

Article

# Coronavirus and the social impacts on disabled people in Great Britain: May 2020

Indicators from the Opinions and Lifestyle Survey on the social impact of the coronavirus (COVID-19) pandemic on disabled people in Great Britain. This release uses two waves of survey results covering 14 May to 24 May 2020 and includes indicators broken down by impairment type.

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# 1 . Main points

- In May 2020, just over 7 in 10 disabled adults (73.6%) reported they were "very worried" or "somewhat worried" about the effect that the coronavirus (COVID-19) was having on their life (69.1% for non-disabled adults); this represents a decrease compared with April 2020, when nearly 9 in 10 (86.3%) disabled adults reported this.
- A higher proportion of disabled people than non-disabled people were worried about the effect of the coronavirus pandemic on their well-being (62.4% for disabled people compared with 49.6% of non-disabled people); their access to groceries, medication and essentials (44.9% compared with 21.9%); their access to health care and treatment for non-coronavirus-related issues (40.6% compared with 21.2%); and their health (20.2% compared with 7.3%) in May 2020.
- Concerns about well-being tended to be most frequent among those with mental health and socio-behavioural-related impairments, whereas concerns about access to essentials tended to be most frequent among those with hearing- or dexterity-related impairments.
- Disabled adults more frequently reported their well-being had been affected through feeling lonely in the last seven days (48.7%) in May 2020 compared with April 2020 (30.3%); disabled adults were more likely to report this concern than non-disabled adults (29.4%) in May 2020.
- Prior to the coronavirus pandemic (in the year ending June 2019), the average rating for anxiety was 4.3 out of 10 for disabled people, but disabled people's average anxiety rating increased following the outbreak of the coronavirus pandemic to 5.5 out of 10 in April 2020 before decreasing to 4.7 out of 10 in May 2020; 41.6% of disabled people, compared with 29.2% of non-disabled people, continued to report a high level (a score of 6 to 10) of anxiety in May 2020.
- About three-quarters of disabled people (73.4%) reported leaving their home in the last seven days for any reason, compared with over 9 in 10 non-disabled people (92.5%); disabled people were more likely to report leaving their homes for medical needs or to provide care or help to a vulnerable person (23.5%) than non-disabled people (13.1%) in May 2020.
- In May 2020, around 1 in 10 disabled people (11.9%) indicated feeling very unsafe when outside their home because of the coronavirus outbreak, compared with fewer than 1 in 25 non-disabled people (3.8%).

## Statistician's comment

"An ongoing part of ONS's work is looking at inequalities in society. This is reflected in the way the pandemic is impacting on different groups. Disabled people are becoming more concerned about their mental health and experiencing feelings of loneliness as time goes on, whereas among non-disabled adults these concerns remain stable."

David Ainslie, Disability Analysis Branch, Office for National Statistics

## 2 . Understanding the impact on disabled people

This article contains data and indicators from a new module being undertaken through the Office for National Statistics' (ONS') Opinions and Lifestyle Survey (OPN) to understand the impact of the coronavirus (COVID-19) pandemic on British society, which is reported on in the [Coronavirus and the social impacts on Great Britain](#) series of bulletins.

This article provides an update to [Coronavirus and the social impacts on disabled people in Great Britain](#) and now allows for a comparison of how the social impacts on disabled people have changed compared with earlier in the pandemic.

For the first time, we consider analysis of the social impacts on groups of disabled people with specific types of impairments. The article presents a summary of results, with further data contained in the datasets.

Throughout this article, April 2020 refers to data collected between 3 April to 13 April 2020, shortly after lockdown restrictions were introduced by the UK government at the end of March 2020. May 2020 refers to data collected between 14 May to 24 May 2020, a period in which some easing of lockdown restrictions began.

For the purposes of this analysis, a person is considered to be disabled if they have a self-reported long-standing illness, condition or impairment that reduces their ability to carry out day-to-day activities. There are an estimated 13.7 million disabled people in Great Britain according to the [latest available estimates](#). This definition of disability is consistent with the [Equality Act 2010](#) and the [Government Statistical Service \(GSS\) harmonised definition](#). Impairments are self-reported by respondents as activities they cannot perform or have difficulty performing because of a health condition or illnesses. This is consistent with the [GSS harmonised definition](#) of impairment. For further information on disability and impairment definitions, please see the [Glossary](#).

