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## Chapter 10

# Disability

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## Introduction

This chapter begins by examining the prevalence rates of disability in the UK, by various demographic characteristics, and assesses changes in prevalence rates during the period from 1990 to 2000. Following this, statistical information is provided on the number of children in the UK with a severe disabling condition who are dependent on medical technology. The final part in this chapter addresses an area that has an important impact on disabled children and young people, access to sporting activities and facilities.

## Data Issues

The national survey conducted by Office of Population Censuses and Surveys (OPCS) in 1985 to 1986 on disability among children in private households[1] has not been updated and since then few research studies have been undertaken to give clear indications of the prevalence of disabled children in the UK. In order to calculate the prevalence rates of disability among those aged 0 to 19 years during the period from 1990 to 2000, two separate sources of data have been used, data from the General Household Survey (GHS) and data from Family Fund Trust's (FFT) register of applicants.

The annual GHS, which covers Great Britain, is carried out by the Social Survey Division of the Office for National Statistics (ONS). First started in 1971, it has been carried out annually since, except for two breaks in 1997/1998 and 1999/2002. The GHS is a potentially good data source on longstanding illness and disabilities, which for the purposes of this chapter have been defined as mild disabilities, given that the predominant longstanding illness or disabling conditions amongst GHS respondents were asthma and skin conditions. It is important to note that longstanding illnesses or disabilities were self-reported and based on respondents' own assessments. Details of the illness were recorded by the interviewer and coded during the interview using a computer-assisted coding frame. These results were later aggregated into groups approximating to the World Health Organisation (WHO) International Classification of Diseases (ICD9).[2]

The aim of the FFT is to help families with severely disabled children aged 16 and under in private households. Estimates of those applying to the Trust suggest that between 50 and 70 per cent of families eligible for help actually apply.[3] This indicates that the prevalence rates of severely disabled children are under-reported in this chapter. It should be noted that from April 2001, only families with an annual income before tax of less than £20,300 and with savings of £8,000 or less could apply to the trust for financial help. This means that there is an under-representation of higher income families in the FFT data for the UK.

One factor that needs to be borne in mind is that FFT classification of disability conditions is based on the diagnosis from health professionals in a medical report or information provided by the parents such as a copy of their DLA application or a copy of the child's educational assessment.

## Prevalence of disability among 0- to 19-year-olds

One of the constraints of the FFT register of applicants is that there are no baseline figures to calculate rates. To overcome this problem, 1991 Census population figures have been used to calculate prevalence rates.

It was possible to extract information on those aged between 0 and 19 years from the GHS data. The FFT helps families with disabled children aged 16 and under, so the FFT data analyses refer to children and adolescents aged between 0 and 16 years.

### Age-specific prevalence rates

Boys and girls aged between 5 and 19 years were consistently found to be the higher prevalence age groups with a mild disability (longstanding illness or disability) than children aged between 0 and 4 years (Table 10.1), throughout the period from 1990 to 2000.

The reverse trend can be seen (Table 10.2) among the severely disabled children and adolescents, with higher prevalence among boys and girls aged between 0 and 4 years, compared to boys and girls in the older age groups.

### Prevalence rates by sex

The prevalence of children with mild disabilities (longstanding illness or disability) remained consistent between 1990 and 2000 (Table 10.3), with 17 per cent of the population reporting a mild disability in 1990 and 18 per cent in 2000. Slightly higher proportions of boys than girls reported having a mild disability during this time period, as 16 per cent of boys aged 0 to 19 years reported having a mild disability in 1991 compared with 14 per cent of girls. In 1998, 19 per cent of boys aged 0 to 19 years reported having a mild disability compared with 17 per cent of girls.

Analysis of the FFT database (Table 10.4) showed there was a very slight increase (four in every 10,000) in the prevalence of severely disabled boys between 1990 and 2000, while the rates for girls remained constant over the ten-year period. A substantial difference existed between male and female disability distributions across the time period from 1990 to 2000, with a higher prevalence of severe disability among boys than girls. This is evident from the 4,468 applications from families with a boy and 2,867 from families with a girl in 1990, compared to the 7,034 applications received from families with a boy and 3,677 from families with a girl in 1996.

### Prevalence rates by condition

Table 10.5 gives distribution figures on the type of mild disabilities (longstanding illness or disability) that children and adolescents aged 0 to 19 years were reported to have. Information is only provided for 1998 and 2000 as ICD (International Classification of Diseases) coding was only available for the 1998 and 2000 GHS data. The most common condition among 0- to 19-year-olds was asthma with 44 per cent suffering from this condition in 1998 and 42 per cent in 2000. Skin conditions also feature as a common problem.

The most predominant disability conditions among applicants to the FFT aged 0 to16 years in the UK are shown in Table 10.6. From 1990 to 1998, mental handicap (a term that had been used by FFT) was the most dominant condition. Autistic spectrum disorders and behavioural disorders surpassed this in 1999 and 2000 with 22 per cent and 25 per cent, respectively, of all applications from families with children with a severe disability. The percentage of applications from families with a child with cerebral palsy showed a steady decline from 12 per cent to eight per cent between 1990 to 2000.

## Prevalence rates by ethnicity

The proportions of Black-Caribbeans reporting a mild disability fluctuated during the period from 1990 to 2000 (Table 10.7), reaching a peak of 31 per cent in 1994. From 1990 to 2000, the proportion of White children and adolescents aged 0 to 19 years with a mild disability remained within the 16 to 19 per cent range.

Information regarding ethnicity was introduced in the FFT in 1996. As a result, only prevalence rates of disability by ethnicity from 1996 to 2000 are shown in Table 10.8. It is important to note that the FFT database is based on a self-selected sample. Therefore, overall applications from ethnic minority groups will tend to be lower than that for White families. All individuals originating from Northern Ireland were excluded from the ethnicity analysis since there is no data available on ethnicity from the 1991 Census for Northern Ireland. This ensures greater accuracy of the baseline figures actually used. Therefore, the ethnicity results are representative of Great Britain rather than the United Kingdom.

Overall, Table 10.8 shows that the ethnicity group with the largest prevalence rates were Black-Africans, achieving a peak in 1998 of 28 per 10,000 of the Black-African population aged 0 to 16 years. This is closely followed by the steady increase since 1996 in the proportion of Pakistani, Black-Caribbean and Black-Other severely disabled children. The proportion of Bangladeshi children who were severely disabled fluctuated between 1996 and 2000, reaching a peak in 1999 of 13 per 10,000 of the Bangladeshi population aged 0 to 16 years. The disability prevalence rates among White children remained constant between 1996 to 2000 at six per 10,000 of the White population aged 0 to 16 years.

