

Disability

Disability refers to the disadvantage experienced by an individual as a result of barriers, such as physical and attitudinal barriers, that impact on people with mental or physical impairments and/or long-term ill health. 'Disabled people' refers to anyone who is disadvantaged by the way in which the wider environment interacts with their impairment or long-term health problem. This may vary over time¹. However, there are many other definitions of disability. The Disability Discrimination Act 1995 defines a disabled person as someone with 'a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities'.

There are two approaches to disability commonly used, the Medical Model and the Social Model.

Medical Model

The "medical model" is a traditional model of disability focused on the individual and their particular physical difficulties which prevents them from undertaking everyday activities which non-disabled people take for granted. The range of social contact for the disabled person where the 'medical model' is applied is illustrated in the diagram overleaf.



Social Model

The "social model" focuses on the social environment and how it causes some people to be disabled. As a result if the organisation of society e.g. stairs to access buildings, lead to disability then it is these things which must be changed. The disabling forces at work where the 'social model' is applied can be seen below:

¹ Disability 2020, IPPR, 2007.



The Council fully supports the Social Model definition of disability. As service providers we must ensure that we do not impose barriers on anyone accessing our services and that we consider the needs of the individual person rather than focusing on any impairment.

As data about disabled people is based on a range of different definitions of disability, different surveys produce different estimates of the number of disabled people. In 2001, there were nearly 9 million people in England who defined themselves as having a limiting long-term illness (LLTI) accounting for 17.9% of the population at the point of Census². In the North East 22.7% of people reported having a limiting long-term illness (571,692 people) compared to 19.9% of the population of Stockton (35,438 people). Therefore the rate of limiting long-term illness is higher in the borough than the national figure but lower than the average across the region.

Within the borough there is large variation, with 41.0% of residents in the Stockton Town Centre ward having a limiting long-term illness compared to Ingleby Barwick west where the rate is 10.5%.

In 2001, there were 1.8 million (5.3%) people in England who were not working as they were permanently sick or disabled; in the North East the proportion is significantly higher at 9.0% or 164,313 people³. There were 9,229 people in Stockton who were not working as they were permanently sick or disabled accounting for 7.1% of the population.

According to the General Household Survey, there were around 11 million disabled adults in 2002. According to the Family Resources Survey, there were around 9.8 million disabled adults and an estimated 700,000 disabled children in the United Kingdom in 2003. However, it is important to note that the different sources are not necessarily compatible, and may be based on different definitions.

Within Stockton,

- There are 9,552 blue badge parking holders as at 31 March 2006.
- There are an estimated 500 adults with a severe disability and nearly 3,000 adults with a mild disability.
- As a service provider in 2006, we had:
 - 4374 clients who received a service who have been classified as having a Physical Disability or Sensory Loss,

² Office for National Statistics.

³ Census, 2001.

- 1004 clients with a Mental Health support need,
- 407 who had a Learning Disability
- and 340 Vulnerable adults
- We have 200 children with a disability receiving services through the local authority and in combination with Health Services.
- 1,050 children have a statement of special educational needs
- 530 people are registered as partially sighted, and 361 people registered as blind in Stockton, and of those 74 per cent are 65 and over and 60 per cent 75 and over.
- The majority (85 per cent) of people with sight problems are older people, aged over 65. This is a major issue within Stockton as we know our population is ageing.
- 2135 people are registered as hard of hearing.
- There are 144 registered as Deaf - 71 of whom are profoundly deaf from birth, the remaining 73 are deafened through illness, old age or an accident.

Children and Young People

The General Household Survey estimated the number of disabled children under 16 in Britain in 2002 to be 770,000, out of a population of 11.8 million children⁴. By 2020, the total number of children is projected to drop to 10.8 million, but it is widely anticipated that the proportion who are disabled will have increased. The drivers of the increase in disability among children and young people are not well understood but might include improved diagnosis, reduced stigma associated with reporting disability and better survival rates for pre-term infants.

The current lack of understanding makes it impossible to accurately predict how the prevalence of disability among children and young people may change by 2020. However, we may observe that in recent years the fastest growth in the numbers of people reporting disability has been among children aged under 16, and if the same rate of increase that occurred between 1975 and 2002 were to be observed between 2002 and 2029, there would be over 1.25 million children reporting a disability by 2029.

