason. If I work, then I think well you get one hand washing the other... I think you're actually down money when it comes to it then maybe you need childcare for the youngest one... which is... awful... to say that because I wish I didn't have to say that... I wish I could be like, 'Oh, no, I've worked... I'm from... a family who are always like, you know, work, work, work.' But, um the bills don't pay themselves... it's a no. So, there is like a... trap there too."

Another participant commented:

"So if... [you] work 20 hours, the UC will go down. If [you] work full-time, you'll lose the UC... you're always balancing the scales. Because why would a, a woman... with a disabled child want to knock all those benefits off course when, when they're struggling maybe with a wee 12, 16-hour job?"

Stigma and suspicion

A strong theme across all the groups was the stigma associated with claiming disability benefits. Participants described feeling judged by employers, the public, and wider media narratives:

"It's like we're just cheats... trying to blag the system."

These narratives were experienced as both harmful and inaccurate. Many participants emphasised their desire to work, where possible, and the daily challenges they face living with their conditions:

"None of us would trade our health for that."

Some participants also expressed concern that current public discourse around fraud was contributing to increased scrutiny and suspicion, further undermining trust in the system and their experiences as claimants.

Barriers within the workplace

Those who had been in employment reported that structural barriers did not end at the point of entry. Participants described workplace cultures that appeared inclusive in principle but failed to provide meaningful support in practice:

"They say they'll give you adjustments... but they still make it as difficult as possible."

Support was often dependent on individual managers, leading to inconsistent experiences. Several participants described feeling ‘pushed out’ of roles due to a lack of genuine accommodation:

“You feel like you have to jump before you’re pushed.”

This points to a gap between workplace policy commitments to inclusion and their implementation in practice.

“But as a general rule, I would say most businesses, because of the fast-moving... systems and... the way they work, do not want people with a disability that’s gonna hold them back.”

Information gaps and system complexity

There were clear gaps in knowledge about entitlements and available support for disabled people. Even among participants engaged with support organisations, these gaps in awareness were evident:

“There’s so much help out there, but if it’s not known to you...”

The complexity of the social security system, combined with limited accessible information, created additional barriers for people with a disability or long-term illness. Participants emphasised the importance of external support in navigating applications, raising concerns about those without access to such networks.

Living with disability: adaptation and constraint

Participants also described significant efforts to manage their conditions and maintain daily routines. These included careful planning, pacing, and adaptation:

"I have to pace myself... everything I do affects every day."

"Some days I could go out... other days I'm bedridden."

While these strategies enabled some level of independence, they also highlighted the difficulty of aligning such realities with conventional work structures and culture.

Those with fluctuating conditions shared the experience of needing to reduce their working hours or take periods of time completely off work to manage their health, yet they often experience significant pressure to return to work:

"They're trying to get me to go back as soon as possible... but I know I'm not fit right now, but it's going to be part-time for sure. I've gradually reduced my hours. I was diagnosed 5 years ago with relapse and remitting and my hours have gradually come down from being in the 45-plus to being like 24. And now obviously none at the minute, but they're looking me to go back on about 16."

Returning to work after a health-related absence was also challenging for many, often significantly impacting their mental health as well as any further implications for their physical condition:

"I felt the pressure to go back to being full-time, but it was just far, far too much on my body, you know, it was just too much of the fatigue. I was in so much pain. I was going to the toilets and like basically... crying every day and then having to come out of the toilets, but then... smack, you know... go back to your desk because you couldn't really be seen to be having a problem."

Some participants also noted that even if there were reasonable adjustments made at a workplace, the symptoms associated with their disability or health condition simply made work impossible at times. This highlights why other support structures beyond employment are essential:

"Even having all those adjustments and support, you could have all of that, still doesn't take away from the fact that you still have all of those symptoms [that] still can make it actually impossible... to do a full-time, even a part-time job."

