

IB/SDA Claims in Edinburgh

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Working Paper 3

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Monitoring and Evaluation



Working Paper 3

IB/SDA Claims in Edinburgh

1.0 Summary

- Edinburgh has seen a fall of **600** in the numbers claiming IB/SDA between May 2002 and May 2006 (p 4).
- In May 2006 – the following areas had the number of IB/SDA Claimants (p 4):
 - **21,500** - Edinburgh
 - **55,900** - Glasgow
 - **4,500** – East Lothian
 - **3,800** - Midlothian
 - **9,200** – West Lothian
 - **298,800** - Scotland
 - **2,593,900** – Great Britain
- Edinburgh has witnessed an increase of **1,100** (*12%*) in IB/SDA claimants whose principle disability is diagnosed as a mental and behavioural disorder between May 2002 and May 2006 to **10,300** (p 5).
- Only 6 local authority areas in Scotland have seen a decrease in numbers of IB/SDA claimants whose principle disability is diagnosed as a mental and behavioural disorder between May 2002 and May 2006 – **East Lothian, Glasgow, North Ayrshire, North Lanarkshire, Renfrewshire, and West Dunbartonshire** (p 5).
- In May 2006, there were **6,500** people aged between 50 and 59 claiming IB/SDA in Edinburgh (p 5).
- Between May 2002 and May 2006, there has been a reduction in the number of IB/SDA claimants in Edinburgh for people aged between 16 and 39 and people aged 60 and over. There has been an increase in the number aged in their 40s (p 5).
- In May 2006, **56.3%** of IB/SDA claimants in Edinburgh had been claiming for 5 years or more (p 8).
- In the focus wards, over half of IB/SDA claimants have been diagnosed with a principle disability of a mental and behavioural disorder, overall in the city, it is less than half (p 8).
- **S01001906** in Craigmillar is the datazone with the highest number of IB/SDA claimants amongst the 61 focus datazones in the city, it also has the highest number of people diagnosed with a principle disability of a mental and behavioural disorder and the highest number of claimants claiming over 5 years, and this includes the Thistle Foundation (p 9).
- IB/SDA claimants whose principle disability is diagnosed as a Mental and Behavioural Disorders due to Psychoactive Substance use have seen a rise of **770** in Edinburgh between February 2000 and February 2006 (p 14).

1.0 Purpose of this Paper

This working paper is the third in a regular series of papers compiled by CCP that look at issues of relevance to Joined up for Jobs. The first looked at the NEET group, the second at benefit claims and future working papers will examine topics around issues such as migrant workers, outcomes and outputs from projects supported under the getting people into work heading of the ROA, etc. We are open to suggestions from JU4J partners for future topics.

Overall these working papers are intended to be useful background resources that can be used for base lining programs or simply providing context. In other instances the papers will provide a 'literature review' type function, distilling information and informing the group of what research and data that has recently become available. They are not necessarily documents that reach conclusions or provide answers, nor will they necessarily call for future research.

In the context of Joined up for Jobs this particular paper will be of interest as it will not only highlight the number of people claiming IB/SDA- it will also indicate trends in the level of claiming and will break this down in terms of wards, and datazones providing a geographical profile of IB/SDA claiming in the city. One thing that this geographic profile highlights is that there are more people claiming benefits such as IB/SDA in wards that are not the focus of interventions than there are in the 12 focus wards. This isn't surprising as the focus for the Regeneration Outcome Agreement is on areas of *multiple deprivation* what it does highlight is that for the Joined up for Job Partners there is a client group outside the focus areas that may also need support.

2.0 Introduction

On the face of it Edinburgh is a vibrant booming city, with high levels of employment, high levels of home ownership and an affluent population. Whilst this may be true for a large percentage of the population of the city, there is a sizeable minority that has to rely on IB/SDA. This is something that CCP are clearly aware of as poverty and income is one of the areas that direct our work.

This paper looks at the number of IB/SDA claimants in the city. As the focus of much of the work of CCP is on the geographies identified as deprived this report also highlights IB/SDA claimants by ward and datazone. The principle disability of IB/SDA claimants is also presented. This paper is timely given the welfare reform bill aimed at getting more IB claimants back to work and also the Primary Intermediary Model work being carried out by Intowork.