The rise in the number of children and young people reporting a disability appears to have been driven in part by a significant increase in the prevalence of particular types of impairment, namely, mental health problems, autistic spectrum disorders and emotional and behavioural disorders. It is difficult to ascertain the extent to which the increase in these impairments is down to improved diagnosis, and the extent to which it represents an actual increase in prevalence. The number of children with complex needs also appears to have risen as a result of the increased survival rates among pre-term babies and children after severe trauma or illness. This has enabled increasing numbers of children to survive infancy and to live longer, albeit with complex needs. It is anticipated that rises in the number of children reporting these disabilities will continue. There are also worrying increases in

⁴ Office for National Statistics.

childhood obesity and sexually transmitted diseases among young people, both of which can lead to disability⁵.

Education

Special Educational Needs (SEN) as defined by the Education Act 1996 states that children have special educational needs if they have a learning difficulty which calls for special educational provision to be made for them.

Children have a learning difficulty if they:

- a) Have a significantly greater difficulty in learning than the majority of children of the same age; or
- b) Have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority
- c) Are under compulsory school age and fall within the definition at a) or b) above or would do so if special educational provision was not made for them.

Children must not be regarded as having a learning difficulty solely because the language or form of language of their home is different from the language in which they will be taught.

Children with SEN all have learning difficulties or disabilities that make it harder for them to learn or access education than most children of the same age. These children may need extra or different help from that given to other children of the same age. Children with special educational needs may need extra help because of a range of needs, such as in thinking and understanding, physical or sensory difficulties, emotional and behavioural difficulties, or difficulties with speech and language or how they relate to and behave with other people. Many children will experience special educational needs of some kind at some time during their educational career. Schools and other organisations can help most children overcome their difficulties quickly and easily without needing any additional help. But a few children will need extra help for some or all of their time in school⁶.

Overall there has been significant progress in the Inclusion of children with SEN into mainstream schools. The most recent Pupil Level Annual Schools Census (PLASC) data released shows that in January 2006 some 236,200 (or 2.9%) of pupils across all schools in England had statements of SEN⁷. The proportion of pupils with statements of SEN remained the same as in 2005. The percentage of pupils with statements placed in maintained mainstream schools (nursery, primary, secondary) was 58.9%, a slight decrease from 59.6% in 2005. Over the same period the total number of pupils with statements of SEN in special schools (excluding Pupil Referral Units) had fallen from 90,300 to 87,200. Some caution needs to be given to these figures as with the delegation of SEN funding to mainstream secondary schools, an increased number of children are being supported without requiring a statement to be issued. Some care needs to be exercised with regard to this data as it is unmoderated and is based on perceptions rather than independent evidence.

Within Stockton-on-Tees, there are other sources of data which help to build a fuller picture of SEN across the borough. The most recent data (July 2007) confirms some 950 pupils with a Statement which represents a steady decline over the last few years. Such a decrease is

⁵Disability 2020, IPPR, 2007.

⁶ www.teachernet.gov.uk

⁷ Pupil Characteristics and Class Sizes in Maintained Schools in England, January 2006, DFES

primarily driven by the delegation of all SEN led funding to Secondary Schools which has largely eliminated the need for any Statutory Assessments. It is hoped that this delegation will be extended to Primary Schools as well which will further diminish the need for such.

The 2006 PLASC data return showed that nationally the most prevalent need amongst pupils with SEN was Moderate Learning Difficulty (28%), followed by Behaviour, Emotional and Social Difficulties (22%) and Speech, Language and Communication Needs (13%)⁸. In Stockton, 25% of identified children are diagnosed with Autism Spectrum Order, 19% with Moderate Learning Difficulties and 17% with Behaviour, Emotional and Social Difficulty. This difference is possibly as a result of better local diagnostic arrangements for children with ASD.

Educational attainment for children with SEN is best measured with value added data whereby assessing the gap in attainment and rate of progress within a Key Stage⁹.

Stockton Value Added Data for Key Stage 1 to Key Stage 2

Key Stage 1 to Key Stage 2	2004	2005	2006
Pupils without any SEN / LDD	12.4	12.4	12.4
Pupils with SEN / LDD	12.0	12.0	12.2

Value added data for Key Stage 1 to Key Stage 2 shows that the progress gap for pupils with SEN compared to their peers is narrowing. Overall, pupils with SEN are making slightly more than the expected two levels of progress.