Further analysis, exploring the impact the coronavirus pandemic is having on other "at-risk" groups, including young and older people, will be published in additional articles over the coming weeks as well as in-depth analysis on what matters most to people's well-being during the pandemic.

#### **More about coronavirus**

- Find the latest on [coronavirus \(COVID-19\) in the UK](#).
- All ONS analysis, summarised in our [coronavirus roundup](#).
- View [all coronavirus data](#).
- Find out how we are [working safely in our studies and surveys](#).

## **3 . Disabled people's concerns during the coronavirus pandemic**

In May 2020, just over 7 in 10 disabled adults (73.6%) said they were "very worried" or "somewhat worried" about the effect that the coronavirus (COVID-19) was having on their life (69.1% for non-disabled adults). This represents a decrease compared with April 2020, when nearly 9 in 10 (86.3%) disabled adults reported this.

Although similar proportions of disabled adults (73.6%) and non-disabled adults (69.1%) reported being "very worried" or "somewhat worried" in May 2020, a higher proportion of disabled adults (25.9%) reported being "very worried" compared with non-disabled adults (15.1%).

Figure 1 shows the specific aspects of their lives that disabled and non-disabled adults reported they were worried about in May 2020.

A higher proportion of disabled people than non-disabled people were worried about the effect of the coronavirus pandemic on their well-being (62.4% for disabled people compared with 49.6% of non-disabled people); their access to groceries, medication and essentials (44.9% compared with 21.9%); their access to health care and treatment for non-coronavirus-related issues (40.6% compared with 21.2%); and their health (20.2% compared with 7.3%).

Around 15% of disabled people reported new or worsening health problems in the last seven days, compared with only 2.4% of non-disabled people.

A lower proportion of disabled people than non-disabled people were worried about aspects of work, travel and education. This may be because disabled people are [less likely to be in employment](#), are [less likely to travel under normal circumstances](#) and [tend to be older](#).

## **Figure 1: Disabled people are more worried than non-disabled people about the effect of COVID-19 on their well-being, health, and access to essentials and health care**

Great Britain, May 2020

[Download the data](#)

### **Notes:**

1. Question: "In which ways is coronavirus (COVID-19) affecting your life?"
2. Respondents asked to select all that apply.
3. Base population for percentage: disabled or non-disabled adults who said they were very worried or somewhat worried about the impacts of coronavirus.
4. May 2020 refers to the collection period 14 May to 24 May 2020.
5. \*indicates a small sample size of either disabled or non-disabled respondents who selected this way in which the coronavirus (COVID-19) was affecting their life; as such, these estimates and comparisons between them should be interpreted with caution.
6. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

Figure 2 shows that the most common things disabled people were worried about in April 2020 remained similar in May 2020. Although generally a lower proportion of disabled adults tend to report each worry, the reduction in worry about the availability of groceries, medication and essentials is the only significant change, falling from 59.5% in April 2020 to 36.6% in May 2020. Although not representing significant changes, the frequency of disabled adults reporting worry about relationships (27.7% to 32.3%), work (25.9% to 29.7%), health being affected (14.3% to 20.2%) and personal travel plans being affected (46.0% to 51.2%) increased slightly from April 2020 to May 2020.

## **Figure 2: The most common concerns among disabled people continue to be on the impact of COVID-19 on their well-being and ability to make plans**

Great Britain, April 2020 and May 2020

[Download the data](#)

### **Notes:**

1. Question: "In which ways is coronavirus (COVID-19) affecting your life?"
2. Respondents asked to select all that apply.
3. Base population for percentage: disabled adults who said they were very worried or somewhat worried about the impacts of coronavirus.
4. Although the base population used to calculate percentages is the same in April 2020 and May 2020, in May 2020 data collection respondents were asked the "In which ways is coronavirus (COVID-19) affecting your life?" question regardless of their response to "How worried or unworried are you about the effect that coronavirus is having on your life right now?" This change may have had an impact on May 2020 estimates.
5. April 2020 refers to the collection period 3 April to 13 April 2020. May 2020 refers to the collection period 14 May to 24 May 2020.
6. \*indicates a small sample size of respondents in either May 2020 or April 2020 who selected this way in which the coronavirus (COVID-19) was affecting their life; as such, these estimates and comparisons between them should be interpreted with caution.
7. New response options to this question added from May 2020 data collection onwards only are not included in this comparison. Only response options included in both data collections are considered in this comparison.