Possible reasons for the increasing prevalence rates among minority ethnic groups are:

- Better awareness of services available leading to claims for financial assistance.
- More support being provided to meet the different cultural needs.
- Improvements in the health care monitoring system.

## Prevalence rates by region and country

The regions with the highest prevalence rates of children and adolescents with a mild disability were East Midlands, North West and the South West (Table 10.9). Prevalence rates of mild disability were generally higher for Wales (20 per cent of Wales population in 1990, 1992, 1994 and 1998). Scotland had lower levels of children and adolescents with mild disabilities.

Regional variations in the distribution of disability among children and young people existed in England with higher proportions of severe disability in the North West and London and lower proportions in the South West and East Midlands (Table 10.10).

The prevalence rates of severe disability among children aged 0 to 16 years were consistently higher for Wales and Northern Ireland (both had eight in every 10,000 of the population in 1990; 10 in every 10,000 of the population in 2000) during the period 1990 to 2000. The lowest prevalence rates of severe disability were in England (six in every 10,000 of England population aged 0 to 16 years in 1990; eight in every 10,000 of England population in 2000). Scotland had lower levels of disability than Wales and Northern

Ireland. This could be a reflection of the lower incomes in Wales and Northern Ireland, resulting in the higher proportion of applications to the FFT from families living in Wales and Northern Ireland.

### Prevalence rates by socio-economic background

For the GHS data, a socio-economic group of the head of household variable had been created on the basis of the current or former occupation of the head of household using the Registrar General's socio-economic grouping in Standard Occupational Classification.[4] Based on the higher quality of data available for this variable it was decided that the socio-economic group of head of household variable would be used in preference to the social class variable.

A social class variable is used by the FFT to define social position and is based on the current or former occupation of the head of the household using the Registrar General's Standard Occupational Classification.[4] Occupations were assigned to six social classes: I (professional), II (managers), IIIN (clerical), IIIM (skilled manual), IV (semi-skilled manual), and V (unskilled manual).

The prevalence rates of children and adolescents with mild disabilities were higher for those from semi-skilled manual (22 per cent in 1995, Table 10.11) and unskilled manual family backgrounds (23 per cent in 1998; 25 per cent in 2000). The prevalence of children with mild disabilities from professional family backgrounds were lower in comparison to the other socio-economic groups, with 13 per cent in 1990, reaching a peak of 23 per cent in 1994.

Severe disability prevalence rates fluctuated between 1990 to 2000, particularly for families where the head of the household belonged to Social Classes IIIN (clerical), IV (semi-skilled manual) and V (unskilled manual). Table 10.12 shows that in 1990, the disability prevalence rate among those in Social Class IIIN was 35 per 10,000, reached a peak in 1994 at 58 per 10,000 and decreased to 55 per 10,000 in 2000. For those in Social Class IV, the childhood disability prevalence rate was 95 per 10,000 in 1990, peaked at 114 per 10,000 in 1998 and had decreased to 79 per 10,000 by 2000. The childhood disability prevalence rate in Social Class V was 67 per 10,000 in 1990, with a peak of 79 per 10,000 in 1994 and had decreased to 60 per 10,000 by 2000.

The rate of severe disability was greatest among those in Social Class IV. Higher prevalence rates were seen among those in Social Classes V, IIIN and IIIM (skilled manual) respectively, compared to Social Classes I (professional) and II (managers).

## Technology-dependent children being cared for at home

The population of children and young people with a disabling condition is extremely heterogeneous with varying levels of disability. Given these variations in the levels of disability there are some children who are dependent on mechanical/technical equipment to help sustain their life or optimise their health status. There are also those who require substantial and on-going care either provided by a trained nurse and/or a lay carer to avert death or further disability.[5] Children who fall into these two categories are defined as being 'technology dependent'. Children suffering from diabetes, epilepsy or asthma who require care but only minimal use of mechanical/technical equipment are not included in this definition.

There is currently limited information on the number of children who depend on medical technology in the UK. The most comprehensive data available is from the FFT register of applicants, but this only takes into account families that apply on behalf of their disabled child/children. No information is provided on the duration of dependency on medical technology. The medical conditions significantly associated ($P < 0.001$) with technology dependence are shown in Table 10.13.[6] The figures indicate that children with respiratory (50 per cent), digestive (27 per cent), circulatory problems (22 per cent) and leukaemia (22 per cent) are most likely to be dependent on technology.

Significant regional variations exist in the proportions of applicants recorded as technology dependent ($x^2 = 61.7$ , $P < 0.001$).[6] About 11 per cent of applicants from Northern Ireland were technology dependent during the period 1996 to 1998 (Table 10.14), compared to only five per cent of applicants from South West England in the same time period.[6] The regional variations in applying to the Trust can be explained by factors such as:

- regional social and economic inequalities;
- differences in the incidence of medical conditions associated with technology dependence for example, congenital malformations;
- differences in the level of expertise and disease management within regional hospitals; and
- differing methods of commissioning and co-ordinating complex home care services by health and local authorities.

## Access to sport and leisure

Figures 10.1 and 10.2 show that swimming is the sporting activity most frequently undertaken by children and young people with a disability or severe illness, both in and out of school, respectively. *The Young People with a Disability and Sport* report[7] on participation in sport by young people with a disability looked at comparisons between children and young people, aged 6 to 16 years, with disabilities with those from the general population of young people from the Young People and Sport National Survey,[8] in England and Scotland.