Stockton Value Added Data for Key Stage 2 to Key Stage 3

Key Stage 2 to Key Stage 3	2004	2005	2006
Pupils without any SEN / LDD	6.5	7.1	7.8
Pupils with SEN / LDD	3.0	3.7	4.3

Value added data for Key Stage 2 to Key Stage 3 shows that the achievement gap for pupils with SEN compared with their peers has remained static. The three year value added trend for Key Stage 2 to Key Stage 3 shows that SEN pupils are making greater progress year on year but that their progress is still only about two thirds of a level, rather than the expected one level.

Below Level Attainment at Key Stage 1

⁸ Pupil Characteristics and Class Sizes in Maintained Schools in England, January 2006, DFES

⁹ Stockton on Tees, Removing Barriers to Achievement – The Governments Strategy for SEN, Update on Progress 2006-07

Reading	2003/04	2004/05	2005/06
England	15%	15%	16%
Stockton	14%	13%	14%

Maths	2003/04	2004/05	2005/06
England	10%	9%	10%
Stockton	8%	8%	7%

The percentage of pupils not achieving level 2 at the end of Key Stage 1 rose by 1% between 2004/05 and 2005/06 in Stockton but was still better than the England average.

Below Level Attainment at Key Stage 2

English	2003/04	2004/05	2005/06
England	7.1%	6.3%	6.1%
Stockton	7.0%	5.8%	5.5%

Maths	2003/04	2004/05	2005/06
England	6.2%	5.9%	6.0%
Stockton	5.7%	4.7%	5.3%

The percentage of pupils not achieving level 3 at the end of Key Stage 2 was better than the England average in both English and Maths between 2003 and 2006. also, conversion data for the percentage of pupils who scored below level 2 at Key Stage 1 in 2002 and achieved at level 4 or higher at the end of Key Stage 2 was 29% for English (above the England average) and 16% for Maths (in line with the England average).

Below Level Attainment at Key Stage 3

English	2003/04	2004/05	2005/06
England	10.0%	8.6%	9.7%
Stockton	13.6%	12.2%	11.8%

Maths	2003/04	2004/05	2005/06
England	9.5%	8.7%	7.0%
Stockton	10.0%	9.4%	7.7%

The percentage of pupils not achieving level 4 at the end of Key Stage 3 shows a steady reduction in both English and Maths, with English results being significantly better than the England average. Conversion data for the percentage of pupils achieving below level 3 at Key Stage 2 who achieved level 5 at Key Stage 3 improved in English to 3.8% in 2005/06 but was still below the England average of 5.1%. Figures would indicate that no children achieved a level 5 or more in Maths.

Below Level Attainment at Key Stage 4

The percentage of pupils not achieving any passes at the end of Key Stage 4 fell from 4.0% in 2004/05 to 2.7% in 2005/06 and was in line with the England average.

	2004/05	2005/06
England	3.2%	2.7%
Stockton	4.0%	2.7%

Across Stockton at all Key Stages pupils with SEN perform less well than pupils with no identified SEN. Positively, it is also clear from the above evidence that achievement for children with SEN is increasing and the gap between pupils is decreasing as more students perform well at the expected levels.

Exclusions

Across England pupils with statements of SEN are around 3 times more likely to be permanently excluded from school than the rest of the school population¹⁰. This is lower than the rate in 1997/98 and the rate of exclusions for pupils with statements of SEN has decreased in every year since 2002/03. This data is obtained from the Pupil level annual schools census (PLASC) and should be treated with some caution as it is not verified.

Pupils with SEN (both with and without statements) are more likely to be excluded than those pupils with no SEN. Nationally in 2004/05, 37 in every 10,000 pupils with statements of SEN and 40 in 10,000 pupils with SEN without statements were permanently excluded from school. This compares to 6 in every 10,000 pupils with no SEN.

Some 31% of permanent exclusions and 27% of fixed period exclusions were due to persistent disruptive behaviour; around 12% of permanent exclusions and 23% of fixed period exclusions involved verbal abuse / threatening behaviour against an adult; and some 19% of permanent exclusions and 21% of fixed period exclusions involved physical assault against a pupil.

Local data will be available shortly.

Healthier Communities and Adults

There are over 10 million disabled people in Britain; of which, 4.6 million are over State Pension Age and 700,000 are children¹¹. Disability increases with age: only 10% of adults aged 16-24 are disabled, while one third of people between the age of 50 and retirement age are disabled. By 2020 58% of people over the age of 50 will have a long term health condition.