The nature of the impairment (see [Glossary](#) for more information) reported by disabled people has an impact on their most common concerns regarding the coronavirus pandemic.

Figure 3 shows that concerns about well-being tended to be most frequent among those with mental health- and socio-behavioural-related impairments, whereas concerns about access to essentials tended to be most frequent among those with hearing- or dexterity-related impairments. For further breakdowns of the data used in this article by impairment type, please see the accompanying dataset.

### **Figure 3: Concerns about well-being during the coronavirus pandemic tend to be more common among disabled people with social, behavioural or mental health impairments**

Great Britain, May 2020

[Download the data](#)

#### **Notes:**

1. Question: "In which ways is coronavirus (COVID-19) affecting your life?"
2. Respondents asked to select all that apply.
3. Base population for percentage: disabled adults who report the impairment indicated and said they were very worried or somewhat worried about the impacts of coronavirus.
4. May 2020 refers to the collection period 14 May to 24 May 2020.
5. \*indicates a small sample size of disabled respondents with the impairment type indicated that selected either their well-being was affected or their access to groceries, medications and essentials was affected. As such, these estimates and comparisons between them should be interpreted with caution.
6. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.
7. Impairment type is self-reported by disabled people as activities the person cannot perform or has difficulty performing because of their health condition or illnesses. Respondents may select multiple impairment types.

## 4 . Disabled people's well-being concerns during the coronavirus pandemic

Nearly two-thirds (62.4%) of disabled people said coronavirus (COVID-19) related concerns were affecting their well-being in May 2020 compared with nearly half (49.6%) of non-disabled adults.

Well-being concerns affecting both disabled and non-disabled adults have not significantly decreased between April and May 2020 for either disabled or non-disabled adults; 64.8% of disabled adults and 55.8% of non-disabled adults said coronavirus-related concerns were affecting their well-being in April 2020.

The main reasons cited by disabled adults for their well-being concerns during May 2020 of the coronavirus pandemic were being stressed or anxious (72.6%), feeling worried about the future (69.3%), feeling bored (51.0%) or feeling lonely in the last seven days (48.7%).

In May 2020, disabled adults were more likely than non-disabled adults to report feeling lonely in the last seven days (48.7% compared with 29.4% of non-disabled adults), spending too much time alone (37.8% compared with 20.2% of non-disabled adults), feeling like a burden on others (33.0% compared with 11.1% of non-disabled adults) or that coronavirus-related concerns were making their mental health worse (39.7% compared with 20.5% of non-disabled adults) (Figure 4).

Disabled adults more frequently reported their well-being had been affected through feeling lonely in the last seven days (48.7%) than they did in April 2020 (30.3%).

Around 1 in 10 (12.2%) disabled adults reported often or always feeling lonely in the last seven days compared with around than 1 in 30 (3.0%) non-disabled adults.<sup>1</sup> This has remained similar to the levels of reported loneliness for disabled and non-disabled adults earlier in the pandemic. This is despite fewer disabled adults (33.9% in May 2020 compared with 52.7% in April 2020) and non-disabled adults (14.2% in May 2020 compared with 32.3% in April 2020) reporting having self-isolated because of COVID-19 in May 2020.

## Figure 4: Disabled adults were more likely to report spending too much time alone or feeling lonely than non-disabled adults

Great Britain, May 2020

[Download the data](#)

### Notes:

1. Question: "In the past seven days how has your well-being been affected?"
2. Respondents asked to select all that apply.
3. Base population for percentage: disabled or non-disabled adults who answered both "My well-being is being affected" for the question "In which ways is coronavirus affecting your life?" as well as they were "very worried" or "somewhat worried" about the impacts of the coronavirus for the question "In which ways is coronavirus (COVID-19) affecting your life?". For example, 38% of disabled adults who were very or somewhat worried and stated their well-being is being affected stated this was by spending too much time alone.
4. \*indicates a small sample size of either disabled or non-disabled respondents who selected this way in which the coronavirus (COVID-19) was affecting their well-being; as such, these estimates and comparisons between them should be interpreted with caution.
5. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

### Notes for: Disabled people's well-being concerns during the coronavirus pandemic

1. For more information on the different questions regarding loneliness included in the Opinions and Lifestyle Survey (OPN) and referred to in this article, please see [Coronavirus and loneliness](#). The percentage of those who feel lonely "often/always" can be referred to as "chronic loneliness". This question was asked of all respondents. The percentage of those who said their well-being had been affected through having felt lonely in the last seven days can be referred to as "lockdown loneliness". This question was only asked of respondents who had already reported that their well-being had been affected in the last seven days.

