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Beyond the child: disability, family life and inequality

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ABSTRACT

This introduction frames child disability as a relational and socially embedded phenomenon whose consequences extend beyond children to parents, siblings, kin networks and household trajectories. Bringing together evidence from several European societies, the special issue moves beyond child-centred approaches to examine how disability reshapes family life through caregiving demands, time use, paid work, economic security, fertility and well-being. A central theme is that disability-related disadvantage is produced not only by impairment or diagnosis, but by social, economic and policy contexts that can either amplify or mitigate family spillovers. The contributions in this issue also highlight how families adapt by reorganising care, employment, leisure and family practices, while often confronting unequal access to services, income support and inclusive environments. Overall, the special issue contributes to a relational and comparative sociology of disability by showing how child disability intersects with family life, social inequality and European welfare institutions.

KEYWORDS Child disability; family spillovers; caregiving; inequality; European welfare states

Child disability is both a major public issue and a relational experience. Globally, nearly 240 million children live with disabilities (UNICEF, 2021); in the European Union, 4.4 percent of children under age 16 reported activity limitations due to health problems in 2021 (Eurostat, 2023). These figures are often presented as prevalence rates among children, but they point to a wider social reality. A child's disability can reshape everyday life for parents, siblings

and wider kin networks: it changes the allocation of time, money and care, and can shape employment, health, well-being and future family plans. In European societies, where welfare states differ markedly in how they organise care, support employment and promote inclusion, child disability offers a revealing lens through which to study the interdependence between families and institutions.

This special issue starts from a social and relational understanding of disability. Disability is not reducible to diagnosis, impairment or child functioning; it is produced through the interaction between bodies, institutions, family resources, schools, labour markets, built environments and social norms (WHO, 2001; Shakespeare, 2013). A family perspective is therefore not intended to relocate responsibility into families, nor to portray children with disabilities as burdens. Rather, it asks how societies allocate the work of inclusion and how families respond to support, barriers and recognition. Caregiving is central to this question, but throughout the issue we use terms such as care demands, caring responsibilities and caregiving time to emphasise that the difficulty lies not in the child, but in the organisation of care, services and expectations.

Despite growing attention to disability and inclusion, the family consequences of child disability remain under-studied in European sociology. Much existing evidence is based on single-country studies, small samples or disability-specific populations. Moreover, child disability is measured in heterogeneous ways: through activity limitations, diagnoses, special educational needs, benefit receipt or care needs. These differences matter because they define which children and families are observed and, therefore, how spillover effects are estimated. The papers in this issue reflect this diversity while also illustrating the strengths and limitations of administrative registers, longitudinal surveys, new data and cross-national designs.

Overall, the manuscripts in this special issue advance the literature on child disability by moving beyond a child-centred perspective to examine its spillover effects on family life. However, it is important to highlight that families are not passive sites of spillover. They produce new practices: advocating for services, reorganising paid work and daily routines, recalibrating sibling roles, drawing on kin and non-kin support, and developing expertise about services and institutions. These adaptations shape family identities and may generate solidarity and new forms of family life. Yet the resources that make such adaptations possible are unequally distributed by gender, socioeconomic position, family structure, place of residence and policy context.

A first set of contributions focuses on caregiving demands and their implications for the organisation of daily life. While prior research has often inferred care demands indirectly, these papers provide direct evidence on the time intensity of

care. They show that child disability substantially increases parental time investments, particularly in early childhood, with additional daily care responsibilities for both mothers and fathers (Bister, Balbo and Bolano, 2026). This increased care demand is unequally distributed, as mothers continue to assume a larger share of care, indicating that disability tends to amplify rather than transform existing gender inequalities in unpaid labour. Complementary cross-national evidence further shows that these patterns are embedded in institutional contexts, with the "disability penalty" in labour allocation varying according to family policies and gender norms (Israeli, Gelbgiser and Stier, 2026).

A second thematic cluster examines how increased care demands spill over into labour market outcomes and economic conditions. The contributions show that having a child with a disability leads to labour market adjustments, particularly among mothers, including reductions in working hours, transitions to part-time work or labour market exit in some contexts (Garbini and Pronzato, 2026; Pettinicchio and Maroto, 2026). These changes can translate into lower household income and heightened economic vulnerability, both objective and perceived. Importantly, the extent and form of these effects vary across countries, pointing to the role of welfare regimes and caregiving policies in shaping families' capacity to absorb the shock of disability (Pettinicchio and Maroto, 2026). However, the role of socioeconomic resources and macro-level conditions is not uniform across outcomes, with some contributions showing limited or inconsistent moderating effects. Together, these findings highlight how disability generates not only additional care needs but also cumulative economic disadvantage at the household level.