Health and wellbeing

There has been a significant increase in the prevalence of autistic spectrum disorders (ASD), mental health problems including emotional and behavioural disorders, and complex needs

¹⁰ Permanent and Fixed Period Exclusions from Schools and Exclusion Appeals in England, 2004/05. DFES

¹¹ Family Resources Survey 2003-2004

reported among children and the coming years are likely to see a continuation in these increases.

Studies over recent years have reported year on year rises in the incidence of autistic spectrum disorders (ASD). In 2001, the Medical Research Council estimated that ASD affected approximately 60 in every 10,000 children under 8 years old, and that using a more narrow definition of ASD the condition affected between 10 and 30 in every 10,000 children aged 8 years old¹². Reasons for these increases include changes in diagnostic criteria, the development of the concept of the wide autistic spectrum, different methods used in studies, growing awareness and knowledge among parents and practitioners, the development of specialist services, as well as the possibility of true increases in prevalence. Although the increase in ASD cannot be robustly quantified, it is clear that ASD is far more common than was previously recognised. In 2004, just under one third of autistic children aged 5 to 16 in Britain had another clinically recognisable mental health condition: 16% had an emotional disorder and 19% had a conduct disorder. Almost all children with ASD were reported to have Special Educational Needs (SEN) (97% compared with 16% of other children)¹³.

In 2004, one in ten children and young people aged 5 to 16 in Britain had a clinically recognisable mental disorder of whom 4% had an emotional disorder (anxiety or depression), 6% had a conduct disorder and 2% had a hyperkinetic disorder. Of these children 6% had more than one type of disorder. Boys were more likely to have a mental disorder than girls in 2004: among 5 to 10 year olds, 10% and 5% of girls had a mental disorder and among 11 to 16 year olds, the proportions were 13% for boys and 10% for girls.

Data from the Health Survey for England 2000/01 shows that the most prevalent type of disability was locomotor disability; defined as a person's inability to execute distinctive activities associated with moving both themselves and objects from place to place. Overall, 12% of men and 14% of women reported having a locomotor disability, of whom one in four men and one in three women reported a serious disability. The second largest prevalence was in personal care disability, with rates almost half those of locomotor disability for both sexes (men 6% and women 7%), followed by hearing disability (6% and 4%) and sight disability (2% and 3%). Few people reported having communication disability.

Community Cohesion

There is no data relating to community cohesion and disability.

Drugs Misuse

There is growing evidence that people with serious mental illness, including depression and psychosis, are more likely to use cannabis or have used it for long periods of time in the past. Regular use of the drug has appeared to double the risk of developing a psychotic episode or long-term schizophrenia. Over the past few years, research has strongly suggested that there is a clear link between early cannabis use and later mental health problems in those with a genetic vulnerability - and that there is a particular issue with the use of cannabis by adolescents¹⁴.

A study following 1600 Australian school-children, aged 14 to 15 for seven years, found that while children who use cannabis regularly have a significantly higher risk of depression, the opposite was not the case - children who already suffered from depression were not more

¹² Medical Research Council, 2001.

¹³ Office for National Statistics.

¹⁴ www.rcpsych.ac.uk

likely than anyone else to use cannabis. However, adolescents who used cannabis daily were five times more likely to develop depression and anxiety in later life.

Three major studies followed large numbers of people over several years, and showed that those people who use cannabis have a higher than average risk of developing schizophrenia. If you start smoking it before the age of 15, you are 4 times more likely to develop a psychotic disorder by the time you are 26. They found no evidence of self-medication. It seemed that, the more cannabis someone used, the more likely they were to develop symptoms.

Recent research in Europe, and in the UK, has suggested that people who have a family background of mental illness – so probably have a genetic vulnerability anyway - are more likely to develop schizophrenia if they use cannabis as well.

Education

In 2003, 40% of disabled people of working age had no qualifications. There has been a significant increase in the demand for higher qualifications and this trend is likely to continue to 2020. The Learning and Skills Council has warned that without at least a basic grasp of Information Technology skills, people will find it increasingly difficult to find work. This poses an increasingly significant barrier to work for many disabled people. For example, of those in receipt of Disabled Living Allowance, 37% have never used a computer, while only 37% have used the Internet.

Community Safety

In their 1996 report entitled 'Not Just Sticks and Stones', mental health charity MIND found that 47% of their respondents with mental health problems had been harassed or abused in public, with 14% actually physically attacked. A quarter of respondents felt at risk of attack inside their own homes, and another 26% said that they had been forced to move home because of harassment¹⁵.

These figures indicate that people with mental health issues have some very solid grounds for worrying about becoming a victim of crime, because mental disability appears to invoke a very hostile public response.