## 5 . Changes to disabled people's well-being during the coronavirus pandemic

Disabled adults tend to have, on average, poorer ratings than non-disabled adults on all four personal well-being measures. Disabled adults also tend to more frequently report feeling lonely.<sup>1</sup>

Figure 5 shows how average well-being (anxiety yesterday, happiness yesterday, feeling that things done in life are worthwhile and life satisfaction) ratings for disabled people have changed since before and now during the coronavirus (COVID-19) pandemic.

Prior to the coronavirus pandemic (in the year ending June 2019), the average rating for anxiety was 4.3 out of 10 for disabled people. Disabled people's average anxiety rating increased following the outbreak of the coronavirus pandemic to 5.5 out of 10 in April 2020 before decreasing to 4.7 out of 10 in May 2020. In May 2020, 41.6% of disabled people compared with 29.2% of non-disabled people continued to report a high level (a score of 6 to 10) of anxiety.

### **Figure 5: Disabled people report lower average anxiety ratings than earlier in the coronavirus pandemic**

Average well-being ratings for disabled people, Great Britain, Year ending 2019 , April 2020 and May 2020

[Download the data](#)

#### **Notes:**

1. Higher numbers equate to poorer well-being when considering the anxiety measure.
2. Year ending June 2019 data are taken from the Annual Population Survey (APS). April 2020 and May 2020 data are taken from the Opinions and Lifestyle Survey (OPN). Interpretation should be made with caution.
3. April 2020 refers to the collection period 3 April to 13 April 2020. May 2020 refers to the collection period 14 May to 24 May 2020.
4. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

Figure 6 shows the May 2020 average ratings for anxiety for disabled people with different types of impairments. Disabled people who report mental health or socio-behavioural impairments reported higher ratings for anxiety than those who report dexterity, mobility or stamina impairments.

Well-being ratings for happiness yesterday, feeling that things done in life are worthwhile and life satisfaction for disabled people were poorer in April 2020 compared with prior to the outbreak of the coronavirus pandemic but have not changed significantly during the coronavirus pandemic.

In May 2020, disabled people continued to report poorer ratings for all well-being measures than non-disabled people (Figure 7). During the coronavirus pandemic, average anxiety yesterday has decreased for both disabled adults (from 5.5 to 4.7) and non-disabled adults (from 4.6 to 3.8) alike from April 2020 to May 2020. However, average happiness yesterday has increased from April 2020 to May 2020 for non-disabled adults (from 6.8 to 7.3) but not for disabled adults (from 6.2 to 6.1).

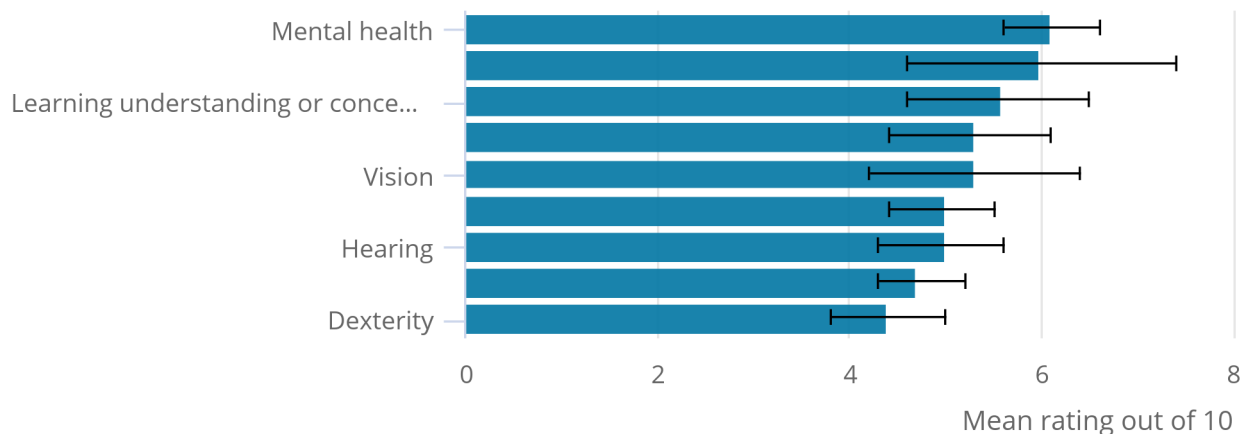


**Figure 6: Average anxiety ratings vary between disabled people with different types of impairments**

Great Britain, May 2020

Figure 6: Average anxiety ratings vary between disabled people with different types of impairments