It is paid to people who are assessed as being incapable of work and who meet the appropriate contribution conditions and although it is focused on working age there is an option for the benefit to be paid to people over state pension age. For those over state pension age the short-term rate of Incapacity Benefit, based on Retirement Pension entitlement, is paid for up to a year but only if incapacity began before pension age. The long-term rate is not paid for people over pension age.

If you were getting Severe Disablement Allowance (SDA) in April 2001 you will normally continue to receive it but since April 2001 it has not been possible to make a new claim for SDA. Claimants must be aged between 16 and 65 when they make their claim. There is no upper age limit for receiving the allowance once it has been awarded.

4.0 IB/SDA Claimants Comparison

The Table below highlights the numbers of people in receipt of IB/SDA and compares the situation in May 2006, with that in May 2005, 2004, 2003 and 2002. This includes Edinburgh, East Lothian, Midlothian, Glasgow, Scotland, Great Britain.

We can see that there are significant variations between the localities. All areas have seen decreases; Edinburgh (2.7%) and Great Britain (3.5%) have seen the smaller decreases; whilst Glasgow (15.8%) and Midlothian (9.5%) have seen larger decreases. Clearly Edinburgh does not appear to be as successful in reducing numbers of IB/SDA, albeit from a relatively low claim numbers.

Table 1 Number of IB/SDA Claimants

	May 2002	May 2003	May 2004	May 2005	May 2006	Change
Edinburgh	22,100	21,900	22,500	21,900	21,500	-600 <i>(2.7%)</i>
East Lothian	5,000	4,800	5,000	4,900	4,500	-500 <i>(10%)</i>
Midlothian	4,200	4,100	3,900	3,800	3,800	-400 <i>(9.5%)</i>
West Lothian	9,600	9,200	9,500	9,200	9,200	-400 <i>(4.1%)</i>
Glasgow	66,400	64,800	63,100	60,000	55,900	-10,500 <i>(15.8%)</i>
Scotland	327,700	324,500	322,800	310,700	298,800	-28,900 <i>(8.8%)</i>
Great Britain	2,689,200	2,703,000	2,698,100	2,648,700	2,593,900	-95,300 <i>(3.5%)</i>

Source: Nomis

Table 2 illustrates the changes in the numbers of claimants who claim IB/SDA whose principle disability is diagnosed as a mental and behavioural disorder. This includes depression, learning disabilities and psychological problems caused by drug misuse (see Appendix). Obviously there will be overlaps of disabilities. With the exception of Glasgow and East Lothian, the trends appear to be a rising number of IB/SDA whose principle disability is a mental and behavioural disorder and a falling number of people whose principle disability is physical.

Table 2 Number of IB/SDA Claimants (Mental and Behavioural Disorders)

	May 2002	May 2003	May 2004	May 2005	May 2006	Change
Edinburgh	9,200	9,500	10,000	10,100	10,300	+1,100 (12%)
East Lothian	1,600	1,600	1,800	1,700	1,500	-100 (6.3%)
Midlothian	1,200	1,200	1,100	1,200	1,400	+200 (14.3%)
West Lothian	3,100	3,300	3,600	3,600	3,800	+700 (22.6%)
Glasgow	29,400	30,400	29,800	29,100	27,300	-2,100 (7.1%)
Scotland	123,700	127,500	132,000	130,600	128,000	+4,300 (3.5%)
Great Britain	944,700	987,500	1,025,500	1,038,400	1,039,000	+94,300 (10%)

Source: Nomis

Apart from Glasgow and East Lothian, only North Ayrshire, North Lanarkshire, Renfrewshire and West Dunbartonshire are the only Scottish Local Authorities who have experienced a decline in IB/SDA claimants whose principle disability is diagnosed as a mental and behavioural disorder between May 2002 and May 2006. Renfrewshire is a pilot area for the DWP in getting people back to work. The other areas in the west who have seen a decrease, have received significant funding.