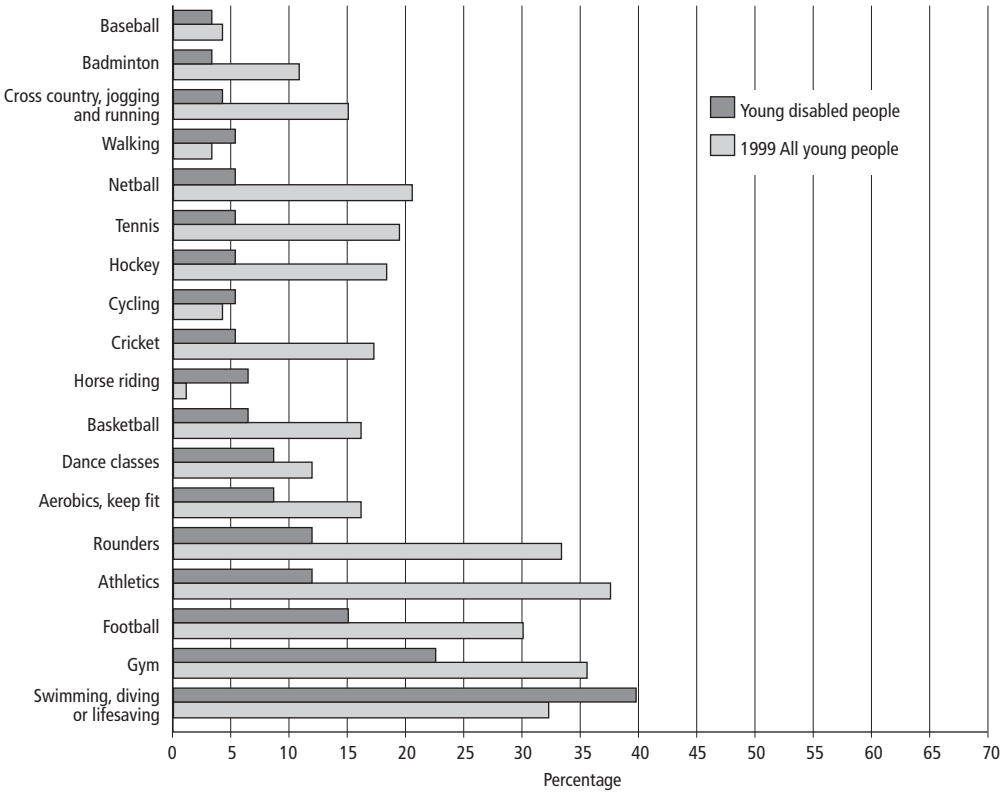
The report findings were that disabled young people are more likely to take part in swimming in school (37 per cent) compared to 30 per cent of the general population of young people. Horse riding is another sport more frequently participated in by disabled children and young people during school time, with six per cent citing that they regularly went horse riding compared to only one per cent of the general population of young people. This highlights that disabled children are participating more in sports that are not considered mainstream.

Regularity patterns of undertaking sports outside of school (Figure 10.2) showed substantial variations between young disabled people and the general population of young, with disabled children and young people participating in sports far less than non-disabled children and young people. Swimming was the most popular sporting activity outside of school among the disabled (35 per cent) and the second most popular sport was football with 18 per cent of disabled children and young people taking part in this.

To examine if disabled children and young people experienced difficulties in accessing

## Figure 10.1

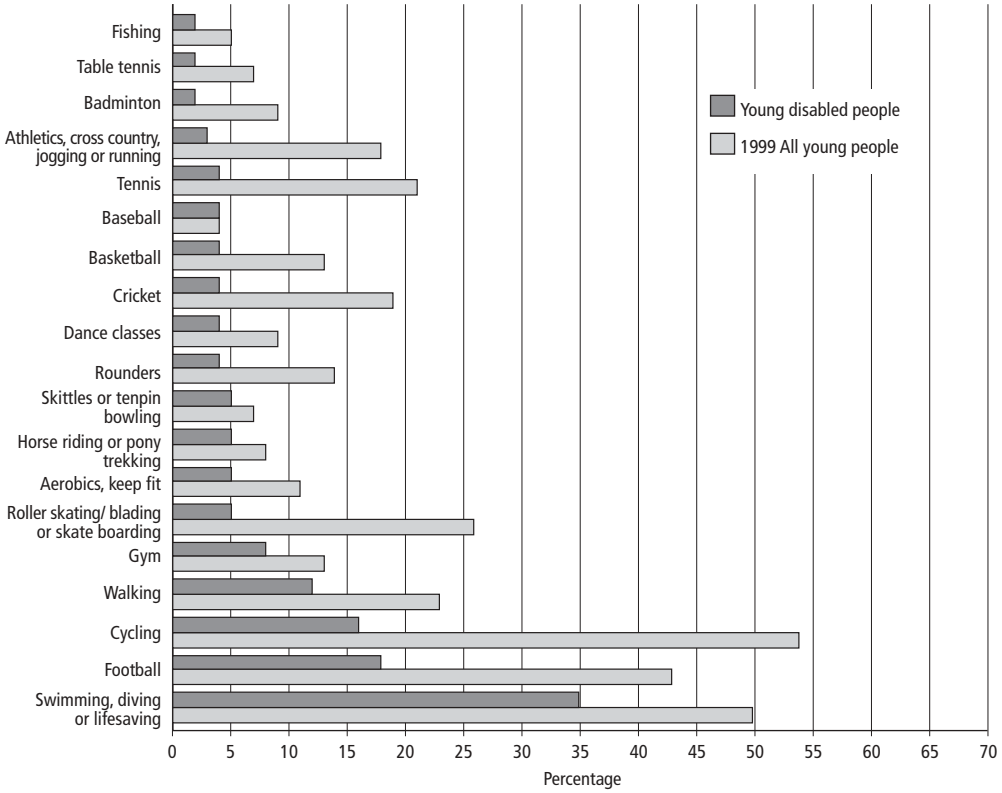
### Proportion of young people undertaking sports frequently (10 times or more) in school lessons




*Sources: Young people with a Disability & Sport (2001), Young People and Sport in England, National Survey 1999*

## Figure 10.2

### Proportion of young people undertaking sports frequently (10 times or more) out of school




*Sources: Young people with a Disability & Sport (2001), Young People and Sport in England, National Survey 1999*