Great Britain, May 2020



Source: Office for National Statistics – Opinions and Lifestyle Survey

Notes:

1. Higher numbers equate to poorer well-being when considering the anxiety measure.
2. May 2020 refers to the collection period 14 May to 24 May 2020.
3. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.
4. Impairment type is self-reported by disabled people as activities the person cannot perform or has difficulty performing because of their health condition or illnesses. Respondents may select multiple impairment types.

**Figure 7: Disabled people report poorer ratings for all well-being measures than non-disabled people**

Average well-being ratings for disabled people and non-disabled people, Great Britain, May 2020

[Download the data](#)

## Notes:

1. Higher numbers equate to poorer well-being when considering the anxiety measure.
2. May 2020 refers to the collection period 14 May to 24 May 2020.
3. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

## Notes for: Changes to disabled people's well-being during the coronavirus pandemic

1. More information on well-being and loneliness before and during the coronavirus pandemic is included in the releases [Coronavirus and social relationships and support for vulnerable groups](#), [Disability, well-being and loneliness](#) and [Coronavirus and loneliness](#).

## 6 . Disabled people's experience of leaving home during the coronavirus pandemic

Government guidelines to help stop the spread of the coronavirus (COVID-19) changed in May 2020. While staying at home is still required when having symptoms, more outdoor activities are permitted, including meeting up with people of other households while observing social distancing measures in [England](#), [Wales](#) and [Scotland](#).

About three-quarters of disabled people (73.4%) reported leaving their home in the last seven days for any reason, compared with over 9 in 10 non-disabled people (92.5%).

Figure 8 shows that shopping for necessities (such as food and medicine) and exercise were the most frequent reasons to leave the home among both disabled and non-disabled people. However, disabled people were less likely to leave their homes for those reasons (70.9% and 60.0%) compared with non-disabled people (80.2% and 73.4%).<sup>1</sup> Disabled people were more likely to report leaving their homes for medical needs or to provide care or help to a vulnerable person (23.5%) than non-disabled people (13.1%).

### Figure 8: Disabled adults are more likely to have left their home for a medical need or to provide care or help to a vulnerable person

Great Britain, May 2020

[Download the data](#)

## Notes:

1. Question: "In the past seven days, for what reasons have you left your home?"
2. Respondents asked to select all that apply.
3. Base population for percentage: disabled or non-disabled adults who said they had left their home in the last seven days.
4. May 2020 refers to the collection period 14 May to 24 May 2020.
5. \*indicates a small sample size of either disabled or non-disabled respondents who selected this reason for leaving home in the last seven days; as such, these estimates and comparisons between them should be interpreted with caution.
6. The estimates for "to visit a tourist attraction"; "travel within the UK for holidays or short breaks"; "travel outside of the UK for work"; "travel outside of the UK for holidays or short breaks"; and "to visit a library" have been suppressed because of small sample size.
7. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

Only a quarter of disabled people (24.4%) reported visiting parks or public green space while almost half of non-disabled people (46%) did so in May 2020. For disabled people, this was similar to that reported in April 2020 (27.7%), whereas for non-disabled people this was higher than that reported in April 2020 (37.9%).

One of the reasons why disabled people report leaving their homes less might be related to their perceptions of safety when being outside. Around 1 in 10 disabled people (11.9%) indicated feeling very unsafe when outside their home because of the coronavirus outbreak, compared with fewer than 1 in 25 non-disabled people (3.8%). Around a fifth (19.5%) of disabled people reported feeling safe outside, compared with around a quarter (26.4%) of non-disabled people<sup>2</sup> (Figure 9).