Table 3 illustrates the ages and length of period that claimants have been claiming IB/SDA in Edinburgh between May 2002 and May 2006. What can be seen is the significant amount of people (**6,500**) who are in their 50s who are claiming IB/SDA, particularly people who have been claiming for 3 years or more (**5,100**). There have been decreases in the number of claimants between May 2002 and May 2006 of people between the ages of 16 and 39 and people aged 60 and over. However, there has been increase in the number of claimants aged in their 40s. Nomis indicates this is principally made up of people who have been diagnosed with a principle disability of a mental and behavioural disorder.

Table 3 Length of Time People Have Been Claiming IBSDA Edinburgh

Date	Age	Total	up to 3 months	3-6 months	6-12 months	12-24 months	24-36 months	36 months or more
May 2002	16-19	400	100	-	200	100	-	-
	20-29	3,000	200	300	400	500	400	1,200
	30-39	4,600	100	300	200	700	400	2,900
	40-49	5,300	200	-	500	600	600	3,400
	50-59	6,500	100	100	300	600	400	5,000
	60+	2,500	-	100	100	200	100	2,000

May 2003	16-19	300	-	100	100	-	100	-
	20-29	2,900	200	300	200	500	400	1,300
	30-39	4,300	200	200	300	300	500	2,800
	40-49	5,400	300	200	300	400	500	3,700
	50-59	6,300	200	-	200	500	500	4,900
	60+	2,600	100	-	100	200	200	2,000
May 2004	16-19	300	100	-	-	100	-	100
	20-29	2,700	200	200	300	400	300	1,300
	30-39	4,700	200	300	600	500	200	2,900
	40-49	5,500	300	200	200	600	400	3,800
	50-59	6,300	100	100	400	300	400	5,300
	60+	2,600	100	-	100	100	200	2,100
May 2005	16-19	400	100	100	100	-	100	-
	20-29	2,700	200	300	300	200	400	1,300
	30-39	4,400	100	300	400	700	300	2,600
	40-49	5,400	100	200	400	600	500	3,600
	50-59	6,500	100	300	200	500	300	5,100
	60+	2,200	-	-	100	-	100	2,000
May 2006	16-19	100	-	-	-	100	-	-
	20-29	2,800	200	200	200	500	200	1,500
	30-39	4,200	200	-	200	600	500	2,700
	40-49	5,500	200	100	400	600	500	3,700
	50-59	6,500	200	100	200	400	500	5,100
	60+	2,000	-	-	-	100	-	1,900

5.0 IB/SDA Profile of Focus Areas

The geographic focus for the work of the Capital City Partnership is to look at reducing the inequalities between the deprived areas of the city and the city as a whole. The deprived areas have been defined for us by the Scottish Index of Multiple Deprivation, which ranked all of the neighbourhoods in Scotland (represented by Data Zones) in terms of their score in an index of multiple deprivation. The financial focus for intervention was determined to be the 15% worst data zones- Edinburgh had 61 of these and they are the focus areas for the Regeneration Outcome Agreement. In the following discussion we have chosen to reflect ward level data and to achieve this we have identified 12 wards that contain the data zones that are the focus of the SIMD.

In table 4, we can see that there have been some positive movements with 33 of the wards showing a fall in the number of claimants over the last 5 years. However there are still a large number of wards that have seen the number of IBSDA claimants increase over the last 5 years. What is also worth pointing out is the number of wards that can be seen as being 'affluent' that have seen an increase in the number of IBSDA claimants. That said the actual number of claimants are low of these wards and it is still Craigmillar and Muirhouse/Drylaw that have by far the highest number of claimants.

We can see from Table 4 that in August 2005 there were **9,375** IB/SDA claimants in the 12 focus wards and a further **13,285** in the remaining 46 wards in the city. Although it is clear that the focus wards dominate in terms of the proportion of the population claiming IBSDA (2/5ths of the cities IBSDA claimants when simply in population¹ terms there should only be 1/5th), the majority of people in Edinburgh claiming IBSDA live outside the focus areas. The point to make is that there is a clearly a need for mainstream providers, and agencies that aren't charged with focusing on particular geographies, to continue to support people from elsewhere in Edinburgh off of benefits and into work.