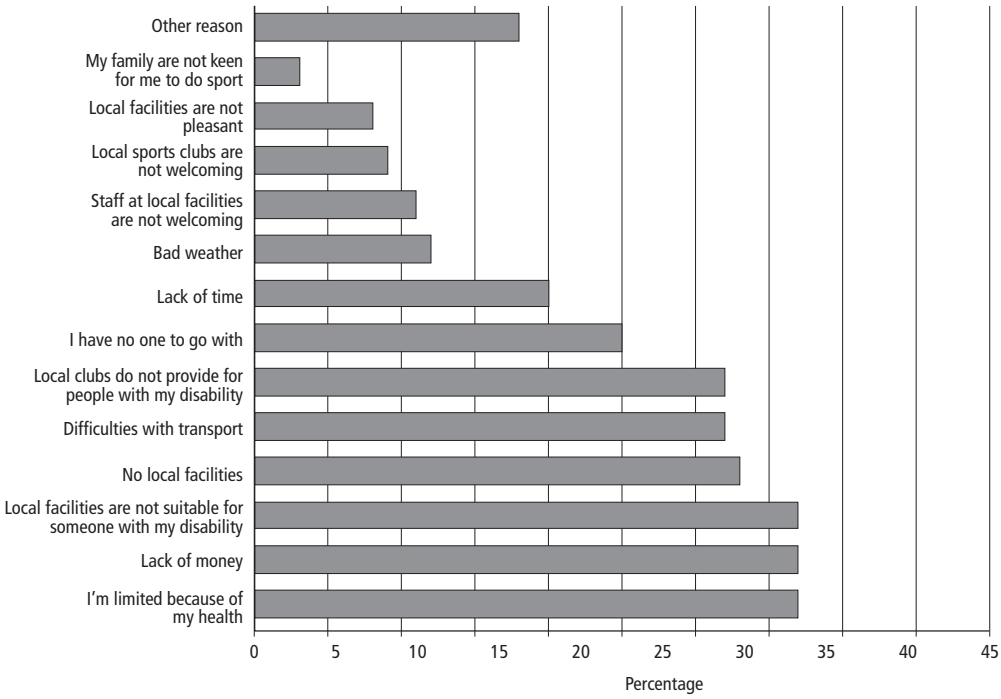
leisure facilities that prevented them from undertaking sporting activities outside of school, the survey included a question on what prevented the child from doing more sport or exercise over the 12 months, with a list of reasons from which to choose.

The majority of those responding (Figure 10.3) cited lack of money (37 per cent), health condition (37 per cent) and unsuitability of local sports facilities to accommodate the child/young person's disability (37 per cent) as the most common barriers to participating in sporting activities. A large proportion stated lack of money as a barrier, which indicates that sports clubs, recreational centres and/or transport to these leisure facilities may well be too expensive, particularly for those families on very low incomes.

It should also be noted that 11 per cent of respondents stated that staff were not welcoming and nine per cent that sports clubs were not welcoming, hence the reasons for not undertaking sport. This highlights the importance of having a positive attitude towards disability to encourage young people to participate in sport.

**Figure 10.3**

**Reasons given for child/young people not participating in sport (prompted)**



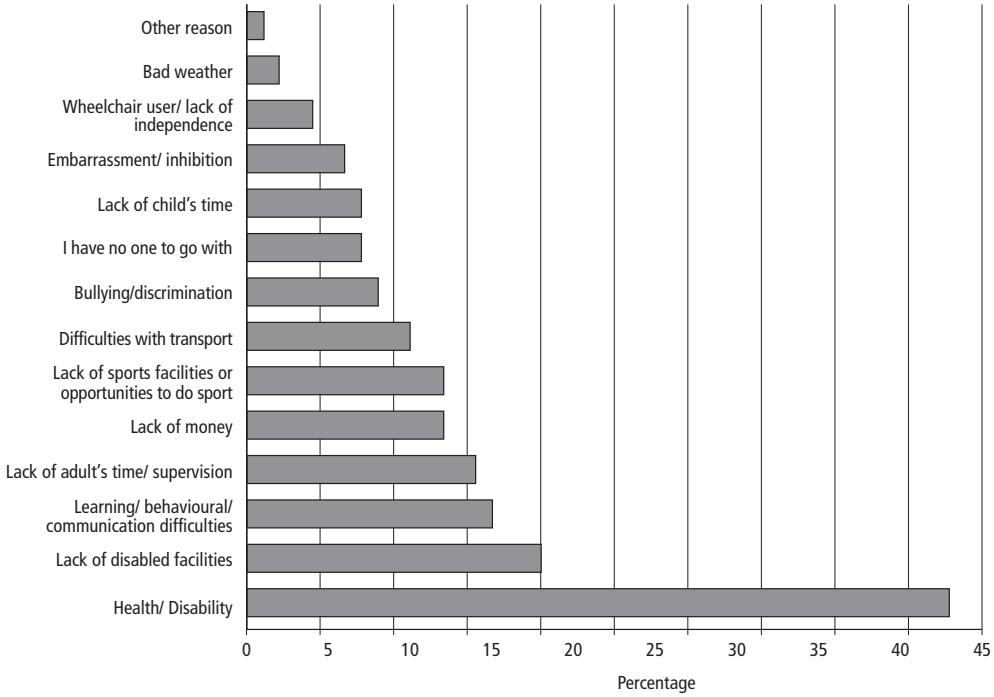

*Source: Young people with a Disability & Sport (2001)*

The second question on barriers was open-ended and asked what was the main thing that had prevented the child from doing more sport or exercise over the last 12 months (Figure 10.4). The highest proportion (43 per cent) stated that their health or disability was the key factor in preventing them from doing more sport or exercise. This could be attributed to the low expectations that young people have for themselves because of their health/disability. An additional 15 per cent of respondents cited their behavioural and communication difficulties as being the barrier. A further 18 per cent stated that a lack of disabled sports facilities was the main reason for not doing more sport. A possible

explanation for this may be that no local sports facilities had ever asked them to participate.

**Figure 10.4**

**Reasons given for child/young people not participating in sport (unprompted)**




*Source: Young people with a Disability & Sport (2001)*

## Conclusions

The general consensus is that there is a lack of accurate, good quality data available at a national level to establish definitive long-term trends on children and young people with disabilities. The advantages of undertaking another major survey similar to the one undertaken in 1985/1986 by OPCS would be substantial as standards in the development and delivery of services, in particular meeting the needs of families with technology dependent children could be properly assessed.

There are no apparent deficiencies in the frequency of sport participation by children and young people with disabilities, in school. The problem lies with the lower levels of participation compared to the general population of the same age, outside of school. Lack of money, health condition and unsuitability of local sports facilities to accommodate the child/young person's disability were the main barriers cited to participating in sporting activities outside of school.