### **Figure 9: 1 in 10 disabled people feel very unsafe outside their home because of the coronavirus pandemic, compared with fewer than 1 in 20 non-disabled people**

Great Britain, May 2020

[Download the data](#)

#### **Notes:**

1. Question: "How safe or unsafe do you feel when outside your home due to the Coronavirus (COVID-19) outbreak?"
2. Base population for percentage: all disabled or non-disabled adults.
3. May 2020 refers to the collection period 14 May to 24 May 2020.
4. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

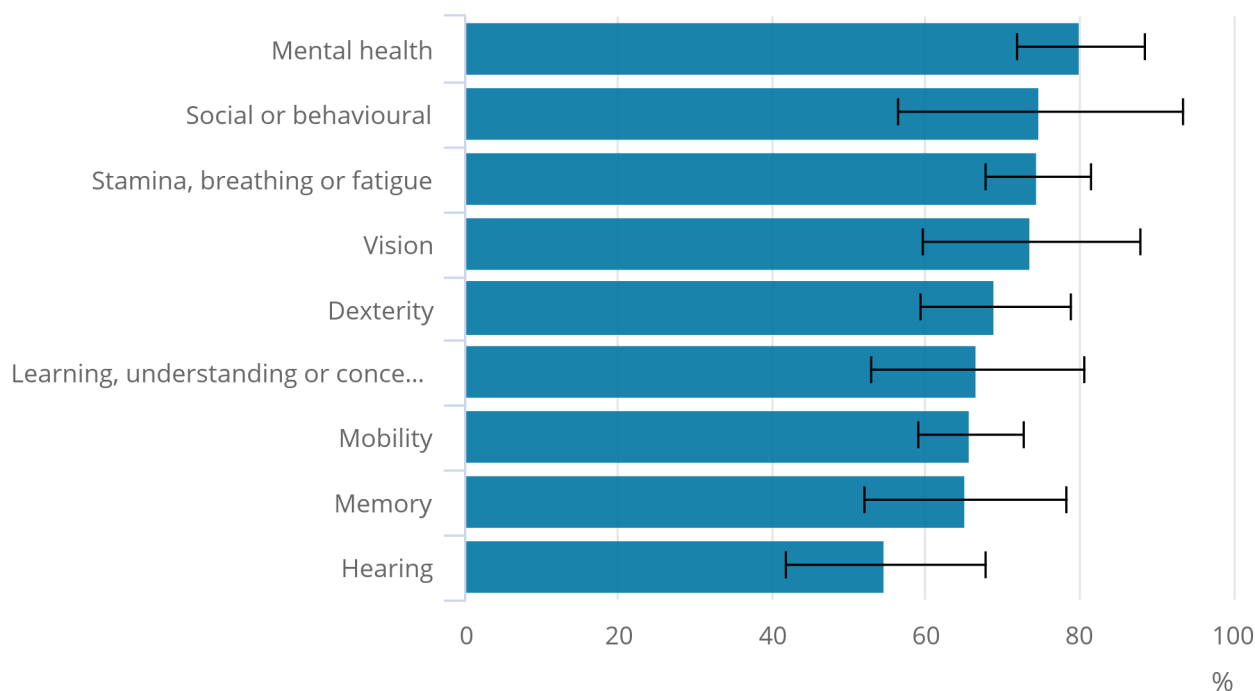
Some differences in tendency to report leaving the home can be observed when the type of impairment a disabled person reports is considered. Figure 10 shows that among disabled people with different reported impairments, 80% of disabled people with a mental health impairment (80.0%) had left their home, while only 54.8% of people with a hearing impairment and 65.9% of people with mobility impairments reported leaving theirs. Older age is associated with an increasing prevalence of some impairment types (for example, mobility or hearing impairments) and with decreasing likelihood to report leaving the home. Future analysis could seek to examine controlling for these potential factors.

**Figure 10: 80.0% of people with mental impairments left their home in the past seven days compared with 54.7% of people with hearing impairments**

Great Britain, May 2020

Figure 10: 80.0% of people with mental impairments left their home in the past seven days compared with 54.7% of people with hearing impairments

Great Britain, May 2020



Source: Office for National Statistics – Opinions and Lifestyle Survey

Notes:

1. Question: "In the past seven days, have you left your home?"
2. Base population for percentage: disabled adults who report the impairment indicated.
3. May 2020 refers to the collection period 14 May to 24 May 2020.
4. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.
5. Impairment type is self-reported by disabled people as activities the person cannot perform or has difficulty performing because of their health condition or illnesses. Respondents may select multiple impairment types.