Anxiety in a political and media context on 'reform' of disability benefits

Many respondents in the focus groups were very conscious of the potential and reality of reform of disability benefits, including assessment processes. There were consistent expressions of fear and anxiety about what's coming as well as a concern and empathy for younger or new claimants who would not benefit to the same extent as current recipients of payments like UC and PIP.

"People on benefits and PIP are always going around in a loop of anxiety, you know? And... the cost of living isn't helping. But the... idea that we may all be reassessed for our regular income, we... do depend on it. You know... you live up to your budget... But then for someone to say that we're going to reassess that and change that all, it means you have to re-rejig your entire lifestyle. And that is – to me, it doesn't strike me as a nice thing about any society... that makes its disabled people fearful. And that's what's currently happening."

The various accounts presented here show that, for many disabled people in Northern Ireland, the current combined systems that are designed to support them are not yet fully providing the stability, dignity or inclusion they are intended to deliver.

6. Implications for policy

This report has a number of implications for policy. Its findings suggest that current policy approaches are not responding adequately to the lived realities of disabled people in Northern Ireland.

It clearly shows disabled people in Northern Ireland face:

- an unacceptably high and persistent poverty risk that continues to rise
- large and growing extra costs not met by current support levels designed to respond to these costs, with a disproportionate impact on younger people with disabilities aged between 16 and 35
- employment barriers and a wide disability employment gap, with systems interacting in ways that often perpetuate insecurity rather than creating stability.

As Northern Ireland continues to develop its final Anti-Poverty Strategy, Disability Strategy, and Disability and Work Strategy, these findings provide a clear message: without meaningful reform and investment, the gap between policy intent and lived experience for disabled people in Northern Ireland will persist.

Developments at Westminster are important too. These include the introduction of the 'Right to Try Work' that aims to allow people on UC, PIP and Employment and Support Allowance (ESA) to take on work, volunteering or increase their hours with

less immediate risk of losing their benefits. The intention behind this process is to make it easier for those who can to test employment without facing financial insecurity in the process.

However, the Social Security Advisory Committee has highlighted unresolved issues that make the current proposal ‘an inadequate solution with potentially negative consequences,’ and are urging the government to go further. (UK Government, 2026c). Regulations to implement these changes have not been introduced in Northern Ireland to date.

Reducing disability poverty in Northern Ireland requires a fundamental shift in approach, including:

- ensuring adequate incomes that reflect the real costs of disability
- providing targeted support across the life course, with specific attention needed on younger disabled people and transitions
- ensuring inclusive and flexible employment support and workplaces are available across Northern Ireland
- delivering a social security system that offers stability and security, and tackles stigma.

This requires actions from both the UK Government and the NI Executive.

It also requires investment in high-quality, reliable data systems to effectively monitor progress and ensure accountability. The Department for Work and Pensions

(DWP) has strengthened the income data used to measure poverty in the UK by linking administrative records on social security benefits to survey responses in the FRS. This linkage has been implemented for the first time in the 2024/25 data and has also been applied retrospectively to 2021/22.

This development is particularly important for disabled people, who are more likely to receive benefits, as it improves the accuracy of their recorded incomes alongside other groups. As a result, it enhances our ability to measure poverty more reliably. This is a welcome step, and further improvements will be essential to accurately track progress in reducing poverty for disabled people over time.

Below are the key policy priorities identified based on the evidence, along with recommendations directed at both relevant legislative authorities:

The UK Government

- The UK Government should implement an independent, evidence-based advisory process to recommend minimum rates within UC that reflect the cost of essentials (JRF, 2026b).
- The outcome of the Timms Review of Personal Independence Payment (PIP) (UK Government, 2026d) should bring forward proposals that underpin the importance of PIP in effectively supporting the extra costs associated with disability and that seek to reform processes to reduce stressful experiences for claimants in the assessment and reassessment.