Table 4 Incapacity Benefit / Severe Disablement Allowance Claimants

	2001	2001	2003	2004	2005	Increase or Decrease
Balerno	170	165	180	180	190	↑
Baberton	185	185	170	170	175	↓
Dalmeny/Kirkliston	285	290	280	285	290	↑
Queensferry	200	185	205	225	220	↑
Cramond	170	165	165	155	150	↓
Davidson's Mains	145	160	155	135	140	↓
<i>Muirhouse/Drylaw</i>	1110	1120	1085	1090	1040	↓
Craigleith	175	170	165	165	150	↓
<i>Pilton</i>	760	735	785	755	735	↓
<i>Granton</i>	735	725	755	785	740	↑
Trinity	175	165	170	170	165	↓
<i>Newhaven</i>	680	660	665	655	625	↓
East Craigs	405	415	415	410	425	↑
N.E. Corstorphine	185	185	180	170	175	↓
Murrayfield	135	125	130	120	120	↓
Dean	105	105	100	105	95	↓
Stockbridge	175	175	170	155	160	↓
New Town	215	210	205	190	180	↓
Broughton	375	405	375	375	395	↑
Calton	430	430	415	400	380	↓
<i>Harbour</i>	685	640	685	705	710	↑
Lorne	555	575	590	600	565	↑
Gyle	175	160	160	150	160	↓
S.E. Corstorphine	200	195	205	210	210	↑
<i>Parkhead</i>	670	715	755	745	740	↑
Craiglockhart	165	165	155	155	150	↓
Stenhouse	540	525	570	565	575	↑
Moat	400	400	420	435	465	↑
Shandon	265	255	260	280	270	↑
Dalry	515	555	565	590	575	↑
Fountainbridge	335	355	345	355	350	↑
Tollcross	440	455	415	415	395	↓
Southside	420	430	415	410	415	↓
Holyrood	725	725	725	710	695	↓
Meadowbank	385	395	360	370	335	↓
Mountcastle	445	425	440	430	380	↓
Leith Links	400	365	385	395	380	↓
<i>Restalrig</i>	960	995	970	965	960	↔
Portobello	375	385	375	355	345	↓
Milton	470	480	480	450	450	↓
<i>Murray Burn</i>	805	760	790	800	815	↑
<i>Sighthill</i>	495	495	475	505	520	↑
Colinton	115	125	110	120	115	↔
Firrhill	475	475	460	420	405	↓
Merchiston	130	130	135	140	140	↑
North Morningside/Grange	295	290	280	275	245	↓
Marchmont	80	90	90	90	75	↓

² 2001 Census the population in the 12 focus wards was 95,095 and in the city as a whole it was 448,624

Sciennes	125	135	125	130	130	↑	
Newington	170	155	155	150	125		↓
Prestonfield	285	280	250	265	260		↓
South Morningside	140	155	170	155	150	↑	
Fairmilehead	115	120	120	110	110	↑	
Alnwickhill	385	380	385	405	400	↑	
	<i>Kaimes</i>	665	625	630	630	645	↓
	<i>Moredun</i>	685	695	700	715	750	↑
Gilmerton		495	490	485	480	485	↓
	<i>Craigmillar</i>	1315	1330	1285	1240	1240	↓
	<i>Duddingston</i>	405	410	390	370	375	↓

Source: DWP Information Directorate

Table 5 breaks down the wards in the city by the total number of claimants, the number of clients who have been diagnosed with a principle disability of a mental and behavioural disorder, claimants diagnosed with another principle disability and the total number of clients claiming for over 5 years in May 2006. The focus wards include **9,255** IB/SDA claimants, of which **4,675 (50.5%)** had been diagnosed with a principle disability of a mental and behavioural disorder. This contrasts to a city average of **47.9%**. In terms of people claiming over 5 years, there were **5,065 (54.7%)** claimants in the 12 focus wards. This contrasts to a city average of **56.3%**

Table 5 Incapacity Benefit / Severe Disablement Allowance Claimants (May 2006)