Another piece of research from MIND on the provision of mental health services showed that two thirds of respondents had encountered local opposition to locating mental health facilities in the area, with 19% of respondents experiencing violent attacks on staff, users and property.

Ironically, the main reason behind the attacks was fear of crime – local people were scared that having more mentally disabled people in the neighbourhood would lead to a greater level of random attacks and homicides. However, these fears were irrational, and once the projects actually opened opposition to them vanished.

People with physical disabilities, particularly older people, may be more fearful of crime because of their perception that they are easily victimised.

¹⁵ www.crimereduction.gov.uk

Economic Regeneration and Transport

Employment

In 2005, the Government declared that it aspires to achieve a working age employment rate of 80 per cent. The rate in 2004 was 73 per cent, so achieving the aspiration means an extra 2.5 million people being in employment. The DWP has indicated that it believes that the achievement of an 80 per cent working age employment rate would largely offset the effects of an ageing population. This will not be simple. High levels of worklessness among disabled people have persisted during periods of economic buoyancy. This suggests that the objective barriers and constraints to taking work are likely to be complex, deep-rooted and multi-faceted.

One of the key barriers to work that disabled people face is low qualifications. In 2003, 40% of disabled people of working age had no qualifications. There has been a significant increase in the demand for higher qualifications and this trend is likely to continue to 2020. The Learning and Skills Council has warned that without at least a basic grasp of Information Technology skills, people will find it increasingly difficult to find work. This poses an increasingly significant barrier to work for many disabled people. For example, of those in receipt of Disabled Living Allowance, 37% have never used a computer, while only 37% have used the Internet.

Benefits

In 2004, almost half of all disabled people of working age were not in paid employment, and some of those disabled people who were in work received support to enable them or their employers to meet the extra costs of disability.

The Department for Work and Pensions (DWP) has projected that expenditure on working age benefits for 'people with sickness or a disability' will decrease slightly from around 4% of GDP in 2004/05 to 1.3% in 2019/20 and that a lower percentage of GDP overall will be spent in 2019/20¹⁶.

In 2005, the level of benefits rarely meets the additional costs of families who have disabled children. The British Council for Disabled people and End Child Poverty have estimated that levels would need to increase by 30% to 50% to raise disabled children out of poverty. The rates of Disability Living Allowance (DLA) in recent years have been rising at a rate of around 2.5%, barely in line with inflation. In August 2004, only 271,000 children under the age of sixteen were receiving DLA¹⁷.

Transport

New legislation introduced in December 2006 means that disabled people have, for the first time, the right to be treated fairly and the right for reasonable adjustments, on buses, coaches, trains and taxis. The new law will also apply to car hire and breakdown services¹⁸. Previously, a disabled person could be refused entry onto a bus or train merely because of their disability or long term health condition.

Facts from Disability Rights Commission research show that almost half (49%) of disabled people are totally reliant on public transport and disabled people are twice as likely to turn down a job due to travel difficulties. Over half (56%) of disabled people said that they would

¹⁶ Disability 2020, IPPR, 2007.

¹⁷ DWP 2005

¹⁸ Disability Rights Commission.

like to go out more, yet more than half (52%) of disabled people expressed some difficulties in getting to all essential services such as GPs and hospitals.

Buses are a common form of transport for most people with disabilities. However, for many, getting on and off a bus is a dangerous venture. Accidents happen when buses do not pull up close to the kerb causing people to trip or even forcing them into the road. Accessible design of entrances, exits and interiors, can minimise accidents and enhance passenger confidence. Information is important before travelling, at the bus stop and on board the bus, because it makes people feel secure and confident when travelling. In addition, staff assistance can be the key to a stress-free journey.

Bus operators should ensure that buses comply with the Public Service Vehicles (PSV) Accessibility Regulations under the Disability Discrimination Act (DDA). New accessible vehicles should be introduced on key routes rather than spread thinly over the whole network. Accessible vehicles and routes should be promoted to older and disabled people who stand to benefit from the changes.

Travelling by train is becoming easier because more accessible trains are in operation. Getting on and off trains is the most common cause of accidents. Gaps between trains and platform edges or between carriages pose potentially deadly risks. Design and layout of stations is important because it affects the safety of passengers with disabilities. Information is essential for all passengers before and during travel so that they can make informed decisions and keep themselves safe. Information must be prompt, reliable and accessible. Also all train operators should ensure that their trains meet the Rail Vehicle (RV) Accessibility Regulations, which demand audible destination announcements on trains.