The NI Executive

- The NI Executive should ensure that disabled people’s experience of poverty is a clear priority within the final Anti-Poverty Strategy, coordinating action across relevant Executive departments.
- The NI Executive should consider a payment targeted at children in low-income households which will help families that include disabled adults or children facing much higher poverty rates.
- Other targeted supports will be essential, particularly for households where someone has a disability, who often face higher energy needs and costs. This includes measures such as enhanced energy support, aligned with the Executive’s Warm, Healthy Homes Strategy (2026–2036) and its commitment to needs-based provision that prioritises those at greatest risk.
- Prioritise sustainable investment in long-term, tailored employment support services for disabled people that integrate health, skills, and employability services.
- Ensure the Executive’s final Early Learning and Childcare Strategy provides clear investment for the particular needs of disabled children and their families, including specialised childcare settings, as required.

Methodology

Quantitative data

Defining poverty

There are many ways to measure poverty. In our report, poverty is taken to mean a situation in which household income is below 60% of the UK median. Importantly, we measure income after housing costs, **excluding** disability benefits from household income. This is because disability benefits are designed to cover the costs associated with being disabled; including them as standard income would underestimate the true poverty risk faced by disabled people.

Data sources

The analysis primarily uses data from the FRS. Due to relatively small sample sizes in Northern Ireland — as is common in household surveys — single-year estimates can be volatile.

To improve reliability, results are generally presented as multi-year averages, most commonly 3-year periods. For example, ‘2021–24’ refers to the combined average of financial years 2021/22, 2022/23, and 2023/24.

In some cases, 4-year averages are used, particularly where further disaggregation (for example, by age) reduces sample sizes. These instances are clearly indicated in

the report.

Changes to material deprivation data

The way in which material deprivation is measured in the FRS changed in 2023/24. As we need to use a 3-year average, analysis using the material deprivation measure is only possible up to the 2022/23 financial year. More information on the changes to the material deprivation FRS questions can be found in the [FRS Background Information and Methodology \(https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2023-to-2024/family-resources-survey-background-information-and-methodology\)](https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2023-to-2024/family-resources-survey-background-information-and-methodology) report.

Calculating the disability price tag

Joseph Rowntree Foundation commissioned Scope to assess the extra cost of disability in Northern Ireland.

To derive robust estimates of extra costs over time, Scope considered 2 periods using the Family Resources Survey microdata. The figures correspond to 2 key 3-year time frames: 1) pre-pandemic (2016–19) and 2) post-pandemic (2019–23). This enables insight into whether the pandemic played a role in heightening financial insecurity for households with disabled members in Northern Ireland.

They also include projections for the monetary value of the extra costs of disability from 2023–29 to provide a forward-looking perspective that complements the retrospective analysis. When disaggregating by age, it was necessary to pool 4 years

of data, so the equivalent periods are 2016–20 and 2018–23.

Their analysis follows the Standard of Living approach. This was developed by Berthod and then Zaidi and Buchardt (2005). Schuelke and colleagues (2021) and Scope (2023) have applied this method in the UK, while the Economic and Social Research Institute (ESRI) has estimated the extra costs of disability in the Republic of Ireland (Doorley et al., 2025).

The extra cost of disability is measured by comparing the difference in the standard of living between disabled and non-disabled households at any given income level. To derive a standard of living indicator, they used 7 material deprivation questions in the period 2016/17–2022/23 in a comparable basis. Focusing on the relationship between standard of living and household income, a statistical model is estimated for these 2 variables, accounting for different socio-economic and demographic characteristics, including disability status within the household.

To determine whether households with disabled members receive adequate support, they then compared their extra cost of disability in monetary value with the average monthly PIP payments. The monetary value (£ a month) was derived by multiplying the extra cost of disability % of household income by the monthly median net equivalised household income (including disability benefits) and deducting housing costs in Northern Ireland.