	Total	MBD	Other	Total (5years+)	
Balerno	185	60	125	100	
Baberton	165	65	100	90	
Dalmeny/Kirkliston	300	100	200	145	
Queensferry	210	80	130	90	
Cramond	150	50	100	90	
Davidson's Mains	120	40	80	75	
	<i>Muirhouse/Drylaw</i>	995	500	495	570
Craigeleith	140	60	80	85	
	<i>Pilton</i>	745	370	375	390
	<i>Granton</i>	715	345	370	400
Trinity	155	75	80	90	
	<i>Newhaven</i>	635	345	290	365
East Craigs	430	185	245	250	
N.E. Corstorphine	165	70	95	95	
Murrayfield	105	40	65	60	
Dean	90	50	40	45	
Stockbridge	140	70	70	90	
New Town	175	100	75	100	
Broughton	375	205	170	210	
Calton	365	200	165	200	
	<i>Harbour</i>	665	385	280	355
Lorne	530	290	240	320	
Gyle	150	60	90	75	
S.E. Corstorphine	210	85	125	100	
	<i>Parkhead</i>	735	385	350	390
Craiglockhart	140	45	95	80	
Stenhouse	585	260	325	340	
Moat	475	210	265	265	
Shandon	255	145	110	145	
Dalry	560	325	235	345	
Fountainbridge	340	190	150	160	
Tollcross	375	220	155	200	
Southside	395	210	185	270	
Holyrood	710	440	270	400	
Meadowbank	340	175	165	215	
Mountcastle	390	175	215	235	
Leith Links	395	200	195	225	
	<i>Restalrig</i>	975	485	490	585

Portobello		330	135	195	190
Milton		455	205	205	265
	<i>Murray Burn</i>	840	460	380	390
<i>Sighthill</i>		515	275	240	235
Colinton		115	35	80	65
Firrhill		390	185	205	220
Merchiston		130	60	70	70
North Morningside/Grange		245	120	125	170
Marchmont		70	35	35	40
Sciennes		115	45	70	70
Newington		130	50	80	75
Prestonfield		230	95	135	155
South Morningside		145	65	80	90
Fairmilehead		105	45	60	70
Alnwickhill		375	150	225	240
	<i>Kaimes</i>	640	305	335	340
	<i>Moredun</i>	720	295	425	385
Gilmerton		480	175	305	285
	<i>Craigmillar</i>	1,210	635	575	685
	<i>Duddingston</i>	380	165	215	210

As stated earlier, Capital City Partnership has a particular interest in the identified 61 most disadvantaged datazones in the city. The presentation of such information is of use, not only in the broadest sense of monitoring the Regeneration Outcome Agreement, but also identifying localities with particular needs. Table 6 identifies the datazones with the highest number of IB/SDA claimants. Led by **S01001906** in Craigmillar which also has the highest number of people diagnosed with a principle disability of a mental and behavioural disorder and the highest number of claimants claiming over 5 years, this data zone includes the Thistle Foundation.

Table 6 Incapacity Benefit/Severe Disablement Allowance Datazones Claimants (May 2006)

CPP	Datazone	Total	MBD	Other	Total (5years+)	
Craigmillar	S01001906	245	110	135	160	
	S01001935	165	90	75	75	
	S01001948	155	105	50	70	
	S01001956	95	50	45	55	
	S01001957	100	50	50	60	
	S01001966	150	90	60	85	
	S01001978	165	85	80	85	
	S01001982	40	15	25	30	
	S01002017	195	95	100	100	
	S01002044	105	60	45	40	
	Leith	S01002285	115	75	40	60
		S01002289	85	40	45	45
		S01002290	115	80	35	55
		S01002305	115	70	45	70
S01002306		55	35	20	20	
S01002310		195	105	90	115	
S01002318		80	40	40	45	
North Edinburgh		S01002247	85	40	45	50
	S01002265	100	45	55	65	
	S01002275	125	70	55	70	
	S01002277	90	40	50	45	
	S01002278	115	65	50	60	
	S01002279	145	80	65	65	
	S01002281	85	50	35	50	
	S01002282	115	95	20	75	
	S01002291	160	95	65	90	
	S01002296	65	45	20	35	
	S01002302	115	55	60	65	
	S01002309	55	25	30	40	
S01002312	90	45	45	55		