Relatedly, these constraints reshape time use, leisure and overall well-being. Addressing a gap in the literature on everyday life, these contributions show that families with children with disabilities experience reduced leisure time and more constrained opportunities for social participation, even when they share similar socioeconomic characteristics with other families (Bister, Balbo and Bolano, 2026; Garbini and Pronzato, 2026). At the same time, families adapt through strategies such as increased reliance on remote work or flexible arrangements. Well-being is closely linked to the ability to reconcile caregiving with employment and to maintain shared family time, underscoring the centrality of time scarcity as a mechanism linking disability to broader family outcomes.

A third strand focuses on demographic behaviour, particularly fertility. While previous studies have established a negative association between child disability and further childbearing, the contributions here provide more detailed evidence on both the likelihood and the timing of subsequent births. Parents of a child with a disability are significantly less likely to have another child, particularly

with respect to the transition to a second birth, and when they do, they tend to delay subsequent births (Beaujouan and Solaz, 2026). These patterns reflect the cumulative impact of emotional strain, organisational challenges and financial constraints on family planning decisions, with particularly strong effects among first-time parents and in contexts of limited resources.

Finally, the issue situates these family-level dynamics within broader structures of inequality. Contributions on the determinants of child disability show that its prevalence is socially patterned, with higher rates observed in more disadvantaged socioeconomic and geographic contexts (Biasi, Conti and De Paola, 2026). At the same time, cross-national evidence on adolescents demonstrates that disability is associated with systematically lower mental well-being, and that these disadvantages interact with family socioeconomic status and institutional contexts in complex and sometimes inconsistent ways (Tarantino, Gracia and Cosma, 2026). Evidence provided in this special issue highlights the cumulative and stratified nature of disability-related disadvantage over the life course.

Overall, papers in this issue demonstrate that child disability constitutes a multidimensional shock to family systems. It reshapes the allocation of time and labour, can constrain economic opportunities, alters demographic trajectories and affects well-being, while at the same time reinforcing pre-existing social inequalities. By integrating these dimensions, the special issue provides a comprehensive account of the family-level consequences of child disability and highlights the importance of considering both micro-level dynamics and institutional contexts.

References

Beaujouan, E. and Solaz, A. (2026) 'Another child? Determinants and timing of fertility for parents of a child with a disability', *European Societies*, *28*(4), pp. 829–864. Available at: https://doi.org/10.1162/EUSO.a.104

Biasi, P., Conti, G. and De Paola, M. (2026) 'The geography of child disability in Italy: new evidence from administrative data', *European Societies*, *28*(4), pp. 654–685. Available at: https://doi.org/10.1162/EUSO.a.114

Bister, L., Balbo, N. and Bolano, D. (2026) 'The parental care burden of child disability', *European Societies*, *28*(4), pp. 686–715. Available at: https://doi.org/10.1162/EUSO.a.102

Eurostat (2023) *Health statistics – children*. Statistics Explained. European Commission.

Garbini, G. and Pronzato, C. (2026) 'Work, leisure, and well-being of families with children with disabilities', *European Societies*, *28*(4), pp. 804–828. Available at: https://doi.org/10.1162/EUSO.a.105

Israeli, N., Gelbgiser, D. and Stier, H. (2026) 'The gendered division of paid labour among families of children with disabilities: a comparative approach', *European Societies*, *28*(4), pp. 748–775. Available at: https://doi.org/10.1162/EUSO.a.83

Pettinicchio, D. and Maroto, M. (2026) 'The effects of disability and caregiving on work and perceptions of economic insecurity in Sweden, Italy, Germany, and the UK', *European Societies*, *28*(4), pp. 776–803. Available at: https://doi.org/10.1162/EUSO.a.101

Shakespeare, T. (2013) *Disability rights and wrongs revisited*. Routledge.

Tarantino, G., Gracia, P. and Cosma, A. (2026) 'Adolescent mental health, disability conditions, and family socioeconomic status: a cross-national study of 16 countries', *European Societies*, *28*(4), pp. 716–747. Available at: https://doi.org/10.1162/EUSO.a.99

UNICEF (2021) *Seen, counted, included: using data to shed light on the well-being of children with disabilities*. UNICEF.

WHO (World Health Organization) (2001) *International classification of functioning, disability and health: ICF*. World Health Organization.