The average monthly PIP payments were calculated using data from the Northern Ireland Department of Communities from 2016–26. Similarly, they provided forecasts

for average monthly PIP figures uprating them by inflation rates projections from the OBR Spring 2026.¹

For more information on their methodology, [download Scope's technical report](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets-eu-01.kc-usercontent.com%2F73ea709e-f9f8-0168-3842-ebd7ad1e23ac%2F32ab7185-9cce-4685-b8e2-1dc8b6cb531f%2FDisability%2520Price%2520Tag%25202023%2520Technical%2520Report%2520FINAL) (<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets-eu-01.kc-usercontent.com%2F73ea709e-f9f8-0168-3842-ebd7ad1e23ac%2F32ab7185-9cce-4685-b8e2-1dc8b6cb531f%2FDisability%2520Price%2520Tag%25202023%2520Technical%2520Report%2520FINAL>)

Qualitative data

Garnering lived experience was key to this study. 5 focus groups were convened to facilitate direct engagement, with the aim of eliciting their views and opinions on how the social security system, their disability and work interact. Efforts were made to ensure diversity within the sample, including representation from both rural and urban contexts to capture potential disparities in access to employment opportunities. Additionally, the study sought to include both male and female participants in recognition of the influence that gendered social norms may exert on labour market participation. Participants were recruited according to the following criteria:

- disabled individuals (self-identified)
- currently receiving PIP and UC LCWRA
- either seeking work, in work, or interested in working

- residing in Northern Ireland.

However, recruitment within the defined time frame proved challenging. Despite these challenges, the study successfully engaged individuals who met some, though not all, of the specified criteria. The majority of participants were in receipt of PIP, with a small number either awaiting application outcomes or having been previously deemed ineligible.

While most participants reported that they were not currently seeking employment due to the severity or progression of their condition, many had prior work experience and were able to reflect retrospectively on how changes in their health status had interacted with employment and social security over time. A subset of participants were in receipt of UC, while others were not. The organisation and delivery of these focus groups were supported by civil society organisations.

Although a semi-structured topic guide had been developed in advance, the divergence between the intended participant profile and the characteristics of those recruited necessitated a more flexible, participant-led approach. This enabled participants to articulate issues of greatest relevance to their lived experience. Thematic analysis was subsequently conducted, with recurring patterns and key themes identified across the focus groups.

Note

1. Forecasts of the average PIP payments up to the 2028/19 financial year were derived by increasing the 2025/26 figure by the projection of the annual inflation rate of 2027 from the OBR Spring Statement 2026. Thereafter, we used the corresponding annual inflation rate projection for the other years.

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Acknowledgements

We are grateful to the many people who contributed their time, expertise and lived experience to this research. Their insights were invaluable in shaping the analysis and strengthening our understanding of disability and poverty in Northern Ireland.

We would particularly like to thank members of the Research Advisory Group: Nuala Toman (Disability Action), Les Allamby (Discretionary Support Commissioner), Tony O'Reilly (DPAC NI), Edyth Dunlop (NIUSE), Michaela Hollywood (CILNI), Michele Loughran (Mindwise) and Karen Hall (MHF) for their support, advice and constructive feedback during the project. We would also like to thank Becca Bor at NIAPN, Naomi McBurney at MS Society and other colleagues at Disability Action NI who helped facilitate and recruit participants in the focus group discussions.

We are grateful to Leticia Veruete-McKay and Craig Moss at Scope who carried out the analysis of the Disability Price Tag for Northern Ireland.

Thank you to Dr Anne Devlin, Economist who facilitated the focus-group discussions and provided a thematic analysis report that fed into this final piece.

We also thank colleagues and partners who reviewed drafts, contributed evidence and helped inform the development of this report.

Any remaining errors are the responsibility of the authors alone.

How to cite this report

If you are using this document in your own writing, our preferred citation is:

McMullen, S. O'Hare, U. Ellison, C. (2026) Disability and poverty in Northern Ireland.
York: Joseph Rowntree Foundation.