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characteristics of eligible non-claimants and the reasons for not claiming. *Child: Care, Health and Development* **16**, 35–53.
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## Table 10.1 Age-specific prevalence rates for population aged 0 to 19 years with longstanding illness or disability, 1990–1996, 1998, 2000

Great Britain — Percentages

| | 0–4 | 5–9 | 10–14 | 15–19 | Total |
|---|---|---|---|---|---|
| **Boys** | | | | | |
| 1990 | 14 | 20 | 19 | 21 | 18 |
| 1991 | 13 | 17 | 17 | 19 | 16 |
| 1992 | 15 | 18 | 20 | 20 | 18 |
| 1993 | 15 | 23 | 18 | 21 | 19 |
| 1994 | 15 | 21 | 22 | 19 | 19 |
| 1995 | 14 | 20 | 19 | 21 | 18 |
| 1996 | 14 | 17 | 20 | 20 | 18 |
| 1998 | 15 | 21 | 22 | 16 | 19 |
| 2000 | 14 | 25 | 20 | 18 | 19 |
| **Girls** | | | | | |
| 1990 | 11 | 15 | 18 | 22 | 17 |
| 1991 | 10 | 15 | 15 | 17 | 14 |
| 1992 | 9 | 18 | 17 | 24 | 17 |
| 1993 | 12 | 15 | 17 | 22 | 16 |
| 1994 | 11 | 17 | 18 | 22 | 17 |
| 1995 | 11 | 17 | 17 | 21 | 16 |
| 1996 | 13 | 13 | 19 | 21 | 16 |
| 1998 | 15 | 17 | 20 | 20 | 18 |
| 2000 | 13 | 18 | 19 | 16 | 17 |

***Sources: General Household Surveys 1990–2000***

## Table 10.2 Age-specific prevalence rates of severely disabled population by sex. 1990–2000

United Kingdom — Rate per 10,000 of population with severe disability

| | 0–-4 | 5–9 | 10–14 | 15–19 | Total |
|---|---|---|---|---|---|
| **Boys** | | | | | |
| 1990 | 13 | 7 | 3 | 1 | 7 |
| 1991 | 14 | 8 | 4 | 1 | 8 |
| 1992 | 13 | 7 | 4 | 1 | 8 |
| 1993 | 16 | 10 | 5 | 2 | 9 |
| 1994 | 16 | 10 | 6 | 2 | 10 |
| 1995 | 16 | 12 | 7 | 2 | 11 |
| 1996 | 17 | 13 | 7 | 3 | 11 |
| 1997 | 16 | 12 | 7 | 3 | 11 |
| 1998 | 15 | 12 | 7 | 2 | 11 |
| 1999 | 14 | 12 | 8 | 2 | 10 |
| 2000 | 15 | 12 | 8 | 3 | 11 |
| **Girls** | | | | | |
| 1990 | 9 | 4 | 2 | 1 | 5 |
| 1991 | 10 | 5 | 3 | 1 | 5 |
| 1992 | 9 | 5 | 3 | 1 | 5 |
| 1993 | 10 | 6 | 3 | 2 | 6 |
| 1994 | 10 | 7 | 4 | 2 | 6 |
| 1995 | 10 | 7 | 4 | 1 | 6 |
| 1996 | 10 | 6 | 4 | 2 | 6 |
| 1997 | 10 | 7 | 4 | 2 | 6 |
| 1998 | 9 | 6 | 4 | 2 | 6 |
| 1999 | 9 | 5 | 4 | 2 | 6 |
| 2000 | 8 | 5 | 4 | 2 | 5 |

***Source: Unpublished analysis of Family Fund Trust statistics***

## Table 10.3 Prevalence rates of longstanding illness or disability of population aged 0 to 19 years by sex, 1990–1996, 1998, 2000

Great Britain — Numbers and percentages

| | Boys | | Girls | | Total | |
|---|---|---|---|---|---|---|
| | Number | % | Number | % | Number | % |
| 1990 | 3,189 | 18 | 3,109 | 17 | 6,298 | 17 |
| 1991 | 3,345 | 16 | 3,266 | 14 | 6,611 | 15 |
| 1992 | 3,224 | 18 | 3,142 | 17 | 6,366 | 17 |
| 1993 | 3,216 | 19 | 3,190 | 16 | 6,406 | 18 |
| 1994 | 3,288 | 19 | 3,137 | 17 | 6,425 | 18 |
| 1995 | 3,184 | 18 | 2,914 | 16 | 6,098 | 17 |
| 1996 | 3,038 | 18 | 2,973 | 16 | 6,011 | 17 |
| 1998 | 2,776 | 19 | 2,674 | 18 | 5,450 | 18 |
| 2000 | 2,573 | 19 | 2,477 | 17 | 5,050 | 18 |

***Sources: General Household Surveys 1990-2000***

## Table 10.4 Prevalence rates of severely disabled children aged 0 to 16 years by sex, 1990-2000

United Kingdom — Numbers and rate per 10,000 population

| | Males | | Females | | Total | |
|---|---|---|---|---|---|---|
| | Number | Rate per 10,000 of male population | Number | Rate per 10,000 of female population | Number | Rate per 10,000 of total population |
| 1990 | 4,468 | 7 | 2,867 | 5 | 7,335 | 6 |
| 1991 | 4,887 | 8 | 3,084 | 5 | 7,971 | 7 |
| 1992 | 4,708 | 8 | 2,978 | 5 | 7,686 | 6 |
| 1993 | 5,799 | 9 | 3,510 | 6 | 9,309 | 8 |
| 1994 | 6,205 | 10 | 3,795 | 6 | 10,000 | 8 |
| 1995 | 6,590 | 11 | 3,809 | 6 | 10,399 | 9 |
| 1996 | 7,034 | 11 | 3,677 | 6 | 10,711 | 9 |
| 1997 | 6,804 | 11 | 3,747 | 6 | 10,551 | 9 |
| 1998 | 6,548 | 11 | 3,445 | 6 | 9,993 | 8 |
| 1999 | 6,407 | 10 | 3,287 | 6 | 9,694 | 8 |
| 2000 | 6,664 | 11 | 3,104 | 5 | 9,768 | 8 |

***Source: Unpublished analysis of Family Fund Trust statistics***

## Table 10.5 Distribution of longstanding Illness or disability by most predominant impairments for population aged 0 to 19 years, 1998, 2000