	S01002319	130	60	70	85
	S01002321	180	105	75	90
	S01002324	110	55	55	55
Restalrig	S01002101	140	90	50	75
	S01002155	105	60	45	60
	S01002191	90	45	45	50
	S01002204	110	60	50	60
	S01002211	120	70	50	75
	S01002227	105	45	60	65
	S01002238	75	35	40	50
	S01002239	155	75	80	85
South Edinburgh	S01001799	125	55	70	60
	S01001809	120	60	60	75
	S01001823	155	90	65	75
	S01001826	85	40	45	60
	S01001870	100	45	55	45
	S01001879	125	75	50	45
West Edinburgh	S01001864	125	65	60	45
	S01001865	110	75	35	45
	S01001874	85	45	40	45
	S01001877	120	60	60	60
	S01001880	105	60	45	50
	S01001886	130	75	55	75
	S01001892	110	80	30	55
	S01001893	115	65	50	35
	S01001894	115	65	50	50
	S01001897	110	65	45	45
	S01001909	90	50	40	50
	S01001923	115	70	45	45
	S01001931	90	45	45	45
	S01001946	100	45	55	50

Source: Nomis

Conclusions

This working paper has brought together a selection of information of IB/SDA claimants. The purpose of this is to better inform the Jobs Strategy of the trends of IB/SDA in the city and comparisons further a field. From the information contained in the paper, we can ascertain the rise in claimants with a principle disability diagnosis of a mental and behavioural disorder, particularly amongst drug misusers and people with depression. This assists in understanding the scale of capacity required of services to help people with these issues. Additionally, it is of use to note the Local Authorities in Scotland who have witnessed a decline in those claimants diagnosed with a principle disability of a mental and behavioural disorder and understand what projects are doing in those areas to assist people off IB/SDA.

The inclusion of the data zone information assists in understanding the scale of IB/SDA, principle disabilities and the length of time of claiming IB/SDA in particular geographies in the city. This assists projects in their outreach work, by understanding the issues facing potential clients and targeting localities.

The following appendix further breaks down the disability categories, which gives a further indication of the changes in numbers of people claiming IB/SDA in Edinburgh between February 2000 and February 2006 diagnosed with a principle disability. Explanations for categories are also provided.



(Appendix)

**Trends in Incapacity Benefit/Severe Disability Allowance
in Edinburgh between February 2000 and February 2006.**

**Compiled by
Stephen McMurray**

The purpose of compiling this information is to increase our knowledge of the trends of conditions which people are claiming these inactive benefits and therefore not in paid employment (though some may be undertaking permitted work). There is an explanation of categories later in this short report. The claimants are registered by their principle disability only.

The city has seen a noticeable increase in the numbers of IB/SDA claimants whose principle disability is a mental health problem, an increase in the number of claimants whose principle disability is a learning disability and a fall in the number of claimants whose principle disability is a physical disability. The largest increase in claimants within the mental health problems sector is through 'Mental and Behavioural Disorders due to Psychoactive Substance use' (drug use) and 'Mood Affective Disorders' (mainly depression).

The increase in claimants with mental health problems may be due to several factors; more people experiencing mental health problems; more people with mental health problems claiming benefit; people with mental health problems leaving the workforce. The Occupational Therapy department at the Royal Edinburgh Hospital has been contacted to ask for their views on this increase.

In the context of JU4Js, the collection of such information can illustrate where and what type of programmes are needed at present and in the foreseeable future. For example, there are nearly two and half thousand people on IB/SDA due to drug use. Wise Move is currently undertaking an exercise in mapping and examining capacity in the addictions field in relation to employability. It is likely that a sizeable number of those claiming IB/SDA due to drug use could benefit either now or in the near future from a programme to develop their employability, the question is whether there is capacity in the city to assist users to develop their employability and progress to employment, either through the specialist services or through mainstream services (possibly with additional assistance. Wise Move and CCP to examine this).

Therefore, it is possible to see where the blockages may exist in the Service Delivery Model. Therefore, there is a danger, for example in the addictions field, people may go through a rehab programme and find after it that they cannot progress in the immediate future to a programme which moves them closer to the labour market and thus increasing the likelihood of relapse if they are waiting around.