Liveability (including Environment, Housing and Civic Renewal)

Environment

Disabled people face a disproportionate likelihood of living in a deprived area. Even if the prospects for deprived areas improve, the projected increases in single households may mean that more people are vulnerable to mental ill health as a result of living alone. The current household projections show that the number of single person households will increase by over 2.5 million between 2001 and 2021. More research is needed to understand the full social impact of the rise of single households¹⁹.

Housing

Disabled people face considerable disadvantage because the majority of the housing stock has not been designed with the needs of disabled households in mind. By 2020, Part M of the building regulations, assuming they are retained, will have applied to new dwellings for 20 years. This will mean that the proportion of dwellings meeting 'visitability' standards of access in the overall housing stock will have increased. Assuming rates of building and demolition continue at current rates, by 2020, it is estimated that the proportion of housing stock in England built under the Part M standards will have reached the still-low level of 12%.

Pressures to reduce the unit costs of housing in both the private and social sectors will have tended to push the space standards of dwellings towards either their regulatory minimums in

¹⁹ Disability 2020, IPPR, 2007.

the case of the social sector, or the minimum size that the market will bear in the private sector. In 2000/01, 34% of all new homes had one or two bedrooms and 20% were flats. By 2003/04, 41% of all new homes one or two bedrooms and 34% were flats. This sits unhappily alongside studies of disabled households housing needs that have highlighted the importance of space, for example, to accommodate adaptations and the use of necessary equipment. The policy drivers to increase housing density and reduce cost may militate against the adoption of higher accessibility standards. The problems faced by disabled people living in unsuitable housing can be exacerbated if that housing is also of a poor quality, and disabled people are more likely to live in housing that does not meet decent homes standard. By 2020, the Government should have met its target to ensure that all social housing meets a decent standard and should have made significant progress in reducing the numbers of vulnerable households, including disabled people living in non-decent homes.

In Stockton in 2005/06, £900,000 was allocated for disabled adaptations, slightly less than 2003/04 and 2004/05. In 2005/06 there were 245 adaptations carried out, and 790 low cost essential adaptations (LCEAs) at an average cost of £3,443 and £70 respectively. There has been a marked rise in the numbers of LCEAs from 545 in 2004/05 to 790 in 2005/06, and the unit cost has fallen.

The majority of the adaptations were of showers (47%) and for stair lifts (17%). Whilst the most common adaptation was a low cost essential adaptation, only 8% of the budget was spent on LCEAs.

ADAPTATIONS	Number	Budget	%
Showers:	130 Level Entry	£422,603	46.96
	22 Overbath		
Stairlifts:	38 Straight	£155,143	17.24
	10 Curved		
	3 Thru –floor		
Ramps:	27	£33,759	3.75
Extensions:	2	£41,000	4.56
Small Building Works, Electrical works etc:	25	£89,026	9.98
Low Cost Adaptations	790	£75,000	8.33
Fees		£81,818	9.09
Underspend		£1,651	0.09
Total		£900,000	100

Of the 233 disabled facilities grants allocated in 2005/06 (£4078 average grant), most adaptations were for level entry showers, and straight stair lifts.

Adaptations	2003/04	2004/05	2005/06
Overbath shower	12	9	13
Level Entry Shower	53	60	88
Curved Stairlift	27	26	13
Straight stairlift	65	62	61
Thru floor lift	6	4	4
Building Works	15	15	16
Ramps	20	20	18
Wash/Dry toilet	1	13	3
Electrical door system	1	2	0

Current projections of disabled adaptations suggest that waiting lists within the borough should be cleared by 2008/09, after which to maintain the expected number of referrals a budget of £730,000 for major adaptations and £70,000 for LCEAs would be required. However, projections also show that there will be a significant shortfall in the budgets for disabled facilities grants.

Organisational Development and Operational Effectiveness

Formal participation as governors of public bodies, membership of panels and other modes of public involvement tend to lack involvement by disabled people. In 2004, of 15,437 public appointments in England only 545 were of people who regarded themselves as disabled; the proportion was similar in Scotland²⁰.

As at May 2007, 1.3% (or 110) of Stockton Borough Council employees declared themselves to have a disability. This is significantly lower than the local population, but it should be noted that employees are only asked this information at the commencement of employment. It is possible that the rate is slightly higher as peoples health changes over time.

²⁰ Disability 2020, IPPR, 2007.