By contrast, around a third of people with mental health impairments (34.5%) reported visiting green spaces, which is significantly more than the proportion of people with a hearing (14.7%), dexterity (16.7%) or mobility<sup>3</sup> (18.3%) impairments. For further breakdowns by impairment type, please see the dataset published alongside this article.

## Notes for: Disabled people's likelihood of and reasons for leaving home during the coronavirus pandemic

1. While the confidence intervals of disabled and non-disabled people overlap for shopping for necessities, additional significance testing shows the difference is significant with a p-value less than 0.01.
2. While the confidence intervals of disabled and non-disabled people reporting feeling safe outside, additional significance testing shows the difference is significant with a p-value less than 0.05.
3. While the confidence intervals overlap for estimates of visiting parks or public green spaces for disabled people with mobility and mental health impairments, additional significance testing shows the difference between these estimates is significant with a p-value less than 0.01.

## 7 . Glossary

### Disability

To define disability in this publication, we refer to the [Government Statistical Service \(GSS\) harmonised "core" definition](#): this identifies as "disabled" a person who has a physical or mental health condition or illness that has lasted or is expected to last 12 months or more that reduces their ability to carry-out day-to-day activities.

The GSS definition is designed to reflect the definitions that appear in legal terms in the [Disability Discrimination Act 1995 \(DDA\)](#) and the subsequent [Equality Act 2010](#).

The GSS harmonised questions are asked of the respondent in the survey, meaning that disability status is self-reported.

### Impairment

To define an impairment in this publication, we refer to the [GSS harmonised definition](#): this identifies impairments as activities a person cannot perform or has difficulty performing because of their health condition or illnesses.

The GSS harmonised questions are asked of the respondent in the survey, meaning that impairment status is self-reported.

Participants are asked if any of their reported illnesses or conditions affect them in the following areas:

- vision (for example, blindness or partial sight)
- hearing (for example, deafness or partial hearing)
- mobility (for example, walking short distances or climbing stairs)
- dexterity (for example, lifting or carrying objects or using a keyboard)
- learning or understanding or concentrating
- memory
- mental health
- stamina or breathing or fatigue
- socially or behaviourally (for example, associated with autism spectrum disorder (ASD), which includes Asperger's, or attention deficit hyperactivity disorder (ADHD))
- other

Participants can select all impairments that apply. If a participant has multiple impairments, they are represented in each of those impairment categories in this analysis; this may dilute the differences found between impairment types within the analysis undertaken. Age is associated with an increasing prevalence of some impairment types (for example, mobility or hearing). Future analysis could seek to examine controlling for these potential influences.

This is the first time the question has been used for online self-completion.

Breakdowns provided in the article, and datasets by impairment type only, include participants who have reported both being disabled and having an impairment.

## Personal well-being

Personal well-being measures ask people to evaluate, on a scale of 0 to 10 where 0 is "not at all" and 10 is "completely", how satisfied they are with their life overall, whether they feel the things they do in life are worthwhile, and their happiness and anxiety yesterday.

For more information on personal well-being, please see the [Personal well-being user guidance](#) and [GSS harmonised principles of personal well-being](#).

## Statistical significance

Any changes or differences mentioned in this bulletin are [statistically significant](#) unless stated otherwise. The statistical significance of differences noted within the release are determined based on non-overlapping [confidence intervals](#). In some cases, a significance test was also carried out, as shown in the footnotes.

## 8 . Measuring the data

The Opinions and Lifestyle Survey (OPN) is a monthly omnibus survey. In response to the coronavirus (COVID-19) pandemic, we adapted the OPN to become a weekly survey used to collect data on the impact of the coronavirus pandemic on day-to-day life in Great Britain.

To enable more detailed analysis, such as the impairments breakdowns included in this article, two waves of this weekly OPN data have been pooled together and reweighted to create a larger dataset. By pooling data, we improve the sample size available to create smaller breakdowns of individual questions at the expense of having to report on a wider time period (two weeks rather than one week).

This pooled dataset contains 2,023 individual responses, representing an overall response rate of 50% for the waves of the survey conducted from 14 May to 17 May 2020 and 21 May to 24 May 2020. Survey responses were collected using an online self-completion questionnaire, with the option to take part over the phone.