The benefit of the collection of this information can therefore be seen in relation to the work undertaken by Wise Move and Intowork's Primary Intermediary Model and can pinpoint areas which may need additional capacity. What would be of further use would be an examination to see if the trends in IB/SDA are replicated nationally and a greater understanding of the numbers of IB/SDA who are actively seeking employment residing in the city.

	February 2000	February 2001	February 2002	February 2003	February 2004	February 2005	February 2006	Change
Mental Health Problems	7,200	7,700	8,400	8,400	8,700	9,100	9,810	+2,610 (36.3%)
Mental and Behavioural Disorders due to Psychoactive Substance use	1,700	1,600	1,900	1,900	2,100	2,400	2,470	+ 770 (45.3%)
Mood affective disorders	2,900	3,300	3,500	3,600	3,800	4,000	4,260	+ 1,360 (46.9%)
Neurotic, Stress Related and Somatoform disorders	1,700	1,800	1,900	1,800	1,800	1,800	2,120	+ 420 (24.7%)
Schizophrenia, Scizotypal and Delusional disorders	700	800	900	900	800	700	730	+ 30 (4.3%)
Unspecified Mental Disorder	200	200	200	200	200	200	230	+ 30 (15%)
Learning Disabilities	700	800	800	700	800	900	910	+210 (30%)
Disorders of Psychological Development	300	400	400	400	500	600	610	+310 (103%)
Mental Retardation	400	400	400	300	300	300	300	-100 (25%)
Physical Disabilities	13,700	13,700	13,200	12,500	12,600	12,300	11,550	-2,150 (15.7%)
Certain infectious parasitic diseases	400	400	300	300	400	300	250	-150 (37.5%)
Neoplasms	300	300	300	300	300	300	270	- 30 (10%)
Diseases of the blood and blood forming organs and certain diseases involving the immune mechanism	-	100	-	-	-	100	20	+20
Endocrine, nutritional and metabolic diseases	300	300	200	300	300	300	230	- 70 (23.3%)
Diseases of the nervous system	1,100	1000	1000	1000	1000	1,100	1,390	+ 290

								(26.4)
Diseases of the eye and adnexa	100	200	100	200	200	200	120	+ 20 (20%)
Diseases of the ear and mastoid process	100	100	100	100	100	100	60	- 40 (40%)
Diseases of the circulatory system	1,300	1,200	1,200	900	900	800	910	- 390 (30%)
Diseases of the respiratory system	700	600	600	800	600	500	430	- 270 (38.6%)
Diseases of the digestive system	300	300	200	300	400	400	370	+70 (23.3%)
Diseases of the skin and subcutaneous system	200	200	200	200	200	200	130	- 70 (35%)
Diseases of the musculoskeletal system and connective tissue	3,500	3,500	3,600	3,200	3,300	3,200	2,730	- 770 (22%)
Diseases of the genitourinary system	200	100	100	100	200	100	120	- 80 (40%)
Pregnancy, childbirth and the puerperium	-	-	100	-	100	100	20	+ 20
Certain conditions originating in the perinatal period	-	-	-	-	-	-	-	-
Congenital malformations, deformations and chromosomal abnormalities	100	100	100	100	100	100	170	+ 70 (70%)
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	3,600	3,500	3,300	3,300	3,000	3,100	2,980	- 620 (17.2%)
Injury, poisoning and certain other consequences of external causes	1,000	1,100	1,100	900	1,000	900	620	- 380 (38%)
Factors influencing health status and contact with health services	500	600	600	500	500	500	430	- 70 (14%)
Claimants without any diagnosis	-	100	100	-	-	-	-	-
Total	21,600	22,200	22,400	21,600	22,100	22,300	22,270	+670 (3.1%)

