

Compendium

Chapter 6 - Conclusions

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Table of contents

- 1. What was this report about?
- 2. What were the main findings?
- 3. What did the findings suggest?
- 4. Considerations and future directions
- 5. Background notes

1. What was this report about?

This report is based on data collected at Wave One and Wave Three of the Life Opportunities Survey (LOS). Building on earlier reports, it looked to update previous analysis and consider responses at Wave Three. It first looked at how individuals experienced impairment at Wave One and Wave Three, and any changes that took place between waves. The report then considered how individuals' work status changed between Wave One and Wave Three, before examining characteristics by economic activity status at Wave Three.

Finally, the report considered in more detail some life areas not covered by previous reports. Specifically, it looked at whether adults were restricted in their participation in the life areas of leisure and social contact, and the barriers they experienced. An adult has a participation restriction if he or she experiences a social barrier to taking part in a life area.

The report considered these topics for 4 groups of adults:

- adults with impairment at both waves: adults who had at least one impairment at Wave One and at Wave Three
- 2. offset adults: adults who had at least one impairment at Wave One but no impairments at Wave Three
- 3. onset-acquired adults: adults who did not have any impairment at Wave One but had at least one impairment at Wave Three
- 4. adults without impairment at both waves: adults who did not have any impairment at Wave One or at Wave Three

2. What were the main findings?

Impairment status and type

1. Adults with impairment at both waves were more likely to have multiple impairments than a single impairment

The majority of adults with impairment at both waves reported having more than 1 impairment. This was true both for adults aged 65 and over and those aged 16 to 64.

2. For many adults the experience of impairment is dynamic

While almost a fifth of adults reported impairment at both Wave One and Wave Three, for other adults their experience of impairment was dynamic. Of all adults who reported impairment at Wave One, over a third had offset from impairment by Wave Three. In contrast, almost a fifth of adults who did not report impairment at Wave One onset-acquired, reporting impairment at Wave Three.

Impairment types can also be dynamic. Long-term pain had the highest offset and onset rates, suggesting that adults' experience of long-term pain can fluctuate.

3. Age appears to be an important factor in how adults experience impairment

Adults aged 65 and over were more likely to report having 3 or more impairments than those aged between 16 and 64. They were also more likely to experience onset of impairment. Chapter 2 found that the onset rate for adults aged 65 and over was double that for those aged 16 to 64 – 30% compared with 15%. In contrast, adults aged 65 and over were less likely to offset from impairment between Wave One and Wave Three when compared with adults aged 16 to 64.

Certain impairment types also appear to be associated with age. For adults with impairment at both waves, those aged 65 and over were more likely to report mobility, dexterity, sight and hearing impairments than those aged 16 to 64. The same was true for adults who had onset-acquired, reporting impairment at Wave Three but not Wave One.

Work

4. There appears to be an association between impairment status and outcomes related to work

<u>Chapter 3</u> found that adults with impairment at both waves were more likely to have worse outcomes related to work than those without impairment at both waves. They were less likely to be employed and those who were employed were more likely to be in routine and semi-routine occupations than adults without impairment at both waves. When compared with adults of the same employment status, that is, employed or inactive, adults with impairment at both waves were less likely to have a degree level qualification and more likely to have no formal qualifications than those without impairment at both waves.

There was less evidence of a link between impairment status and employment status, educational achievement and occupation for adults who had onset and offset, that is, had impairment at 1 wave.

As employment status, occupation and educational attainment are closely linked it is difficult to separate the link between impairment and these 3 areas. Further research is required to understand the relationship between impairment and work-related outcomes.

Participation restriction

5. The majority of adults face a participation restriction in at least 1 life area

Most adults experienced a participation restriction in at least 1 of the 8 life areas covered by the LOS. Leisure was the most common area for adults to report a restriction, in particular to the activities of going on holiday, visiting friends and spending time with family.

There was little change in the proportions of adults reporting participation restrictions between Wave One and Wave Three.

6. Having impairment(s) was associated with being restricted from participating in areas of life

Adults with impairment at both waves were more likely to report participation restrictions than adults without impairment at both waves. This was true across all life areas, with the exception of social contact. Onset-acquired adults were more likely to report a participation restriction to the different life areas at Wave Three, when they had reported impairment, than at Wave One, when they were without impairment. The opposite was true for offset adults. When these adults were with impairment, at Wave One, they were more likely to report a participation restriction to each of the life areas than when they were without impairment, at Wave Three.

Adults with impairment at both waves were also more likely than those without impairment at both waves to report a health condition, illness or impairment as a barrier to leisure and social contact. It is worth noting that adults with impairment at both waves often faced other barriers, such as time or money. This highlights the complex relationship between barriers and participation restriction.

There appears to be an association with having impairment and lower levels of social contact. Adults with impairment at both waves were more likely to have seen fewer people they felt close to in the last week than adults without impairment at both waves. There was also an association between impairment at both waves and seeing people less than desired, particularly for those aged 65 and over. However, adults aged 65 and over were less likely to report wanting to see people more than they had than those aged 16 to 64, regardless of impairment status.

3. What did the findings suggest?

This report has compared experiences of adults with and without impairment across the life areas of employment, leisure and social contact. It has also looked at how adults' experience of impairment has changed over time.

In line with previous LOS reports, this report has found that adults with impairments do have different experiences to those without impairment. For example, they are less likely to be employed and are more likely to have no qualifications. There was also evidence of an association between impairment and restriction to participating in different life areas. Adults with impairment were more likely to face a restriction to participating in various life areas. They were also more likely to give a 'health condition, illness or impairment' as a barrier to the life areas covered in this report – leisure and social contact.

This report has also highlighted that experience of impairment varies with age. Adults aged 65 and over were more likely to have 3 or more impairments, more likely to onset to impairment and less likely to offset from impairment. Age may also play a part in findings relating to impairment status and occupation, and impairment status and educational achievement.

Finally, this report has found that adults' experience of impairment is dynamic. While a proportion of adults reported impairment at both waves, others reported impairment at Wave One or Wave Three only (offset and onset-acquired adults). Associations for these adults between impairment status and various outcomes appeared to be weaker than for adults with impairment at both waves.

This may indicate that the length of time an adult is with impairment, changes their experience. As those who had onset were less likely to report "severe" difficulty, this may also have an effect. However, the smaller numbers of onset-acquired and offset adults in the LOS may be having an influence, as it is more difficult to identify statistically significant differences with smaller sample sizes. It is also important to be aware that the analysis in this report focuses on impairment status when interviews took place at Wave One and Wave Three, and doesn't take account of changes to impairment status in-between these interviews.

4. Considerations and future directions

It is important to bear in mind that the groups included in the longitudinal analyses for this report consisted of a diverse group of adults with respect to the types and severity of impairments they reported. As such, a simple picture of the relationship between impairment and adults' experiences in various life areas is unlikely to emerge.

This report has already highlighted several factors which may influence adults' experiences of impairment, specifically age and the dynamic nature of impairment status. Findings from the LOS should further be considered in the context of other research on disability to inform policy development.

5. Background notes

Details of the policy governing the release of new data are available by visiting www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html or from the Media Relations Office email: media.relations@ons.gsi.gov.uk