**(Where more than one disability is present only the main disabling condition has been included)**

Great Britain — Numbers and percentages

| Impairment | Number with impairment | | % of total impairments | |
|---|---|---|---|---|
| | 1998 | 2000 | 1998 | 2000 |
| Mental Disorders | 35 | 37 | 3 | 4 |
| Learning Difficulties | 22 | 18 | 2 | 2 |
| Nervous System Disorders nes[1] | 20 | 36 | 2 | 4 |
| Blindness/Vision Defects | 38 | 36 | 4 | 4 |
| Deafness/Ear Defects | 57 | 54 | 6 | 6 |
| Heart Disease | 18 | 25 | 2 | 3 |
| Lung/Respiratory Disease | 43 | 51 | 4 | 6 |
| Asthma | 447 | 373 | 44 | 42 |
| Digestive Disorders | 30 | 37 | 3 | 4 |
| Urogenitary Disorders | 26 | 27 | 3 | 3 |
| Muscoskeletal Problems | 16 | 41 | 2 | 5 |
| Skin Conditions | 100 | 72 | 10 | 8 |
| Physical Handicap | 65 | 0 | 6 | 0 |
| All conditions | 1,005 | 878 | 100 | 100 |

***Sources: General Household Survey 1998, 2000***

*Note:*

*1. nes = not elsewhere specified.*

## Table 10.6 Distribution of most predominant severe disabling conditions for 0- to 16-year-olds, 1990–2000

United Kingdom — Numbers and percentages

| Impairment | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number with disabling condition | | | | | | | | | | |
| Asthma | 374 | 518 | 614 | 818 | 846 | 802 | 772 | 624 | 438 | 331 | 234 |
| Autism, Behavioural Disorders | 329 | 446 | 481 | 766 | 980 | 1,248 | 1,502 | 1,627 | 1,747 | 2,081 | 2,408 |
| Cancers/Tumours | 183 | 215 | 183 | 232 | 207 | 257 | 265 | 287 | 316 | 307 | 300 |
| Cerebral Palsy | 888 | 903 | 805 | 964 | 918 | 963 | 1037 | 974 | 885 | 794 | 760 |
| Deafness | 423 | 445 | 387 | 421 | 437 | 471 | 411 | 373 | 313 | 338 | 321 |
| Down's Syndrome | 406 | 368 | 381 | 418 | 395 | 312 | 315 | 313 | 340 | 280 | 292 |
| Epilepsy | 280 | 317 | 284 | 389 | 424 | 450 | 476 | 457 | 394 | 321 | 314 |
| Global Development Delay | 3 | 2 | 26 | 104 | 145 | 105 | 72 | 113 | 250 | 281 | 347 |
| Mental Handicap | 1,335 | 1,427 | 1,321 | 1,550 | 1,714 | 1,839 | 1,944 | 1,985 | 1,741 | 1,541 | 1,463 |
| Central Nervous System Disorders nes[1] | 370 | 318 | 318 | 333 | 357 | 271 | 216 | 208 | 199 | 194 | 202 |
| All conditions | 7,334 | 7,951 | 7,675 | 9,288 | 9,982 | 10,367 | 10,695 | 10,527 | 9,974 | 9,601 | 9,648 |
| | % of all disabling conditions | | | | | | | | | | |
| Asthma | 5 | 7 | 8 | 9 | 8 | 8 | 7 | 6 | 4 | 3 | 2 |
| Autism, Behavioural Disorders | 4 | 6 | 6 | 8 | 10 | 12 | 14 | 15 | 18 | 22 | 25 |
| Cancers/Tumours | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 |
| Cerebral Palsy | 12 | 11 | 10 | 10 | 9 | 9 | 10 | 9 | 9 | 8 | 8 |
| Deafness | 6 | 6 | 5 | 5 | 4 | 5 | 4 | 4 | 3 | 4 | 3 |
| Down's Syndrome | 6 | 5 | 5 | 5 | 4 | 3 | 3 | 3 | 3 | 3 | 3 |
| Epilepsy | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 |
| Global Development Delay | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 3 | 3 | 4 |
| Mental Handicap | 18 | 18 | 17 | 17 | 17 | 18 | 18 | 19 | 17 | 16 | 15 |
| Central Nervous System Disorders (nes[1]) | 5 | 4 | 4 | 4 | 4 | 3 | 2 | 2 | 2 | 2 | 2 |
| All conditions | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

***Source: Unpublished analysis of Family Fund Trust statistics***

*Note:*

*1. nes = not elsewhere specified.*

## Table 10.7 Prevalence of longstanding illness or disability of population aged 0 to 19 years by ethnicity, 1990–1996, 1998, 2000

Great Britain — Numbers and percentages

| | White | Black-Caribbean | Black-African | Indian | Pakistani | Bangladeshi | Chinese |
|---|---|---|---|---|---|---|---|
| | Number with longstanding illness or disability | | | | | | |
| 1990 | 1,033 | 2 | 2 | 12 | 4 | 5 | 1 |
| 1991 | 942 | 6 | 3 | 15 | 9 | 0 | 1 |
| 1992 | 1,033 | 5 | 5 | 8 | 8 | 5 | 3 |
| 1993 | 1,029 | 17 | 6 | 16 | 16 | 5 | 1 |
| 1994 | 1,047 | 26 | 1 | 15 | 19 | 3 | 1 |
| 1995 | 986 | 9 | 2 | 12 | 7 | 3 | 0 |
| 1996 | 946 | 10 | 2 | 13 | 10 | 7 | 1 |
| 1998 | 910 | 11 | 7 | 13 | 15 | 1 | 2 |
| 2000 | 841 | 9 | 3 | 11 | 15 | 4 | 0 |
| | % with longstanding illness or disability | | | | | | |
| 1990 | 18 | 6 | 12 | 17 | 5 | 4 | 8 |
| 1991 | 16 | 11 | 8 | 10 | 9 | 0 | 4 |
| 1992 | 18 | 8 | 17 | 6 | 7 | 10 | 18 |
| 1993 | 18 | 17 | 13 | 11 | 12 | 11 | 8 |
| 1994 | 18 | 31 | 5 | 8 | 15 | 6 | 10 |
| 1995 | 18 | 13 | 6 | 10 | 7 | 7 | 0 |
| 1996 | 17 | 23 | 4 | 9 | 13 | 17 | 4 |
| 1998 | 19 | 17 | 13 | 12 | 10 | 3 | 12 |
| 2000 | 18 | 17 | 5 | 12 | 17 | 20 | 0 |