Explanations of Categories

Mental and Behavioural Disorders due to Psychoactive Substance use	<i>A wide variety of disorders that differ in severity and clinical form but that are all attributable to the use of one or more psychoactive substances, which may or may not have been medically prescribed.</i>
Mood affective disorders	<i>Contains disorders in which the fundamental disturbance is a change in affect or mood to depression (with or without associated anxiety) or to elation. For example; Bipolar, Depression.</i>
Neurotic, Stress Related and Somatoform disorders	<i>Group of disorders in which anxiety is evoked only, or predominantly, in certain well-defined situations that are not currently dangerous. As a result these situations are characteristically avoided or endured with dread. The patient's concern may be focused on individual symptoms like palpitations or feeling faint and is often associated with secondary fears of dying, losing control, or going mad.</i>
Schizophrenia, Scizotypal and Delusional disorders	<i>The schizophrenic disorders are characterized in general by fundamental and characteristic distortions of thinking and perception, and affects that are inappropriate or blunted. Clear consciousness and intellectual capacity are usually maintained although certain cognitive deficits may evolve in the course of time.</i>
Unspecified Mental Disorder	<i>Mental illness not specified.</i>
Disorders of Psychological Development	<i>In most cases, the functions affected include language, visuo-spatial skills, and motor coordination. For example; Speech and Language Disorders, Atypical Autism, Asperger's Syndrome.</i>
Mental Retardation	<i>A condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, skills which contribute to the overall level of intelligence.</i>

Certain infectious parasitic diseases	<i>Diseases generally recognized as communicable or transmissible. For example; Tuberculosis, STDs, HIV.</i>
Neoplasms	<i>An abnormal new growth of tissue that grows by cellular proliferation more rapidly than normal, continues to grow after the stimuli that initiated the new growth cease, shows partial or complete lack of structural organization and functional coordination with the normal tissue, and usually forms a distinct mass of tissue which may be either benign or malignant.</i>
Diseases of the blood and blood forming organs and certain diseases involving the immune mechanism	<i>Includes Anaemia's, Haemophilia.</i>
Endocrine, nutritional and metabolic diseases	<i>Includes disorders of the Thyroid Gland, Malnutrition, Obesity, Diabetes mellitus, Metabolic disorders.</i>
Diseases of the nervous system	<i>Includes Inflammatory diseases of the central nervous system, other degenerative diseases of the nervous system, Cerebral palsy and other paralytic syndromes.</i>
Diseases of the eye and adnexa	<i>Includes Visual disturbances and blindness, Disorders of optic nerve and visual pathways, Glaucoma</i>
Diseases of the ear and mastoid process	<i>Includes diseases of the inner, middle and external ear.</i>
Diseases of the circulatory system	<i>Includes Pulmonary heart disease and diseases of pulmonary circulation, Chronic rheumatic heart diseases, Diseases of arteries, arterioles and capillaries.</i>
Diseases of the respiratory system	<i>Includes Influenza and pneumonia, Chronic lower respiratory diseases, Lung diseases due to external agents.</i>
Diseases of the digestive system	<i>Includes diseases of oesophagus, stomach and duodenum, diseases of appendix, Hernia, diseases of liver, disorders of gallbladder, biliary tract and pancreas.</i>
Diseases of the skin and subcutaneous system	<i>Includes Infections of the skin and subcutaneous tissue, Dermatitis and eczema.</i>
Diseases of the musculoskeletal system and connective tissue	<i>Includes Arthrosis, Disorders of muscles Disorders of bone density and structure</i>

Diseases of the genitourinary system	<i>Includes renal failure, diseases of urinary system</i>
Pregnancy, childbirth and the puerperium	<i>Includes pregnancy with abortive outcome, Complications of labour and delivery</i>
Certain conditions originating in the perinatal period	<i>Includes Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery,</i>
Congenital malformations, deformations and chromosomal abnormalities	<i>Includes cleft lip and cleft palate</i>
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	<i>Includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded.</i>
Injury, poisoning and certain other consequences of external causes	<i>Includes injuries, poisoning, frostbite</i>
Factors influencing health status and contact with health services	<i>When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue. When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.</i>
Claimants without any diagnosis	

Sources:

Statistics through direct enquiry to Department of Work and Pensions.

Definitions through International Statistical Classification of Diseases and Related Health Problems, 10th Revision Version for 2003, World Health Organization.