The survey results are weighted to be a representative sample for the population of Great Britain. Weights were first adjusted for non-response and attrition, then calibrated to satisfy population distributions considering the following factors: sex by age, country or region, tenure, highest qualification, employment status, National Statistics Socio-economic Classification (NS-SEC) group, and smoking status. For age, sex and geography, population totals based on projections of mid-year population estimates for May 2020 were used. The resulting weighted sample is therefore representative of the Great Britain adult population by a number of socio-demographic factors and geography.

Some survey questions asked for people's responses in reference to "the past seven days". These results have been presented representing people's views during the period 14 May to 24 May 2020, even though attitudes may have changed slightly between the two waves included.

As some breakdowns are sourced from different-sized samples of people, [confidence intervals](#) have been included in the associated dataset where possible to indicate the robustness and significance of each estimated result.

## Variables adapted during pooling

When creating a pooled dataset, it is only possible to include questions that were included across the entire period in question. Therefore, where additional response options have been added to multiple choice questions, we have incorporated them into existing categories so that people's responses could still be included in our analysis. Within this release, the following measures were affected. Full details may be found in the dataset.

## Reasons for leaving home

Compared with 14 May 2020, from 21 May 2020 onwards, a response option was dropped from the multiple-choice question: "In the past seven days, for what reasons have you left your home?". The option removed was "None of the above". This response category was omitted from the pooled dataset.

## Methods of travel

Compared with 14 May 2020, from 21 May 2020 onwards, a response option was replaced by another within the multiple-choice question: "Thinking of your main job, which modes of transport did you use to travel to work before the Coronavirus (COVID-19) outbreak? Please select all that apply". The option "Taxi or minicab" was dropped and "Car pooling or lift sharing (for example sharing a similar journey with others in the same car)" was added. Responses within each of these categories were incorporated into responses listed as "other".

For consistency, the same method was applied to the multiple-choice question: "In the past seven days, which modes of transport have you used to travel to work? Please select all that apply".



## 9 . Strengths and limitations

The main strengths of the Opinions and Lifestyle Survey (OPN) include:

- it allows for timely production of data and statistics that can respond quickly to changing needs
- it meets data needs: the questionnaire is developed with customer consultation, and design expertise is applied in the development stages
- robust methods are adopted for the survey's sampling and weighting strategies to limit the impact of bias
- quality assurance procedures are undertaken throughout the analysis stages to minimise the risk of error

The main limitations of the OPN include:

- the sample size is relatively small: around 2,500 individuals per week with fewer completed interviews, meaning that detailed analyses for subnational geographies and other sub-groups are not possible
- comparisons between periods and groups must be done with caution as estimates are provided from a sample survey; as such, confidence intervals are included in the datasets to present the sampling variability, which should be taken into account when assessing differences between periods, as true differences may not exist

More quality and methodology information on strengths, limitations, appropriate uses, and how the data were created is available in [Coronavirus and the social impacts on Great Britain](#) and the [OPN QMI](#).

## 10 . Related links

### [Coronavirus and the social impacts on Great Britain: 5 June 2020](#)

Bulletin | Released 5 June 2020

Indicators from the Opinions and Lifestyle Survey covering the period 28 May to 31 May 2020 to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain.

### [Coronavirus \(COVID-19\) roundup](#)

Blog | Updated as and when data become available

Catch up on the latest data and analysis related to the coronavirus pandemic and its impact on our economy and society.

### [Improving disability data in the UK: 2019](#)

Article | Released 2 December 2019

An introductory article looking at global drivers for improving how we look at disability, including a summary of new analysis on disabled people's lives and proposals for addressing the gaps in evidence.

### [Coronavirus and social relationships and support for vulnerable groups: 2017 to 2018 and 2018 to 2019](#)

Article | Released 8 April 2020

A summary of social relationships and social support for vulnerable groups, including older adults and those with a self-defined disability or who are Equality Act Disabled.

### [Disability, well-being and loneliness, UK: 2019](#)

Bulletin | Released 2 December 2019

Personal well-being (UK) and loneliness (England) outcomes for disabled adults, with analysis by age, sex, impairment type, impairment severity and country.

### [Coronavirus and loneliness, Great Britain: 3 April to 3 May 2020](#)

Bulletin | Released 8 June 2020

Analysis of loneliness in Great Britain during the coronavirus pandemic from the Opinions and Lifestyle Survey (OPN).