***Sources: General Household Surveys 1990–2000***

## Table 10.8 Prevalence of severely disabled population aged 0 to 16 years by ethnicity, 1996–2000

Great Britain — Numbers and rate per 10,000 ethnicity population

| | White | Black-Caribbean | Black-African | Black Other | Indian | Pakistani | Bangladeshi | Irish | Chinese |
|---|---|---|---|---|---|---|---|---|---|
| | Number of severely disabled | | | | | | | | |
| 1996 | 6,152 | 106 | 106 | 67 | 89 | 272 | 84 | 63 | 7 |
| 1997 | 6,247 | 119 | 115 | 56 | 93 | 276 | 72 | 19 | 11 |
| 1998 | 6,213 | 126 | 182 | 55 | 96 | 329 | 93 | 8 | 13 |
| 1999 | 6,076 | 168 | 100 | 94 | 133 | 365 | 106 | 0 | 15 |
| 2000 | 5,957 | 175 | 116 | 112 | 151 | 395 | 71 | 3 | 23 |
| | Severely disabled rate per 10,000 of ethnicity population | | | | | | | | |
| 1996 | 6 | 9 | 16 | 7 | 3 | 13 | 10 | 21 | 2 |
| 1997 | 6 | 10 | 18 | 6 | 4 | 13 | 9 | 6 | 3 |
| 1998 | 6 | 11 | 28 | 6 | 4 | 15 | 11 | 3 | 3 |
| 1999 | 6 | 15 | 15 | 10 | 5 | 17 | 13 | 0 | 4 |
| 2000 | 6 | 15 | 18 | 12 | 6 | 19 | 9 | 1 | 6 |

*Source: Unpublished analysis of Family Fund Trust statistics*

## Table 10.9 Distribution of longstanding illness or disability by region and country for population aged 0 to 19 years, 1990–1996, 1998, 2000

Numbers and percentages

| | North East | North West | Yorkshire & Humberside | East Midlands | West Midlands | Eastern | London | South East | South West | England | Wales | Scotland |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Number with longstanding illness or disability** | | | | | | | | | | | | |
| 1990 | 52 | 137 | 89 | 104 | 102 | 41 | 110 | 198 | 104 | 937 | 73 | 88 |
| 1991 | 60 | 129 | 82 | 87 | 82 | 44 | 85 | 216 | 75 | 860 | 49 | 107 |
| 1992 | 62 | 119 | 93 | 73 | 94 | 44 | 110 | 227 | 102 | 924 | 68 | 105 |
| 1993 | 87 | 139 | 111 | 72 | 117 | 37 | 126 | 202 | 85 | 976 | 56 | 95 |
| 1994 | 64 | 160 | 95 | 100 | 132 | 39 | 118 | 193 | 72 | 973 | 62 | 111 |
| 1995 | 64 | 157 | 82 | 69 | 104 | 34 | 115 | 204 | 93 | 922 | 57 | 81 |
| 1996 | 58 | 115 | 83 | 82 | 108 | 98 | 99 | 134 | 104 | 881 | 61 | 82 |
| 1998 | 63 | 127 | 92 | 60 | 99 | 99 | 97 | 122 | 99 | 858 | 56 | 83 |
| 2000 | 51 | 157 | 92 | 57 | 69 | 76 | 87 | 108 | 82 | 779 | 49 | 77 |
| **Percentage with longstanding illness or disability of regional population** | | | | | | | | | | | | |
| 1990 | 15 | 18 | 16 | 21 | 17 | 18 | 17 | 17 | 20 | 17 | 20 | 16 |
| 1991 | 15 | 15 | 15 | 18 | 13 | 18 | 13 | 17 | 14 | 15 | 14 | 17 |
| 1992 | 15 | 16 | 16 | 18 | 15 | 22 | 16 | 19 | 18 | 17 | 20 | 18 |
| 1993 | 24 | 18 | 19 | 16 | 18 | 17 | 17 | 17 | 18 | 18 | 17 | 17 |
| 1994 | 20 | 22 | 15 | 21 | 19 | 17 | 16 | 17 | 15 | 18 | 20 | 17 |
| 1995 | 20 | 19 | 16 | 17 | 18 | 16 | 18 | 16 | 18 | 18 | 18 | 16 |
| 1996 | 15 | 15 | 17 | 18 | 19 | 20 | 16 | 17 | 20 | 17 | 17 | 15 |
| 1998 | 21 | 20 | 18 | 17 | 18 | 19 | 16 | 17 | 22 | 18 | 20 | 17 |
| 2000 | 19 | 22 | 20 | 19 | 15 | 17 | 15 | 15 | 20 | 18 | 18 | 18 |

*Sources: General Household Surveys 1990–2000*

## Table 10.10 Prevalence rates of severely disabled aged 0 to 16 years by country, 1990–2000

Numbers and rate per 10,000 country population

| | England | Wales | Scotland | Northern Ireland | England | Wales | Scotland | Northern Ireland |
|---|---|---|---|---|---|---|---|---|
| | Number of severely disabled | | | | Rate per 10,000 of country population | | | |
| 1990 | 5,750 | 469 | 772 | 344 | 6 | 8 | 7 | 8 |
| 1991 | 6,240 | 496 | 848 | 387 | 6 | 8 | 8 | 9 |
| 1992 | 6,066 | 474 | 746 | 399 | 6 | 8 | 7 | 9 |
| 1993 | 7,213 | 620 | 882 | 592 | 7 | 10 | 8 | 14 |
| 1994 | 7,844 | 665 | 921 | 569 | 8 | 11 | 9 | 13 |
| 1995 | 8,130 | 786 | 883 | 600 | 8 | 13 | 8 | 14 |
| 1996 | 8,431 | 811 | 971 | 498 | 8 | 13 | 9 | 11 |
| 1997 | 8,247 | 817 | 984 | 503 | 8 | 13 | 9 | 12 |
| 1998 | 7,886 | 717 | 936 | 453 | 8 | 12 | 9 | 10 |
| 1999 | 7,647 | 723 | 916 | 407 | 8 | 12 | 9 | 9 |
| 2000 | 7,772 | 639 | 908 | 449 | 8 | 10 | 8 | 10 |

***Source: Unpublished analysis of Family Fund Trust statistics***

## Table 10.11 Prevalance of longstanding illness or disability of population aged 0 to 19 years by socio-economic group, 1990–1996, 1998, 2000

Great Britain — Numbers and percentages

| | Professional | Employer-manager | Intermediate non-manual | Junior non-manual | Skilled manual | Semi-skilled manual & personal service | Unskilled manual |
|---|---|---|---|---|---|---|---|
| | Number with longstanding illness or disability | | | | | | |
| 1990 | 55 | 213 | 111 | 89 | 369 | 178 | 44 |
| 1991 | 65 | 213 | 99 | 74 | 322 | 160 | 55 |
| 1992 | 63 | 222 | 128 | 88 | 310 | 197 | 47 |
| 1993 | 57 | 210 | 110 | 110 | 349 | 184 | 49 |
| 1994 | 90 | 248 | 92 | 106 | 301 | 180 | 64 |
| 1995 | 63 | 182 | 139 | 94 | 285 | 207 | 46 |
| 1996 | 62 | 210 | 81 | 110 | 265 | 189 | 56 |
| 1998 | 65 | 186 | 104 | 110 | 254 | 162 | 58 |
| 2000 | 51 | 166 | 101 | 122 | 216 | 148 | 64 |
| | Percentage with longstanding illness or disability | | | | | | |
| 1990 | 13 | 18 | 19 | 16 | 17 | 20 | 18 |
| 1991 | 13 | 16 | 15 | 15 | 15 | 17 | 15 |
| 1992 | 14 | 17 | 18 | 17 | 16 | 21 | 15 |
| 1993 | 14 | 17 | 16 | 19 | 18 | 20 | 17 |
| 1994 | 23 | 18 | 16 | 19 | 16 | 18 | 21 |
| 1995 | 16 | 14 | 22 | 17 | 17 | 22 | 17 |
| 1996 | 18 | 16 | 14 | 19 | 15 | 20 | 21 |
| 1998 | 14 | 17 | 20 | 20 | 18 | 20 | 23 |
| 2000 | 16 | 16 | 15 | 19 | 19 | 21 | 25 |

***Sources: General Household Survey 1990–2000***

## Table 10.12 Prevalence of severely disabled aged 0 to 16 years, by social class of Head of Household, 1990–2000

Great Britain — Numbers and rate per 10,000 social class population

| | I (Professional) | II (Managers etc) | IIIM (Skilled manual) | IIIN (Clerical) | IV (Semi-skilled manual) | V (Unskilled manual) |
|---|---|---|---|---|---|---|
| | Number of severely disabled | | | | | |
| 1990 | 81 | 598 | 1,558 | 495 | 1,617 | 410 |
| 1991 | 88 | 652 | 1,617 | 604 | 1,642 | 405 |
| 1992 | 94 | 544 | 1,444 | 544 | 1,532 | 396 |
| 1993 | 90 | 528 | 1,641 | 620 | 1,530 | 460 |
| 1994 | 96 | 598 | 1,647 | 825 | 1,358 | 484 |
| 1995 | 82 | 469 | 1,842 | 690 | 1,694 | 387 |
| 1996 | 133 | 270 | 1,687 | 454 | 1,479 | 347 |
| 1997 | 91 | 373 | 1,542 | 622 | 1,604 | 267 |
| 1998 | 68 | 448 | 1,302 | 721 | 1,942 | 353 |
| 1999 | 71 | 495 | 1,440 | 765 | 1,571 | 386 |
| 2000 | 45 | 531 | 1,477 | 787 | 1,343 | 367 |
| | Rate per 10,000 of total population in social class | | | | | |
| 1990 | 10 | 16 | 40 | 35 | 95 | 67 |
| 1991 | 11 | 17 | 41 | 42 | 96 | 66 |
| 1992 | 11 | 14 | 37 | 38 | 90 | 65 |
| 1993 | 11 | 14 | 42 | 43 | 89 | 75 |
| 1994 | 12 | 16 | 42 | 58 | 79 | 79 |
| 1995 | 10 | 12 | 47 | 48 | 99 | 63 |
| 1996 | 16 | 7 | 43 | 32 | 86 | 57 |
| 1997 | 11 | 10 | 39 | 44 | 94 | 44 |
| 1998 | 8 | 12 | 33 | 51 | 114 | 58 |
| 1999 | 9 | 13 | 37 | 54 | 92 | 63 |
| 2000 | 5 | 14 | 38 | 55 | 79 | 60 |

***Source: Unpublished analysis of Family Fund Trust statistics***

## Table 10.13 Disabling conditions significantly associated with technology dependence, June 1996–December 1998

United Kingdom — Numbers and percentages

| Principal disabling condition | Number | % Technology-dependent |
|---|---|---|
| Other lung/respiratory system[1,2] | 642 | 50.2 |
| Digestive system disorders[3] | 158 | 26.6 |
| Alimentary tract disorders[2] | 290 | 22.1 |
| Leukaemia | 440 | 21.6 |
| Foetal environment and developmental defects | 218 | 18.8 |
| Heart disease | 833 | 18.1 |
| Cystic fibrosis | 369 | 15.7 |
| Cancer | 761 | 13.7 |
| Renal disease | 273 | 12.8 |
| Asthma | 798 | 12.5 |
| Other blood conditions | 308 | 12.3 |
| Central nervous system disorders (excluding spina bifida/hydrocephalus) | 760 | 9.2 |
| All | 24,625 | 6.8 |

***Source: Glendinning C et al, 1999***

*Notes:*

1. *Most notably premature lung disease.*
2. *Most notably conditions linked to tracheostomies.*
3. *Most notably oesophageal atresia.*

## Table 10.14 Number of applicants to Family Fund Trust dependent on technology by region, June 1996–December 1998

United Kingdom — Numbers and percentages

| Social Service Region | Base Number | % Technology-dependent |
|---|---|---|
| Northern Ireland | *1146* | 10.9 |
| North Western | *2997* | 7.9 |
| Yorkshire and Humberside | *2482* | 7.6 |
| Wales | *1942* | 7.1 |
| London | *2591* | 6.9 |
| East Midlands | *1556* | 6.8 |
| London Northern | *2182* | 6.7 |
| West Midlands | *2317* | 6.2 |
| Northern | *1717* | 6.2 |
| Southern | *2014* | 5.7 |
| Scotland | *2132* | 5.5 |
| South Western | *1553* | 4.8 |
| All | *24629* | 6.8 |

***Source: Glendinning C et al, 1999***